How Will Pregnancy Affect Your Migraines?

by KRYSTINA OSTERMEYER

Coping With Migraines During Pregnancy

Two women share their stories, tips, and general guidelines about managing migraine during pregnancy. First, Krystina Ostermeyer shares her personal experience coping with migraines on a daily basis without medication. Then, Jaime Sanders offers treatment guideline dos and don'ts, highlighting medications and alternative medicines.

I can remember when I announced my pregnancy to my family.

“Oh, this will be the happiest time of your life!” said my grandmother.

I happily agreed with her.

I was happy. I was blissfully happy. But physically, I was miserable. When I was trying to get pregnant, my neurologist weaned me off of my Topamax. When I got pregnant, all of my rescue medications had to be stopped – except Tylenol, which, let’s face it, really does not work anyway.

I had weeks where my migraines were nonexistent. I would think to myself, “This. I just need to stay pregnant. This is the migraine cure!” Then I would have weeks where my migraines were worse than they were before.

So here, my fellow migraineurs, are my tried and true remedies for coping with migraines during pregnancy.

Yes, it is miserable. But I promise – the end result is worth the agony.

Drink Extra Water

I know what you are thinking: Your bladder is squished by a baby. You’re already peeing every five freaking minutes. Drinking more water will send you to the bathroom every three minutes, and that is ridiculous.

But if you are like me, you tried to initially drink less water because you were always going to the bathroom. This is dumb for a lot of reasons. These reasons are beyond the scope of this article (can I just quickly mention Braxton Hicks contractions, please?) but my migraines reared their ugly head when I cut back on my water.

So, ladies, drink your water. I implore you. Dehydration is never good for you. But it is especially bad for you when you are pregnant. So get ready to head to the bathroom even more (and I will not use the word waddle because I hate when people associate waddle and pregnancy).

Prenatal Massage

I got massages routinely when I was pregnant. I dealt with numerous issues during my pregnancy – I had lower

back pain (who does not?), sciatica and migraines. I felt that prenatal massages were a good investment in my health.

I rotated between two massage therapists because I got the massages frequently – this way, I had a good chance of getting my massages when my body needed them. I ensured that the therapists were trained in prenatal massage. Some massage therapists are not, so do not be afraid to ask when calling to make an appointment.

When you get to your appointment, make sure that you are positioned appropriately. It's okya to lie on your back until you get to the point where it is not comfortable anymore. It is also to lie on your stomach until it is it is not comfortable anymore. One of my therapists had an amazing table with an insert where I could lie on my belly and it literally was nestled into the table with pillows, which was amazing when I had not laid on my belly in months. The other therapist had me lie on my side and supported my back, belly and legs fully with pillows.

The bottom line – you should be made to feel comfortable with their credentials and on their table. They should take care of what ails you – be it your head, your back, or your feet.

Prenatal Yoga

By now, dear readers, you probably know that I have an active yoga practice. I fully recommend it to anyone, for almost any ailment.

I did yoga throughout my entire pregnancy. I did yoga until the day before I was induced. I cannot credit yoga for getting rid of my migraines, but my migraines are greatly exacerbated by anxiety, and yoga reduces my anxiety a lot.

If you have an active yoga practice right now, know that your yoga practice will change with pregnancy. I recommend going to a class specific for prenatal yoga, or going to a class with an instructor who is comfortable offering modifications for a pregnant yogi. There are also a wide variety of prenatal yoga DVDs available for purchase.

Yoga Journal offers an abundance of resources regarding prenatal yoga.

Naps

I constantly felt the need to get everything done before Logan was born – get a few meals cooked for the freezer, clean the house, buy more diapers, stock up the onesies. But when I got a migraine, I would find myself sitting on the couch in tears, wondering how the heck I was going to get it all done.

Part of the problem, I am sure, was trying to get it all done.

On those days, I tried to remind myself that it was ok to lie down and take a nap. Sometimes it took my husband to say, "Okay, Krysti – go lie down. I'll take care of this." But guess what? Even if I still woke up with a headache, I mentally felt better when I woke up.

So there you go, ladies. My best tips for dealing with migraines during pregnancy. None of this is earth-shattering information, my tips just my help to slow you down – just a bit!

Migraine Treatment During Pregnancy

For most women, migraine improves during pregnancy, especially for those who have migraine without aura. Studies show that migraine without aura improves after the first three months of pregnancy for about 60% to 70% of women. This is the case especially if your migraine has been linked to your menstrual cycle. If you experience migraine with aura you are more likely to have attacks during your pregnancy. If you experience migraines for the first time while you are pregnant, it is likely to be with aura.

During pregnancy, the steady and high levels of estrogen help protect against migraines. However, not all women experience less migraines during their pregnancy. I was one of those women during my last pregnancy. My first trimester was marked by daily migraines. I had to see a neurologist and have an MRI done to figure out what was causing them.

