Migraine and pregnancy
Many women find that during pregnancy their migraines seem to improve. Research suggests that if you normally get menstrual migraine there is a 60 - 70% chance that you will have few or no migraines. [1]. Your chances of being migraine free are increased even further to 80%, if you normally suffer from migraine without aura. [2].

Migraine without aura is often associated with falling oestrogen levels which help explain the improvement in pregnancy.

**Hormonal changes**

Research has confirmed that the occurrence of migraine is influenced by hormonal changes and that the changes which occur in pregnancy have a beneficial effect on migraine for between 50 – 90% of pregnant women. When migraines do occur, they do so most often during the first three months of pregnancy due to the rise in oestrogen levels, these can reach a level which is about 100 times higher than pre-pregnancy. [3]. When the oestrogen levels stabilise in the second and third trimesters, most women find that their migraines disappear or improve.

The exception to this rule may be found in some migraineurs whose migraine is preceded or accompanied by an aura. In these cases the hormonal changes of the pregnancy may change the pattern of the attacks. Equally, an unlucky few women may find that they experience migraine with or without aura for the first time during pregnancy. If this happens it is important to visit your GP so that the cause of your headaches can be identified and treated accordingly, ruling out conditions which have similar symptoms to migraine, such as pre-eclampsia (a condition associated with a rise in blood pressure, swelling of feet and / or fingers and protein in urine).

Migraine experiences can differ from one pregnancy to the next. Despite what may be severe pain for the mother, migraines do not pose a direct threat to the foetus. Studies have shown that over 50% of women report a relationship between their migraine headache and menstruation. It is not surprising therefore that many women who suffer from migraine and who are pregnant or who are considering the possibility of pregnancy, become concerned about the possible effects of pregnancy on their migraine.
Preventing attacks

Trying to identify migraine triggers may help predict an attack and enable you to take preventative action. Of course, some triggers are unavoidable and others may be caused by the pregnancy itself which has led or contributed to changes in lifestyle. The following common triggers for migraine have been identified:

- **Anxiety and emotion**: stress can lead to a migraine attack causing the muscles to tense up. Try to relax as much as you can and minimise your stress levels especially for the first three months of pregnancy when emotions are heightened.

- **Change in habits or routine** can include change in sleeping patterns (e.g. weekend lie-ins) or routines; again this is a common occurrence in pregnancy especially in the last trimester.

- **Food**: changing eating habits (particularly responses to cravings) should be monitored. If an attack follows up to six hours after eating a particular food try excluding it to see if it is the cause.

- **Bright lights and noise** can cause stress and should be avoided if possible.

- **Strenuous exercise** can be the cause of a migraine attack. Strenuous activity should not be started in pregnancy but regular and less strenuous activity can be beneficial both in preventing migraine and in maintaining health during pregnancy.

Keeping a migraine diary over the course of the pregnancy can help to identify possible triggers, and in turn help you to better understand and manage your migraine. You may find that by making a few minor changes to your diet or lifestyle, you can reduce the frequency and / or severity of your attacks. For more information please visit www.migraine.org.uk/managingmigraine or contact us on 0116 275 8317 to request a diary.
Treatment of migraine

Treatment of migraine in pregnancy should be discussed with your doctor. However, as a general rule, no drug is a good drug when you are pregnant (except pre-natal vitamins, such as iron supplements and folic acid), especially during the early stages (first three months / trimester) of pregnancy when the brain and spinal cord of the foetus are developing. Of course, this coincides with the time when a woman may not know that she is pregnant. If you think you may be pregnant or if you are planning a pregnancy it is best to try and avoid all medication including caffeine. If medication is taken you should try and take them at the lowest effective dose. Arrange to discuss your treatment with your doctor as soon as you can.

What medication should I take?

Evidence on the safety of drugs in pregnancy is circumstantial as few drugs having been tested during pregnancy and breast feeding due to ethical reasons. Most drugs are not recommended for pregnant women. However, deciding to take medication should be based on whether the potential benefits outweigh the risks to the baby. You should always consult your doctor; your GP may recommend you try the following:

Painkillers

Some painkillers are considered safe to use in pregnancy. However, check with your doctor, particularly if you are getting headaches more often than a couple of days a week.

- **Paracetamol** is the drug of choice in pregnancy and breast feeding having been used extensively without apparent harm to the developing baby.

- **Aspirin** has been taken by many pregnant women in the first and second terms of pregnancy. However, it best to avoid taking aspirin altogether as it can interfere with the development of your baby’s lungs and can increase bleeding nearer to the expected time of delivery.

- **Codeine** is not generally recommended for the management of migraine in the UK. However, occasional use in doses found in combined analgesics is unlikely to cause harm.

