

# Migraine in Pregnancy

**Pregnancy can be a memorable and meaningful time in a person's life. However, pregnancy is a little different for those living with migraine.**

For those who have finally found a migraine treatment plan that works, pregnancy can create a new set of worries. Are there pregnancy-safe medication options? How do I talk to my doctor about managing migraine during pregnancy?

This guide is designed to help you figure out how to manage migraine during pregnancy. From preventive strategies and medications to pregnancy-safe treatment options, this outline covers all things pregnancy and migraine.



## Plan Ahead: Make a Doctor's Visit Before You Start Trying

One way to manage migraine during pregnancy is to reduce stress by staying informed. Schedule an appointment with your doctor at least six months before you start trying to get pregnant. This can help your provider develop a personalized migraine treatment plan you can use throughout your pregnancy. It's important to ask the right questions to receive the most useful treatment plan.

### Questions To Ask Your Provider:

**1 Is my current medication safe for pregnancy?**

- Be sure to address all medications you take, including supplements, vitamins and over-the-counter medications.
- If you are worried that your migraine symptoms may get worse if you stop using your medication, your provider might recommend a consultation with a maternal-fetal medicine specialist—an OB-GYN who can share the possible risks of medications on fetal development.

**2 What lifestyle changes can I make to reduce the risk of a migraine attack during pregnancy?**

- Find a migraine treatment strategy that includes both non-medication and medication treatments (if necessary).

**3 Do I need to stop taking medication before trying to get pregnant?**

- If you need to stop using your medication, ask your provider for an alternative option.

**4 When should I stop taking my medication if I'm planning on getting pregnant?**



## How Does Pregnancy Affect Migraine?

While it's different for everyone, the good news is that up to 80% of women have fewer or less intense migraine attacks by the time they reach the second trimester (weeks 13-26) of pregnancy. Unfortunately, this isn't always the case, as some people experience worsening or new migraine symptoms while pregnant. Each pregnancy is different from person to person. Migraine frequency and severity may even vary within the same person from one pregnancy to the next.

## Migraine Management During Pregnancy

It's normal to feel worried or confused about which medications are safe to use during pregnancy. The good news is that new information is always being released on the safety of medications during pregnancy, so work with your provider to get the latest information.

The goal of migraine management is to have a plan in place to help you manage your disease—from medication to lifestyle changes and preventive strategies to reduce the frequency and severity of future attacks.

Your provider may recommend that you stop taking medications during pregnancy to avoid potential side effects for you and your baby. In these cases, non-medical preventive migraine strategies may become essential during pregnancy.



### Non-pharmacological migraine management strategies during pregnancy may include:

- Behavioral interventions such as cognitive behavioral therapy (CBT), mindfulness-based strategies, and biofeedback
- Acupuncture
- Relaxation therapy, maintaining regular sleep and exercise routines
  - It is best to start these strategies before pregnancy if possible.
  - If you were not physically active before pregnancy, be sure to check with your provider about starting a new exercise routine.
- A healthy and balanced diet, as well as eating regularly and not skipping meals
- Practicing prenatal yoga or prenatal massage
- Gradually reducing your daily caffeine intake to below 200mg a day
  - If you lower your daily intake, you may find that a cup of coffee or tea is a helpful intervention for a mild or moderate migraine attack.

Use the chart of pregnancy-friendly treatment options and medications at the end of this guide to discuss your options with your provider.

## Headache Red Flags in Pregnancy

While it's not helpful to be anxious about endless possibilities, you should be aware of red flags relating to headache and migraine symptoms throughout pregnancy.

The key is to call your doctor or seek medical assistance quickly if a serious concern arises. Don't let this list stress you out, but do keep these in mind. And remember, help is always just a phone call away.

If you are experiencing any of the following, please consult your doctor right away:

- New signs or symptoms, such as visual changes, weakness, numbness, tingling or changes to speech or swallowing
- A change in headache features (location, onset, pain quality), frequency or severity
- Elevated blood pressure during pregnancy
- An unusually severe or sudden onset headache (reaches maximum pain in less than a minute)

# Appendix: Migraine Treatments During Pregnancy

## Migraine Acute Strategies During Pregnancy

Below is a list of pregnancy-friendly acute treatment options—treatments designed to stop a migraine attack in its tracks—as well as a list of acute medications to avoid. Make sure to bring this list to your doctor to discuss your options during your next

| Pregnancy-Friendly Acute Migraine Medication Options  | Acute Migraine Medications to Avoid in Pregnancy  |
|---|---|
| Nonsteroidal anti-inflammatory drugs (NSAIDs) like ibuprofen – these are only safe between weeks 13 through 20 of pregnancy | Nonsteroidal anti-inflammatory drugs (NSAIDs) – avoid before week 12 and after week 20 of pregnancy |
| Diphenhydramine (Benadryl)  | Indomethacin  |
| Peripheral nerve blocks with lidocaine  | Ergots  |
| Metoclopramide  | Lasmiditan (Discontinued 2026)  |
| Prochlorperazine  | Opioids   |
| Promethazine  | Butalbital-containing medications   |
| Acetaminophen (Tylenol)   | Gepants (ubrogepant, rimegepant, zavegepant)  |
| Certain triptans like sumatriptan*  |   |

\*Certain triptans like sumatriptan are considered second line. Please discuss with your healthcare provider before taking.

