

# Breastfeeding and Medication



## Migraine treatment and breastfeeding

*I battled with breastfeeding my two sons over a period of 5 years, through chronic migraine and spent many a tearful hour on the phone checking my medicines would be ok to take and weighing up all the facts etc. It was hard work and stressful because none of the medicines are tested in this county and you feel that you are constantly swinging between guilt and chronic pain.*

*I suffer from migraines and am very limited to what I can take (basically paracetamol and ibuprofen). Ironically with my daughter breastfeeding actually massively reduced my migraines but with my son they are pretty frequent unfortunately. Broken sleep cycles/ lack of sleep does not help so it is a bit of a nasty cycle with migraines and breastfeeding*

*I have to take huge amounts of aspirin when I get an attack which meant pumping and dumping, but the prophylaxis of imipramine and the occasional triptans meant I carried on my journey until 30 months*

*I managed to secure Botox injections after other medications did not work. I had to argue my case with my neurology team and give them time for them to check it out with their own pharmacists too - who agreed with you. The consultant still wanted me to pump & dump for 24 hours after injection.!*

*I also take rizatriptan (sumatriptan is not effective enough for me) and your advice has made it possible for me to do that safely while breastfeeding. At one point, I was advised to take high dose aspirin when I run out of permitted rizatriptan doses. I am now tandem feeding my 2yo and 5-month-old and still on the injections. I will not get to have my next treatment due to them being cancelled as a result of coronavirus. I am so scared about how I will care for myself and my children when my migraines return to their unmediated levels of almost every day. I do not know when I will be able to function properly again. This just goes to show what you have given me and my family for the last 3 years - the gift of better health for me and my nurslings through identifying appropriate, breastfeeding -friendly medication for an incurable, disabling condition.*

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May 2021 The information on this sheet is based upon my professional experience as a pharmacist with a specialised interest in the safety of drugs in breastmilk, supported by evidence from expert sources. However, I cannot take responsibility for the prescription of medication which remains with the healthcare professionals involved. I am happy to discuss the evidence by email [wendy@breastfeeding-and-medication.co.uk](mailto:wendy@breastfeeding-and-medication.co.uk)

## Definition

Migraines can be very debilitating to a new mother and she needs medication as she is unlikely to be able to go to bed and rest in a darkened room. A migraine is a severe throbbing headache, sometimes just on one side of the head, sometimes both. It may be accompanied by visual disturbances (aura) including flashing lights or a zig-zag pattern, feeling or being sick. There may be pins and needles in the hands and feelings of dizziness and loss of balance. Classically, people report a sensitivity to light and sound – hence the dark, quiet room. It is very different to a standard headache.







Migraines affect 1 in 7 people. More women than men are affected (may be as high as 1 in 3). Migraines may reduce in frequency in the second and third trimesters of pregnancy but may reoccur after birth or when periods return, particularly for those whose symptoms are predominantly pre-menstrual.

## Medicine over use headaches

Excessive use of acute treatments for migraine (opioid and non-opioid analgesics, as well as triptans) is associated with medication-overuse headache (analgesic-induced headache) which may be daily; Increasingly frequent consumption of these medicines even at recommended doses needs careful management. The treatment is to stop all medications even though for a week or so headaches and migraines may be more frequent and worse, but they will return to a less frequent condition. Ten days a month or more of triptan or opiate use is considered to be overuse, whereas fifteen days or more a month of paracetamol (alone) or NSAID use is considered as overuse.

## Treatment

Acute relief from migraines:

-  **Paracetamol and/or ibuprofen** in full dose taken regularly. Aspirin has in the past been widely recommended – in a single dose of 900mg aspirin breastfeeding should be avoided for 2-3 hours. If possible, avoid aspirin
  -  **Sumatriptan** –poor oral bioavailability (14%), relative infant dose 3.5%. Breastfeeding can continue as normal. No information on other triptans – might assume a class effect but no studies to prove. Sumatriptan can also be used as sub-cutaneous injection and nasal spray.
  -  **Opioids** - Codeine should be avoided in breastfeeding women. Use dihydrocodeine if opiate painkiller needed.
  -  Anti-emetic *metoclopramide* or *prochlorperazine* both of which are compatible with breastfeeding.
  -  **Metoclopramide plus paracetamol** is compatible with breastfeeding (Paramax™). **Metoclopramide** has been used in the past to increase milk supply but should be avoided long term because of the risk of depression and extra-pyramidal effects.
  -  Avoid **ergotamine** products
- Over the counter remedies**

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? Migraleve™, Syndol™, Solpadeine all of which contain codeine which is not recommended in breastfeeding.



Nurofen migraine™ contains ibuprofen as does Nurofen tension headache™



Sudafed congestion & headache relief max strength™ contains phenylephrine which should be avoided in breastfeeding as it may reduce milk supply



Boots Cooling Headache and Migraine Pads Kool 'n' Soothe Migraine Sheets

4head Quickstrip contain no medication as such and would appear to be compatible with breastfeeding

**Prophylactic treatments** see <https://breastfeeding-and-medication.co.uk/fact-sheet/migraine-prophylaxis-and-breastfeeding>

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