

# Asthma & Pregnancy

Advice to keep you healthy during  
pregnancy and beyond



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## Acknowledgements

We would like to thank Professor Marcus Butler of the Asthma Society of Ireland, Medical Advisory Group, Dr Dorothy Ryan of Beaumont Hospital, Dublin and our team of nurses for their guidance in producing this booklet.

## Disclaimer

The information contained in this publication is based on current medical knowledge, in accordance with international best practice guidelines, at the time of publication. The information is intended for use as a general guide and does not replace individual consultation by a health care professional on a case-by-case basis. The Asthma Society of Ireland is not responsible for any injury, loss, damage or expense incurred by any individual or organisation resulting, either directly or indirectly, from any information contained in this publication.

# About us

## Our Mission

**Our mission is to stop asthma deaths in Ireland.**

We are the voice of the 380,000 people with asthma in Ireland, and our work radically transforms their quality of life.

## Our Vision

Our vision is that everyone with asthma in Ireland lives a full life, symptom-free.

## How we achieve our Mission & Vision

### 1 WE CHAMPION CHANGE

by advocating to prevent asthma deaths.

### 2 WE COMMUNICATE ABOUT ASTHMA

to ensure it is taken seriously as a health challenge.

### 3 WE SUPPORT WITH SERVICES

for all people with asthma, empowering them to control the condition and providing health promotion programmes which deliver impactful asthma interventions.

### 4 WE LEARN TOGETHER

and collaborate with healthcare, research and education professionals (and always with patients) to improve our understanding of how asthma works and how to combat it.

### 5 WE BUILD OUR CAPACITY

to deliver for patients by growing and diversifying our funding streams, by innovating and by being best-in-class as a charity.



ASTHMA ADVICELINE

**1800 44 54 64**

WHATSAPP MESSAGING SERVICE

**086 059 0132**



# Why our work is so important

**2.4m**

The number of asthma GP consultations annually.

**€1,242**

The annual average cost of asthma per patient.

**1 in 5**

Proportion of children who experience asthma at some stage in their life.

**1 in 10**

Proportion of children who currently have asthma.

**1 in 13**

Proportion of people in Ireland currently have asthma.

**66%**

Percentage of asthma deaths that are preventable.

**five**

Average number of school days missed every year due to asthma.



**2<sup>nd</sup>**

Ireland had the second highest rate of asthma hospital discharges in Western Europe in 2016.

**seven**

Average number of work days missed every year due to asthma.

**890,000**

The number of people in Ireland who experience asthma at some stage of their life.

**14**

Compared to 14 other European countries: Ireland had the highest death rate from asthma in 2015.

**Four minutes**

How often someone in Ireland visits an Emergency Department with asthma.

**one every seven days**

The frequency that people are dying as a result of their asthma.

**40,593**

The number of children registered under the Asthma Cycle of Care programme.

**€472 million**

The amount asthma costs the state per annum.

**8,000**

The number of asthma admissions to hospital every year.

# Introduction

The information in this booklet can help you to manage your asthma and keep it well controlled before during and after your pregnancy. In this booklet you will find advice on:

- Avoiding triggers during pregnancy
- Taking medication during pregnancy and while breastfeeding
- What to do if you have an asthma flare during pregnancy or when you are giving birth

Poorly controlled asthma can be bad for your health during pregnancy, and for the health of your baby.

Whether you are planning a pregnancy, are already pregnant or have recently given birth, **Asthma and Pregnancy** aims to give you all the information you need to keep you and your baby healthy.

Well controlled asthma reduces the risk of harm to your baby and the risk of complications during delivery.

By achieving good asthma control during pregnancy, you and your baby can be just as healthy as a mother and child without asthma.

# What is asthma?

**Asthma is a common chronic disease which inflames the airways. The airways are the small tubes that carry air in and out of the lungs. Asthma causes the airways to become over-sensitive and react to things they wouldn't normally react to, such as colds and flus or dust mites – even family pets, these are called triggers.**

When asthma symptoms are triggered the muscles around the wall of the airways tighten, making them narrow. The lining of the airways also swells and sticky mucus is produced, clogging up the already narrowed airways making it difficult to breathe.

