

Headaches in Pregnancy

Pearls

- It is important to first differentiate life-threatening and non-life-threatening causes of headaches in pregnancy
- The management of migraine headache in pregnancy is complicated due to the lack of designated safe drugs; become familiar with those migraine treatments that may be used in pregnancy.
- Many of the common agents (e.g., ergot alkaloids, NSAIDs, codeine, triptans, etc.) are not considered safe in pregnancy; however, antiemetics and most narcotics may be safely used

Headache during pregnancy can be both primary and secondary and, in the latter, can be a symptom of a life-threatening condition. The most common secondary headaches are stroke, cerebral venous thrombosis, subarachnoid hemorrhage, pituitary tumor, choriocarcinoma, eclampsia, preeclampsia, idiopathic intracranial hypertension, and reversible cerebral vasoconstriction syndrome. Moreover, migraine is a risk factor for pregnancy complications, particularly vascular events, so those with migraines should be considered to be higher risk and monitored more closely (Negro et al., 2017).

It is important to first differentiate life-threatening and non-life-threatening causes of headaches in pregnancy. Headache evaluation and management in pregnancy is complicated because there is the ever-present concern of litigation if any bad outcome occurs, yet there is no designation of "legally safe" that can be applied to a drug's use in pregnancy and lactation (Calhoun, 2017).

Table 1: Causes of Headaches in Pregnancy (Whelan, 2020)

Life-threatening
Subarachnoid hemorrhage
Intraparenchymal hemorrhage
Central venous thrombosis
Ischemic stroke
Central nervous system tumor or infection
Preeclampsia/eclampsia
Meningitis
Non-life-threatening
Tension headache
Migraine
Sinus headache
Benign intracranial hypertension (pseudotumor cerebri)

Table 2: Warning Symptoms and Signs in Patients with Headaches (Whelan, 2020)

New onset headaches in pregnancy
Postpartum headaches
Visual disturbance or visual field defect
Headaches with different characteristics from previous headaches
Worst headache of life, reaching maximum intensity in <1 minute
Focal neurologic deficit or seizure
Meningismus
Fever
Altered consciousness or personality changes
Papilledema or other signs of increased intracranial pressure
Retinal hemorrhages
Increased blood pressure (may herald preeclampsia or eclampsia)

Table 3: Medications for Outpatient Management of Migraine in Pregnancy and Lactation

Name	FDA Pregnancy Category	Breast-Feeding
Aspirin	C (D in third trimester)	Caution
Acetaminophen	B	Compatible
Caffeine	B	Compatible
Ibuprofen	B (D in third trimester)	Compatible
Indomethacin	B (D in third trimester)	Compatible
Naproxen	B (D in third trimester)	Compatible
Cyproheptadine	C	Concern
Promethazine	C	N/A
Metoclopramide	B	Concern
Codeine	C (D if prolonged)	Compatible
Ergotamine / Dihydroergotamine	Contraindicated	Contraindicated
Sumatriptan / Zolmitriptan / Naratriptan / Rizatriptan	C	Caution
Propranolol	C	Compatible
Verapamil	C	Compatible
Amitriptyline / Nortriptyline / Imipramine	D	Concern
Fluoxetine	B	Caution
Paroxetine	C	Concern
Sertraline	B	Concern
Methysergide	D	Caution

References

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