



Oxford University Hospitals
NHS Foundation Trust

Asthma and Pregnancy

Information leaflet



Gender inclusive language in OUH Maternity and Perinatal Services:

- This leaflet uses the terms woman, women and mother throughout. These terms should be taken to include people who do not identify as women but who are pregnant. Similarly, where the term parent(s) is used, this should be taken to include anyone who has main responsibility for caring for a baby.
- The term partner refers to the woman's chosen supporter. This could be the baby's father, the woman's partner, a family member or friend, or anyone who the woman feels supported by and wishes to involve in their care.

Asthma is a very common condition, affecting about 8 in every 100 people in the UK. Many women with asthma become pregnant each year. Most women with asthma have straightforward pregnancies and give birth to a healthy baby. This leaflet aims to answer some of the questions you may have about asthma and pregnancy and birth.

How will pregnancy affect my asthma?

Each pregnancy is unique, and the severity of asthma during pregnancy varies from person to person. About 1 in 3 women find their symptoms improve, about 1 in 3 women find they stay the same, and about 1 in 3 women experience worsening of their symptoms during pregnancy. However, it is difficult to tell how a person will be affected, and asthma may also behave differently in each individual pregnancy.

It is important to achieve optimal (the best) control of your asthma going into pregnancy so that you experience fewer symptoms during pregnancy. If you have asthma and are considering getting pregnant, it is good to discuss this with your doctor or asthma nurse beforehand, so they can help you optimise your asthma treatments.

Is it safe to continue my asthma medications during pregnancy?

Most asthma medications are safe to continue in pregnancy including:

- Preventer inhaler
- Reliever inhaler
- Theophylline
- Steroid tablets

Please do not stop your asthma medications because you are pregnant. Suddenly stopping your medications may lead to your symptoms worsening, which is not good for you or your baby. If you have any concerns or questions about your medication, please speak to your doctor or specialist nurse or midwife.

How can I manage my asthma during pregnancy?

Continue your medications

Keeping your asthma well controlled during pregnancy is important for you and your baby's health, and therefore it is important that you continue your asthma medications while pregnant. Some women may require their medications to be increased during pregnancy to keep their symptoms under control.

In addition to taking your medications, other things which can help your asthma include:

- Avoiding triggers which worsen your asthma (this may include dust, pet hair, cold air).
- Taking antihistamines during hay fever season (please talk to your doctor about which are the best antihistamines to take in pregnancy).
- Stopping smoking – Smoking can worsen your asthma symptoms and can be harmful to your unborn baby. If you would like help to stop smoking, please speak to your midwife or doctor who can give you advice and refer you to our smoking cessation service.
- Immunisations - COVID-19, flu and whooping cough vaccines are offered to all pregnant women. Both pregnant women and people with asthma are more likely to get complications from the flu, therefore it is important you get your flu vaccine to reduce the risk of you becoming ill.

Morning sickness

It is normal to experience sickness during pregnancy, and some women find this makes it difficult to take their medications, particularly swallowing tablets. Most women find their sickness improves later in pregnancy, however sometimes this can persist throughout pregnancy. If you are struggling with sickness, please continue to take your medications as best as you can and speak to your midwife or doctor. They may prescribe anti-sickness medications to ease your symptoms and help you continue your asthma treatment.

What if my symptoms worsen during pregnancy?

Feeling slightly breathless can be normal during pregnancy, especially in the second and third trimesters (from about 27 weeks of pregnancy onwards). However, increasing breathlessness may be a sign that your asthma is worsening during pregnancy. If you do experience symptoms such as increasing breathlessness, coughing, wheezing or if you are requiring your inhaler more often than normal, please talk to your doctor or asthma nurse.

What happens if I have an asthma attack while pregnant?

If you experience an asthma attack while pregnant you can take your usual medications to relieve your symptoms. If you have to go to hospital because of an asthma attack, you will be treated with the same medications that we use to treat people who are not pregnant. These medications are safe and will not harm your baby.

