

Managing Headaches in Pregnancy - a Resource for Midwives

Headache is a common symptom both in pregnant and non-pregnant patients. In assessment of any patient with headache, it is important to exclude any “red flag” features, that may indicate a serious cause for the headache.

Red flags in the history and examination of a pregnant patient presenting with headaches:

- > Sudden-onset headache / thunderclap or worst headache ever
- > Headache that takes longer than usual to resolve or persists for more than 48 hours
- > Has associated symptoms – fever, seizures, focal neurology, photophobia, diplopia
- > Excessive use of opioids



RCP Toolkit 15 (2019) [link](#)

If there are no concerning symptoms or signs then treatment of frequent headaches consists of the following strategies:

- Stop any overused medication
- Avoid triggers
- Improving overall health and lifestyle
- Non-prescription and complimentary treatments
- Prescribed treatment to take at the time of a headache
- Prescribed treatment to take every day to prevent and reduce headaches
- Using a diary throughout to monitor the benefit of these strategies

Stop Any Overused Medication

Taking painkillers too often can make headaches worse. This is called “medication overuse headache”. Headaches are likely to be made worse if painkillers like paracetamol or ibuprofen are used at least 15 days every month and, for stronger painkillers (such as opiates, or prescribed migraine medications called “triptans”), at least 10 days every month.

Improving Overall Health and Lifestyle Factors

It is well recognised that identifying triggers and addressing any lifestyle factors is really important in managing headaches successfully.

Common triggers include:

- stress
- lack of sleep and tiredness
- dehydration and / or missing meals

an unhealthy diet containing a lot of sugary or ‘junk’ foods, and other dietary triggers

- regular intake of alcohol and / or caffeine
- regular intake of painkillers
- lack of regular exercise
- wear and tear in the neck and back

Resources for Midwives

In terms of [lifestyle factors](#), we advise following:

1. Have a healthy diet, keep well hydrated and do not skip meals. If there are obvious specific dietary triggers, avoid them.
2. Manage any depression or anxiety. Mindfulness and relaxation techniques are also helpful for some patients –you can signpost women to websites for support with this click [here](#). Cognitive behavioural therapy has been shown to be beneficial in headache disorders and can be discussed with their GP, with the awareness there may be a prolonged waiting list for this.
3. Manage any problems with sleeping:
 - Poor sleep patterns
 - History of sleep apnoea (if undiagnosed you may want to ask about symptoms such as loud snoring, partners reporting they stop breathing in their sleep, morning headache, difficulty staying awake during the day, frequent nocturnal waking - this list is not exhaustive and further information can be found [here](#). Women can discuss further with their GP if any concerns

For further information on maintaining a consistent sleep pattern click [here](#)

4. Regular exercise; giving up caffeine, alcohol and smoking
5. Check if there is any tendency to dental, neck or back problems and manage with exercises, physiotherapy or a dental review as appropriate
6. A headache diary will help to show whether the headaches improve with any of the advice given above or with any treatments prescribed. It may also help to identify triggers. It can simply be a cross put against a day on a calendar when the woman/ birthing person has a headache on a calendar and women may wish to mark whether this was 'mild', 'moderate' or 'severe'.

Complimentary Therapies

[Acupuncture](#) - NICE guidelines for headaches suggest that a course of ten acupuncture sessions over five to eight weeks can be tried to prevent migraines or tension type headaches. Unfortunately, acupuncture is not widely available on the NHS, so patients will need to check this with their GP.

[Non-Pharmacological Treatments](#) including neck massage, neck muscle stretching exercises and warm or cool compresses applied to the temples, back of the head and neck.

[Multivitamin Supplement Suitable for Pregnancy](#) - Although there is no strong evidence for benefit, this is unlikely to be harmful and may have other benefits. Additional higher-dose supplements (riboflavin, co-enzyme Q10, magnesium supplements) are sometimes advised as part of managing chronic migraine in non-pregnant patients, but we do not usually advise taking these during pregnancy.

Medication:

Taking prescribed treatments at the time of a severe headache

Resources for Midwives

Taking painkillers too often can make headaches worse, so it is best to avoid taking anything if possible. If painkillers are required, then we suggest the following:

Paracetamol at the recommended dose is the first option. If there is any nausea and vomiting, an anti-emetic medication (such as prochlorperazine) should be taken at the same time to help absorption of the painkillers.

Ibuprofen can be taken safely in pregnancy (for short courses) but should not be used beyond 30 weeks gestation.

Triptans (e.g sumatriptan, zolmitriptan) may be considered **and if the benefit is likely to outweigh the very small uncertain risks**. They should be used no more than twice a week - research has shown No evidence for harm in > 4000 pregnancies (used throughout pregnancy). This medication would need to be prescribed by their GP.

Taking prescribed treatments every day to prevent and reduce headaches

If headaches are very frequent then sometimes the woman will need a preventative medication, to stop headaches happening. These will need special consideration and prescription issued by the GP and only used **if the benefit is likely to outweigh the risks**.

Other resources:

Patient information sheet (this has more information on types of headaches, symptoms, when to contact for support)

[Headaches in Pregnancy - Patient Information](#)

Wessex Maternal Medicine Professionals page

[Wessex Maternal Medicine Network](#) | [Educational Resources](#) | [Healthier Together](#)

Wessex Maternal Medicine network women and birthing people's site

[Maternal Medicine Network](#) | [Antenatal Care and Screening](#) | [Pregnancy and Birth](#)