

Asthma and Pregnancy: How We Can Improve the Outcome?

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LETTER

Asthma in pregnancy is a very important issue and considering the potential morbidities of the untreated asthma and controversies in this field, the need for performing well-designed prospective studies is highlighted. In this issue of the journal, Karimi et al have reported the results of their retrospective study on pregnant asthmatics.¹ This study in spite of its limitations can draw attention to the risks of asthma in pregnancy.

Up to 8% of pregnancies are associated with asthma.² Increasing prevalence of asthma in pregnancy might be due to increased awareness of the condition and also increasing prevalence of asthma in recent years. However different methodologies employed in various studies and the lack of agreed-upon gold standard for measuring asthma should not be neglected.²

The association of asthma, especially poor-controlled asthma with poor pregnancy outcomes such as preterm labour, low-birth weight, still-birth have been well documented in the literature, but recent prospective studies indicate that well-controlled asthma has no significant risk for the fetus and the mother.^{3,4}

Retrospective studies like this one have many limitations especially in our country, Iran, due to pitfalls in medical records and this problem is also evident in other retrospective studies on asthma and pregnancy.²

The other limitation of this study relates to the lack of data on treatment regimens and severity classification of asthma in studied subjects. Both of these, have been implicated as major factors in outcome of pregnancy,

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as stated by many studies.^{5,6}

What we have learnt from the literature is that providing safest approved drugs as well as necessary education and good care to the patients can notably improve control of asthma overall and this subject is even more important in pregnant asthmatics.⁷ Our preliminary unpublished results and the report by Enriquez et al⁸ have shown that most of the asthmatic pregnant females tend to stop their medication after being pregnant, if not being informed well about the safety of the medications and some of them refer with acute attacks of asthma to the emergency departments.⁹

Fortifying and supporting the health system from lowest to highest levels and also providing established national guidelines¹⁰ according to drug availability, cultural backgrounds and accessible facilities are essential. Furthermore, improving the knowledge of general population, health providers especially obstetricians, midwives and general practitioners are fundamental measures to be considered to reach higher standards.

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