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# Migraine and Pregnancy

## Safe treatment options for pregnant women with migraine

Pregnancy can have a significant impact on migraine symptoms, as hormonal changes are a common trigger for women with migraine. In general, migraine often improves for pregnant women—especially in the third trimester—because of rising estrogen levels. However, that isn't the case for every pregnant woman with migraine, and primary care practitioners need to implement the appropriate treatment for the individual patient.

## Acute Treatment

**The overall strategy should be focused on nonpharmacologic approaches:**

- Neuromodulation devices
- Physical therapy
- Cognitive-behavioral therapy
- Stress-reduction measures
- Exercise and yoga
- Adequate hydration
- Sleep

**Pharmacologic approaches:**

| Type | Treatment |
|---|---|
| **Preferred** | Acetaminophen/caffeine |
| | Metoclopramide (with/without diphenhydramine) |
| **Second-line** | Sumatriptan |
| | Rizatriptan |
| | Naratriptan |
| **Consider** | Nerve blocks |
| | Trigger point injections |
| | Sphenopalatine ganglion blocks |
| | IV magnesium |

Recent research suggests avoiding butalbital-containing compounds, which overturns long standing recommendations for acute treatment in pregnant patients.

## Preventative Treatment

**For consideration in most patients:**

| Agent | Notes |
|---|---|
| **Propranolol, 120-160 mg** | Decreased placental perfusion, bradycardia, hypoglycemia |
| **Riboflavin, 200 mg bid** | Watch for signs of overuse (diarrhea, frequent urination) |
| **Magnesium, 400-600 mg** | FDA warning for IV high dose (>5-7 days) |
| **Nerve blocks, ropivacaine or lidocaine** | Generally safe and well-tolerated |

*Calcium channel blockers (eg, amlodipine) are generally considered the safest preventive option during pregnancy; if necessary, they may be used as an alternative to the preventive treatments listed in this chart.

**Implement with caution:**

| Agent | Notes |
|---|---|
| **Amitriptyline** | Cardiac problems, respiratory distress, muscle spasms |
| **Venlafaxine** | Defects of the heart, brain and spine, cleft lip and cleft palate |
| **Nadolol, atenolol** | Watch for fetal growth restriction with serial ultrasound |
| **Memantine** | No reliable data in humans |
| **Coenzyme Q10 300 mg** | Conflicting evidence |
| **Melatonin 3 mg** | Conflicting evidence |

## If Headache is New or Worse...

**The overall strategy should be focused on nonpharmacologic approaches:**

- Tumor
- Eclampsia
- Preeclampsia (after ≥20 weeks)
- Idiopathic intracranial hypertension
- Subarachnoid hemorrhage
- Cerebral venous thrombosis
- Reversible cerebral vasoconstriction syndrome
- Pituitary apoplexy

In the search for secondary causes, CT scan and gadolinium contrast should be avoided.

## Postpartum Headache

- The rapid decrease of estrogen levels at birth can lead to migraine attacks and can be treated with traditional acute therapies.
- Low-pressure headache after epidural injection is usually postural and improves with supine posture. It can also be treated with blood patches and caffeine.

For more information on migraine and other headache disorders, visit **AHS' resources hub**. If you are interested in women's health and migraine management, be sure to sign up for our brand new presentation on **A Woman's Migraine Journey**.



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