

Asthma in Pregnancy

13% of pregnant women have asthma in Australia

Increased risks to mum

1 in 2
have asthma attacks requiring medical help

Cesarean section

Gestational diabetes mellitus

Pre-eclampsia

Increased risks to baby

Pre-term birth

Newborn hospitalisation

Low birth weight

Later development of asthma in the child

Recommended management

REGULAR REVIEW

- Every 4-6 weeks
- Assess Asthma Control
- Update Written asthma action plan

ASTHMA MEDICATION

- Continue to take prescribed asthma medications
- Inhaled corticosteroids are considered safe in pregnancy and breastfeeding
- Discuss with your GP or respiratory specialist

MULTIDISCIPLINARY MANAGEMENT

- Involve obstetric care provider

MANAGEMENT OF CO-MORBIDITIES

- Address co-morbidities .eg. rhinitis, reflux, hypertension/pre-eclampsia, anxiety/depression
- Control triggers e.g. tobacco smoking, allergies, poor air quality

EDUCATION

- Assess inhaler technique
- Check medication adherence
- Reinforce importance of good asthma control

Management of Asthma Attacks

Use oral corticosteroids if required

Follow your written Asthma Action Plan

Seek help early

First aid Advice

click or scan



asthma.org.au

An asthma attack should prompt a **full review** of an individual's asthma management plan and medication.

Good asthma control improves outcomes for mother and child

