# The Headache of Dealing with a Migraine during Pregnancy

"I can't get rid of it fast enough!" Caroline was 5 months pregnant and at her wits end when she contacted MotherToBaby. "My migraine is so bad that I can barely get out of bed, but I feel like there's nothing I can do about it since I'm pregnant. I don't want to harm the baby!" We often get questions like Caroline's from women planning a pregnancy or already pregnant who would like information on the prevention and treatment of migraine headaches, so I start by asking Caroline what she would have used if she weren't pregnant. Caroline told me that she would have taken ibuprofen and or sumatriptan.

Migraine preventions and treatments fall into three basic categories:

- **Over the counter remedies** such as aspirin or other NSAIDs, or acetaminophen with or without caffeine.
- **Prescription medications** such as opioids, various anticonvulsants, triptans, tricyclic antidepressants and beta blockers.
- **Alternative therapies** such as Botox or other nerve block injections, massage therapy, acupuncture, high doses of magnesium, or essential oils.

Most women have tried more than one therapy that has failed before they find one or a combination of products that will work for them. Migraines can be very debilitating, so the thought of having to go without a prevention or treatment that works can be very anxiety producing. Yes, it is true that some women find that their migraines disappear during pregnancy, but in others, they become more frequent. Having a plan for prevention and treatment, just in case, is necessary. We can help with the development of that plan by providing migraine sufferers with evidence-based information about the safety of various treatments during pregnancy (and also while breastfeeding!). Below is a brief summary of many common migraine medications and treatments, but we encourage you to visit our Fact Sheets or contact our experts for more detailed information.

## Over the Counter Remedies

Typically, non-steroidal anti-inflammatory medications like aspirin, naproxen and ibuprofen are not recommended in pregnancy.

Acetaminophen alone does not always provide relief for a migraine, but its use should not be of great concern depending on how much or how often it is needed.

Caffeine can sometimes be added to enhance the relief of a migraine in some individuals. Typically, such doses of caffeine are not expected to create an increased chance for adverse pregnancy outcome. For further guidance on caffeine, see our fact sheet.

Other over the counter remedies that fall into the herbal or supplement categories are also not recommended since they are not well regulated or studied for safety. See our fact sheet on herbal supplements.

## Prescription Medications

Many women find that over-the-counter products are not helpful enough and turn to healthcare providers for prescription medication relief. Prevention of the headache in the first place is key for some.

Beta blockers have been around a long time and used daily for migraine prevention in some individuals. Studies do not suggest that their use in pregnancy is high risk. See our Fact Sheets on metoprolol and propranolol for additional information.

The tricyclic antidepressants, such as amitriptyline and nortriptyline, are older drugs that have been successful in some at the prevention of migraine headaches when used daily. They too have not been found to be high risk products when used in pregnancy.

Other medications such as certain anticonvulsants have been used to prevent or reduce the severity or frequency of migraines. However, these medications have more complex concerns when used in pregnancy. The chance for complications in pregnancy must be individually and carefully weighed against the benefits of keeping migraines in check.

The "triptan" products were designed specifically to treat migraine headaches and include sumatriptan, rizatriptan, frovatriptan and naratriptan. As the "triptan" medication that has been around the longest time, sumatriptan has relatively reassuring data on use during pregnancy.

Opioids are used to treat the extreme pain caused by migraines. While they are not typically found to cause a significant increased chance for birth defects, regular use can create problems later in pregnancy or after birth. In some cases, their use may cause rebound headaches and therefore create more need for treatment.

## Alternative Therapies

Migraines can be really difficult to prevent or treat, and some women turn to alternative therapies. Botox, bupivacaine, or lidocaine injections have been used as nerve blockers to treat migraines. However, it may not be best to try these out for the first time during a pregnancy.

Some non-pharmaceutical options include massage therapy and acupuncture. Your healthcare provider may be able to refer you to someone who has experience implementing these treatments with pregnant women.

Essential oils are used topically or in a diffuser. Be careful not to ingest any. If you are nursing or have an infant, be sure not to leave oils on your body where they might accidently ingest them.

We have had questions about the use of high doses of magnesium to curb migraines. We cannot recommend this option and suggest that you seek out the advice of your healthcare provider to determine if such treatment would be helpful or wise.

## The Takeaway

I gave Caroline a summary of what is known about her usual migraine treatments, and suggested she have a conversation with her healthcare provider to discuss a safer alternative to ibuprofen and whether her provider would suggest any other changes to her treatment plan. The bottom-line is the benefits of some treatments may outweigh the risks of not treating migraines. A healthy mama from toe to head (especially a pain-free head) is best for baby too.



