Pregnancy & Migraine Management

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Pregnancy Care Project ECHO
1.27.17
Pregnancy & Migraine Management

Five Histories of Headache
Review of Headache Diagnoses
Non-Med Management
Acute Headache Management
Nausea
Pain
Procedures for Headache Management
Five Histories of Headache

Family History
• Genetic predisposition sets the stage

Life History of Headache
• When did it start; is this NEW or just increase from baseline during pregnancy

Attack History
• onset/triggers/associated symptoms/side-locked?

Medication History
• Current daily medication; risk of rebound?

Medical/Surgical History
• HTN, Thyroid, Depression, Anxiety, etc.
Migraine Diagnosis

Most common HA diagnosis in pregnancy

ICHD-3 beta criteria:

A: 5 attacks fulfilling criteria B-D
B: Lasting 4-72 Hours with or w/o treatment
C: Headache with 2 of following:
   • Pulsating quality
   • Moderate or severe intensity
   • Worse with activity
D: During Headache at least 1 of the following
   • Nausea with or without vomiting
   • Photophobia or phonophobia

E: Not better accounted for by another ICHD 3 dx
Approach to Headache in Pregnancy

Primary Headache Disorder
Migraine/ Tension Type/Cluster (rare in women)

Secondary headache?

Yes

No

Classify based on duration

Short Duration
• Cluster headache
• Paroxysmal hemicranias
• Hypnic headache
• Trigeminal neuralgia
• Other

Long Duration
• Chronic daily headache
  • Chronic migraine
  • Chronic tension-type
  • Hemicrania continua
  • New daily persistent HA
• Other

Yes

• Structural
  • Vascular ~ CVT, RCVS
  • Mass
  • Pressure ~
    • Elevated ~ IIH
    • Low ~ CSF leak
• Infectious, inflammatory
• Post-traumatic
• Homeostatic/metabolic
• Medication overuse
• Pre-eclampsia
• PRES

No
Radiographic/Laboratory Evaluation

a. IT IS OK TO PERFORM OTHERWISE CLINICALLY INDICATED IMAGING STUDIES AT ANY TIME DURING PREGNANCY (with abdominal shielding and avoidance of caval compression).
b. If contrast agents would provide diagnostic information that could substantively affect care management plans they should be used during pregnancy.
c. Preeclampsia in the absence of alteration in consciousness or focal findings does not require CNS imaging.
d. Pregnancy is not a contraindication to LP.
## Non-Pharmacologic Treatment

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Headache type</th>
<th>Safety</th>
<th>Side effects</th>
<th>Lactation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Medication Prophylaxis</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relaxation, mindfulness</td>
<td>Migraine and tension type</td>
<td>safe</td>
<td>none</td>
<td>safe</td>
</tr>
<tr>
<td>Avoiding triggers</td>
<td>Migraine and tension type</td>
<td>safe</td>
<td>none</td>
<td>safe</td>
</tr>
<tr>
<td>Acupuncture</td>
<td>Migraine and tension type</td>
<td>safe</td>
<td>none</td>
<td>safe</td>
</tr>
<tr>
<td>Counseling</td>
<td>Migraine and tension type</td>
<td>safe</td>
<td>none</td>
<td>safe</td>
</tr>
<tr>
<td>Physical therapy</td>
<td>Migraine and tension type</td>
<td>safe</td>
<td>none</td>
<td>safe</td>
</tr>
</tbody>
</table>
**Acute Treatment**

**Nausea**

<table>
<thead>
<tr>
<th><strong>MEDICATION</strong></th>
<th><strong>FDA Classification</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Ondansetron</td>
<td>B</td>
</tr>
<tr>
<td>Metoclopramide</td>
<td>B</td>
</tr>
<tr>
<td>Promethazine</td>
<td>$1^{st}$ Trimester = C $2^{nd}$ and $3^{rd}$ = B</td>
</tr>
<tr>
<td>Hydroxyzine</td>
<td>C</td>
</tr>
<tr>
<td>Chlorpromazine</td>
<td>C</td>
</tr>
<tr>
<td>Prochlorperazine</td>
<td>C</td>
</tr>
<tr>
<td>Steroids/Dex</td>
<td>C</td>
</tr>
</tbody>
</table>

*Source: Content and Format of Labeling for Human Prescription Drug and Biological Products; Requirements for Pregnancy and Lactation Labeling (Federal Register/Vol. 73, No. 104/Thursday, May 29, 2008)*
# Acute Treatment

## Pain

<table>
<thead>
<tr>
<th>Pain Control</th>
</tr>
</thead>
</table>
| Acetaminophen | B  
| Caffeine | B  
| Ibuprofen | B (for < 48 hours)  
| Naproxen | B (for < 48 hours)  
| Butorphanol | B  
| Meperidine | B  
| Codeine | B  
| Hydrocodone | B  
| Aspirin | C  

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## Acute Treatment

### Pain

<table>
<thead>
<tr>
<th>Drug</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Butalbital</td>
<td>C</td>
</tr>
<tr>
<td>Isometheptene</td>
<td>C</td>
</tr>
<tr>
<td>Sumatriptan</td>
<td>C</td>
</tr>
<tr>
<td>Zolmitriptan</td>
<td>C</td>
</tr>
<tr>
<td>Naratriptan</td>
<td>C</td>
</tr>
<tr>
<td>Rizatriptan</td>
<td>C</td>
</tr>
<tr>
<td>Eletriptan</td>
<td>C</td>
</tr>
<tr>
<td>Almotriptan</td>
<td>C</td>
</tr>
<tr>
<td>Frovatriptan</td>
<td>C</td>
</tr>
<tr>
<td>Ergotamine</td>
<td>X</td>
</tr>
</tbody>
</table>

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Procedures

- Trigger Point Injections
- Occipital Nerve Blocks
- Dry Needling
PATIENT EDUCATION

HEADACHE SCHOOL

ABOUT
The Headache School is supported in part by the Danielle Byron Henry Migraine Foundation and the Headache Outreach Program at the University of Utah Department of Neurology. Our mission is to educate sufferers of migraine and headaches in a collaborative, supportive environment. Our vision is to eliminate suffering for migraine and headache through education.

Join us for weekly educational and therapeutic sessions with the experts at no cost!

JANUARY SCHEDULE
17 - ASK THE EXPERT: INTRO TO HEADACHE 1 | KATHLEEN DIGRE MD
MINDFUL YOGA | MICAH REISS CYT

24 - ASK THE EXPERT: INTRO TO HEADACHE 2 | SUSAN BAGGaley FNP-C, NP-C

31 - HEADACHE MINDFULNESS | ERIC YELSA PHD
MINDFUL YOGA | MICAH REISS CYT

6:00 PM REGISTRATION | 6:30-7:30 PM EDUCATIONAL SESSION, 7:30-8:15 PM YOGA

LOCATION
Imaging & Neurosciences Center
729 Arapeen Drive
Salt Lake City, UT 84108
Large conference room

VISIT
HASNCHOL.UOFUMEDICINE.ORG
DANIELLEFOUNDATION.ORG
FOR MORE INFORMATION