

# Sumatriptan

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This sheet is about exposure to sumatriptan in pregnancy and while breastfeeding. This information is based on available published literature. 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. As of October 2020, the U.S. Food and Drug Administration (FDA) states people who are pregnant 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 people 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 people with a history of migraine headaches have a slightly higher chance for pregnancy complications including high blood pressure, preeclampsia (high blood pressure and problems with organs, such as the kidneys), that 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. There have been several studies done that have not found an increased chance of miscarriage when sumatriptan was used during pregnancy.

## ***Does taking sumatriptan increase the chance of birth defects?***

Every pregnancy starts out with a 3-5% chance of having a birth defect. This is called the background risk. Overall, studies have not found an increased chance of birth defects when sumatriptan is used in the first trimester.

## ***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?***

Studies have not been done to see if sumatriptan can cause behavior or learning issues for the child. There is limited information on the long-term effects of exposure to medications in the same class as sumatriptan during pregnancy. One study that followed children to age 3 suggested there could be small effects on attention. However, the same authors did not find behavior differences at age 5 in children who were exposed to a medication in the same class as sumatriptan.

***Breastfeeding while taking sumatriptan:***

Sumatriptan gets into breast milk in small amounts and is not well absorbed by the stomach. The manufacturer states avoiding breastfeeding for 12 hours after a dose of sumatriptan can minimize infant exposure. While this may be helpful in some cases (such as when the breastfeeding infant was born preterm), sumatriptan is not expected to cause side effects in most breastfed infants. 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 get partner pregnant) or increase the chance of birth defects above the background risk. 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.**

**Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at [MotherToBaby.org](https://mothertobaby.org).**

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