## What causes asthma?

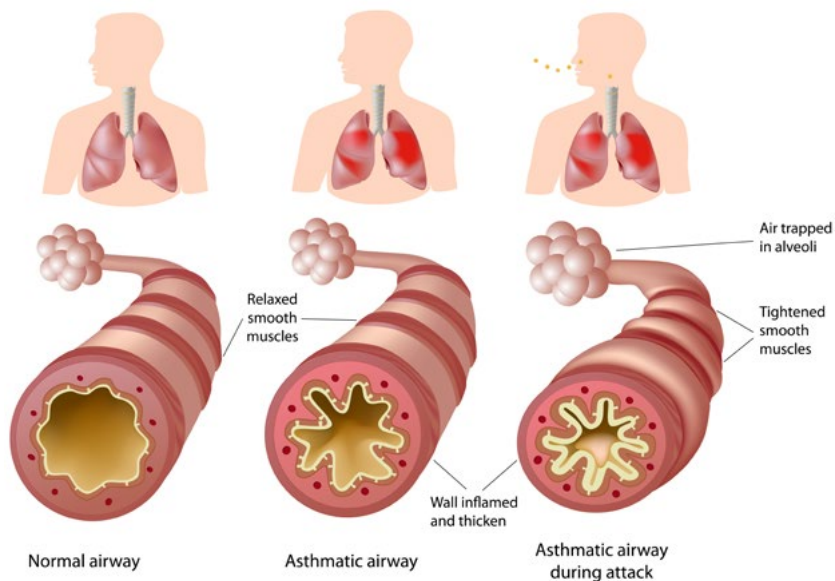
The exact causes of asthma are still unknown. Asthma usually starts in early childhood but sometimes develops later in life.

Asthma can run in families and children are more likely to have asthma if they have a parent or parents with asthma.

Asthma is linked to other allergic diseases such as eczema and hayfever.

The hormonal changes of pregnancy can cause a relapse of asthma, new onset asthma or worsen previously well controlled asthma. Each pregnancy may be different. In the weeks-months after pregnancy, asthma often reverts to pre-pregnancy control.

## Pathology of Asthma



# Symptoms & triggers

Typical symptoms of asthma are:



**Persistent cough**



**Shortness of breath**



**Wheeze or whistle**



**Chest tightness**

## Things that can set asthma off

When you come into contact with certain things they can make your asthma worse. These are called triggers. It can be difficult to figure out what is triggering your asthma.

To help find out what your triggers are you should keep an asthma diary or management plan. In it you should record the times, places and what you are doing when your asthma gets worse.



**Smoking**



**Animals**



**Exercise**



**Viral Colds /Flu**



**Medicines**



**Feelings**



**House dust mites**



**Pollens, grass, trees**



**Cleaning products**



**Sprays**



**Mildew or mould**



**Foods & drinks**



**Air pollution**



**Hormones**



**Weather**



**Jobs**

For more information on asthma triggers, download the **Take Control of your Asthma** booklet from [asthma.ie](http://asthma.ie)



Remember the same

TOP TIPS FOR

# MANAGING ASTHMA

apply during pregnancy



Know the  
**5 STEP RULE**  
for dealing with  
an asthma attack.



Use a written  
**ASTHMA ACTION PLAN**  
to manage your asthma.



Have your  
**INHALER TECHNIQUE**  
checked regularly.



Eat a healthy  
**BALANCED DIET**  
and  
**EXERCISE REGULARLY**



Make sure you can tell  
when your asthma is  
**GETTING WORSE**  
so you can quickly  
get help from your  
GP or asthma nurse.



Take your  
**MEDICATIONS**  
as prescribed, even  
when you are well.



Go for a regular  
**ASTHMA REVIEW**  
**Adults** - at least once a year.  
**Children** - every 6 to 12 months.



**KNOW YOUR TRIGGERS**  
and avoid them  
where possible.



**DO NOT SMOKE**  
and ask people not to  
smoke around you.



Know your  
**EXPECTED PEAK FLOW**  
and how to use your  
peak flow meter.





