

Migraine in pregnancy and breastfeeding

Migraine in pregnancy can often improve. This may be due to stabilisation of oestrogen levels. Pre-eclampsia risk is increased with migraine with aura and the increase in clotting tendency of pregnancy increases the risk of venous sinus thrombosis.

Paracetamol and an antiemetic – Metoclopramide, Prochlorperazine or Cyclizine are a first choice acute treatment. Triptans can be used. The NICE Headache Guidelines have stated that a Triptan can be considered and a retrospective database showed no significant increase in birth defects above the natural background rate in pregnant women who are taking Sumatriptan. The benefits of Sumatriptan should be discussed against the potential risks of using any drug in pregnancy against a background of this reassuring data. If Triptans are to be used, then the patient should issue written consent as the drugs are not licensed for this indication. It would be sensible to avoid use in the first Trimester if possible.

For migraine that remains problematic, occipital nerve injection is the treatment of choice.

Preventative choices are amitriptyline and Propranolol.

The above guidelines are also applicable to breastfeeding and there is no evidence that Triptans are harmful in breastfeeding.