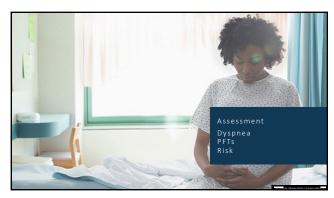




Asthma in pregnancy

- $\bullet \ \ {\it One of the most common medical conditions during pregnancy affecting 3-8\% \ of pregnant \ women}$
- Pregnancy may be associated with changes in asthma; asthma may affect the outcome of pregnancy
- Concerns about potential risks of asthma medication are generally outweighed by the potential adverse effects of untreated asthma

4

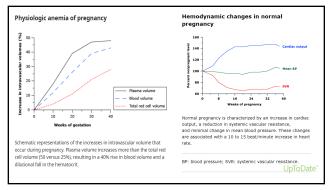


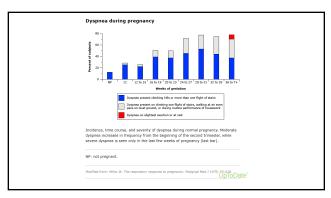
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Dyspnea

- 2/3rds of women experience
 Usually a physiologic result of pregnancy
 Can be caused by new or underlying cardiac or pulmonary disease
 Dyspnea of pregnancy is an isolated finding





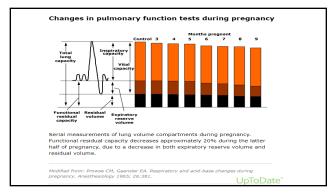


8

PFTs



- Outward flaring of the ribs & enlarging uterus raise the diaphragm up to 4 cm above its usual resting position
- Diaphragmatic excursion during respiration is not impaired and actually increases by up to 2 cm
- Minor changes in VC and TLC occur, but not clinically significant
- Airway function and flow rates are preserved
 unchanged FEV1
 unchanged FEV1/FVC ratio

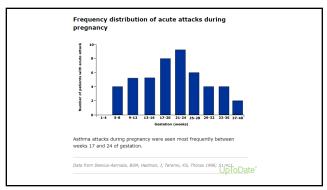






Exacerbation risk 20 – 45% of pregnant women with asthma experience an exacerbations • 10% experience a severe exacerbations Risk for exacerbation • Overweight or obese • Excessive first trimester weight gain [32] • More common and more severe in women with a previous exacerbation in the 12 months prior to pregnancy • Difficult to control asthma at baseline • Smoking during pregnancy

13



14

ASSESSING DRUG SAFETY IN PREGNANCY

FDA has discontinued use of letter categories

- (1) known or potential maternal or fetal risks
- (2) dose adjustments needed during pregnancy and the postpartum period
- (3) benefit/risk considerations







Maintaining	asthma	contro
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ICS

- Budesonide has been the preferred ICS for initiating tx
- Continue ICS if the patient was well-controlled prior to pregnancy

19

Maintaining asthma control

Rescue

- •Choices include
- short-acting beta-agonist
- combination inhaler with formoterol and a low-dose inhaled glucocorticoid

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20

Safety of specific therapies

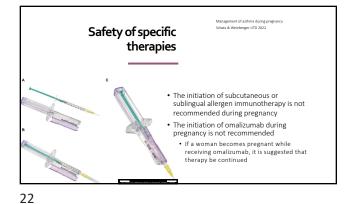
Salmeterol recommended as the inhaled long-acting beta agonist of choice due to the longer duration of clinical experience

More pregnancy data are available for montelukast than zafirlukast

As the risks of severe uncontrolled asthma include maternal or fetal mortality, these risks are considered to be greater than the potential risk of systemic glucocorticoids

Inhaled ipratropium is felt to be safe for intermittent use during pregnancy; the safety of inhaled tiotropium is uncertain

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Prevention of asthma



- For pregnant women whose child is at increased risk of asthma
 - Supplementation with high-dose vitamin D
 - 2000 to 4000 IU/day; preferably vitamin D3 in addition to the RDA of 600 IU/day
 Serum 25-hydroxyvitamin D levels may be helpful to guide supplementation