



Oxford University Hospitals
NHS Foundation Trust

Maternity

Migraine in pregnancy

Information for women



You have been given this leaflet as you have a diagnosis of migraines. It contains advice to help you manage your migraines safely during your 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.

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 alter the nature of your migraines.

Will having a migraine during pregnancy harm my baby?

Women with migraines are at slightly higher risk of certain conditions in pregnancy, such as high blood pressure and pre-eclampsia. The increased chance of these conditions occurring is very small, and most women 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 to you, to help you work out what works best for you.

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

If you have a severe headache, different to your usual migraines, you should speak to your GP.

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 and not missing meals can reduce the number of migraines you experience.

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 per day.
- Anti-sickness medications prescribed by your GP, such as prochlorperazine 3mg, to be dissolved in the mouth, or metoclopramide 10mg, taken by mouth.

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:

- propranolol
- amitriptyline
- low dose aspirin (75mg daily).

What if I usually take ibuprofen for my migraines?

Ibuprofen can be used before 24 weeks of pregnancy, but because of potential effects on 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 additional monitoring if this happens.

What if I usually use triptans for my migraines?

Sumatriptan or rizatriptan can be used in pregnancy if your migraines are not helped by the medication listed previously. There is less information available about the use of other triptans in pregnancy. If you are using sumatriptan regularly (twice a week or more) then please discuss the use of preventative migraine medication with your GP.

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 (greater than 75mg a day)**
- **do not take ibuprofen after 24 weeks.**

If you are taking **topiramate** or **sodium valproate** to prevent migraines, you should speak to your GP, as these medications can increase the risk of birth defects.

If you have a specific requirement, need an interpreter, a document in Easy Read, another language, large print, Braille or audio version, please call **01865 221 473** or email **PALS@ouh.nhs.uk**

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