- **Ibuprofen** should also be avoided during pregnancy, particularly during the first three months of pregnancy. It should only be taken after week 28 on the advice of a doctor.
Anti-sickness drugs, such as Buclizine, chlorpromazine, domperidone, metoclopramide and prochlorperazine have all been used widely in pregnancy without apparent harm.

Triptans
Information on the safety of triptans during pregnancy is available only on a few triptans, such as sumatriptan, naratriptan and rizatriptan. Information databases on pregnant women having taken triptans has been reassuring with current evidence on sumatriptan suggesting it does not carry a risk to either the foetus or the mother. However, data on the use of triptans is still accumulating and there is still not enough evidence to recommend the use of triptans during pregnancy. It is best to speak to your GP before continuing to use them.

Ergots
Ergotamine (e.g. Cafergot) should NOT be taken during pregnancy as it can increase the risk of miscarriage and perinatal death.

Preventative medication
If your doctor feels that preventative medication is necessary then propanolol or amitriptyline taken at the lowest possible doses; these are the medicines of choice. Anti-epilepsy medicines (e.g. Epilim or sodium valproate) should NOT be taken as there is a high risk of foetal abnormalities. Topiramate should also not be used in pregnancy or whilst breast feeding as there is a lack of information regarding its safety.
Non – drug treatment
Many women prefer to try to avoid any drug therapy during their pregnancy especially when they find their migraines are improving as time passes. The following suggestions may prove effective and may help manage the condition even after the baby has been born:

Relaxation
Rest, relaxation and finding coping strategies to help you deal with stress can all help. Resting or sleeping is often recommended alongside pain relieving treatments so try it on its own. Another option is to find a relaxation technique, such as yoga or meditation. For more information on relaxation techniques please visit [www.migraine.org.uk/relaxation](http://www.migraine.org.uk/relaxation), or contact us on [0116 275 8317](tel:0116%20275%208317) to request an information booklet.

Eat little and often, and keep hydrated
If you are prone to early pregnancy symptoms, such as sickness, your intake of fluid and food can be particularly reduced, resulting in low blood sugar levels and dehydration which are known to trigger migraine attacks; try eating small, frequent meals and drinking plenty of fluids is recommended. Try eating snacks, such as fruit and crackers, and if you experience nausea drinking ginger ale or ginger tea, or using acupressure wristbands can help to settle your stomach.

Exercise
Some evidence shows that regular exercise and improved fitness can reduce the frequency and severity of migraines. It works on headaches because exercise helps to balance your blood sugar levels, improves breathing and breathlessness, triggers your body to release feel-good endorphins and leaves you with a sense of well-being.
**Acupuncture**
Needle acupuncture treatment is considered safe and may be effective for headaches (and morning sickness), although more research is still needed. Contact the British Acupuncture Council at [www.acupuncture.org.uk](http://www.acupuncture.org.uk) or ask your midwife for the name of a registered practitioner near you.

**Sniff green apples**
Scientists at the Smell and Taste Treatment Center in Chicago found that the smell of certain foods, such as green apples, could keep migraine headaches at bay for some women!

There are various other non-drug therapies that can be helpful during pregnancy including massage, yoga, biofeedback, the Bowen Technique and cranial-sacral therapy. For more information on alternative therapies please visit [www.migraine.org.uk/complementary](http://www.migraine.org.uk/complementary) or contact us on 0116 275 8317 to request an information booklet.

**Alternative medicine**
Some pregnant women take complementary or alternative medicine, such as homeopathic or herbal remedies, instead of conventional medication as they think they are safer. However, it is important to note that these can also have side effects, for example aromatherapy massage consists of some oils, such as rosemary, which need to be avoided during pregnancy. Treatments used for migraine, such as reflexology are not always recommended for use during pregnancy, along with herbal remedies like feverfew which is found to be dangerous to the baby. [3.1]. Like with all medication it is best to avoid herbal remedies especially during the first three months of pregnancy; if you do consider using any thereafter, speak to your GP or midwife first to make sure it is safe.
Planning a pregnancy
If you are planning to get pregnant this is the best time to start to get healthy. Try not to smoke or drink, reduce your caffeine intake, introduce vitamin supplements and get plenty of exercise, this can also help with your migraine. Speak to your GP about any medication you are taking as some migraine medications are suitable for women when they are trying to get pregnant, but not once you are pregnant. If you are taking preventative medication that is not recommended in pregnancy, it is best to stop them altogether or try an alternative which is safer. Medication used to treat migraines when they occur, such as triptans and painkillers, should only be used when you are unlikely to be pregnant. Whilst you are trying to conceive taking aspirin should be avoided, as this can interfere with the implanting of the egg.\(^3\)

Remember migraine is unpleasant for you but does NOT harm your baby. You should see your doctor if you are considering pregnancy and together put in place a suitable treatment regime, particularly if you notice anything unusual or different regarding your headaches.
FAQs

What will happen to my migraine attacks after the baby is born?
If your migraine has improved, this will usually continue until your periods return. However, a bad attack of migraine can occur within a couple of days of delivery. According to research two-thirds of women migraineurs experience a migraine attack within the first week after delivery. This may be because of the sudden drop in oestrogen that occurs. Other contributing factors can include exhaustion, dehydration and low-blood sugar levels.

