

# PREGNANT WOMEN NEED TO CONTROL ASTHMA

**Many pregnant women with asthma worry that by taking medication they will harm their babies. They can be informed that the effects of uncontrolled asthma attacks during the first three months of pregnancy are significantly worse. So says a new study by researcher Lucie Blais and her research assistant Amélie Forget, both affiliated with Sacré-Coeur Hospital and the Université de Montréal.**

**"T**here are a few beliefs written in the clinical guidelines saying that it is better to control asthma than to avoid medication, but there was not a lot of scientific evidence to show that that was the case," says Blais. "There is ambivalence about treating pregnant women and knowing that there is a risk of congenital malformation in the child because of the medication, but not having asthma under control is also bad for the fetus."

To find out how bad uncontrolled asthma might be, the researchers decided to compare what happens to asthmatic women in the first trimester of their pregnancies, when their fetuses are growing very fast, with the condition of their babies when born. They wanted to find out whether asthma attacks suffered by a mother at this time would also hurt a baby, and to what extent. They also wondered how such risks compare with the risks of the medications themselves, which have been shown to cause birth defects, such as cleft lips and palates.

Using three Canadian databases of women who gave birth in Quebec between 1990 and 2000, they identified 3,477 pregnant women between 13 and 45 years of age with asthma who delivered during that period. Information about prescriptions, medical visits and diagnoses for the year prior to, during and after each pregnancy provided information about the mothers' health. Hospital and medical services data covering the first year of the babies' lives provided glimpses into the prevalence and severity of birth defects, such as heart and lung damage, circulatory and respiratory system issues, cleft lips and palates, spina bifida and eye, ear, face and neck deformities.

Of the 4,344 babies studied, 398 (9.2%) were diagnosed with at least one birth defect. There were 321 women who had an asthma attack severe enough to require the use of oral steroid hormones, hospitalization, a visit to an emergency department or a combination of all three during the first trimester. Women with such asthma attacks were 48% more likely to have a baby with a birth defect compared to women who did not have an attack during the first trimester.

The risk doubled for women who had an asthma attack and yet took no oral steroid hormones throughout their pregnancies. Researchers also found that women with lower levels of education, multiple pregnancies or epilepsy were more likely to have babies with birth defects than women without such risk factors.

***"Poor control of asthma during pregnancy leading to asthma exacerbations is much more harmful than the medications used for treating asthma."***

*"This paper is particularly important, not only for clinicians who are treating pregnant asthmatic women, but also for pregnant asthmatic women themselves,"* says Catherine Lemière, a respiratory physician at Sacré-Coeur Hospital and a former chairperson of the Canadian Thoracic Society's Asthma Committee. *"Women are often reluctant to take any treatment during their pregnancy for fear of harming the fetus. This paper shows that poor control of asthma during pregnancy leading to asthma exacerbations is much more harmful than the medications used for treating asthma."* 🐼

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