

Management of asthma during pregnancy can optimize health of mother and baby

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Pregnant women with asthma, the most common condition affecting the lungs during pregnancy, should actively manage their asthma in order to optimize the health of mother and the baby, according to new management recommendations published in the current issue of the *New England Journal of Medicine*.

"Though studies suggest asthma during pregnancy can increase health risks for mom and baby, our research shows that women who manage their asthma can have as healthy a pregnancy as women who don't have asthma," said Michael Schatz, MD, lead author of the NEJM recommendations and chief of the Allergy Department at Kaiser Permanente Medical Center, San Diego, Calif. "Many studies suggest that asthma can increase the risk of pregnancy complications, including preeclampsia, low birth-weight babies or preterm birth, however, women with well-controlled asthma in pregnancy generally have good pregnancy outcomes. Women who have asthma and are considering pregnancy should speak with their doctors to develop a therapy plan."

The recommendations are based to a large degree on a 12-year Kaiser Permanente study of 1,900 pregnant women, and a Maternal Fetal Medicine Units network study of 2,620 women from 16 university hospital centers around the country. Both studies concluded that women with actively managed asthma are just as likely to have healthy pregnancies and babies as women who don't have asthma.

At any given time, 8 percent of <u>pregnant women</u> have asthma. During



pregnancy, asthma worsens in about one-third of these women, improves in one-third, and remains stable in one-third. Uncontrolled asthma can cause a decrease in the amount of oxygen in the mother's blood, which can lead to decreased oxygen in the fetal blood. Since a fetus requires a constant supply of oxygen for normal growth and development, this can lead to impaired fetal growth and survival. Women who are pregnant or planning to become pregnant should work with their doctors to develop a therapy plan, stay away from items that might trigger an allergic or asthmatic reaction, and never stop taking asthma medications without speaking to their doctor first.

The report provides recommendations designed to help clinicians who care for pregnant asthmatic women, including asthma assessment, management of triggering factors, medication management, treatment of asthma attacks, obstetric management and patient education.

"The article does point out that there is still more information that we would like to have about the interrelationships between asthma and pregnancy and the use of asthma medications during pregnancy," said Mitchell Dombrowski, MD, Chief of Obstetrics, St. John Hospital and Medical Center, and Professor, Wayne State University, Detroit, Michigan. "However, using the information we do have allows us to make practical recommendations that studies and clinical experience have shown result in healthy mothers and infants."

Source: Kaiser Permanente (<u>news</u>: <u>web</u>)

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