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## Asthma and Breastfeeding

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Asthma inhalers - relievers or preventers - are safe to use as normal during breastfeeding. Monteleukast can be used if needed. There is limited research but amount in breastmilk appears significantly lower than that licensed to be given to a 6 month old baby. Prednisolone 40mg for 5 days is unlikely to affect the baby and breastfeeding can

Every ten seconds someone in the UK has a potentially life-threatening asthma attack and three people die every day. Tragically two thirds of these deaths could be prevented, whilst others still suffer with asthma so severe current treatments don't work ([asthma.org.uk](http://asthma.org.uk)).

Many mothers have symptoms of asthma. We do not yet know the cause of asthma but there are genetic links and it is associated with exposure to cigarette smoke. One of the important ways to minimise asthma attacks (which are scary!) is to use prescribed medication regularly. Anecdotally some breastfeeding mothers have been avoiding using inhalers because they perceive a risk to their breastfed baby, particularly when using steroid (preventer) inhalers.

Asthma inhalers do not produce levels of drug in the blood system let alone in milk so are safe to use as normal during breastfeeding. They act locally in lungs to prevent or relieve symptoms

### **Reliever inhalers - beta 2 agonist (often blue in colour)**

Relievers are used when you have symptoms of wheeze or cough e.g. Salbutamol (Ventolin ®, Salamol ®, Airomir ®, Asmasal ® ) , Formoterol (Atimos ®, Oxis ®), Terbutaline (Bricanyl ®), Salmeterol (Serevent®)

### **Preventer inhalers (often brown in colour)**

Preventer inhalers are usually steroids which reduce the inflammation in the lungs. They are added to reliever inhalers IF there is a need to use an inhaled beta2 agonist three times a week or more, being symptomatic three times a week or more, experiencing night-time symptoms at least once a week, or if you have had an asthma attack in the last 2 years. These inhalers are normally used regularly twice a day and it is good practice to rinse the mouth after use to avoid symptoms of oral

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thrush e.g. beclomethasone (Asmabec®, Clenil®, Qvar®) , budesonide (Pulmicort®), fluticasone (Flixotide®), mometasone (Asmanex®)

### **Compound inhalers**

Symbicort®(budesonide plus formoterol), Seretide®(fluticasone plus salmeterol)  
Fostair®(beclometasone plus formoterol)

Inhaled long-acting beta2 agonist such as salmeterol and formoterol are usually only used if symptoms haven't been controlled with short acting beta2 agonist plus steroid inhalers

### **Leukotriene receptor antagonists**

These are tablets added in if symptoms are not controlled, where asthma is exercise induced or where allergic rhinitis is an additional symptom to the asthma e.g. Montelukast (Singulair®), Zafirlukast (Accolate®). We have one study of 7 women given montelukast and the authors estimated the babies would receive 5.32 microgrammes per litre of breastmilk. It is also given directly to babies from 6 months of age at a dose of 4mg compared to an adult dose of 10mg (Hale, Datta).

### **Acute asthma attacks**

Acute attacks may necessitate use of a course of oral steroids, normally 40mg (8 x 5mg tablets) prednisolone. These can be taken during breastfeeding without risk to the baby. Some authorities recommend waiting 4 hours after taking the once daily dose to minimise transfer but this is usually only necessary with doses in excess of 40mg (BNF).

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