Headaches During Pregnancy
What is Normal and What is Not

Headaches are one of the most common discomforts of pregnancy. Especially in the first trimester, headaches may occur more frequently than usual. Some common causes of headaches in pregnancy include:

• Changes in hormones
• Tiredness, including lack of sleep
• Changes in blood circulation
• Low blood sugar (hypoglycemia)
• Dehydration (not drinking enough water)
• Stress from upcoming family changes
• Caffeine withdrawal

Types of Headaches

Tension Headaches

Tension headaches are the most common type of headache. They are often described as a squeezing pain on both sides of the head. Tension headaches are most often caused by lack of sleep, depression, or caffeine withdrawal. Changes in pregnancy hormones may also cause tension headaches. Making an effort to relax, exercising regularly and getting enough sleep will often reduce the number of headaches. If headaches occur, try treating them with extra rest, a shoulder massage, or a warm washcloth placed on face. After consulting with your doctor or midwife, Tylenol may be used to treat headaches that do not improve with other measures.

Migraine Headaches

About 18% of women experience migraine headaches at some time in their lives. Migraine headaches cause a severe throbbing pain on one (or occasionally both) sides of the head. The exact cause of migraines is not known, but it is thought that they result from changes in blood flow in the brain. Migraines may occur

Common Food Triggers for Migraine Headaches

• Chocolate
• Aged Cheese
• Alcohol
• Peanuts
• Breads with Fresh Yeast
• Citrus Fruits
• Preserved Meats such as Bologna, Smoked Fish, Sausage, or Hot Dogs
• Yogurt
• Sour Cream
with other symptoms, such as nausea and sensitivity to light or loud noises. Some people experience an “aura” a few minutes before a migraine attack. During the aura, the person may have problems seeing normally (such as seeing lines or flashing lights), speech problems, or a tingling sensation in their hands or face.

Migraine headaches usually occur less frequently in pregnancy, especially after the first trimester. However, some women find that their migraine headaches worsen or stay the same while they are pregnant. The best way to treat migraine headaches in pregnancy is to avoid them. Some people are able to reduce the number of migraine attacks by avoiding common triggers and getting the right amount of sleep.

If you need medication for migraine headaches while you are pregnant or nursing, discuss the use of prescription pain medication with your doctor or midwife. He or she will help you find the medication with the least risk. There is very little information about how migraine medications such as Sumitriptan (Imitrex), Ergotamine (Cafergot) or Midrin affect the developing baby. Because of this, pregnant women are usually counseled to avoid these medications.

**Preeclampsia (also called Toxemia)**

A severe headache in the second or third trimester of pregnancy can be a warning sign of preeclampsia, or high blood pressure in pregnancy. Preeclampsia is a rare condition that affects about five to ten percent of pregnancies. Headaches caused by preeclampsia are persistent and throbbing. Women with preeclampsia may also have symptoms such as blurry vision or seeing spots, sudden weight gain (more than a pound in one day), pain in the upper right abdomen, and swelling in the hands and face. If you have any of these symptoms, or if you get a headache that is different than normal, call your doctor or midwife right away.

**Other Types of Headaches**

Pregnant women may also experience other types of headaches such as cluster headaches, sinus headaches, or headaches caused by other rare problems. If you are unsure about a headache, it is important to see your prenatal care provider to get an accurate diagnosis.

If you have further questions about headaches in pregnancy, contact your doctor or midwife. This pamphlet is for informational purposes only, and should not replace the advice of a physician.