## Managing your asthma before, during and beyond pregnancy

**Pregnancy affects asthma in different ways for different people, and during different pregnancies.**

**For some women their asthma symptoms remain the same, some find they worsen, whilst others find their symptoms actually improve. During pregnancy your health is more important than ever.**

With so much to think about, it can be easy to forget about managing your asthma, but it is important to remember that poorly controlled asthma is bad for your health and may harm your baby. Good asthma management is essential.



## Planning a pregnancy

Good asthma control before you're pregnant means you are more likely to have good control while pregnant, so if you are planning a pregnancy it is important to get your asthma under control. If you are planning a pregnancy or have just found out you are pregnant there are a few things you should do:

- Keep taking your asthma medication as normal unless instructed to do otherwise by your doctor.
- Don't smoke or vape. Avoid second hand smoke.
- Have your asthma reviewed by your GP. Your practice nurse and pharmacist can also give you useful information about keeping your asthma under control.
- Develop and follow an asthma action plan or update your existing plan with your doctor or asthma nurse.
- Inform your obstetric team that you have asthma and are on asthma treatment.
- Bring all your asthma medication and inhaler devices to your obstetrics appointments.
- Discuss vaccinations with your GP/obstetrician/midwife.



## Good asthma control during pregnancy

- Controller medication is safe during pregnancy. Keep taking your asthma medication as normal unless instructed to do otherwise by your doctor.



- Check with your GP/nurse/pharmacist that you are using your inhaler correctly — scan QR code to watch video.

- Develop an asthma management plan or update your existing plan with your doctor, asthma nurse or other healthcare professionals.
- Monitor your asthma symptom control using the asthma control test at the back of this booklet



- Monitor your peak flow — scan QR code to watch video.

- Seek help for asthma worsening early
- Avoid asthma triggers. (See page 7)



- Know the 5 step rule for managing an asthma flare-up — scan QR code to watch video.

- Work with your doctor, nurse or pharmacist to make sure you know about your medication, symptoms, inhaler technique and triggers, as well as how to recognise the signs that your asthma is getting worse.
- Plan an asthma review with your doctor early in pregnancy or ideally pre-pregnancy. Your GP or Obstetrician may refer you to a respiratory specialist if appropriate. Regular asthma review during pregnancy is advised.



Throughout your pregnancy there are a number of things that might affect your asthma. Below is a list of things you should be mindful of, but if you have any additional concerns you should contact your healthcare professional, call the **Asthma Adviceline** on **1850 44 54 64** or send a **WhatsApp** message to **086 059 0132**.

**Keeping your asthma controlled is good for your baby's health.**



## Smoking and vaping e-cigarettes

If you are planning a pregnancy or discover that you are pregnant you should stop smoking or vaping immediately and avoid passive smoke. Smoking is extremely harmful for both you and your baby. Smoking during pregnancy increases the risk that your baby will have breathing problems or asthma, increases your risk of miscarriage, low birthweight and premature labour.

The impact of e-cigarettes on the baby during pregnancy or long-term is unknown. Therefore, it is advised not to vape during pregnancy.

Vaping / electronic cigarettes contain nicotine but also many other ingredients not typically inhaled into the lungs including flavourings. Some would consider vaping as a safer alternative to cigarettes which contain over 400 known toxins.

Nicotine Replacement Therapy is licensed, safe and preferred as a smoking cessation aid in pregnancy.

Discuss the smoking cessation options available to you with your Doctor or midwife.

Contact the **National Smoking Quitline** on **1850 201 203**.

## Stress

Feeling calm and relaxed and avoiding stress is important during pregnancy. There are many ways to relax and de-stress during pregnancy. Yoga and meditation are popular, with lots of tailor made classes for pregnant women on offer. Before starting a yoga class make sure your teacher is qualified and that they know you are pregnant and have asthma. If you are worried about managing stress during your pregnancy speak to your doctor, midwife or nurse for advice.

## Acid reflux

Acid reflux is common during pregnancy and may change your asthma symptoms or make them worse. Heartburn is a common symptom and a sign you might have acid reflux. Your doctor or midwife will be able to diagnose acid reflux and might suggest some medication to ease symptoms.

