

Patient information factsheet

Headaches in pregnancy

We have given you this factsheet because you have had headaches during your pregnancy. This factsheet explains what causes headaches and migraines during pregnancy, the steps you can take to avoid them, and the treatment options available to you. We hope it will answer some of the questions you may have. If you have any further questions or concerns, please speak to your midwife or a member of your obstetric team or contact us using the details at the end of this factsheet.

What causes headaches during pregnancy?

Headaches are common in early pregnancy, but they usually become less frequent as your pregnancy progresses. The exact cause isn't always clear, but during the first 12 weeks (the first trimester), hormonal and weight changes and an increase in the amount of your blood may play a role. Other factors include:

- nausea and vomiting
- not drinking enough liquids (dehydration)
- skipping meals, which can lower blood sugar levels
- not getting enough sleep
- stress – this may cause a dull tension headache to occur
- lack of sleep or feeling very tired (fatigue)
- not getting enough exercise
- eyestrain from screens or reading
- sensitivity to light
- changes in vision
- nasal congestion (stuffy nose and pressure in the face, which leads to a sinus headache)
- poor posture causing neck and back strain and muscle tightness
- taking too much pain relief medication (see page 4 for more details)
- exposure to cigarette smoke and/or alcohol (both of which should be avoided during pregnancy – see page 6)

Some foods may also cause headaches. The foods that trigger a headache may change during pregnancy; however, common foods that cause headaches include:

- tomatoes
- food containing yeast (for example, baked goods like bread, doughnuts, and cakes)
- dairy products such as chocolate and cheese
- caffeinated drinks (for example, coffee, tea, and some fizzy drinks)
- sugary or processed foods (for example, packaged cakes and biscuits, sweets, and some ready meals)

As your pregnancy progresses to your second and third trimesters, headaches may also be caused by:

- additional weight gain
- high blood pressure
- pre-eclampsia – a complication of pregnancy that usually develops after 20 weeks, although it can happen earlier or soon after a baby is born. It causes high blood pressure and affects other parts of your body, including your kidneys (leading to high levels of protein in your urine, called proteinuria), your liver, your blood clotting system and your brain (leading to headaches, changes in your vision and, in more severe cases, seizures). See page 6 for more information.
- diabetes – headaches can occur when your blood sugar levels are too high or too low. This may be linked to pre-existing diabetes (type 1 or type 2) or to gestational diabetes, a type of diabetes that develops during pregnancy. See page 6 for more information.

Common symptoms of headaches during pregnancy

Each individual experiences headaches differently, but you may feel:

- a dull ache
- throbbing or pulsating pain
- severe pain on one or both sides of your head
- sharp pain behind one or both of your eyes

Let your midwife know if you or a family member have a history of migraine, high blood pressure, seizures, or diabetes, or if you have experienced a headache at any point during your pregnancy. They will ask you about your symptoms, how often you have headaches, and what usually helps you manage them.

Migraines in pregnancy

Migraines are a common type of headache during pregnancy and are usually felt on one side of your head. They occur when blood vessels in your brain expand, causing severe throbbing, pounding, or pulsating pain. This is sometimes accompanied by:

- nausea (feeling sick) and vomiting (being sick)
- increased sensitivity to light and sound
- seeing an aura (seeing lines or flashes of light or experiencing blind spots in your vision). This usually occurs before the migraine starts.
- tingling in your arms and/or legs

Talk to your GP or midwife if you have had migraines before (don't wait until you have a migraine to seek advice). It's important to tell them if you have taken, or are currently taking, any medication for migraines, as some of these are not recommended in pregnancy. They can offer you advice and help you manage your symptoms safely while you are pregnant and if you choose to breastfeed.

You may also find it helpful to think about what triggers your migraines and find ways to try and avoid them.

Managing migraines, nausea and vomiting during early pregnancy

During the first 12 weeks (first trimester) of pregnancy, it is normal to experience nausea and vomiting. This is due to the high levels of pregnancy hormones circulating in your bloodstream, particularly the hormone human chorionic gonadotropin (hCG). Feeling nauseous or vomiting may mean you are less likely to eat and drink regularly, which not only makes these symptoms worse but can also cause low blood sugar and dehydration, which in turn can make your migraines worse.

To help manage this, you might find it helps to:

- have plenty of rest, as tiredness can make sickness and headaches worse.
- keep a small snack by your bedside to eat before you get up.
- eat smaller meals 'little and often', focusing on carbohydrates (bread, rice, potatoes or pasta) which may be easier to eat when you are feeling nauseous.
- avoid foods which contain lots of sugar or saturated fats, especially fried foods.
- make sure you stay well hydrated. Taking small sips of fluid or sucking ice cubes may help.
- try wearing acupuncture wristbands. There is some evidence that putting pressure on your wrists may relieve nausea.