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## Devices for Migraine Treatment During Pregnancy

Neuromodulation devices are tools to consider during pregnancy because they're not medications and are not invasive. There are a number of them with FDA clearance for use in migraine.

Although there are limited studies of these devices in pregnant women, no risks have been observed in studies that included pregnant women or animals.

Below is a list of devices you may consider discussing with your provider. Your doctor can explain how they work and support you if you choose to add them to your migraine treatment plan.

| Neuromodulation Device  | Use in Migraine  | Pregnancy Risk  |
|---|--|---|
| <b>CEFALY® (e-TNS)<br/>External Trigeminal Nerve Stimulation</b>                            | FDA-cleared for the acute and preventive treatment of migraine           | Unknown   |
| <b>SAVI Dual (sTMS)<br/>Single Pulse Transcranial Magnetic Stimulation</b>                  | FDA-cleared for the acute and preventive treatment of migraine           | A post-marketing European pilot study included three pregnant women in the first and second trimesters with demonstrated success and no adverse fetal outcome   |
| <b>gammaCore Sapphire™ (nVNS)<br/>Non-Invasive Vagus Nerve Stimulation</b>                  | FDA-cleared for the acute and preventive treatment of migraine           | No human studies done in pregnancy. One animal study on pregnant rats showed that chronic vagal nerve stimulation does not impede the progress or outcome of pregnancy, cause preterm birth or affect fetal cardiovascular and respiratory development. |
| <b>Nerivio (REN)<br/>Remote Electrical Neuromodulation</b>                                  | FDA-cleared for the acute treatment and preventive treatment of migraine | A retrospective survey study of 140 women showed no adverse fetal outcomes in those who used the REN for acute treatment.   |
| <b>Relivion® (eCOT-NS)<br/>External Combined Occipital and Trigeminal Nerve Stimulation</b> | FDA-cleared for the acute treatment of migraine                          | Unknown   |
| <b>HeadTerm® 2 (e-TNS)<br/>External Trigeminal Nerve Stimulation</b>                        | FDA-cleared for prevention of migraine                                   | Unknown   |

## Migraine Preventive Strategies During Pregnancy

If your migraine attacks are becoming so frequent or severe that you have trouble working or participating in your usual activities, it may be time to consider a preventive strategy. Preventive lifestyle and behavioral changes, like those mentioned above, are great options to manage migraine during pregnancy. But if those changes aren't working, there are also preventive medications and treatment options to consider.

The tables below contain preventive migraine treatment options that are safe in pregnancy as well as preventive options to avoid during this time.

### Pregnancy-Friendly Preventive Migraine Treatment Options

Peripheral Nerve Blocks with Lidocaine

Amitriptyline

Propranolol

### May Be Pregnancy-Friendly Preventive Migraine Treatment Options

OnabotulinumtoxinA

Memantine

### Preventive Migraine Medications to Avoid in Pregnancy

|                            |   |
|----------------------------|---|
| CGRP Monoclonal Antibodies | Eptinezumab, Erenumab, Fremanezumab, Galcanezumab             |
| Gepants                    | Atogepant, Rimegepant   |
| Anti-Epileptics            | Valproate / Valproic acid, Topiramate, Gabapentin, Pregabalin |
| Anti-Depressants           | Venlafaxine, Duloxetine                                       |
| Anti-Hypertensives         | Candesartan, Lisinopril                                       |

### Pregnancy-Friendly Vitamins and Nutraceuticals

Riboflavin (Vitamin B2)

Magnesium (Avoid High-Dose)

Vitamin D

### Vitamins and Nutraceuticals to Avoid in Pregnancy

Butterbur

Feverfew

Coenzyme Q10 (Insufficient Data)

*The content in this document is provided for educational purposes only. While it is doctor-verified, it is not intended to serve as medical advice, and users are advised to seek the advice of their doctors before making any decisions based on the information in this article.*



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The mission of the American Migraine Foundation is to mobilize a community for patient support and advocacy, as well as drive and support impactful research that translates into advances for patients with migraine and other disabling diseases that cause severe head pain. Visit [americanmigraine.org](https://americanmigraine.org) for more resources for people living with migraine and their supporters.

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