There are also some simple steps you can take to limit the risk of acid reflux:

- Eat smaller meals
- Use extra pillows when lying down
- Avoid eating late at night
- Avoid lying down after eating

**Stress can trigger your asthma. Speak to your health care professional about safe ways to relax during pregnancy.**



## Sinusitis, allergies and hayfever

- Many women suffer from allergic rhinitis, more commonly known as hay fever or sinusitis during pregnancy. The symptoms of allergic rhinitis and sinusitis often overlap.
- Allergic rhinitis is usually caused by coming into contact with things such as dust mites, pollen or animal hair. During pregnancy it can also be caused by hormonal changes in the first trimester. Symptoms include sneezing; a blocked or runny nose; an itchy nose, mouth or inner ear and headaches. Some treatments for allergic rhinitis or hay fever should not be taken during pregnancy.

Sinusitis is an inflammation of the lining of the air cavities inside the nose and can also be caused by allergies. Symptoms of sinusitis include headache, facial tenderness, pressure or pain in the sinuses, nasal stuffiness, a sore throat or cough. Often sinusitis goes away of its own accord; however there are some simple steps you can take to ease symptoms:

- Drink plenty of fluids
- Use a saline nasal rinse
- Breathe in steam
- Use extra pillows at night
- Avoid things that might irritate your sinuses such as perfumes or smoke.

However, sometimes treatment such as antibiotics, nasal decongestants or steroid nasal sprays may be required.

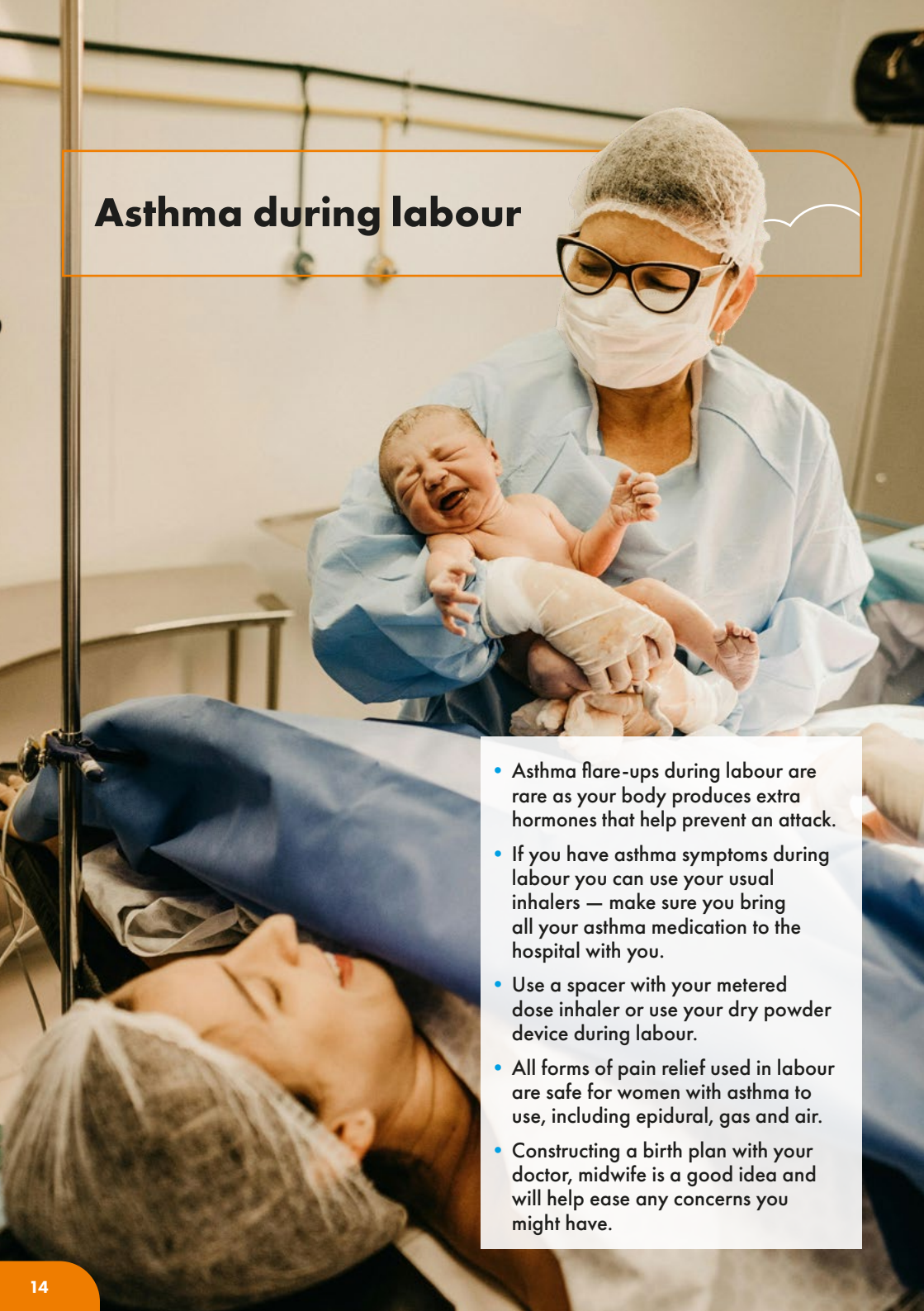
In general, nasal therapies are safer and often more effective than oral therapies for rhinitis during pregnancy.

