



Women and asthma

FACT SHEET prepared by The Asthma Foundation

Although boys are more likely than girls to have asthma, adult women are more likely than men to have asthma. Women are more likely than men to be hospitalised or to die from asthma. Research now shows that asthma may be linked to women's hormonal changes.

How will menstruation affect my asthma?

Some girls find that their asthma is worse around the time their periods start, although this usually settles down as their menstrual cycle becomes established.

However, women with severe asthma may find that their symptoms are worse just before or during menstruation. If you keep a peak flow and/or symptom diary around this time it will help clarify if this is an issue for you. If you don't already have one, talk to your doctor about an asthma Self Management Plan, and if you should take extra treatment during the week before your period.

Some medications used for period pain – aspirin and other non-steroidal anti-inflammatory tablets (NSAIDs), such as Nurofen, Ibuprofen and Ponstan – may make asthma worse in some people. The oral contraceptive pill has no effect on asthma.

How will pregnancy affect my asthma?

Around one third of women find their asthma improves in pregnancy, one third stay the same and one third find their asthma gets worse. If your asthma gets worse you may need to increase your medication, and to revise your asthma Self Management Plan with your doctor. You will also need to discuss your plans for the delivery of your baby. If your asthma is severe the delivery may be best handled in a hospital environment in order to access appropriate support if required.

Inhaled asthma treatment will not harm your baby during pregnancy. Controlling asthma during pregnancy is important for the health and wellbeing of the mother as well as for the healthy development of the baby. It is also very important not to smoke during your pregnancy, in the presence of your baby or in the enclosed spaces where the baby and children will sleep and play. Exposure to second hand smoke increases the risk of children developing asthma, or suffering sudden infant death syndrome (SIDS).

A small minority of women with severe asthma may need to take steroid tablets at some stage during their pregnancy. Using steroid tablets for long periods of time or repeatedly during pregnancy can increase the risk of your baby being born underweight. However, the risk to the baby of uncontrolled asthma is potentially much more harmful. You and your doctor need to weigh up the risks against the benefits.

During labour and delivery you have the same choice of pain medication as any woman. If you do happen to have an asthma attack at this time, treat it as you would normally.

What happens when I Breastfeed?

Your inhaled asthma medications are not found in breast milk, and even if you have to use steroid tablets the small quantities that are found in breast milk will not have any harmful effect on your baby.

How will menopause affect my asthma?

As at any time when hormone levels are fluctuating (i.e. menstruation and pregnancy), menopause may have an effect on your asthma.

The use of steroid tablets or very high doses of inhaled steroids for a number of years may increase your risk of osteoporosis. You can reduce this risk by using a spacer to take your inhaled steroids (preventer), and rinsing your mouth out and cleaning your teeth after taking it. The risk of osteoporosis can also be reduced by ensuring that you:

- ✦ have a diet high in calcium (e.g. yoghurt, cheese, milk),
- ✦ undertake regular weight bearing exercise (walking is ideal),
- ✦ don't smoke,
- ✦ drink only moderate amounts of alcohol.

The Asthma Foundation can help you

The Asthma Foundation is New Zealand's not-for-profit sector authority on asthma and other respiratory illnesses. We advocate to government and raise awareness of respiratory illnesses, fund research for better treatments and educate on best practice.

Check out our comprehensive website at www.asthmafoundation.org.nz