



MotherToBaby

Medications & More During Pregnancy & Breastfeeding  
Ask The Experts

Fact Sheet

by the **Organization of Teratology Information Specialists (OTIS)**

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## Sumatriptan

In every pregnancy, a woman starts out with a 3-5% chance of having a baby with a birth defect. This is called her background risk. This sheet talks about whether exposure to sumatriptan may increase the risk for birth defects over that background risk. This information should not take the place of medical care and advice from your health care provider.

### ***What is sumatriptan?***

Sumatriptan (Imitrex®, Imigran®) is a medication used to treat migraine headaches. It can be used orally (pill), by nasal spray or by injection (shot). Sumatriptan is also available in a combination product (Treximet®) that also contains naproxen. Naproxen containing products are best to avoid during late pregnancy. For more information on naproxen, see our fact sheet at <https://mothertobaby.org/fact-sheets/naproxen/pdf/>.

### ***Are there any effects of having a migraine headache during pregnancy?***

During pregnancy, the frequency and severity of migraines often decreases, although in 25% of women these symptoms remain the same or get worse. Some studies have shown that women with a history of migraine headaches have a slightly higher chance for pregnancy complications including high blood pressure, preeclampsia (dangerously high blood pressure) and pregnancy-related stroke.

### ***Does taking sumatriptan during my pregnancy increase the chance of miscarriage?***

It is unlikely. Several studies have not found an increase in the rate of miscarriage when sumatriptan was used during pregnancy.

### ***Does taking sumatriptan increase the chance of having a baby with a birth defect?***

It is unlikely. Overall, the studies have not found an increase in the risk of birth defects when sumatriptan is used in the first trimester.

### ***Can taking sumatriptan in the second or third trimester cause other pregnancy complications?***

Concerns have been raised about whether the use of sumatriptan late in pregnancy may be associated with preeclampsia (dangerously high blood pressure), preterm birth, low birth weight and heavy bleeding following delivery. Several studies have noticed a small increased chance for these outcomes. However, it is not yet clear if these outcomes were due to the migraines or the medications or a combination of both.

### ***Can I breastfeed my baby if I am taking sumatriptan?***

Yes. Only small amounts of sumatriptan enter breastmilk. Since sumatriptan is not well absorbed by the gut, any of the medication that gets into breast milk would be unlikely to enter the baby's system making it unlikely to cause problems for the baby. It is possible that premature babies (born before 37 weeks) with digestive systems that are not fully developed may be able to absorb more of the medication through breast milk. Be sure to talk to your health care provider about all your breastfeeding questions.

### ***What if the father of the baby takes sumatriptan?***

There are no studies looking at possible risks to a pregnancy when a father has migraine headaches or uses sumatriptan. In general, exposures that fathers have are unlikely to increase risks to a pregnancy. For more information, please see the MotherToBaby fact sheet Paternal Exposures and Pregnancy at <https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/pdf/>.

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February, 2018