If you suffer from allergic rhinitis or sinusitis consult with your doctor before taking any medication and let your pharmacist know you are pregnant.

For more information  
download the **Asthma &  
Allergic Rhinitis** booklet





A healthcare professional, likely a midwife or nurse, wearing a blue clinical gown, a white surgical mask, and a hairnet, is holding a newborn baby. The baby is crying and has its mouth open. The professional is also wearing glasses. In the foreground, the head and shoulders of a woman lying on a hospital bed are visible, looking up towards the professional. The background shows a typical hospital room with medical equipment and a white wall.

## Asthma during labour

- Asthma flare-ups during labour are rare as your body produces extra hormones that help prevent an attack.
- If you have asthma symptoms during labour you can use your usual inhalers — make sure you bring all your asthma medication to the hospital with you.
- Use a spacer with your metered dose inhaler or use your dry powder device during labour.
- All forms of pain relief used in labour are safe for women with asthma to use, including epidural, gas and air.
- Constructing a birth plan with your doctor, midwife is a good idea and will help ease any concerns you might have.

## Breastfeeding

- Women are encouraged to breastfeed as there are lots of health benefits for both mother and baby.
- It is important and safe to continue your asthma medications when breastfeeding. Asthma medication does not affect your ability to produce milk.
- It is important that your doctors and pharmacist are aware that you are breastfeeding as there can be considerations around timing of some tablet medications and some non-asthma therapies may need to be avoided.
- If you have concerns about taking any asthma medication while breastfeeding you should speak to your doctor, nurse or midwife.
- Breast milk may lower your baby's risk of wheezing and chest infections check. Studies suggest that breastfeeding reduces the risk of your baby developing asthma or delays its onset, especially if there is history of asthma in the family.
- Medication in steroid tablets can sometimes appear in breast milk but the amount is microscopic and won't affect your baby. If you have concerns you should speak to your doctor, midwife or nurse.
- If you choose not to breastfeed or it isn't possible, you should speak to your doctor, midwife or nurse about the best formula to use. Certain types of formula, such as hydrolysed milk formula, are less likely to produce an allergic reaction than others.

