**Asthma** is a chronic inflammatory disease that affects the airways and lungs, and causes recurring periods of wheezing, chest tightness, shortness of breath and coughing. While it is not known why women have a higher burden of asthma morbidity and mortality than men, researchers suggest that asthma symptoms can be affected by pregnancy, the menstrual cycle and menopause. In 2011, 12.8%, or nearly 424,000 women in Indiana, currently had asthma. The prevalence of current asthma among adult women in Indiana is double that of men [Fig 1].

**Disparities**
- A higher proportion of Indiana females (57.4%) were first diagnosed with asthma as adults compared to males (42.6%).
- The mean age of asthma diagnosis is significantly higher in Indiana females (26.3 years) than males (20.1 years).
- The prevalence of asthma also differs by race and sex.  
  - 16.4% of black females vs. 8.5% of black males  
  - 11.8% of Hispanic females vs. 1.9% of Hispanic males  
  - 12.1% of white females vs. 6.0% of white males

**Asthma and Pregnancy**
Asthma is a common medical condition that potentially complicates pregnancy.
- During pregnancy, asthma symptoms worsen in 35% of women.
- In Indiana, an estimated 11.6% of pregnant women have a current asthma diagnosis.

**Perinatal Outcomes**
Well-controlled asthma during pregnancy is important for the health and well-being of mother and baby.
- Pregnant women with moderate to severe asthma that is not well controlled are at increased risk of adverse perinatal outcomes:
  - Low birthweight
  - Small for gestational age
  - Preterm labor and delivery
  - Pre-eclampsia

**Medications**
- According to current guidelines, it is safer for pregnant women with asthma to take their asthma medications than it is for them to have asthma symptoms or exacerbations.
- Medications are not tested on pregnant women; therefore, data on asthma medication use during pregnancy are lacking.
- A population-based study with 9,642 babies found that asthma medication use during pregnancy did not increase the risk for most birth defects.

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*Measured by asking if the child/adult ever had asthma and still had asthma
†Primary diagnosis
Asthma and Female Hormones

- Hormones change during the course of the menstrual cycle, which can affect asthma symptoms.
- Some women with asthma see an increase in asthma symptoms around the time their period starts, or before the onset of menstruation.
- During menopause, hormones are fluctuating, which can increase asthma symptoms.

Obesity

- In Indiana, 60.5% of adult females are considered overweight or obese. Of these females, 15.0% have a current asthma diagnosis—which is higher than the overall female prevalence of asthma in Indiana (12.8%).

- Research studies suggest that obesity is associated with increased risk of asthma in women, but not in men.

References


Community resources

- **NeedyMeds** is an information resource that locates assistance programs to help people afford their medications.
- To be connected with Indiana programs and resources call the Indiana Family Helpline at 1-855-Help-1ST (855-435-7178). For information on tobacco cessation, call the Indiana Tobacco Quitline at 1-800-QUIT-NOW.
- For resources and programs concerning women’s health, visit the Indiana Office of Women’s Health.
- The IU National Center of Excellence in Women’s Health works to improve the health of Indiana women.
- The Indiana Coalition Against Domestic Violence provides victims and their families with support, information and referrals. The statewide 24-hour toll free hotline number is 1-800-332-7385.
- The Indiana Coalition Against Sexual Assault provides education, advocacy, and support to professionals, communities and survivors regarding sexual violence in Indiana. To reach your local rape crisis center directly, call the National Sexual Assault Hotline at 1-800-656-HOPE.