How will asthma affect my baby?

In general, if your asthma is well controlled, there is little to no risk to you and your baby.

There is some evidence that women with asthma may have a slightly increased chance of complications during pregnancy (including pre-eclampsia, or your baby being born early or your baby being small). However, these complications are more often associated with poorly controlled asthma and most women with asthma do not have any complications during pregnancy.

Your baby requires a good supply of oxygen to help it grow throughout your pregnancy. However, asthma attacks can decrease the level of oxygen in your blood, and therefore less oxygen will reach your baby. For this reason, it is important that your asthma is well controlled during pregnancy.

Just because you have asthma does not mean your baby will have asthma, however, your baby may have a slightly increased chance of having asthma compared to children of parents who do not have asthma.

How will asthma affect my labour?

Where can I give birth?

Your midwife or doctor will advise you on where you can give birth. In general, if your asthma is well controlled and it is considered safe, you may be able to give birth at home or in a midwife led birthing centre. However, if your asthma is severe and poorly controlled, your doctor may recommend that you give birth at a consultant led unit in the hospital, where there is help for you and your baby if needed.

Can I have a vaginal birth?

Asthma should not affect your preferred way of giving birth. Most women can aim for a vaginal birth.

What if I need to be induced?

The medications we use to induce labour are safe for women who have asthma, and therefore induction of labour is the same for both asthmatics (people who have asthma) and non-asthmatics (people who do not have asthma).

What pain relief is available to me during labour?

All the usual options for pain relief in labour are safe for women who have asthma including: Entonox (gas and air), TENS machine, pethidine, diamorphine and regional anaesthesia (epidural).

Do I take my asthma medications during labour?

You should continue your normal asthma medications throughout labour. If you are planning on giving birth in hospital, you will need to bring your medications with you. When preparing your hospital bag remember to include your normal asthma medications, including your preventer inhaler as you may be in hospital longer than you were expecting.

What if I have an asthma attack during labour?

It is unusual to experience an asthma attack during labour. This is thought to be because your body produces increased levels of steroids and adrenaline during labour. If you do experience an asthma attack in labour, it is safe to take your normal medications to treat it.

What happens after I have given birth?

Delivery of the placenta (afterbirth)

Having asthma is associated with a small increased chance of post-partum haemorrhage (heavy bleeding after childbirth), and carboprost, one of the medications which we use to treat post-partum haemorrhage should be avoided in people with asthma. Therefore, to reduce the chance of having a postpartum haemorrhage, we would recommend that you have an injection to help with the delivery of the placenta.

In the rare event you do experience a post-partum haemorrhage, your doctor will choose the medications which are safest for you.

What will happen to my symptoms?

If you experienced a change in your asthma symptoms during pregnancy, it is likely that your symptoms will return to how they were before pregnancy.

What if my medications were increased during pregnancy?

If your medications were increased during pregnancy, your doctors should have a plan to review your medications and consider decreasing them back to your usual dose.

What pain relief can I use after birth?

Unless you have previously taken non-steroidal anti-inflammatory drugs (NSAIDs) and not had any problems, we would recommend avoiding ibuprofen (and other NSAIDs) as they may worsen your asthma symptoms. Paracetamol and dihydrocodeine are safe for women who have asthma and can be used to manage pain after birth.

Is it safe to breastfeed my baby?

Small amounts of asthma medications can pass into your breast milk; however, this is not harmful to your baby, and it is safe to continue your medications while breastfeeding. Breastfeeding has many benefits and there is some evidence that breastfeeding may reduce the chance of your baby developing asthma.

Top tip:

You will be very busy with your new baby; however, it is important to continue your medications as normal to keep your asthma under control. Some women find setting alarms to remind them to take their medications helpful.

If you have any worries or questions which have not been answered in this leaflet, please speak to your midwife or doctor.

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

We would like to thank the Oxfordshire Maternity Voices Partnership for their contribution in the development of this leaflet.

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