

Reducing risks for asthmatic mums-to-be

February 14 2014



Pregnant women are exposing themselves and their unborn babies to unnecessary risk by stopping their asthma medication without consulting their doctor.

Pregnant women suffering from asthma could better manage the condition if additional integrated care involving education and

monitoring was introduced in Australian hospitals, a new study has found.

In research published today in a leading respiratory journal *Chest*, Centre for Medicine Use and Safety (CMUS) researchers at Monash University found a significant improvement in [asthma](#) control among pregnant women receiving a pharmacist-led model of care for asthma management involving education and regular monitoring in collaboration with the patient's general practitioner.

Women in the early stages of pregnancy and who had used asthma medications in the previous year received the pharmacist-led monthly intervention (MAMMA©) providing asthma education, monitoring, feedback and follow-up in the antenatal clinics of two major Australian maternity hospitals – The Royal Women's Hospital and Mercy Hospital for Women.

After six months of care, results demonstrated that the women receiving the intervention had clinically and statistically better control of their asthma, when compared to a control group of pregnant women not receiving the intervention. In the intervention group, no asthma-related oral steroid use, hospital admissions, emergency visits or days off work were reported during the trial.

The research follows earlier work by the researchers published in *The Journal of Asthma*, which found that pregnant women are exposing themselves and their unborn babies to unnecessary risk by stopping their [asthma medication](#) without consulting their doctors. A lack of confidence and/or knowledge among healthcare professionals in managing deteriorating asthma in pregnancy has also been found.

In the latest trial, 70 per cent of the participants revealed they were unaware of the risks of poorly controlled asthma, 32 per cent reported

ceasing or reducing their medications since becoming pregnant.

Lead investigator, Angelina Lim of CMUS, said the simple intervention showed promise for [asthma sufferers](#) and could be widely implemented in maternal health settings without incurring extra resources.

"With one in eight pregnant women suffering from asthma, this research is telling us we need to improve management during pregnancy by finding new strategies to improve education and awareness," Ms Lim said.

"Poorly controlled asthma during pregnancy is hazardous for the health of the mother and the baby and have been associated with an increased risk of preterm birth, low birth weight, and pre-eclampsia.

"Proper [asthma management](#) among [pregnant women](#) should be regarded as a leading priority in antenatal care. This is a simple intervention that could be easily implemented in antenatal settings with minimal additional resources."

Ms Lim said larger studies were needed to demonstrate the improvements in [asthma control](#) led to improved maternal and perinatal outcomes.

More information: Lim AS, Stewart K, Abramson MJ, Walker SP, Smith CL, George J. "Multidisciplinary Approach To Management Of Maternal Asthma (Mamma): A Randomized Controlled Trial." *Chest*. Published online February 13, 2014. [DOI: 10.1378/chest.13-2276](https://doi.org/10.1378/chest.13-2276).

Provided by Monash University

Citation: Reducing risks for asthmatic mums-to-be (2014, February 14) retrieved 26 April 2024 from <https://medicalxpress.com/news/2014-02-asthmatic-mums-to-be.html>

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.