When to contact your medical team

Occasional headaches can be a normal symptom of pregnancy, but it is important to call the **Maternity Triage line on 0300 123 9001** and seek urgent medical help if you experience:

- a severe headache
- a headache that won't go away
- dizziness
- changes in your field of vision, like blurriness, flashing lights, or spots in front of your eyes
- pain just below your ribs, especially on the right-hand side
- vomiting
- a sudden increase in swelling in your face, hands, feet, or ankles.

These symptoms could be a sign of pre-eclampsia, which needs immediate medical attention. Pre-eclampsia can be mild, but it can also lead to serious and fatal complications for both you and your baby if it is not identified and treated immediately.

Steps you can take to avoid headaches and migraines

To help reduce the risk of headaches and migraines, you can:

- eat small, frequent meals
- avoid sugary and/or fried foods
- give up caffeine, alcohol, and smoking (your midwife can support you if needed)
- avoid foods known to trigger headaches
- drink plenty of fluids to stay hydrated
- take breaks from looking at screens to rest your eyes
- undertake light, regular exercise
- arrange regular dental check-ups, which are free during pregnancy

- make sure you have enough sleep. If you are experiencing symptoms of sleep apnoea, please discuss them with your GP. If you are unsure of the symptoms of sleep apnoea, or you would like more information about maintaining a consistent sleep pattern, please use the useful links on page 7.
- try to rest and relax whenever you can. You may wish to consider a massage, going for a walk, having a warm bath, or reading a book. Mindfulness and relaxation techniques such as yoga may also be helpful. For more information, refer to the recommended reading on page 6. Find a relaxation technique that works for you.

Treatment options

Non-medical treatments and complementary therapies

If you would like to manage your headache without taking medication, you can try:

- neck massages or gentle stretching exercises
- warm or cold compresses on your head and neck
- resting or sleeping in a cool, dark, and quiet room
- wearing acupressure wristbands – bands that put pressure on your wrists. These are used to relieve nausea and vomiting
- acupuncture – a treatment derived from ancient Chinese medicine where fine needles are inserted at certain sites in the body for therapeutic or preventative purposes (ask your GP about local availability).

Pain-relieving medication recommendations

Poorly controlled headaches can lead to stress, sleep deprivation, depression and poor nutritional intake, which in turn can have harmful effects for you and your baby. If you are having frequent headaches, or non-medical treatments are not effective, you may need pain-relieving medication. You can talk to your midwife, GP, obstetrician or pharmacist about this.

- **Paracetamol** is usually the safest option. Follow the instructions on the packet and try to take the lowest dose for the shortest amount of time. If you are also experiencing any nausea and vomiting, an anti-sickness medication should be taken at the same time to help the absorption of the pain relief. Your midwife, GP, or pharmacist can give you more advice if the pain does not go away with paracetamol.
- **Triptans (for example, sumatriptan and zolmitriptan)** may be considered if you experience severe headaches or migraines. Sumatriptan has been well-studied and is not known to pose any risk to your baby. There is less information about the other triptans, but there is no evidence that they will cause harm to your baby; however, they need to be prescribed by your GP and should not be used more than twice a week.

You may be at risk of **medication overuse headaches** if you take paracetamol for more than 15 days a month and if you take triptans for more than 10 days a month. Speak to your GP, midwife, or obstetrician about taking pain relief during your pregnancy.

Medications to avoid

Unless your GP or obstetrician prescribes it, you must avoid the following medicines during pregnancy:

- Ibuprofen You can read more about ibuprofen during pregnancy below and under useful links and further information on page 6.
- medications containing added caffeine (sometimes sold with 'extra' on the label)
- medications containing codeine
- anti-inflammatory medications like aspirin

You may be advised to take a low dose of aspirin during your pregnancy if you are at risk of pregnancy complications, such as pre-eclampsia; however, this is lower than the dose usually taken for pain relief. Aspirin is not recommended for pain relief from headaches during pregnancy. You can read more about low-dose aspirin during pregnancy under 'Useful links and further information' on page 6.

Ibuprofen

Ibuprofen should only be taken during pregnancy after consultation with your GP or obstetrician.