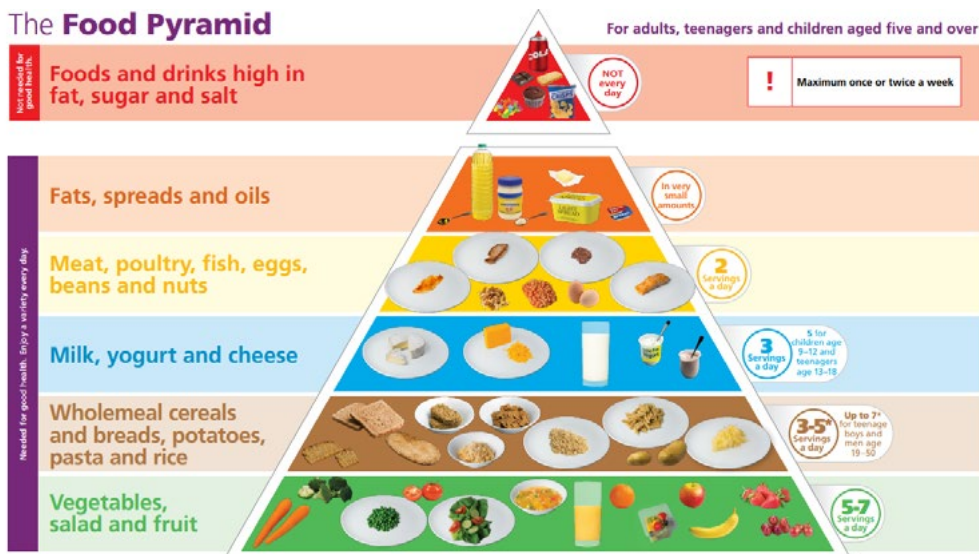




## Diet

- A healthy diet full of fresh fruit, vegetables, fish, beans and lentils is good for you, your asthma and good for your baby. The food pyramid can be used as a guide to the types and portions of food you should eat.
- Lots of food from the bottom of the pyramid, such as cereals, breads, fruit and vegetables and less from the middle such as dairy meat and fish. Foods from the top of the pyramid, such as sweets and cakes, should not be eaten everyday.
- In the majority, food rarely triggers asthma and having a varied diet is good for our health.
- However, people with and without asthma may have food allergies. Manage food allergies as when not pregnant and consult with your doctor or specialist.

## The Food Pyramid



source: Department of Health. December 2016.



# Exercise & weight

## Exercise

Exercising is safe and strongly advised for people with asthma and is safe during pregnancy. Reliever medication can be taken before and as required during exercise.

## Weight

- Maintaining a healthy weight is key to good health, and especially during pregnancy when it has additional additional benefits for you and your growing baby.
- For patients with asthma, excessive weight gain can be a factor in poor asthma control. Whilst some weight gain is expected and normal during pregnancy, excessive weight gain should be avoided.
- Speak to your doctor/midwife about expected weight gain during pregnancy.
- A healthy diet and active lifestyle help achieve and maintain a healthy weight before, during and after pregnancy.



# Medication


**Asthma medication is considered safe to take while you are pregnant or breastfeeding. Treating your asthma when you are pregnant is very similar to treating it when you are not.**

Sometimes women stop taking their asthma medication while pregnant because they are worried about the affect on their baby. This results in worsening symptoms and can be harmful to both mother and baby. Taking your asthma medication and having good asthma control is far safer, for you and your baby, than the very slight possibility of side effects.

If you are taking your asthma medication as prescribed but your symptoms are getting worse, keep taking your medication and contact your doctor who may change your medication or dosage.

There are a variety of different treatments and medications for asthma. Some help to control your symptoms and stop them happening, others work to relieve your symptoms when they do happen.

In general, newer medications may have less data in pregnancy and your doctor may decide to change to an alternative similar medication. However, in patients with severe asthma continuing effective therapies is often safer than any small potential risks.

A pregnant woman with dark hair tied back is lying in bed, looking down at her newborn baby who is lying on her chest. The room is softly lit, and a white crib is visible in the background.

**During pregnancy asthma should be treated the same as in non-pregnant individuals unless there is a clear reason not to.**



## Controllers (Inhaled corticosteroids)

- The key to controlling your asthma is to use your controller or maintenance (that contains a steroid) inhaler every day, even when you are well. Controller medication contains a steroid called corticosteroids.
- It does not relieve your symptoms immediately, but builds up over a period of time to reduce swelling in the airways and stop your symptoms developing.
- It reduces sensitivity to triggers, reduces the risk of asthma and improves lung function.
- Continued use of inhaled steroids (controllers) is crucial during pregnancy in women with confirmed asthma.
- Asthma Biologic therapies are used to treat severe asthma. If you are on an asthma biologic let your asthma specialist know if you are planning a pregnancy. If you become pregnant while on asthma biologic therapy, let your asthma specialist know as soon as possible.

