Pregnancy & Asthma
Merritt Fajt, MD

Shortness of breath (dyspnea) can be a common complaint during pregnancy and is seen in 60-70% of pregnant patients. This is often a normal response of the body to increased oxygen demands and to physical changes in the location of the airways (lungs) as the uterus grows. However, in certain patient groups, the breathing symptoms seen during pregnancy can be more pronounced, especially for patients who are overweight and those with asthma.

Asthma is the most common pulmonary disease of pregnancy affecting 3-8% of pregnant women. The effects of pregnancy on asthma are variable but generally asthma prior to pregnancy is similar to asthma during pregnancy.

Medical treatment of asthma during pregnancy is very important and the benefits of appropriate control of asthma in pregnancy outweigh the dangers from most asthma medications. Most drugs used to treat asthma during pregnancy have little risk to the fetus. The National Asthma Education and Prevention Program asthma guidelines say that, “It is safer for pregnant women who have asthma to be treated with asthma medications than to have asthma symptoms and exacerbations.” Maintaining adequate control of asthma during pregnancy is important for the health and well-being of both the mother and baby. A study of pregnant asthmatics found that they significantly decreased their asthma medication use from 5 to 13 weeks of pregnancy as a result of concerns about the safety of medications for the fetus. However, inhaled corticosteroids are the preferred treatment for long-term control and inhaled Budesonide is a “Category B drug” during pregnancy [Category B: reassuring animal studies]. Budesonide has the most safety data during pregnancy and these data show no increased risk of adverse outcomes.

Education is an important part of managing asthma during pregnancy. In conjunction with your doctor and asthma educator, a personalized self-treatment action plan can teach you how to recognize a severe exacerbation and when to seek urgent or emergency care. It is also important to make sure that you are using your inhaler correctly. Monthly visits with your asthma specialist are encouraged for women who require controller therapy during pregnancy but should be more frequent for pregnant asthmatics with severe and poorly controlled asthma.

In summary, there are several complications for poorly controlled asthma during pregnancy including difficult labor and low birth weight infants. However, patients with well controlled asthma have outcomes similar to those of non-asthmatic pregnant women so it is important to work closely with your health care team during your pregnancy.

Division of Pulmonary, Allergy and Critical Care Medicine
Meet to our new Operations Manager!

William Bake, MBA, MPH, is the newly appointed Operations Manager at the Asthma Institute. Mr. Bake comes to the Asthma Institute after 24 years of diverse medical experience including clinical nutrition, pathology and Prehospital Emergency Medicine. His duties will range from the coordination of all aspects of service delivered to patients and families to daily operations. He completed his studies at Waynesburg University, the University of Michigan and Lees-McRae College. Other areas of interest include higher education and community service. In addition to his duties as Operations Manager, Mr. Bake is also adjunct faculty at the Community College of Allegheny County and serves on the Board of Directors for Off the Floor Pittsburgh.

Asthma Support Group

To join the Asthma Institute asthma support group or receive more information please send an email to: gillmanda@upmc.edu or call Dr. Gillman at 412-864-2404.

VIDA Research Study

Vitamin D helps the body in many ways including the maintenance of strong bones, helping muscles and nerves work and possibly reducing inflammation. The VIDA research study (Vitamin D add-on therapy enhances corticosteroid responsiveness in Asthma) is being conducted at 16 AsthmaNet research sites across the United States, including the Asthma Institute. The purpose of this study is to find out if taking vitamin D in addition to a standard asthma medication helps to prevent worsening asthma symptoms and asthma attacks. Participants must be at least 18 years old, have a diagnosis of asthma, and be non-smokers.

For more information, please contact us at 1-866-804-5278.