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# The Headache of Dealing with a Migraine during Pregnancy

***By Bethany Kotlar, MPH, Teratogen Information Specialist, MotherToBaby Georgia***

Anyone who has been pregnant knows it’s no walk in the park. From the intense nausea, vomiting, and strange cravings of the first trimester, to all the aches and pains of the third trimester, carrying a baby can feel like a marathon! It’s no wonder pregnant women look high and low for any form of relief. Two questions we are asked

frequently here at MotherToBaby are-“Can I get a massage?” and “Is acupuncture safe during pregnancy?”

**Want a massage? Here’s the rub…**

At 38 weeks pregnant, my feet hurt, my back hurt, sometimes it felt like even my hair hurt! All I wanted was someone to knead all my aches and pains away. I wanted a massage, so being a MotherToBaby information specialist, I set out to research massage during pregnancy. On the plus side, studies have shown that massage can benefit pregnant women. Massage during pregnancy not only helps with those aches and pains, it has also been shown to decrease stress, help ease symptoms of depression, and increase feelings of wellbeing. Sounds pretty good, right?

So, should you run out and book that massage right this second? Not too fast – there are a couple of things to keep in mind. The safety of massage in the first trimester hasn’t been studied well. Because of this, some massage therapists and medical professionals recommend avoiding massage during the first three months of pregnancy. If you do decide to get a massage in the first trimester, it’s better to choose a massage that doesn’t use heat (like a hot towel or hot stones), especially around the stomach area or lower back. This is because overheating during pregnancy can increase the risk of birth defects. See our fact sheet on hyperthermia for more information: https://mothertobaby.org/fact-sheets/hyperthermia-pregnancy/.

When getting a massage at any point in pregnancy, choose a massage therapist who is trained to work with pregnant women. These therapists will know to avoid pressure in certain areas and will also know which places can get especially sore when you’re carrying a baby. It’s also best to avoid massages that apply a lot of pressure, like deep tissue massages, since these haven’t been well studied. Finally, make sure your therapist knows whether you have any allergies to certain oils and that they are using products that are not known to increase risk during pregnancy.

If you’re getting a massage in late pregnancy, the massage therapist may offer to apply pressure to certain points on your body that are thought to bring on labor. Studies have not shown that this actually induces labor, but to be on the safe side it’s better to wait until you are at least 39 weeks pregnant to try.

**What about acupuncture? A few points…**

Acupuncture is a technique in which a trained practitioner inserts very small needles into certain points of the body. Stimulating these points is thought to help with pain, indigestion, infertility, and much more. Acupuncture is usually recommended to pregnant women to help with nausea and vomiting, and to relieve pain.

The available studies do not show an increased risk of birth defects or other pregnancy problems when pregnant women use acupuncture. The most common risk with acupuncture is to feel a little pain when the needles are placed. While the risk from acupuncture is low, studies also haven’t shown that acupuncture necessarily helps with nausea, vomiting, or pain during pregnancy.

If you do decide to get acupuncture during pregnancy, be sure to find a trained practitioner. You may want to find a practitioner with experience working with pregnant women as well. Make sure your practitioner is not re-using needles from other clients as this may increase the risk of certain infections. Like massage, there are a few acupuncture points that are thought to bring on labor. Studies haven’t shown that this will bring baby earlier, but it’s best to avoid these points unless you are at least 39 weeks pregnant.

As with any treatment, it’s best to talk to your healthcare provider before starting. Remember, we’re here to help too! If you have any questions about massage, acupuncture, or any other exposure during pregnancy, you can contact an expert at MotherToBaby by calling 866-626-6847, texting 855-999-3525, or by live chat or email at https://mothertobaby.org//a>.

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***About MotherToBaby***

***MotherToBaby** is a service of the Organization of Teratology Information Specialists (OTIS), suggested resources by many agencies including the Centers for Disease Control and Prevention (CDC). If you have questions about exposures during pregnancy and breastfeeding, please call MotherToBaby toll-FREE at 866-626-6847 or try out MotherToBaby's **new text information service** by texting questions to (855) 999-3525. You can also visit **MotherToBaby.org** to browse a library of fact sheets about dozens of viruses, medications, vaccines, alcohol, diseases, or other exposures during pregnancy and breastfeeding or connect with all of our resources by downloading the new MotherToBaby free app, available on **Android** and **iOS** markets.*



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