## Relievers

- When asthma is well controlled a reliever inhaler is rarely required.
- When you breathe in reliever medication it relaxes the muscles around the airways, allowing them to widen and making it easier for you to breathe.
- Relievers work quickly to reduce your symptoms but do not treat the underlying asthma inflammation.
- You should use your reliever inhaler whenever you get asthma symptoms or if you are having an asthma flare-up.
- Patients with uncontrolled asthma are frequently very dependent on their reliever 'blue' inhaler and afraid to leave the house without it. In those cases urgent asthma assessment is indicated.
- Overall, it is advised that if you are using your reliever more than twice a week or ever at night, contact your Doctor or Nurse as your asthma may not be controlled.

## Combination inhalers

### Maintenance and Reliever Therapy

**(MART)** is now a commonly recommended treatment. These combination inhalers give you a dose of reliever medication and a dose of controller steroid medication at the same time. If you need to use this medication more often than usual arrange a review with your asthma doctor or nurse.

## Add-on treatments

**Leukotriene Receptor Antagonists** or LTRAs (e.g. Montelukast) can help control your asthma by stopping the reaction in your airways that can cause them to narrow and become inflamed. If your asthma has responded to this therapy it can be continued during pregnancy, it is not usually

commenced during pregnancy as not all patients respond to LTRA.

**Steroid Tablets** may be prescribed if you have an asthma flare. In severe asthma flares steroid tablets should be used when indicated and the benefits are considered to outweigh any potential side effects. If you are prescribed oral steroid tablets and have any concerns discuss this with your doctor/obstetrician/midwife.

**Asthma Biologic therapies** are used to treat severe asthma. If you are on an asthma biologic let your asthma specialist know if you are planning a pregnancy. If you become pregnant while on asthma biologic therapy, let your asthma specialist know as soon as possible.







## Medication you should avoid during pregnancy

**Antihistamine tablets** are used to treat hayfever and allergic reactions. They should only be used by pregnant women under a doctor's supervision. For allergic rhinitis nasal anti-histamines with or without steroids are safer and often more effective than tablet equivalents.

**Decongestants** - Oral and nasal decongestants may offer symptomatic relief but do not treat the underlying cause of congestion. Oral decongestants should be avoided in the first trimester of pregnancy especially and any prolonged use in later pregnancy is not advised. They reduce breast milk supply during breastfeeding.

**Immunotherapy** is used to improve allergy or asthma symptoms. If you are on immunotherapy let your asthma specialist know that you are planning pregnancy or are pregnant. If you are already undergoing immunotherapy you can continue, but immunotherapy is not commenced during pregnancy.



**It is important to consult your doctor before taking any medication during pregnancy, especially during the first and second trimester.**



## Vaccines in pregnancy

National Immunisation Advisory Committee, HSE guidance

### Flu vaccine & pregnant women

- The Influenza Vaccine is recommended for pregnant women at any stage of pregnancy.
- Pregnant women can get the flu vaccine for free as part of the HSE vaccination programme through participating GPs and pharmacies.
- While anyone can catch flu, pregnant women have a higher risk of developing serious complications if they get flu. They are more likely to need treatment in hospital or the Intensive Care Unit because of flu. Vaccinations reduce this risk.
- The flu vaccine helps to protect mothers and their babies from the flu during pregnancy.

- The flu vaccine provides protection to newborn babies during their first six months of life. This is when babies are most likely to be admitted to hospital if they get the flu.

### COVID vaccine & pregnant women

- Pregnant women should be offered COVID-19 vaccination at any stage in pregnancy.
- While anyone can catch COVID-19, pregnant women during the pandemic had a higher risk of developing serious complications if they were not vaccinated. They were more likely to need treatment in hospital or the Intensive Care Unit because of COVID-19. Vaccination seems to reduce this risk to that of non-pregnant individuals.

# Signs your asthma is getting worse

If you notice any of these signs that your asthma is getting worse don't ignore them- arrange an asthma review with your nurse/physician.

