

Migraine in Pregnancy and Breastfeeding

MotherSafe - Royal Hospital for Women

June 2022

Information in this leaflet is general in nature and should not take the place of advice from your healthcare provider. With every pregnancy there is a 3 to 5% risk of having a baby with a birth defect. Breast milk provides optimum nutrition for babies and conveys many additional health benefits to mother and baby.

What is Migraine?

Migraines are severe headaches often associated with nausea, vomiting and visual disturbances.¹ Migraines are commonly experienced by women of child-bearing age and are likely to be related to hormonal changes.² In some, but not all women, the frequency of migraines may decline throughout pregnancy.¹ However migraine often recurs following delivery.² Women should be reassured that migraines can be treated during pregnancy and breastfeeding and they do not need to suffer needlessly.² Women who suffer from frequent migraines should consider remaining on their preventer medications and should discuss the safety of these medications during pregnancy and breastfeeding with a healthcare professional and with MotherSafe.¹

Women with severe or continuous headaches or migraines during pregnancy or following childbirth should contact their healthcare provider.³ Unexplained, frequent headaches later in your pregnancy or within 4 weeks of childbirth could be a sign of a more serious condition called pre-eclampsia.³

Women who suffer from migraines should ensure they keep regular habits, such as sleep and exercise routines, and avoid things that may trigger their migraine such as certain foods (e.g. chocolate, preserved meats, aged cheese) and emotional stress.^{1,3}

Issues for pregnancy

Why treat?

Untreated migraine can result in impaired nutrition, dehydration, sleep deprivation, depression and anxiety.^{2,3} This may affect the physical and mental wellbeing of the mother and may lead to harm to both mother and her unborn baby during pregnancy.^{2,3} Women with migraines should seek medical advice about the best way to manage their migraines during pregnancy.²

Paracetamol

When needed, paracetamol is generally considered the safest medication for the short-term treatment of pain during pregnancy.^{4,5} Paracetamol use during pregnancy should be discussed with a healthcare professional and used at the lowest effective dose and for the shortest possible duration.^{4,5}

Based on several studies, short-term treatment with paracetamol in recommended doses does not appear to increase the chance for pregnancy loss, birth defects or long-term problems in learning or behaviour for the baby.^{2,4,5}

The recommended dose is 2 x 500 mg tablets or capsules every 4-6 hours (but no more than 8 x 500 mg tablets or capsules in 24 hours).⁶ Whilst taking regular paracetamol, you should not take any other medicine containing paracetamol such as cold and flu tablets to ensure you do not exceed the recommended daily dose.⁷

Non-steroidal Anti-inflammatory Drugs (NSAIDs)

Non-steroidal anti-inflammatory medicines (NSAIDs) such as aspirin, ibuprofen, naproxen, indomethacin and diclofenac help to decrease pain and swelling.^{6,8}

NSAIDs while planning pregnancy

Taking NSAIDs regularly or over a long period of time may increase the chance of temporary female infertility in some women.^{2,8} This syndrome occurs when an egg fails to be released at the time of ovulation, even with an otherwise normal cycle.^{2,8} However, if regular NSAID use is stopped this syndrome is reversed and normal ovulation will return.⁸

NSAIDs while pregnant

Non-steroidal anti-inflammatory medicines (NSAIDs) such as aspirin, ibuprofen, naproxen, indomethacin and diclofenac are no longer recommended in pregnancy and should only be used under medical supervision.⁹ Women who have accidentally used NSAIDs can be generally reassured but there are various reasons to avoid NSAIDs at different stages of pregnancy.⁹

Opioids

Opioids are stronger pain relieving medicines used for moderate to severe pain.⁶ If needed for short-term or infrequent use, such as the treatment of a migraine, opioids such as codeine and tramadol may be considered if paracetamol alone did not bring relief or is not suitable.^{2,3} Overall, if used as recommended by their health care provider, opioids have not been associated with an increased risk of birth defects or pregnancy loss.⁶

Common side effects of opioids include dizziness, nausea and vomiting, confusion, constipation and drowsiness.¹⁰ The main concerns about these medications are if the mother uses these medications consistently they may become less effective and she may become dependent on these medications.^{6,8} In addition, regular use of any opioid during the last trimester of pregnancy may increase the risk of withdrawal symptoms in the newborn.^{6,8}

For further information see “Treatment of Pain in Pregnancy” MotherSafe factsheet.

Triptans

Triptans (including sumatriptan, eletriptan, naratriptan, rizatriptan and zolmitriptan) are medicines that are used to treat migraines when they are starting.^{2,3} Considerable data is available on the use of sumatriptan, but not for other triptans during pregnancy.^{1,2,3} Paracetamol or opioids (e.g. codeine) are the recommended first choice of medicines to treat migraine during pregnancy.¹ However, if these medications do not bring relief or are not suitable, occasional use of sumatriptan is generally considered safe during pregnancy.^{1,2}

Nausea and vomiting with migraine

If you have nausea or vomiting with your migraine, single doses of metoclopramide may be suggested and is generally considered safe in pregnancy.^{1,2} When metoclopramide is taken with paracetamol, it may also speed up the time for the paracetamol to be absorbed into the body and improve the effectiveness of the treatment.¹

Combination products containing paracetamol, codeine and doxylamine (common brand names Mersyndol® and Dolased®) may be considered if paracetamol alone did not bring relief.^{2,3} Doxylamine is a sedating antihistamine which may relieve nausea or vomiting associated with migraine (as well as morning sickness or nausea and vomiting of pregnancy).³

Migraine prevention

In general, the frequency and severity of migraines reduces throughout pregnancy, possibly related to hormonal changes associated with pregnancy.⁸ If a preventative medication is usually prescribed for you, propranolol, cyproheptadine or amitriptyline are generally considered the safest.¹

Supplements such as riboflavin and ubidecarenone (coenzyme Q10) are possibly safe to use but are not generally recommended as they have not been studied as extensively as conventional medications in pregnancy.¹

Breastfeeding

Several medications used to treat migraines are generally considered safe to use in women breastfeeding healthy newborn or older infants.²

Based on several studies, paracetamol in recommended doses does not appear to cause harm to breastfeeding infants and is considered safe to use in breastfeeding women.^{2,6}

In recommended doses, anti-inflammatory medicines such as ibuprofen and diclofenac are considered safe to use whilst breastfeeding.² There is generally less safety data with other NSAIDs, so check with MotherSafe for specific medications.

The main concern about a breastfeeding mother taking an opioid, such as codeine, is that it may cause the baby to be very sleepy and have trouble latching on, especially if the breastfed baby is premature or younger (less than 4 weeks old) or when the medication is used repeatedly at higher doses.^{7,11} This may be of particular concern when the mother has a history of sensitivity to codeine.⁷ If you are worried that your baby is very sleepy (more than usual), not feeding well, has trouble breathing or limpness, stop using opioid containing products and speak to your doctor.¹² **For further information see “Treatment of Pain in Breastfeeding” MotherSafe factsheet.**

Considerable data is available on the use of sumatriptan, but not for other triptans, in breastfeeding mothers.^{1,2,3} In severe migraine, occasional use of sumatriptan is generally considered safe during breastfeeding.^{1,2}

It is very important that you take the recommended dose and see your doctor if symptoms persist.

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*NSW Medications in Pregnancy &
Breastfeeding Service*

For more information call MotherSafe: NSW Medications in Pregnancy and Breastfeeding Service on 9382 6539 (Sydney Metropolitan Area) or 1800 647 848 (Non-Metropolitan Area) Monday –Friday 9am-5pm (excluding public holidays)