

MIGRAINES DURING PREGNANCY

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Migraine headaches are different from other forms of headaches including tension or cluster headaches. Migraine headaches typically result when blood vessels in the brain dilate to extremely uncomfortable levels. Increasing levels of hormones can contribute to migraine headaches in pregnant women. Some women experience a migraine headache for the first time while pregnant. More than 80% of women experience headaches during their childbearing years. Some of these women experience migraine headache, defined as a severe, incapacitating headache accompanied by nausea, vomiting, photophobia, and phonophobia. While reports suggest that 20% of women experience migraines, it has been difficult to determine the actual incidence of migraine during pregnancy. Migraine headaches can be influenced by the hormonal changes of pregnancy, and may result in improvement or worsening of headache symptoms. Additionally, some women report experiencing a migraine for the first time during pregnancy, and as such, there is no consensus about how migraine symptoms will be experienced by a particular woman during pregnancy. Given the unpredictable nature of migraine symptoms, management during pregnancy must begin by ruling out underlying pathology of new onset headaches, and then selecting a treatment to maximize benefit to the women while minimizing risk to the fetus. Migraine treatments can be symptomatic, abortive or Preventive, and are frequently given in conjunction with antiemetics. Preventive therapy is rarely necessary, but if so, nonpharmacologic therapy should be first line.