ASTHMA IN PREGNANCY:

- Affects 1-5% of all pregnancies
- Reducing intensity of asthma txt during pregnancy → lower gestational age, birth weight & length

CAN IT CROSS THE PLACENTA OR INTO HUMAN MILK?

- Pregnancy risk
- Molecular weight (<600)
- Maternal blood concentration (systemic bioavailability)
- Plasma elimination half-life (↑ with time at maternal-fetal interface)
- Lipid solubility (cross membrane easier)
- Volume of distribution (Vd < 1 L/kg = in plasma)
- Ionization at physiological pH (high pKa = weak base, gets trapped in acidic fetal side)
- Plasma protein binding (high = protective)
- Placental metabolizing enzymes (can activate or deactivate that drug)

ASTHMA THERAPEUTICS IN PREGNANCY

	Suitable	Not preferred/not suitable
Avoid triggers	Yes	
SABA	Yes	
ICS	Yes (budesonide, beclomethasone most studied)	
LABA	Yes	
LTRA		Limb defects
OCS		Prematurity, low birth weight, cleft lip/palate

ASTHMA THERAPEUTICS IN LACTATION:

	Suitable	Not preferred/ not suitable
SABA	Yes	
ICS	Yes	
LABA	Yes	
LTRA	Not 1st line	
OCS	If benefits >>> risks	

COUGH AND COLD THERAPEUTICS IN PREGNANCY:

- Non-drug measures: good hand washing, soup, warm beverage, lozenges, rest (elevate head of bed at night)
- Fever: acetaminophen prn
- Medications:
  - Nasal saline spray ii sprays each nostril qid prn (low efficacy but is safe)
  - Anti-histamines: safe but not effective
  - Decongestants: low risk
  - Guaifenasen: some efficacy in reducing cough (low risk)
  - Dextromethorphan: lack of evidence, evaluate risks vs. benefits