Sumatriptan

This sheet is about exposure to sumatriptan in pregnancy and while breastfeeding. This information is based on published research studies. It should not take the place of medical care and advice from your healthcare provider.

What is sumatriptan?

Sumatriptan is a medication that has been used to treat migraine headaches. It can be taken by mouth (orally) in pill form, by nasal spray, or by injection (shot). Some brand names for sumatriptan are Imitrex®, Alsuma®, Imigran®, Onzetra Xsail®, Tosymra®, and Zembrace SymTouch®.

Sumatriptan is available in a combination product (Treximet®) that also contains naproxen. The U.S. Food and Drug Administration (FDA) states pregnant women should not use NSAIDs (such as naproxen) after week 20 of pregnancy unless specifically advised to do so by their healthcare provider. For more information on naproxen, see our fact sheet at https://mothertobaby.org/fact-sheets/naproxen/.

Sometimes when women find out they are pregnant, they think about changing how they take their medication, or stopping their medication altogether. However, it is important to talk with your healthcare providers before making any changes to how you take your medication. Your healthcare providers can talk with you about the benefits of treating your condition and the risks of untreated illness during pregnancy.

Can having migraine headaches affect pregnancy?

Some studies have shown that women with a history of migraine headaches have a slightly higher chance for pregnancy complications including high blood pressure and preeclampsia (high blood pressure and problems with organs, such as the kidneys), which can lead to seizures (called eclampsia), and pregnancy-related stroke. Be sure to talk with your healthcare providers about your history of migraine headaches so they can monitor symptoms during pregnancy, if needed.

I take sumatriptan. Can it make it harder for me to get pregnant?

It is not known if sumatriptan can make it harder to get pregnant.

Does taking sumatriptan increase the chance of miscarriage?

Miscarriage is common and can occur in any pregnancy for many different reasons. Studies have not found an increased chance of miscarriage when sumatriptan was taken during pregnancy.

Does taking sumatriptan increase the chance of birth defects?

Birth defects can happen in any pregnancy for different reasons. Out of all babies born each year, about 3 out of 100 (3%) will have a birth defect. We look at research studies to try to understand if an exposure, like sumatriptan, might increase the chance of birth defects in a pregnancy.

Studies have not found an increased chance of birth defects when sumatriptan was taken during pregnancy.

Does taking sumatriptan in pregnancy increase the chance of other pregnancy-related problems?

Some studies have suggested a small increase in chance of some pregnancy-related problems, including preeclampsia, preterm birth (birth before 37 weeks), low birth weight (weighing less than 5 pounds, 8 ounces [2500g] at birth), and heavy bleeding after delivery if sumatriptan was used late in pregnancy. However, some of these complications (including preeclampsia, preterm birth, and low birth weight) have been associated with migraines in pregnancy. This makes it hard to know if the medication, the condition being treated, or other factors are the cause of these complications.

Does taking sumatriptan in pregnancy affect future behavior or learning for the child?

No studies have looked at sumatriptan by itself to see if it can increase the chance of behavior or learning issues in children. One study looked at behavioral effects in children exposed to any triptan medication during

pregnancy (including sumatriptan). At age 3, these children did not show behavior differences, except for a small increase in behaviors that might be related to later attention problems. However, by age 5, this difference was no longer seen. This follow-up study also found no difference in communication problems, activity levels, or temperament traits (like shyness) at age 5. Based on these two studies, there's no confirmed evidence of behavior problems.

Breastfeeding while taking sumatriptan:

Sumatriptan gets into breast milk in small amounts. It is also not well absorbed by the stomach, which further limits the amount that the infant is exposed to from the breastmilk. The product label for sumatriptan notes that avoiding breastfeeding for 12 hours after a dose of sumatriptan can decrease the infant's exposure. This is a conservative approach that might be more helpful in certain situations, like with a newborn delivered prematurely. However, given the low level of medication entering the milk, sumatriptan is generally not expected to cause side effects, even when breastfeeding takes place right after taking the medication.

One study found that some mothers reported pain in their breasts and nipples after taking sumatriptan or similar medications. Some of these mothers also reported a decreased milk supply. It is not known how often these problems might occur. It is also not proven that these symptoms are because of the medications.

Be sure to talk to your healthcare provider about all your breastfeeding questions.

If a male takes sumatriptan, could it affect fertility or increase the chance of birth defects?

Studies have not been done to see if sumatriptan could affect male fertility (ability to make healthy sperm) or increase the chance of birth defects. In general, exposures that fathers or sperm donors have are unlikely to increase risks to a pregnancy. For more information, please see the MotherToBaby fact sheet Paternal Exposures at https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/.

Please click here for references.

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