

Headaches during pregnancy can be troublesome, but, unless there's a more serious underlying cause, they're usually normal, especially in the first and third trimesters, writes Melany Bendix

Face the pain, HEAD ON

DR LOUIS GRUNDLINGH, an obstetrician/gynaecologist practising from Mediclinic Panorama in Cape Town, explains that low-grade headaches tend to be more common during the first trimester, because this is the time when your body experiences a surge in hormones and an increase in blood volume – two factors that can make your head throb quite unpleasantly.

You're even more likely to suffer from headaches if you're under stress and/or have poor posture. Other factors that aggravate headaches include: not getting enough sleep, dehydration, and caffeine withdrawal (if you're doing the smart thing and kicking your coffee and fizzy drink habit).

Dr Grundlingh notes that if you're pregnant and suffering frequently from headaches, "other medical conditions must be excluded, such as low blood pressure, low iron levels, eye (vision) problems, abnormal glucose levels and thyroid problems".

Third-trimester headaches are usually the result of poor posture and tension from carrying extra weight, and these headaches will also be aggravated by stress, not getting enough sleep, and dehydration.

However, headaches in the second or third trimester might be caused by high blood pressure, which Dr Grundlingh stresses is important to watch out for as it can be a sign of pre-eclampsia. This is a

pregnancy complication that usually only begins 20 weeks or more into pregnancy. An increase in blood pressure, even a slight one, may be a sign of pre-eclampsia. If untreated pre-eclampsia can be serious – even fatal – for you and your baby.

There's not a lot you can take for headaches while pregnant. "Paracetamol is safe to use, and non-steroidal anti-inflammatories (such as ibuprofen) also can be used up to 32 weeks," says Dr Grundlingh, who emphasises the importance of checking with your doctor or healthcare provider before taking any medication while pregnant.

"If basic treatment like paracetamol is not working, call a general practitioner," he advises.

DEALING WITH MIGRAINES

If you're a migraine sufferer, here's some great news: "Migraines are less common and less severe for known migraine sufferers during pregnancy, especially in the third trimester," according to Dr Grundlingh. The aura (the sensory disturbances that often come with migraines, such as flashes of light, blind spots, vision changes and tingling in hands or face) might be more but the head pain is usually less.

The not-so-great news is that you can still get migraines during pregnancy and treatments are limited. Dr Grundlingh says standard migraine kits from pharmacies are not recommended for pregnant women. "Acute, severe migraines can be treated with an anti-emetic (drug used to treat vomiting and nausea), pethidine (an opioid pain medication) and paracetamol. Sumatriptan (a drug used to treat migraines and cluster headaches) might be an option in some patients," he says, but warns that no medications should be taken without medical supervision.

Like with headaches, avoid the triggers: caffeine, stress, bad posture and dehydration. "Make sure that you eat well, reduce stress, get enough sleep and, importantly, exercise, as this helps lower the incidence of migraines," advises Dr Grundlingh.

He adds that studies suggest migraines might increase the risk of premature labour or pre-eclampsia, so it's vitally important to let your doctor or healthcare provider know if you experience any migraines.

A READER'S STORY

Madelein Joubert is eight months pregnant and suffered with severe migraines. She says, "After months of treatment, hopping between doctors, and expensive medical bills, I went to the Headache Clinic. After a series of tests, the doctor recommended I have a posture modifying appliance (PMA).

A PMA is a tiny custom-made wearable plate that fits into the patient's top or bottom palate behind their teeth. It's prescribed for patients who present with muscle tension as the cause of their pain, and is used to encourage the muscles of the jaws and neck to relax into their natural rest position.

The natural resting posture for the lower jaw should be to hang open two or three millimetres without the teeth touching or clenched like most people do. Everyone has their own unique ideal rest position.

When the jaw muscles are more tense than normal, they shorten, and when they shorten, they pull the lower jaw up closer to the top jaw, and the tongue is raised so that the space between the tongue and palate is reduced. The posture of the jaw can have an incredible effect on all the muscles of the face, head, and neck causing spasms that create the headaches. To make the muscles relax, we have to get the tongue and lower jaw to return to their natural rest positions, which relieves the tension in all the muscles and corrects the patient's jaw posture.

The PMA was developed by Dr Shevel at Johannesburg's Headache Clinic. Patients must wear it night and day for the first week or two of treatment and within that time they should have positive results. Once their headaches have reduced or disappeared, patients can then evaluate how often they need to wear their PMAs to keep their headaches at bay.

Madelein says, "After just two weeks of wearing the PMA, I was free from migraines and headaches, which I had throughout my pregnancy."

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WHAT'S THE DIFFERENCE?

Between a headache and a migraine? Quite simply: the quality of the pain. Whereas some headaches can be extremely painful, they're usually mild to moderate on the pain scale, whereas a migraine will cause intense to severe pain (often throbbing) and will make doing anything very difficult, if not entirely impossible.

HEADACHES

1. Usually occur on both sides of the head (specifically temples, forehead and neck).
2. Can last anything from 30 minutes to a week.
3. Tension headaches are the most common. But you also get sinus headaches, which occur along with fever, stuffy nose, congestion and facial pressure; and cluster headaches, which occur on one side of the head and come in clusters (a cycle of headaches, followed by headache-free periods).
4. There are usually no other symptoms with a headache, unless it's associated with cold, flu or other sicknesses.

MIGRAINES

1. Usually occur on one side of the head, but it's possible to have pain on both sides.
2. Can last from four to 72 hours.
3. Two broad categories of migraines: with an aura (accompanying symptoms that occur between 10 and 30 minutes before a migraine strikes) and without an aura.
4. Migraines with aura include symptoms such as nausea, vomiting, temporary loss of vision, light and sound sensitivity, pain behind one eye or ear, tingling in hands, feet or face, pain in temples and visual disturbances, such as seeing spots or flashing lights.

READER QUESTION

"I got a migraine while pregnant that affected my ability to speak. What kind of migraine was this and why might it have happened?"

Dr Louis Grundlingh says, "This is a basilar migraine. It's localised in the back part of the brain (called the brainstem) or neck and is caused by a blood vessel going into spasm and reducing blood

flow to the brain. Triggers include stress, lack of sleep, caffeine, too much physical activity, high altitudes and, importantly for pregnant women, changes in female hormones. These painful migraines usually start on one side of the head and then spread as it gets stronger and more painful. You may feel nauseous and even vomit, be sensitive to light and

sound, have cold hands or feet, be dizzy, have double vision or even temporary blindness, a loss of balance, slurred speech or trouble speaking and may even lose consciousness. It can all be quite frightening, especially as these migraines can last anything from four hours to three days and require a day or more to recover from." **YP**