### Classification of Asthma Severity During Pregnancy and Lactation

<table>
<thead>
<tr>
<th>Classification of Asthma Severity</th>
<th>Mild Intermittent</th>
<th>Mild Persistent</th>
<th>Moderate Persistent</th>
<th>Severe Persistent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symptoms/Day</td>
<td>≤2 days/week</td>
<td>&gt;2 days/week but ≤ daily</td>
<td>Daily</td>
<td>Continual</td>
</tr>
<tr>
<td>Symptoms/Night</td>
<td>≤2 nights/month</td>
<td>&gt;2 nights/month</td>
<td>&gt;1 night/week</td>
<td>Frequent</td>
</tr>
<tr>
<td>PEF or FEV₁ (%)</td>
<td>≥80%</td>
<td>≥80%</td>
<td>&gt;60% – ≤80%</td>
<td>≤60%</td>
</tr>
<tr>
<td>PEF Variability (%)</td>
<td>&lt;20%</td>
<td>20% –30%</td>
<td>&gt;30%</td>
<td>&gt;30%</td>
</tr>
</tbody>
</table>

### STEPWISE APPROACH FOR MANAGING ASTHMA

#### Intermittent Asthma

**Step 1 (Mild Intermittent)**
- No daily medications, albuterol as needed.

**Step 2 (Mild Persistent)**
- **Preferred treatment:** Medium-dose inhaled corticosteroid.
- **Alternative treatment:** Cromolyn, leukotriene receptor antagonist or theophylline.

**Step 3 (Moderate Persistent)**
- **Preferred treatment:** Either low-dose inhaled corticosteroid and long-acting inhaled beta₂-agonist or medium-dose inhaled corticosteroid.
- **Alternative treatment:** Low-dose inhaled corticosteroid and either theophylline or leukotriene receptor antagonist.

**Step 4 (Severe Persistent)**
- **Preferred treatment:** High-dose inhaled corticosteroid AND long-acting inhaled beta₂-agonist, if needed.

### Quick-Relief Medication for All Patients
- Short-acting β₂-agonist: 2–4 puffs short-acting β₂-agonist as needed for symptoms.
- Intensity of treatment will depend on severity of exacerbation; up to 3 treatments at 20-minute intervals or a single nebulizer treatment as needed. Course of systemic corticosteroid may be needed.
- Use of short-acting β₂-agonist >2 times a week in intermittent asthma (daily, or increasing use in persistent asthma) may indicate the need to increase long-term-control therapy.

### ADDITIONAL INFORMATION
- The stepwise approach is meant to assist, not replace, the clinical decision-making required to meet individual patient needs.
- Classify severity: assign patient to most severe step in which any feature occurs (PEF is percent of personal best; FEV₁ is percent predicted).
- Gain control as quickly as possible (consider a short course of systemic corticosteroid), then step down to the least medication necessary to maintain control.
- Minimize use of short-acting β₂-agonist (eg, use of approximately one canister a month even if not using it every day indicates inadequate control of asthma and the need to initiate or intensify long-term-control therapy).
- Provide education on self-management and controlling environmental factors that make asthma worse (eg, allergens, irritants).
- Refer to an asthma specialist if there are difficulties controlling asthma or if Step 4 care is required. Referral may be considered if Step 3 care is required.

### REFERENCES