What can I take to treat my migraine if I'm breast feeding?
Whilst you are breast feeding it is better to avoid using any medication because what you ingest will be taken in by the baby through your breast milk; therefore, it is best to try and use non-drug treatments to treat your migraine, such as biofeedback or hot / cold packs.

Some drugs used in pregnancy can be used in breast feeding with the exceptions of a few: medication, such as aspirin, is excreted in the breast milk and should be avoided during breast feeding because of the theoretical risk of Reye's syndrome (a rare condition causing liver and brain damage) and impaired blood clotting in susceptible infants; metoclopramide (a anti-sickness drug) is not generally recommended during lactation since small amounts are excreted into the breast milk; the triptans - almotriptan, eletriptan, frovatriptan and sumatriptan can be used whilst breast feeding providing the baby is not breast-fed within 24 hours of the last dose. When using medication it is better to take certain precautions, such as taking the drug straightaway after you finish feeding the baby, then expressing the milk and throwing it away. For the next feed it is better to use previously expressed milk - safe milk (expressed when no drugs were used) or to give formula milk.

Before taking any medication it is best to speak to your GP or midwife.
I am four months pregnant and seem to be experiencing blurred vision with a really bad headache, is this normal?
Changes to your vision could be due to an increase in your eye pressure or blood pressure. Blurred vision is not usually a feature of migraine with aura unless the pattern is consistent and the blurring is more of a visual distortion rather than a slight loss of focus.[1]. If you experience new symptoms or changes to your usual symptoms they should not be ignored and is best to seek medical advice; speak to your GP or midwife.

I developed migraine with aura for the first time in pregnancy. Does this mean I will always get them now?
Unfortunately, it is hard to say whether your migraine will continue after giving birth, sometimes they can stop but only time will tell. If you have a family history of migraine, they can develop at anytime with migraine with aura being more likely to occur for the first time during pregnancy. It is important you visit your GP so that the cause of your migraine with aura can be identified and treated accordingly. If the aura symptoms you experience are not normal your GP might refer you to a neurologist to exclude any other possible causes.

How can I manage migraine nausea while I’m pregnant?
During pregnancy it is a good idea to use drug-free nausea treatments. Acupressure wristbands, such as Sea-Bands, are safe to use during pregnancy and can help to reduce morning sickness too.
Is there any other medication I can take besides paracetamol whilst I am pregnant?

During pregnancy it is best to avoid taking any drugs other than folic acid and iron supplements. This is mainly because medication can impact upon the growth and development of the baby. The degree at which it can have an effect, at different stages of the pregnancy, depends on individual drugs. Many drugs are not suitable during pregnancy, especially during the first few months. It is best to speak to your doctor or midwife about the benefits and risks of taking medication before you make a decision. Most healthcare professionals recommend using non-drug treatments and making lifestyle changes, such as relaxing, de-stressing, eating healthily and exercising more often to help you manage your migraine.

I currently take preventative medication for my migraine and have been thinking about getting pregnant. Do I need to stop these?

It is best to avoid taking any drugs whilst you are pregnant, therefore it would be better to stop your preventative medication and see how you get on. Taking medication during pregnancy needs to be thought about carefully as many drugs have side effects that can harm the baby. Beta-blockers can slow the growth of the baby in the womb, slow the heart rate and reduce blood sugar levels after birth. Anti-epilepsy drugs, such as Epilim, are also harmful and can increase the risk of spina bifida.[1].
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Web resource: www.babycentre.co.uk/pregnancy
Web resource: www.relieve-migraine-headache.com
Web resource: www.headacheexpert.co.uk

For further information, advice on migraine management and for updates on the latest migraine research, please contact Migraine Action by calling 0116 275 8317, emailing info@migraine.org.uk, or visiting the charity’s website at www.migraine.org.uk. All of our information resources and more are only made possible through donations and by people becoming members of Migraine Action. Visit www.migraine.org.uk/donate to support one of our projects or visit www.migraine.org.uk/join to become a member.