

# Good asthma control during pregnancy is vital says new review

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Good asthma management during pregnancy is vital during pregnancy as poor asthma control can have adverse effects on maternal and fetal outcomes, says a new review published today in *The Obstetrician & Gynaecologist (TOG)*.

Asthma is a common condition that affects around 10% of pregnant [women](#), making it the most common chronic condition in [pregnancy](#).

The review notes that the severity of [asthma](#) during pregnancy remains unchanged, worsens or improves in equal proportions. For women with severe asthma, control is more likely to deteriorate (around 60% of cases) compared to women with mild asthma (around 10% of cases). However, the authors conclude that all pregnant women with asthma need to be closely reviewed throughout pregnancy, irrespective of disease severity.

National guidelines recommend the management and treatment for asthma in pregnant women should be generally the same as for non-pregnant women and men, with the intensity of antenatal maternal and fetal surveillance to be based on the severity of their condition.

The authors also note that poor asthma control can lead to adverse effects on maternal and fetal outcomes, with previous studies suggesting poor asthma control is associated with hypertension in pregnancy, a higher frequency of caesarean section and low birth weight. However, the authors emphasise that in most women with well-controlled asthma

there are no or minimal additional risks.

The review states the concerns held by mothers and healthcare providers on the potential [adverse effects](#) that asthma drugs can have on both the women and their babies, but concludes that it is still safer for women to use asthma therapy in pregnancy to avoid uncontrolled asthma.

Furthermore, asthma does not usually affect labour or delivery with less than a fifth of women experiencing an exacerbation during labour. Additionally, in the postpartum period there is no increased risk of asthma exacerbations and within a few months after delivery a woman's asthma severity typically reverts to its pre-pregnancy level.

Professor Chris Brightling, Professor of Respiratory Medicine and Honorary Consultant Physician, University Hospitals of Leicester and co-author of the paper said:

"Asthma is a widespread condition and poor management during pregnancy can lead to adverse maternal and fetal outcomes.

"Good asthma management to maintain tight control is vital and standard therapy may be safely used in pregnancy to achieve this along with close surveillance from midwives, obstetricians and for women with severe asthma a respiratory physician."

Jason Waugh, *TOG* Editor-in-chief added:

"Education is key for anyone, especially [pregnant women](#), to manage their asthma. This includes understanding the condition and its treatment options, trigger avoidance, [asthma control](#), adequate use of devices and the importance of adherence to medication.

"Any women who have concerns about their [asthma management](#) and

management during pregnancy should contact their GP or midwife for further advice."

**More information:** M H Goldie, C E Brightling. Asthma in pregnancy. *The Obstetrician & Gynaecologist* 2013; [dx.doi.org/10.1111/tog.12048](https://doi.org/10.1111/tog.12048)

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