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ALLERGY AND ASTHMA: DO THEY HAVE ANY AFFECT ON PREGNANCY?

* **If you have asthma and are pregnant**, it's **important to control your asthma**, monitor your asthma symptoms, follow your medication plan and have **regular visits with your immunologist as well as your obstetrician** in order to prevent serious health problems for both mother and child.

* **Uncontrolled asthma in pregnancy** can contribute to complications like high blood pressure and eclampsia, which might lead to seizures for the mother-to-be and, for the fetus uncontrolled asthma increases the risk of premature birth, low birth weight and even a stillbirth. But **controlled asthma during pregnancy poses little problems or risks** to either mother or unborn child.

* The **Rules of Two** say **if you use your quick-relief inhaler (albuterol) more than 2 times a week, awake at night with asthma symptoms more than 2 times a month, or refill your quick-relief inhaler (albuterol) more than 2 times a year, then your asthma IS NOT IN CONTROL** - whether you're pregnant or not.

* Being **IN CONTROL** means *asthma isn't interfering with the quality of your life*. **Asthma that is in control should not interfere with your sleep, work or play** – whether pregnant or not.

* Like all people with asthma, pregnant women should **avoid their triggers** - allergens like dust mites, animal dander, mold or pollens or lung irritants like tobacco, barbecue or fireplace smoke, paint and other chemical fumes and scented household cleaners or sprays. Avoiding triggers **decreases your chance of having asthma symptoms**.

* *All medications during pregnancy should be monitored*, yet the **potential risks** to the unborn child and mother from **asthma medications are lower than the risks of uncontrolled asthma**. Most studies show there are hardly any risks to either the pregnant mother or fetus from inhaled asthma medications but there might be some risk in taking oral (pill) forms of medications to control asthma. **Discuss medication options thoroughly with both your obstetrician and your immunologist**.

* Follow the **medication** plan established by your specialist that balances your asthma symptom control and yet is safe during pregnancy.

* If you have been receiving **allergy shots to control your allergies and asthma**, most physicians agree **immunotherapy can be continued** during pregnancy if there is benefit from the treatments and no adverse reactions are experienced.

* **Asthma severity can change** for some women when pregnant; approximately a third of the women studied had symptoms that got worse in pregnancy, but 28% of those studied had fewer asthma symptoms during pregnancy while the rest remained about the same. There is a theory that higher levels of cortisone, normally produced in the body during pregnancy, may have something to do with these results.

* There is a **tendency for asthma symptoms to get worse in the late second and early third trimester** but for some reason, symptoms improve in the last 4 weeks before delivery. No one knows exactly why symptoms might worsen, but one theory suggests that because the stomach is squeezed or compacted during pregnancy by the growing fetus, some women might experience GERD (gastroesophageal reflux) and **GERD can make asthma symptoms worse**. Sinus infections, viral respiratory infections and stress can also aggravate asthma so it's important to take precautions in cold and flu seasons if you are pregnant.

* Doctors may conduct monitoring tests during pregnancy called **non-stress testing** and ultrasound in the third trimester if the mother-to-be has asthma. **To help ensure a healthy baby, all asthmatics should keep a record of the baby's daily activity and kick counts**. Share these with your obstetrician at each visit.

* Most doctors agree that it is safe to practice **Lamaze breathing techniques** if the mother-to-be has asthma, especially if the mother's asthma is in control.

* Approximately 1 in 10 asthmatics will have asthma symptoms during delivery. If asthma is in control, the risks of problems during delivery are greatly reduced.

* Can an asthmatic mother **breast-feed**? Most physicians feel the healthy benefits of building a stronger immune system for the baby by breastfeeding outweighs any problems that might occur as long as asthma is in control. There isn't any scientific proof that asthma or allergy medications transfer through the mother's system to the nursing infant via breast milk, **BUT some infants can become irritable if the mother is using theophylline which is transferred** by breast milk. If you have any flare-ups while nursing, call your physician immediately and follow their advice.

* Please remember that each woman will react differently during pregnancy and individual treatments will vary. Always **work closely with your physicians**, both asthma specialist and obstetrician, during pregnancy, to have a safe pregnancy, an uneventful delivery and a healthy child.

Upcoming Free AAFA-TX Programs: **1) Sat. May 5** – "Asthma & Allergy Essentials For Childcare Providers" Whispering Academy, Arlington, Suzanne Hotchkiss, instructor. **2) June 8** – "Asthma Management and Education", a CE program for nurses, School Nurse Institute, Waco. Pre-registration required. For more information, contact AAFA-TX. **3) June 17-22**, Great Gluten Escape Sleep-Over Camp, a Celiac Camp for kids 7-15 yrs. Camp Gilmont, Gilmore, TX, for info or to register, go to www.dallasrock.org/gge.htm

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