If you are prescribed ibuprofen during pregnancy, it's important to be aware of the following:

- **if you are less than 20 weeks pregnant**, some studies have suggested that taking ibuprofen during early pregnancy might be linked to an increased chance of miscarriage. However, it is not clear whether it is the ibuprofen itself or the conditions that ibuprofen is used to treat that increase the chance of miscarriage. While there is uncertainty surrounding these risks, your GP or obstetrician will discuss other more suitable, alternative treatments with you and will only prescribe a short course of ibuprofen (up to three days) if it is absolutely necessary.
- **if you're more than 20 weeks pregnant**, ibuprofen is not recommended. This is because it can reduce the amount of amniotic fluid around your baby and affect their lungs and kidneys. It can also cause the premature closure of a blood vessel in your baby's lungs (called the ductus arteriosus) that needs to stay open while your baby is in your womb to support proper blood circulation. This can lead to a serious lung condition in newborn babies called persistent pulmonary hypertension of the newborn (PPHN).
- **if you have taken ibuprofen after 20 weeks of pregnancy** without medical supervision, please tell your midwife or obstetrician as soon as possible, especially if you have taken multiple doses. They may wish to assess your baby's wellbeing and amniotic fluid levels using an ultrasound scan. The effects on your baby in the womb are reduced once ibuprofen is stopped, and your obstetrician will discuss suitable alternative treatments with you.

Tracking your headaches

If you experience headaches often, you may find it helpful to keep a headache diary. This 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 on days when a headache occurs, marking whether this was 'mild', 'moderate' or 'severe'.

Alcohol and smoking during pregnancy

There is no safe level of smoking during pregnancy. If you or anyone you live with smokes, it can harm you and your baby. Stopping smoking offers great health benefits to you and your baby, and the earlier in pregnancy you do it, the better, although stopping at any time during pregnancy still helps. Both you and your partner will be advised to stop completely, and your midwife will ensure you receive the help and support you need.

You should also avoid drinking alcohol during pregnancy, as it passes through the placenta and enters your baby's bloodstream and can affect your baby's development, growth, health at birth, and long-term wellbeing. If you are struggling to give up alcohol while you are pregnant, talk to your midwife. Details of other support available to you can be found in the 'Useful links and further information' on page 7.

Contact us

If you have any questions or concerns, please contact the 24-hour maternity triage line on **0300 123 9001**.

Useful links and further information

Healthier Together: Headaches in pregnancy over 20 weeks: www.healthiertogether.nhs.uk/pregnancy-and-birth/headaches-2

Use of medicines in pregnancy

Best use of medicines in pregnancy (BUMPS): www.medicinesinpregnancy.org

Pre-eclampsia

- Tommy's: www.tommys.org/pregnancy-information/pregnancy-complications/pre-eclampsia-information-and-support
- Action on pre-eclampsia: action-on-pre-eclampsia.org.uk
- www.uhs.nhs.uk/Media/UHS-website-2019/Patientinformation/Pregnancyandbirth/Pre-eclampsia-4046-PIL.pdf

Gestational diabetes

- www.uhs.nhs.uk/Media/UHS-website-2019/Patientinformation/Pregnancyandbirth/Screening-tests-for-gestational-diabetes-589-PIL.pdf

Ibuprofen

- www.nhs.uk/medicines/ibuprofen-for-adults/

Low-dose aspirin in pregnancy

- www.uhs.nhs.uk/Media/UHS-website-2019/Patientinformation/Pregnancyandbirth/Low-dose-aspirin-150mg-in-pregnancy-2239-PIL.pdf

Mindfulness and Relaxation

- NHS website: www.nhs.uk/mental-health/self-help/tips-and-support/mindfulness
- London Headache Centre: www.londonheadachecentre.co.uk/heahache-information-for-patients/relaxation-exercises-for-people-with-headaches

Sleep patterns and sleep apnoea

- NHS website: www.nhs.uk/conditions/sleep-apnoea
- Information on sleep patterns: www.uhs.nhs.uk/Media/UHS-website-2019/Patientinformation/Other/Sleep-hygiene-3276-PIL.pdf

Support available if you are continuing to drink alcohol during your pregnancy

- Drinkaware: www.drinkaware.co.uk
- if you are worried about your own or someone else's drinking, call this free helpline on **0300 123 1110** (weekdays, 9am to 8pm, weekends 11am to 4pm)
- We are with you: www.wearewithyou.org.uk
- Alcoholics anonymous (AA): www.alcoholics-anonymous.org.uk

Support available to you if you are smoking while you are pregnant

NHS Choices: www.nhs.uk/pregnancy/keeping-well/stop-smoking

NHS Smokefree: www.nhs.uk/smokefree

NHS Smoking Helpline: **03001 231044**.

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For help preparing for your visit, arranging an interpreter or accessing the hospital, please visit www.uhs.nhs.uk/additionalsupport

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