

Asthma in pregnancy

A booklet for women, partners, friends, family members and carers



What is this booklet about?

This booklet explains the recommendations in a clinical guideline, produced by the British Thoracic Society (BTS) and the Scottish Intercollegiate Guidelines Network (SIGN). It gives you information about the care that you are likely to get and can expect.

There are four different types of recommendations in this booklet.



Strong

recommendation

based on good-quality
research evidence



Recommendation

based on the
research evidence



Recommendation

based on clinical
experience



Not enough

research evidence

to tell us if something
is of benefit

If you would like to see the full patient booklet about asthma, you can ask your doctor or nurse for a copy or visit www.sign.ac.uk/patient-publications.html

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This booklet can be photocopied for use by organisations and individuals in Scotland.

What if I have asthma and I'm pregnant?

If you become pregnant or are planning to try for a baby, you should discuss your asthma with your doctor or nurse.



Recommendation based on research evidence

You should keep taking your asthma medicines and your doctor will reassure you it's safe to do so.



Recommendation based on research evidence

Your baby needs a good supply of oxygen. It's important to keep good control of your asthma so you can breathe freely during your pregnancy. This means taking your medicines as prescribed, and visiting your doctor regularly so they can monitor your symptoms and adjust your medicines if necessary.



Recommendation based on clinical experience

If you have asthma symptoms all the time, you should be seen by a respiratory doctor (a doctor who specialises in breathing-related conditions) as well as an obstetrician (a doctor who specialises in caring for women who are pregnant). They will help you control your asthma.

Smoking

Women who smoke during pregnancy are more likely to have babies who have breathing problems, including asthma. Children whose parents smoke are 1.5 times more likely to have asthma. Smoking while pregnant also has other harmful effects; for example, you're more likely to have a miscarriage or a premature baby.



Recommendation based on clinical experience

We know that quitting smoking is difficult, so if you're thinking of trying to quit, speak to your doctor, nurse, midwife or pharmacist who can help support you. You can also visit www.nhs.uk/smokefree

Diet



Not enough evidence to tell us if something is of benefit

There is not enough evidence to suggest taking dietary supplements while you are pregnant can prevent your child developing asthma.



Recommendation based on research evidence

Avoiding certain foods during pregnancy and breastfeeding has not been shown to prevent your child developing asthma.

Is it safe to take asthma medicines while I'm pregnant?



Recommendation based on research evidence

It's safe to take medicines used to treat asthma while you are pregnant. It's really important for you and your baby's health that you continue to take your medicines as prescribed, so that your asthma is controlled. You may be given the following medicines while you are pregnant:

- A preventer inhaler
- A reliever inhaler
- A long-acting reliever inhaler
- Theophylline (a medicine that is given in tablet form or through a drip to relax your airways)
- Steroid tablets
- Leukotriene receptor antagonist tablets
- Inhaled anti-inflammatory medicine (chromones)

"Knowing that I could continue to take my inhalers as usual helped me feel more relaxed during my pregnancy." **Fiona**

What will happen if I have an asthma attack when I'm pregnant?

Having an asthma attack when you're pregnant is an emergency. If you're having an asthma attack, dial 999 or 112.



Recommendation based on research evidence

If you have to go to hospital because of an asthma attack, you will be given the same medicines as if you were not pregnant. You will also be given oxygen to help your breathing, and your baby's heart rate will be monitored.



Recommendation based on research evidence

If you have an asthma attack and need to go to hospital, you will be seen regularly by a hospital respiratory doctor and an obstetrician for the rest of your pregnancy. They will help you control your asthma during your pregnancy.

Is there a risk I will have an asthma attack during labour?

It is very unusual to have an asthma attack during labour. When you're in labour, your body produces natural steroid hormones that help prevent asthma attacks. If you do get asthma symptoms during labour, you can take your normal asthma medicine. You should discuss your asthma medications with your midwife during pregnancy so that the labour team is aware of them.



Recommendation based on clinical experience

If you're taking more than 7.5 mg a day of the steroid called prednisolone for more than two weeks before you go into labour, you will be given a drip or injection of hydrocortisone every six to eight hours during labour.

Breastfeeding



Recommendation based on research evidence

All women are encouraged to breastfeed their babies because of its many benefits. Breast milk may reduce the chances of your child developing asthma.



Recommendation based on research evidence

You can still take your asthma medicines when you are breastfeeding as they will not harm your baby.

“It was good to know that having asthma would not affect my ability to breastfeed.” **Nicola**

Immunisations



Recommendation based on research evidence

Immunisations are the vaccinations your child will be given by a doctor or nurse as they are growing up.

It's important that your child has vaccinations to help protect them against infectious diseases. There is no evidence that vaccinations increase the risk of your child getting asthma.



Information

You can find out more about asthma and pregnancy from Asthma UK by visiting www.asthma.org.uk/advice/manage-your-asthma/pregnancy/

How are SIGN guidelines produced?

Our guidelines are based on the most up-to-date scientific evidence. We read research papers to find evidence for the best way to diagnose, treat and care for patients. If we cannot find this out from the research evidence, we ask healthcare professionals to use their clinical experience and judgment to suggest treatments.



1

Identify questions



2

Search for evidence



3

Look at the evidence



4

Make judgements
and recommendations



5

Publish



6

Let everybody know
about our guidelines

You can read more about us by visiting www.sign.ac.uk or you can phone **0131 623 4720** and ask for a copy of our booklet *SIGN guidelines: information for patients, carers and the public*.

The Scottish Intercollegiate Guidelines Network (SIGN) writes guidelines which give advice for healthcare professionals, patients and carers about the best treatments that are available.

We write these guidelines by working with healthcare professionals, other NHS staff, patients, carers and members of the public.

If you would like a copy of this booklet in another language or format such as in large print, please phone **0131 623 4720**.

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The Healthcare Environment Inspectorate, the Scottish Health Council, the Scottish Health Technologies Group, the Scottish Intercollegiate Guidelines Network (SIGN) and the Scottish Medicines Consortium are key components of our organisation.

