HEALTH BASICS

Pregnancy with asthma

Pregnancy with asthma means managing existing asthma while protecting your health and the baby's oxygen supply.

WHAT IT IS
Pregnancy in someone who has asthma

WHERE IT COMES UP
Prenatal care, asthma reviews, labour planning, and medicine checks

WHY IT MATTERS
Asthma control supports oxygen supply for parent and baby

WHAT IT IS NOT
Not a separate disease or diagnosis

WHO TO ASK
Maternity clinician, asthma clinician, or pharmacist

HOW IT IS CHECKED
Symptom review, inhaler use, peak flow, and sometimes spirometry

Overview

Pregnancy with asthma means being pregnant while living with asthma. It is not a separate disease or diagnosis. Asthma itself is a long-term lung condition in which the airways can become inflamed and narrow.

Many people with asthma have healthy pregnancies. The main goal is to keep asthma well controlled throughout pregnancy, labour, and recovery after birth.

Asthma may improve, worsen, or stay about the same during pregnancy. It is not possible to predict the pattern for one person. Regular reviews help your care team respond if your asthma control changes.

Do not stop or reduce prescribed asthma medicine just because you are pregnant. Poorly controlled asthma can reduce the oxygen available to you and the baby. For most commonly used inhaled treatments, the known benefits of controlling asthma are greater than the possible medicine risks.

Your maternity team should know that you have asthma. The clinician who usually manages your asthma should also know that you are pregnant.

How it works

Pregnancy changes breathing and circulation. As the uterus grows, the diaphragm-the main muscle used for breathing-moves upward. Hormonal changes also increase how much air you breathe. These normal changes can make you feel more aware of your breathing, particularly later in pregnancy.

Asthma affects breathing in a different way. In asthma, inflammation and tightening of the airway muscles make it harder for air to move. This may cause wheezing, coughing, chest tightness, or shortness of breath.

The placenta supplies the baby with oxygen from your blood. Keeping your oxygen level stable is one reason effective asthma treatment remains important during pregnancy.

Asthma medicines often have two roles. Controller medicines reduce airway inflammation and lower the risk of an asthma attack. Many controllers contain an inhaled corticosteroid like budesonide or fluticasone, a medicine that acts mainly inside the lungs. Reliever medicines quickly relax tightened airway muscles.

Because inhaled medicines go directly to the airways, less medicine usually reaches the rest of the body than with tablets or injections. However, each medicine still needs to be considered individually. A clinician or pharmacist can check your current prescriptions rather than assuming that all inhalers are interchangeable.

Asthma control can be reviewed through your symptoms, night waking, activity limits, reliever use, and previous attacks. Peak flow measures how quickly you can blow air out. Spirometry is a more detailed breathing test that measures how much air you can exhale and how quickly.

Why it matters for your health

Well-controlled asthma generally presents a lower risk than uncontrolled asthma or repeated asthma attacks.

Poor control and asthma attacks are associated with a higher chance of complications such as pre-eclampsia, premature birth, and reduced fetal growth. Pre-eclampsia is a pregnancy condition involving high blood pressure and signs that organs such as the kidneys or liver are affected. An association does not mean that these outcomes will happen to you.

Stopping a controller inhaler can allow airway inflammation to return even if you initially feel well. This is why medicine changes should be planned with a clinician who can consider your asthma history, current control, and the safety information for the specific medicine.

If a serious asthma attack occurs, treatment may include oxygen, repeated inhaled reliever

medicine, or corticosteroid tablets or injections. Pregnancy should not delay necessary treatment. The immediate priority is restoring and maintaining oxygen levels.

Asthma usually does not determine how you give birth. Vaginal birth and pain relief options are generally possible. Your labour team needs to know about your asthma and current medicines so that treatment can continue and any medicine choices can be checked.

What can go wrong

An asthma exacerbation , also called an asthma attack or flare-up, is a clear worsening of asthma that needs extra treatment. Viral infections, smoke, allergens, missed controller medicine, or incorrect inhaler technique can contribute.

Poor asthma control may develop gradually. Clues include more frequent reliever use, waking at night, difficulty with usual activities, or peak-flow readings below the range in your asthma action plan.

Undertreatment can happen when someone stops medicine because of concern about the baby. Medicine concerns are reasonable to discuss, but stopping treatment without a replacement plan may increase risk.