Nothing out of the ordinary was found. Most likely it was due to the hormonal changes that come with the pregnancy. I did not have a treatment plan in place before the pregnancy because I was still episodic and used OTC medications for acute attacks. It took some time to put one together afterward, but my doctors and I found a workable plan.

I was prescribed a preventive medication that was safe to take during my pregnancy and helped to manage the daily migraines I was experiencing during my first trimester. The frequency and duration of attacks went down significantly into my second and third trimesters. Whether that was due to the medication or just from the natural progression of my pregnancy, I cannot say. What did happen is that I was able to enjoy the rest of my pregnancy with fewer migraine attacks.

Migraine Treatment Guidelines

Here are some guidelines on what a migraine treatment plan should include and what to avoid during pregnancy. Always discuss your options with your obstetrician, neurologist and/or your primary care physician before beginning or stopping any medications or treatments.

What Should the Treatment Plan Include?

- How to treat acute migraine attacks and what is safe to take.
- Which prevention medications can be taken.
- The use of non-medicinal treatments.

What is Safe to Use for the Treatment of Acute Migraine Attacks?

- Tylenol (acetaminophen).
- Caffeine.
- Anti-nausea medications (Phenergan, Zofran, Reglan).
- Tylenol with Codeine, Vicodin, Fioricet as rescues for severe migraine attack.
- IV fluids.
- IV Magnesium, IV Cortisol, IV Zofran, or Reglan.
- Triptans such as Imitrex ONLY if approved by your obstetrician.

What Should Be Avoided?

- Aspirin.
- Anti-inflammatories (Motrin and Aleve).
- Ergotamines (Cafergot, Ergostat, Migranal Nasal Spray).
- Excessive use of narcotics (hydrocodone).

Which Prevention Medications Should Be Avoided During Pregnancy?

- ACE inhibitors and ARB’s (blood pressure medications).
- Depakote.
- Topamax (increased risk of cleft palate).

Which Non-medicinal Preventive Treatments Can Be Used?

- Acupuncture.
- Massage.

- Physical therapy.
- Biofeedback.
- Eating a balanced diet.
- Staying hydrated.
- Exercising regularly.
- Stress-reduction exercises.

The use of occipital nerve blocks can help for a prolonged migraine attack during pregnancy. The anesthetic, which is injected superficially into the occipitalis region of the scalp, does not go into the bloodstream and therefore does not affect the fetus.

Non-drug therapies should be tried first to treat migraine in women who are pregnant. These would include relaxation, sleep, massage, ice packs and biofeedback. For treatment of acute migraine attacks, acetaminophen suppositories are considered the first choice of drug treatment. The risks associated with aspirin and ibuprofen are considered small when taken episodically and if avoided during the last trimester.

Triptans, dihydroergotamine and ergotamine are contraindicated in women who are pregnant. Prochlorperazine for nausea is unlikely to be harmful during pregnancy. Metoclopramide is probably acceptable during the second and third trimester. Prophylactic (preventive) treatment is rarely indicated and the only drugs that can be given during pregnancy are the beta-blockers metoprolol and propranolol.

Complementary and Alternative Medicine

Some women prefer complementary and alternative medicines during their pregnancies, believing homeopathic and herbal remedies are gentler and have fewer side effects. Just as conventional medicines can have unwanted side effects, so can some complementary treatments.

All complementary medicines should be taken under the supervision of a practitioner. For example, rosemary essential oil needs to be avoided with aromatherapy massage, as well as cinnamon, clove and clary sage, all of which can cause contractions. Reflexology is not advisable during pregnancy as it is believed to cause miscarriage. Feverfew should not be used during pregnancy as it can cause contractions.

Breastfeeding

If you are or will be breastfeeding your baby, it is best to avoid medications as much as possible because they will be passed on to the baby through the milk. Drugs used during the pregnancy can be taken when breastfeeding, except for aspirin. Aspirin could impair blood clotting in babies who may have this issue so it is best to be avoided.

If you need to take aspirin or the anti-nausea drug metoclopramide, do not breastfeed for 24 hours after the last dose. If you can, store breastmilk in the freezer for such occasions. Any milk expressed while on these medications will need to be thrown away. Otherwise, use formula until you can breastfeed again.

The same applies to the triptans almotriptan, eletriptan, frovatriptan, rizatriptan and sumatriptan. They are licensed to use during breastfeeding if you do not breastfeed within 24 hours of the last dose. Again, you may need to pump and dump, but if you keep extra milk stored in the freezer you can still give your baby breastmilk.

If you are planning a pregnancy and are taking regular medication for your migraine, talk to your doctor(s) on the best way to manage your migraine before and during the pregnancy, after the birth of your baby, and while you are breastfeeding.