Linking Asthma, Pregnancy *Presents Special Challenges*

When one of his female patients becomes pregnant, it evokes response from Dr. Gurdev (Dave) Judge on several levels.

Double board-certified as an allergist-immunologist and pediatrician, he knows there's a one-third chance that his patient's asthma condition will worsen during the course of pregnancy, with most severe symptoms likely between 29 and 36 weeks of the gestation period. He and his patient, he knows, must remain on full alert to protect her health—and the health of her unborn child.

Dr. Judge, a Diplomat of the American College of Allergists and the American Academy of Allergy, Asthma and Immunology, established his practice in Cary and also maintains offices in North Raleigh and Wake Forest.

For his female patients who are or may ever become pregnant, Dr. Judge encourages close, on-going monitoring to protect the health of both mother and child.

For more information about diagnostic and treatment options for allergies, asthma, and sinus conditions, contact:

ALLERGY, ASTHMA & SINUS CENTER, PA
Gurdev (Dave) Judge, MD
Board-Certified in Allergy, Asthma and Immunology - Adults & Pediatrics
Stephen Begley, MS, PAC

CARY OFFICE
401 Keisler Drive, Suite 201
Cary, NC 27518
Telephone: (919) 859-5966

NORTH RALEIGH OFFICE
10931 Raven Ridge Road, Suite 111
Raleigh, NC 27614
Telephone: (919) 870-6440

WAKE FOREST OFFICE
1906 S. Main Street
Wake Forest, NC 27587
Telephone: (919) 562-7195

As a board-certified pediatrician, Dr. Judge is especially aware of the potential dangers to the coming infant whose mother has asthma.

"The message that I repeat, time and again, in these circumstances is that the best thing that the mother can do for her unborn child is to take care of her asthma. If her asthma is not under control, her lungs may not be getting enough oxygen to her baby. Not giving the baby sufficient oxygen is a far greater risk than taking asthma medicines," he emphasizes.

He recalls the patient whose severe asthma was triggered by cold weather. "When she got pregnant, she refused to take medications for fear of hurting the fetus. She left her medicine outside in cold weather, and it froze. And then, when she had a severe asthma attack, complicated by an upper respiratory problem, she went to the medicine. Because it was frozen, it had become highly concentrated. The results were very negative, close to an epileptic seizure."

A TIME TO COLLABORATE

The point of such stories, says Dr. Judge, noting that they are not that uncommon, is to stress the need for the pregnant asthmatic woman to enter into a strong, collaborative relationship with her physician.

"During pregnancy, we need to evaluate with great care everything the mother is taking into her body. Almost certainly we will want to change her asthma medications. It can be a very serious mistake for the prospective mother to assume an independent attitude that she feels is protective of her unborn child.

"If it turns out she is the one out of three asthmatic women whose condition worsens during pregnancy, she has to remember that the fetus depends entirely on her to supply oxygen for growth and survival. Oxygen dissolved in her blood is transferred through the placenta to the fetus. Uncontrolled asthma causes a decrease in the mother's oxygen which, in turn, reduces the oxygen available to the developing fetus. This may result in impaired fetal growth, and it could even affect survival of the fetus."

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TESTING LUNG FUNCTION

If a pregnant woman with asthma begins to wheeze, Dr. Judge points out "there are tests that can accurately assess her breathing status, such as spirometry, arterial blood gases, or pulse oximetry. Spirometry measures air flow into the lungs. A blood gas study is done in the hospital to measure oxygen content of the blood. Pulse oximetry is a way of estimating the oxygen content of the blood without a needle stick. We get results on all three tests almost immediately. In addition, patients can use an inexpensive 'peak flow meter' at home to assess changes in the severity of their asthma, so we can intervene medically before emergency care is needed." h&h

PREGNANT WITH ASTHMA?

Dr. Judge advises his pregnant patients who have asthma or allergies to ***avoid*** certain medications, including:

- **Decongestants**. These are medicines that break up or decrease excess mucus. Cold medicines often contain this type of medicine.
- **Certain antibiotics** such as tetracycline.
- **Live virus vaccine**.
- **Allergy shots** Don't begin allergy shots during pregnancy, Dr. Judge advises, although you may continue with shots that you began before becoming pregnant.
- **Medicines that are often prescribed to control asthma,** but that are contra-indicated for pregnant women. Dr. Judge provides his pregnant patients with detailed advice about medicines that can be taken with little or no risk to either mother or child.

"Most asthma medicines will not harm your baby," Dr. Judge says. "And asthma medicines will not cause problems for your baby if you decide to breast feed.

"Pregnant women are always advised by their ob-gyn doctors to eat well, and to engage in a moderate, regular exercise program. They are advised to limit or eliminate alcohol intake, and of course to stop smoking for their own health and especially for the health of the child they are carrying. In every instance," says Dr. Judge, "these are recommendations that are especially useful for the pregnant woman who is dealing with the complicating factor that she is not only pregnant, but that she also has asthma."

Dr. Judge notes that "women with asthma who smoke are twice as likely to have premature babies or babies with abnormalities as women with asthma who are non-smokers.

"Researchers report that 24 percent of women in their studies who had active asthma and were smokers delivered premature babies or babies with abnormalities—compared to 11 percent of women with asthma who were non-smokers."

"There's also good evidence that *in utero* exposure to tobacco smoke has a direct link to the subsequent development of asthma by the child, and with the severity of asthma later in life. If a child is exposed to passive smoke *in utero* continuing through infancy and childhood, that child is set up for a series of difficult health problems, including an increased risk of respiratory infections, and a significant increase in the risk for asthma."

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