



Headache Wellness Center

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Migraine and Pregnancy

In general, migraine improves for most women during pregnancy, particularly during the second and third trimesters. Some women experience their first migraine headache during pregnancy. In this situation other causes of headache may need to be considered. Many women with migraine will suffer headaches in the immediate postpartum period.

Treatment of migraine during pregnancy poses certain challenges. Many medications used for migraine have the potential to cause birth defects in the developing fetus or have not been studied adequately in pregnancy. As a result, treatment for migraine during pregnancy usually focuses on non-medicinal approaches, such as biofeedback/relaxation training, exercise, diet, acupuncture/acupressure, sleep education, caffeine avoidance, and smoking cessation. Heated or cooled "gel masks" may be used safely, as well as topical application of capsaicin or Biofreeze creams.

If medications are used during pregnancy, all attempts are made to use only pregnancy category A or B products. These categories designate medications believed to be safe or to pose little risk to the mother and fetus during development. Most products available are category C drugs, for which inadequate information exists regarding risk during pregnancy.

Widely available over-the-counter medications, aspirin and ibuprofen, when used during the third trimester, may lead to premature closure of the ductus arteriosus in the fetus. Acetaminophen/Tylenol, although generally considered safe in pregnancy, also needs to be limited, as frequent use of this analgesic medication may lead to medication overuse headache or rebound headache.

Occasionally category B anti-nausea medications may be used. These products frequently help reduce migraine headache pain as well as nausea. Non-oral formulations are sometimes available.

Medications considered safe during pregnancy can also be used during breastfeeding. Most medications taken by the mother, however, will be passed to the infant during feeding. Very little information is currently available regarding triptan use (Amerge, Axert, Frova, Imitrex, Maxalt, Relpax, Zomig) during pregnancy or breastfeeding.

Procedural therapies may also be beneficial. Trigger point injections or nerve blocks with or without steroid medications are often effective in breaking a migraine cycle and may be used during pregnancy.