Asthma Task Force Meeting
January 7, 2014
7:30am-9:00am

Welcome, Rebecca Giles

Recess Guidance Update, Kellie Baxter

- Due to updates on the Utah Division of Air Quality website, the Recess Guidance has been updated. The recommendations remain the same, but the format of the document has been changed. The new guidance is available online at www.health.utah.gov/asthma.
- The Utah Asthma Program (UAP) is launching a new air quality program in select Utah schools, the School Flag Program. The School Flag Program was developed by the Environmental Protection Agency (EPA) and helps children, parents, and school personnel be aware of daily air quality conditions. Each day, a flag is raised in front of participating schools that signals the level of air pollution for that day. The flag colors are based on the EPA's Air Quality Index, a color system that indicates pollution levels and health warnings. The School Flag Program is meant to accompany, not replace, the Recess Guidance. The UAP has a limited number of flag sets available for free. Schools can request materials by contacting Kellie at kabaxter@utah.gov or 801-538-6441.

PRAMS Report Findings, Holly Uphold

- The Asthma Program Epidemiologist analyzed data from the Utah Pregnancy Risk Assessment Monitoring System (PRAMS) to get a better picture of asthma among pregnant women in Utah.
- PRAMS asks new moms, "During the 3 months before you got pregnant with your new baby, did you have Asthma?" Women with asthma prior to pregnancy were more likely to have additional chronic health conditions prior to pregnancy as well as poorer pregnancy outcomes. Certain populations were more likely to report having asthma prior to pregnancy. These groups include women 17 years and younger, women who were covered by Medicaid prior to pregnancy, Non-Hispanic women, and women who were not married.
- Women who reported having asthma were also more likely to have longer hospital stays, with 36% staying in the hospital for 3 days or longer compared to only 27% of women without asthma staying 3 days or longer.
- Women with asthma were also more likely to deliver via cesarean than women without asthma (29% compared to 22%).
- Some preconception behaviors also differed for women with asthma compared to those without asthma. Women with asthma were more likely to report regular exercise prior to pregnancy and report taking a prescription (other than birth control pills) prior to pregnancy; 40% of women with asthma were on a prescription compared to only 18.8% of women without asthma. Women with asthma were more likely to smoke compared to women without asthma (27% compared to 11%).
- Using BRFSS 2009-2011 data, it was found that women age 18-44 with asthma were more likely to have diabetes, smoke, have high blood pressure, be obese, have arthritis, and report having poor mental health seven or more of the past 30 days.

- While there is no cure for asthma, there are ways to control for it. It is important for women with asthma to control it before and during pregnancy.

Asthma and Pregnancy, Al Romeo, MotherToBaby Utah

- Women have many exposures during pregnancy and breastfeeding including medications, medical conditions, cosmetics, chemicals, foods, recreational activities, animals, and other things in the environment. MotherToBaby Utah (also known as the Pregnancy Risk Line) has been answering questions for over 30 years regarding how exposures might affect the developing fetus and growing infant. The public can call 866-626-6847 to get answers to their questions about exposures during pregnancy.
- Assessing pregnancy risk:
    - All pregnancies carry about 3% risk of a <u>major</u> birth defect
    - 10-15% risk for <u>minor</u> defect
    - 15-50% risk for miscarriage
    - 5-25% risk for developmental delay or learning problems
- Causes of birth defects:
    - 20% single gene disorders
    - 10% chromosome disorders
    - 5% teratogens (exposures that cause birth defects e.g. drugs, chemicals, infections)
    - 65% unknown
- Pregnant women should be advised to call MotherToBaby rather than consulting internet and printed materials. This is because there is too much incorrect information available from these sources. Often the information gets outdated with new research, and because much depends on the individual situation (timing, amount, and risk vs. benefit)
- Uncontrolled asthma can contribute to poor health for pregnant women and their baby. Poorly controlled asthma is associated with high maternal blood pressure, placental problems, premature delivery, low birth weight and higher rates of cesarean delivery. Additional concern may be posed if a pregnant woman is having trouble breathing which may lead to lack of oxygen for the baby which may cause problems in organ development and poor fetal growth.
- Asthma medications are not expected to increase risks during pregnancy or breastfeeding.
- Based on current research, poor air quality is not expected to increase risk of birth defects, poor outcomes, autism, or developmental delays.
    - Stress, such as working more than 40 hours a week or working at a physically demanding job, may pose a greater risk for preterm births than poor air quality.

Project Groups

- Rebecca Giles and Lori Mau are working with the School Policy project group.
- Kellie Baxter and Holly Uphold are working with the Asthma Among the Elderly project group.
- Task Force members broke into these two groups for the remainder of the meeting.