- An increase in the frequency or severity of your symptoms (cough, breathlessness, wheeze or chest tightness)
- Needing more of your asthma medication than usual
- Not able to be as active as usual
- Waking at night because of your symptoms
- A drop in your peak flow reading
- Not being able to tolerate as much exercise



# SYMPTOMS OF AN ASTHMA ATTACK



Cough



Short breath



Wheeze



Tight Chest



Difficulty talking



Blue lips

or any combination of these

## 5 STEP RULE

### How to deal with an asthma attack

If someone has  
an asthma attack:

- Do not leave them on their own.
- Extra puffs of reliever inhaler (usually blue) are safe.



Scan this QR to watch our 5 STEP RULE video



**Sit up and stay calm**  
Do not lie down



**Take slow steady breaths**



**Take 1 puff of reliever inhaler**  
usually blue **every minute**

People aged 6+ — up to 10 puffs in 10 mins  
Children under 6 — up to 6 puffs in 10 mins



**Call 999 or 112** if your symptoms do not improve after 10 minutes



**Repeat Step 3** if an ambulance has not arrived in 10 minutes

## TRIGGERS

THINGS THAT CAN SET ASTHMA OFF



Smoking



Animals



Exercise



Colds/  
Flu



Medicines



Feelings



Dust



Pollens,  
grass, trees



Cleaning  
products



Sprays



Mildew  
or mould



Foods  
& drinks



Air  
pollution



Hormones



Weather



Jobs



# New Patient e-Referral

Simply fill in the online form and a  
member of our team will get in touch

Scan here



**ASTHMA  
SOCIETY**  
OF IRELAND



# Supporting us

## I would like to donate...

My own amount

<input type="checkbox"/> €10pm	<input type="checkbox"/> €15pm	<input type="checkbox"/> €21	<input type="checkbox"/> €250*	€ <input type="text"/>
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\* If you are a taxpayer, a gift of €250 or more in one year could be worth an extra 45% (€112) to us — at no extra cost to you.

To make an instant donation, visit [asthma.ie/donate](https://asthma.ie/donate)

Title ..... First Name \* ..... Surname \* .....

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County \* ..... Eircode .....

Telephone \* ..... Email .....

☐ I enclose a cheque/bank draft / postal order payable to **Asthma Society of Ireland**

**OR** Please debit my... ☐ Visa ☐ Mastercard ☐ Visa Debit (please tick box)

Name on Card .....

Card Number

Expiry Date  Security Code

Signature ..... Date

**OR** You can also make direct payment from your bank or online. Make your payment to:  
**Asthma Society of Ireland IBAN: IE50 BOFI 9009 7319 9474 13 BIC/SWIFT: BOFIE2D**

Please return your completed form to:

**Asthma Society of Ireland, 42-43 Amiens Street, Dublin 1**

We save money by being able to contact you by telephone or email, and we can keep you updated on how your generosity makes such a difference.

**CONTACT ME BY** ☐ Email ☐ Post ☐ Telephone ☐ SMS/WhatsApp

# Our services to you

Call the Asthma Society today to get a free copy of our other publications or download them for free at [www.asthmasociety.ie](http://www.asthmasociety.ie)



## Worried about your Asthma?

Freephone the Asthma Adviceline or send a WhatsApp message to speak with an Asthma Nurse Specialist about your asthma.

ASTHMA ADVICELINE

**1800 44 54 64**

WHATSAPP MESSAGING SERVICE

**086 059 0132**



**Phone the adviceline today  
for your free appointment.**

**Find out more about asthma,  
learn to self-manage your condition  
and improve your quality of life.**

For most people, asthma is a very controllable disease when managed correctly. Asthma management will allow most people with asthma to live happier and healthier lives. However, if people with asthma do not manage their condition, they are at high risk of an asthma attack.

Pregnancy increases risk for asthma worsening. If asthma is well controlled during pregnancy outcomes for mother and baby are similar to pregnant women without asthma.

The key to asthma management is having and using an Asthma Action Plan. These plans, which are reviewed at every available opportunity with a healthcare professional, will detail asthma medicines, symptoms, triggers, how to know if you are having an asthma emergency and what to do in the event of one.

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**asthma.ie**

**CHY no: 6100**

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