Asthma

This sheet is about having asthma in pregnancy or while breastfeeding. This information should not take the place of medical care and advice from your healthcare provider.

What is asthma?

Asthma is a condition that causes inflammation (swelling and tightening) in the airways of the lungs. When an asthma attack happens, it is hard for air to pass through the lungs. This can lead to symptoms like wheezing, coughing, and trouble breathing. Asthma is often managed with medication in inhalers for fast symptom relief (when an attack happens) and/or with daily medication to help reduce inflammation (to prevent attacks).

Asthma is one of the most common chronic diseases among people of reproductive age. For some people, asthma attacks may be triggered by things like breathing in cold air, cold/flu viruses, heavy exercise, chemicals, smoke, and allergies. Avoiding triggers and having a good medical plan in place can lower the number of asthma attacks you have. Asthma that is not well controlled can increase the chance of problems in pregnancy, so it is important to talk with your healthcare provider about the best way to treat your asthma.

I have asthma. Can it make it harder for me to get pregnant?

It is not known if having asthma can make it harder to get pregnant. Some studies have suggested that it may take longer for people with asthma to get pregnant, especially when asthma is not well controlled. Other studies have not shown that it is harder for people with asthma to get pregnant.

Will pregnancy affect my asthma?

It is hard to predict how a person’s asthma will act during pregnancy. About one-third of people with asthma who are pregnant will have improvement of their symptoms, about one-third will stay the same, and about one-third will get worse. It appears that the more severe the asthma is at the time of conception the more likely it is that the symptoms will get worse during pregnancy. It is important that a person’s asthma is well controlled before getting pregnant.

Does having asthma increase the chance of miscarriage?

Miscarriage is common and can occur in any pregnancy for many different reasons. A few studies have suggested a small increased chance of miscarriage; however, these studies did not look at other factors that can cause miscarriage. Most other studies have not shown an increased chance of miscarriage in people with asthma.

Does having asthma increase the chance of birth defects?

Every pregnancy starts out with a 3-5% chance of having a birth defect. This is called the background risk. Some studies have suggested an increased chance of birth defects in people with asthma, while others have not. In these studies, it is hard to know if the birth defects found were due to asthma, the medications needed to control asthma, or from other factors. Most people who are pregnant and have asthma have babies without birth defects. If there is an increased chance of birth defects from asthma itself, it is expected to be low.

If a person who is pregnant has trouble breathing, they will take in less oxygen. This could lead to a lower amount of oxygen getting to the pregnancy, which could cause problems in organ development and other complications.

Does having asthma increase the chance of other pregnancy-related problems?

Asthma that is not well controlled during pregnancy is associated with higher rates of pregnancy complications, such as problems with the placenta, hemorrhage (blood loss), high blood pressure, preeclampsia (high blood pressure and problems with organs, such as the kidneys), preterm delivery (birth before week 37), higher rates of C-section, and low birth weight (weighing less than 5 pounds, 8 ounces [2500 grams] at birth). However, people with asthma that is well controlled during pregnancy are not expected to have a greater chance for pregnancy-related problems than people without asthma.

Does having asthma affect future behavior or learning for the child?
It is not known if having asthma in pregnancy increases the chance for behavior or learning issues. One study suggests that asthma during pregnancy might be associated with an increased chance of attention deficit hyperactivity disorder (ADHD).

*Can taking medication for asthma during pregnancy increase the chance of birth defects or other pregnancy-related problems?*

Most asthma medications have not been shown to increase the chance of birth defects or other pregnancy-related problems. Talk with your healthcare provider before making any changes to how you take your medication(s) and contact MotherToBaby with questions about your specific medications. For a list of MotherToBaby fact sheets related to asthma please see: [https://mothertobaby.org/pregnancy-breastfeeding-exposures/asthma/](https://mothertobaby.org/pregnancy-breastfeeding-exposures/asthma/).

*Breastfeed and asthma:*

Having asthma is not expected to affect a person’s ability to breastfeed.

*Can I breastfeed while taking my medications for asthma?*

Most asthma medications can be taken while breastfeeding. Contact MotherToBaby with questions about your specific medications. Be sure to talk to your healthcare provider about all your breastfeeding questions.

*If a male has asthma, could it affect fertility (ability to get partner pregnant) or increase the chance of birth defects?*

Studies have not been done to see if asthma could affect male fertility. Asthma in males is not expected to increase the chance of birth defects above the background risk. In general, exposures that fathers or sperm donors have are unlikely to increase risks to a pregnancy. For more information, please see the MotherToBaby fact sheet Paternal Exposures at [https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/](https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/).

MotherToBaby is currently conducting a study looking at asthma and the medications used to treat asthma in pregnancy. If you would like to learn more, please call 1-877-311-8972 or visit [https://mothertobaby.org/join-study/](https://mothertobaby.org/join-study/).

Please click [here](#) for references.