

# The PRIDE-Asthma cohort: insight into the short- and long-term effects of asthma and asthma medication during pregnancy

**First published:** 06/07/2023

**Last updated:** 14/03/2025

Study

Ongoing

## Administrative details

### EU PAS number

EUPAS105750

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### Study ID

105751

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### DARWIN EU® study

No

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### Study countries

- Denmark
  - Netherlands
  - Norway
  - Sweden
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## **Study description**

Approximately 8% of pregnant women have asthma, making it one of the most common chronic conditions during pregnancy. As particularly women with poor levels of asthma control are at increased risk of adverse outcomes, international recommendations emphasize the importance of adequate pharmacological treatment. Multiple studies using large population-based databases, however, have shown that dispensing rates for asthma medication decline during pregnancy, suggestive of non-adherence and/or discontinuation of asthma medication. The objectives of this study are threefold: 1) To develop and validate a questionnaire to assess adherence to asthma medication use during pregnancy. 2) To assess reasons for self-initiated discontinuation of asthma medication and changes in asthma medication use during pregnancy. This includes assessment of trajectories of asthma control throughout pregnancy and identification of factors that are associated with improvements and deteriorations. 3) To initiate a focus cohort of at least 250 pregnant women with asthma to support this project and future studies on the short- and long-term safety of asthma medication during pregnancy. A multinational, cross-sectional study will be conducted for objective 1. The focus cohort for objectives 2 and 3 will be embedded in the PRIDE Study, an ongoing prospective cohort study among pregnant women and their offspring, with follow-up throughout childhood. Pregnant women with asthma will be asked to complete four Web-based asthma-specific questionnaires (at enrollment in the focus cohort, at gestational weeks 23 and 35, and 2 months post-partum), the Asthma Control Questionnaire (every four weeks throughout pregnancy and two times post-partum), and a medication diary (throughout pregnancy and 2 months post-partum). In addition, consent is asked to obtain data on medical history (GP and pulmonologist) and medication use (pharmacy).

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## **Study status**

Ongoing

## **Research institutions and networks**

## Institutions

### Radboud university medical center (Radboudumc)

Netherlands

**First published:** 30/06/2022

**Last updated:** 21/03/2025

**Institution**

Educational Institution

Hospital/Clinic/Other health care facility

ENCePP partner

### Pharmacoepidemiology and Drug Safety Research Group (PharmaSafe), University of Oslo

Norway

**First published:** 19/10/2016

**Last updated:** 06/11/2025

**Institution**

Educational Institution

ENCePP partner

## Contact details

### Study institution contact

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**Study contact**

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## Primary lead investigator

Marleen van Gelder 0000-0003-4853-4434

Primary lead investigator

## ORCID number:

0000-0003-4853-4434

## Study timelines

### Date when funding contract was signed

Planned: 01/01/2020

Actual: 01/11/2021

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### Study start date

Planned: 01/09/2023

Actual: 01/01/2024

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### Date of final study report

Planned: 01/07/2026

## Sources of funding

- Non-for-profit organisation (e.g. charity)

## More details on funding

Stichting Astmabestrijding

## Study protocol

[PRIDE-Astma\\_protocol\\_version1.2.pdf](#) (250.47 KB)

## Regulatory

**Was the study required by a regulatory body?**

No

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**Is the study required by a Risk Management Plan (RMP)?**

Not applicable

## Methodological aspects

Study type

Study type list

**Study topic:**

Disease /health condition

Human medicinal product

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**Study type:**

Non-interventional study

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**Scope of the study:**

Assessment of risk minimisation measure implementation or effectiveness

Drug utilisation

**Data collection methods:**

Primary data collection

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**Main study objective:**

1) To design and validate a questionnaire to assess adherence to asthma medication use during pregnancy. 2) To assess reasons for self-initiated discontinuation of asthma medication and changes in asthma medication use during pregnancy. 3) To enable future studies on the short- and long-term effects of maternal asthma and the use of asthma medication during pregnancy.

## Study Design

### **Non-interventional study design**

Cohort

## Study drug and medical condition

### **Medical condition to be studied**

Asthma

## Population studied

### **Age groups**

- Adults (18 to < 46 years)

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### **Special population of interest**

Pregnant women

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### **Estimated number of subjects**

500

## Study design details

## Outcomes

1) Level of adherence to asthma medication and factors associated with adherence. 2) Trajectories of level of asthma control throughout pregnancy, 1) Common pregnancy complications 2) Common adverse birth outcomes 3) Child respiratory health until the age of 6 years

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## Data analysis plan

Evaluation of novel scale to assess adherence: validity analysis (PCA), reliability analysis (internal consistency), construct validity. Associations with factors related to adherence: univariable and multivariable linear and logistic regression analyses. Trajectories of level of asthma control: unsupervised clustering methods. Short- and long term effects of asthma and asthma medication use during pregnancy: risk estimation.

## Data management

### ENCePP Seal

The use of the ENCePP Seal has been discontinued since February 2025. The ENCePP Seal fields are retained in the display mode for transparency but are no longer maintained.

## Data sources

### Data sources (types)

[Disease registry](#)

Electronic healthcare records (EHR)

Other

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**Data sources (types), other**

Prospective patient-based data collection

## Use of a Common Data Model (CDM)

**CDM mapping**

No

## Data quality specifications

**Check conformance**

Unknown

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**Check completeness**

Unknown

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**Check stability**

Unknown

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**Check logical consistency**

Unknown

## Data characterisation

**Data characterisation conducted**

No