Normal pregnancy breathlessness may be confused with asthma , or asthma may be dismissed as a normal pregnancy change. New or worsening breathlessness deserves assessment because asthma is only one possible cause. Other causes include infection, anaemia, a blood clot in the lung, or pregnancy-related heart problems.

Contact your asthma or maternity service promptly if your breathing is worsening, your reliever is needed more than usual, symptoms wake you at night, or your usual activities are becoming difficult. Follow the thresholds in your written asthma action plan, including any personal peak-flow limits.

Seek urgent maternity advice if you notice reduced fetal movement once you have reached the stage when movement is usually felt. Follow the instructions given by your maternity service.

Call emergency services if you have severe difficulty breathing, cannot speak in full sentences, become confused or unusually drowsy, faint, develop blue or grey lips, or do not improve after using your reliever as directed in your emergency plan. Use your reliever according to that plan while waiting for help.

What you can do

Keep taking your prescribed asthma medicines unless the prescriber changes them. Ask for an individual medicine review if you are uncertain about safety during pregnancy or breastfeeding.

Bring your inhalers, spacer, and medicine list to asthma and prenatal appointments. Ask a clinician or pharmacist to watch your inhaler technique. A spacer is a tube attached to some inhalers that helps more medicine reach the lungs.

Ask for a written asthma action plan. It should explain your usual treatment, how to recognize worsening control, what medicine to take during a flare-up, and when to seek help.

Keep a brief record if your asthma is changing. Useful details include:

Avoid smoking and second-hand smoke. If you smoke, you can ask your maternity or primary care service about stop-smoking support.

Attend routine prenatal and asthma follow-up. Your clinician may recommend more frequent asthma reviews during pregnancy, particularly after an attack or treatment change. There is no need to buy a home oxygen monitor or fetal monitor unless your care team has given you a specific reason and instructions for using it.

Tell the labour team about your asthma when you arrive to give birth. Keep your reliever inhaler like albuterol or ipratropium available and continue regular treatment unless the team advises otherwise.

After birth, continue your prescribed medicines and arrange follow-up if asthma control has changed. Many inhaled asthma medicines can be used while breastfeeding, but a pharmacist or prescriber should check the specific products you take.

- Night waking or limits on normal activity
- How often you use your reliever
- Possible triggers, such as smoke, infection, or allergens
- Peak-flow readings, if your plan asks you to measure them
- Urgent visits, asthma attacks, or corticosteroid treatment

Common questions

Can I use my inhaler while pregnant?

Many commonly used asthma inhalers can be continued during pregnancy. Do not stop an inhaler based only on a general warning or online list. Ask about the exact medicine and device you use.

Will asthma medicine harm the baby?

No medicine is assessed as risk-free in every situation. However, inhaled asthma medicines have substantial pregnancy experience, and uncontrolled asthma carries known risks. A clinician or pharmacist can compare these issues for your specific treatment.

Is breathlessness always caused by asthma?

No. Mild breathlessness can occur as part of pregnancy, but new, severe, or worsening breathlessness may have other causes. Wheezing, chest tightness, night waking, or improvement after reliever medicine can provide useful information, but they do not replace an assessment.

Can I have a normal labour?

Asthma alone usually does not require a particular type of birth. Continue your usual inhaled treatment and make sure the labour team knows about your asthma. Your maternity team can include asthma instructions in your birth plan.

Will my baby develop asthma?

Asthma can run in families, so a child with an affected parent may have a higher tendency to develop it. This does not mean the child will definitely have asthma, and there is no test during pregnancy that can predict it with certainty.

What if I discover I am pregnant after taking asthma medicine?

Do not stop the medicine suddenly. Record the medicine name, dose, and how often you used it, then ask a prescriber, pharmacist, or pregnancy medicine information service to review it.

Sources

- Global Initiative for Asthma. Global Strategy for Asthma Management and Prevention , 2024 report
- National Institute for Health and Care Excellence. Asthma: diagnosis, monitoring and chronic asthma management , NICE guideline NG245
- NHS. Asthma and pregnancy
- MotherToBaby. Asthma and pregnancy fact sheet
- UK Teratology Information Service and BUMPS. Asthma medicines in pregnancy