



































Rehelp. Migraine treatment during pregnancy and lactation					
Preconception counselling					
Medications should be stopped prior to conception where possible. Where a woman makes an informed decision to continue with medication, use the lowest possible dose.					
Non-drug strategies		Risk factor management: Avoid Triggers Avoid Medication Overuse Avoid Excessive Caffeine Early Treatment of Nausea			
Acute Treatments for Migraine During Pregnancy/Lactation					
For all acute treatments, used should be limited to no more than 2 days per week to prevent development of Medication Overuse headache					
		Pregnancy		Lactation	
Painkillers	Paracetamol		Safe		Safe
	Aspirin		Avoid Treatment doses		Avoid Treatment doses.
	Ibuprofen		Avoid from 28 weeks		Safe in lactation
	Codeine		Safe, not first line		Potential adverse events in the infant
Anti-Emetic	Prochlorperazine Metoclopramide		Used widely		Used widely
Triptans	Sumatriptan		Safe		Safe
	Other triptans		Insufficient safety data		Insufficient safety data
Gepants	Rimegepant		AVOID, no data		AVOID, no data
Preventative Therapies for Migraine During Pregnancy and Lactation					
Most migraine improves during after the first trimester and therefore preventative therapies should be avoided where possible. Use lowest effective dose and withdraw in the last weeks of pregnancy. Lifestyle factors should be addressed prior to starting medication.					
	Max dose	Pregnancy		Lactation	
Amitriptyline	50mg/day		Widely used, avoid from 28 weeks		Avoid in premature/newborn
Propranolol	20mg BD		Avoid from 28 weeks		Probably safe
Topiramate	AVOID		Risk of foetal malformation		Limited data, potential toxicity
Candesartan	AVOID		Risk of harm		Insufficient data
Gepants	AVOID		No data		No data
Non- standard therapies that may be considered in pregnancy.					
Low Dose Aspirin	75-150mg / day		Safe		Caution, chance of excretion
GON blocks	Refer to Headache clinic for consideration		Avoid steroids in first trimester: otherwise considered safe. Can be used as lidocaine alone.		Limited data; considered safe
Magnesium supplements	200mg/day		No evidence of harm at low doses		Considered safe at low doses
Resources	BUMPS – Best Use of Medicines in Pregnancy NIH Drugs and Lactation Database (LactMed)				
	Safe to use		Use with caution/some restrictions		Contraindicated