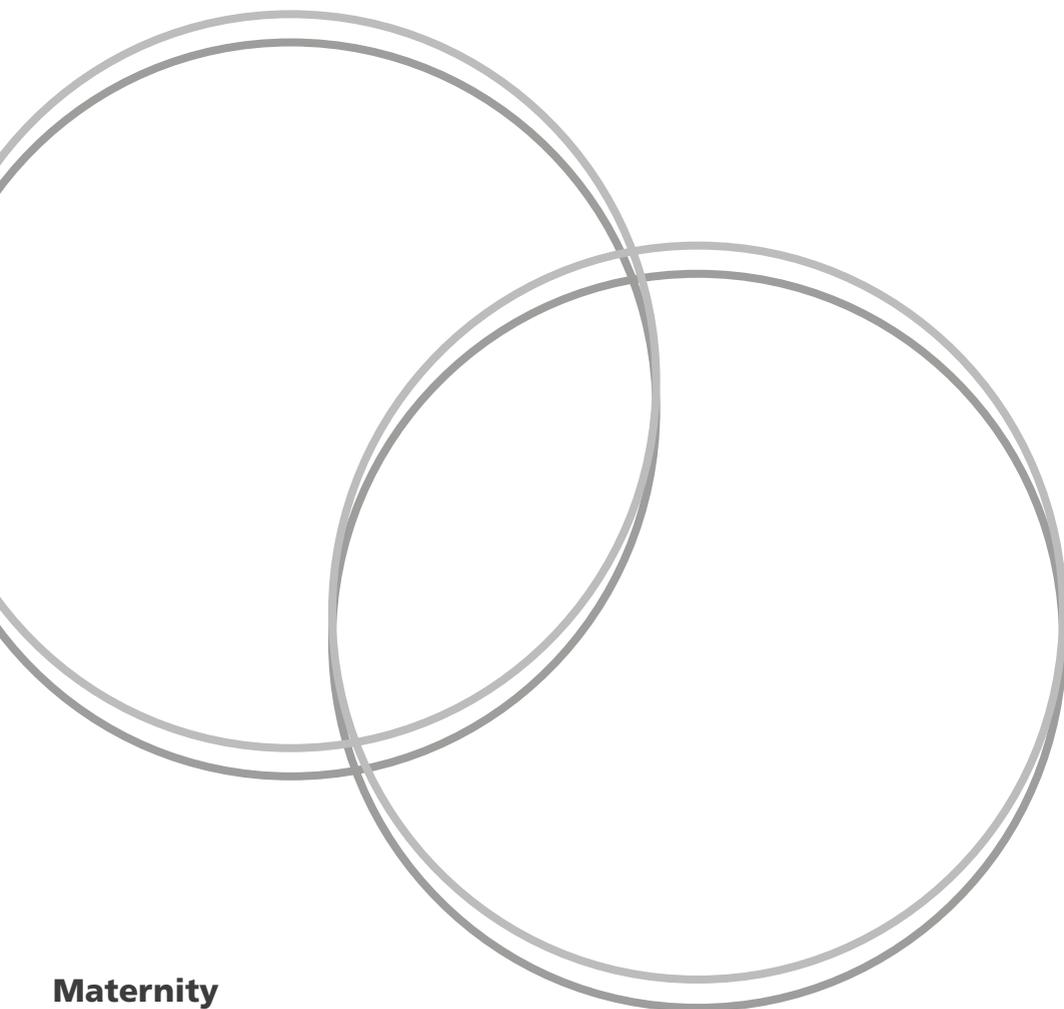




Oxford University Hospitals
NHS Foundation Trust

Migraine in Pregnancy

Information leaflet



Maternity

This leaflet contains advice on the safe management of migraines during pregnancy.

What is a migraine?

You may be experiencing migraines for the first time, or you may have already been diagnosed before becoming pregnant.

A migraine is a common type of headache. Many people with migraines describe their headache as severe or pulsating. It is often accompanied by nausea and pain brought on from bright lights. Some people also experience an 'aura' such as flashing lights just before the headache starts. You may experience this for the first time during pregnancy.

If you have regular migraines, you will know what your typical migraines are like. About half of women with regular migraines find that their migraines get better during their pregnancy. Despite this improvement, you may still need treatment for your migraines during your pregnancy, as pregnancy can change how your migraines affect you.

Will having a migraine during pregnancy harm my baby?

People with migraines have a slightly higher chance of developing certain conditions in pregnancy, such as high blood pressure and pre-eclampsia. The increased chance of these conditions occurring is very small, and most people with migraines will not have high blood pressure.

What should I do if I get a bad migraine headache during my pregnancy?

If you already had a diagnosis of migraines before you became pregnant, and you continue to have your usual migraines during pregnancy, then you can safely use the treatments listed in the next section.

If this is a new diagnosis, the doctor will explain the treatments in the next section and help you work out what works best for you.

Mild headaches are also common during pregnancy. These can be managed with rest, drinking to thirst and taking paracetamol for pain relief, if necessary.

If you have a severe headache, different to your usual migraines, you should call the Maternity Assessment Unit on 01865 220 221.

What treatments for my migraine can I safely try?

Techniques to reduce the occurrence of migraines:

Relaxation techniques

Stress can bring on migraines. Learning relaxation techniques, such as mindfulness, can help. It is best to start learning these techniques early in your pregnancy and to practice them regularly.

Avoiding triggers

You may have found that certain triggers set off your migraines. For example, you may find that making sure you get enough sleep, avoiding caffeine or dehydration and not missing meals can reduce the number of migraines you have.

Medication to stop a migraine:

If your migraine has started, the following over the counter medications are safe to use in pregnancy to stop the migraine:

- Pain relief such as paracetamol 1g (gram), taken by mouth. Do not take more than 4g a day.
- Codeine/dihydrocodeine can be used in pregnancy but are not standard care for use in migraine treatment.
- Anti sickness medications prescribed by your GP such as prochlorperazine or metoclopramide.

Medication to prevent migraines:

If you have frequent migraines, your doctor may have prescribed you regular medication to prevent them from happening. The following medications are safe to use in pregnancy to prevent migraines:

- low dose aspirin (75mg a day)
- propranolol
- amitriptyline.

What if I usually take ibuprofen for my migraines?

Ibuprofen can be used after the first trimester and before 20 weeks of pregnancy, but because it could possibly cause problems in the development of your baby's heart, you should not usually take it after this point. In some situations, and after discussion with a specialist, it may be used. We would arrange extra checks if this happens.

What if I usually use triptans for my migraines?

Triptans are medications that are taken when a migraine starts. The most common triptans used in pregnancy are sumatriptan and rizatriptan. These can be taken if your migraines are not helped by the medication listed previously. If acute treatments are required more than 2 days per week, we would advise starting a preventative medication.

What medication should I not take during my pregnancy?

Some medications must not be taken in pregnancy. In particular:

- do not take ergotamine
- do not take high dose aspirin (that is a dose higher than 150mg a day)
- do not take ibuprofen after 20 weeks without specialist guidance
- do not take antiepileptic medications such as topiramate or sodium valproate which are associated with an increased risk of birth defects.

If your migraines are difficult to manage, you may be referred to the Maternal Medicine team for further advice.

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

We would like to thank the Oxfordshire Maternity Voices Partnership for their contribution in the development of this leaflet.

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Oxford University Hospitals NHS Foundation Trust
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