All correspondence to:
The Breastfeeding Network
PO Box 11126, Paisley PA2 8YB
Admin Tel: 0844 412 0995
e-mail: druginformation@breastfeedingnetwork.org.uk
www.breastfeedingnetwork.org.uk

Migraines and Breastfeeding

This factsheet is intended to provide access to relevant evidence-based information. The national guidelines, research, data, pharmacokinetic properties and links shared are taken from various reference sources, they were checked at the time of publication for appropriateness and were in date. These are provided where we believe the information may be useful but we do not take any responsibility for their content. The factsheet is provided to empower users to make an informed decision about their treatment; but it does not constitute medical advice and cannot replace medical assessment, diagnosis, treatment or follow up from appropriately trained healthcare professionals with relevant competence.

The Breastfeeding Network factsheets will be reviewed on an ongoing basis, usually within three years or sooner where major clinical updates or evidence are published. No responsibility can be taken by the Breastfeeding Network or contributing authors for the way in which the information is used.

If you have any questions about this information, you can contact the Drugs in Breastmilk team through their Facebook page or on druginformation@breastfeedingnetwork.org.uk.

Soluble Paracetamol and an anti-inflammatory medication such as ibuprofen, diclofenac or naproxen form the basis for treatment of migraines

Sumatriptan is the best-studied drug in its class and is suitable for use in breastfeeding women

All of these drugs can be taken with normal breastfeeding without interruption

Codeine and aspirin should be avoided

Migraines are different from normal headaches and can be totally debilitating. Pain is often accompanied by nausea and vomiting as well as sensitivity to light and sound. Some people also experience auras and changes in vision. They are said to affect up to 20% of women. Triggers vary for most people but migraines can be associated with missing meals and not drinking enough watery fluids. The pain is often described as throbbing. For further information see www.migrainetrust.org.

Treatment of migraine

A simple analgesic such as paracetamol (preferably in a soluble or dispersible form) and/or a non-steroidal anti-inflammatory drug such as ibuprofen, diclofenac or naproxen is often effective. Aspirin should be **avoided** because of the associated risk with Reye's syndrome. See our factsheet on pain relief for more information. Products containing decongestants (e.g. phenylephrine) are not recommended when you are breastfeeding as they could decrease your milk supply (see our factsheet on decongestants for more information).

Peristalsis and therefore gut absorption is often reduced during migraine attacks so the medication may not be sufficiently well absorbed to be effective; dispersible or effervescent preparations are therefore preferred. It may be useful to take an anti-nauseant alongside the simple painkiller (outside of manufacturer recommendation).

Products containing codeine (e.g. co-codamol, Solpadeine Plus®, Nurofen Plus®, Migraleve®, Syndol®) are **not recommended** when you are breastfeeding. Small amounts of codeine can pass through to

The Breastfeeding Network is a Company Limited by Guarantee Registered in Scotland Company No. 330639
Registered office Whitelaw Wells, 9 Ainslie Place, Edinburgh, EH3 6AT
The Breastfeeding Network is a Registered Scottish Charity No SC027007

Last full review January 2022. Last amended June 2024.

your baby in your breastmilk and may cause drowsiness or breathing problems. Codeine for pain relief is not recommended for use in children under 12 years.

If you take a single dose of codeine by mistake, you can continue breastfeeding as normal as long as your child is full term and otherwise well, as the risk is small. However, you should not take any more doses and should watch your baby for drowsiness, breathing difficulties, constipation or difficulty feeding.

For more detailed information on codeine and breastfeeding, which is also suitable for healthcare professionals, please see our codeine factsheet. If you are concerned, please speak to your doctor, pharmacist or contact our Drugs in Breastmilk service.

If treatment with an analgesic is inadequate, an attack may be treated with a specific anti-migraine compound such as a 5HT1-receptor agonist ('triptan'). The manufacturers recommend that breastfeeding should be interrupted for 12 hours following use of these drugs. Hale however states *"Sumatriptan is the best-studied drug in its class and is suitable for use in breastfeeding women. One trial (Wojnar-Horton 1996) measured drug concentrations in the plasma and milk of 5 women given a 6 mg subcutaneous injection. Milk levels were 4.9 times higher than plasma levels and peaked at 87.2 µg/L at 2.6 hours post-dose. The mean half-life of elimination from the milk was 2.2 hours. Total recovery of the drug via milk was calculated to be about 14.4 µg, or 0.24% of the 6 mg dose. This equates to a relative infant dose of 3.5%. Given that triptans are not given continuously and that the drug has such poor oral bioavailability (14%), the amount of sumatriptan that reaches the infants circulation is expected to be exceedingly low (less than 1%)."* The NHS website also provides more information on taking sumatriptan while breastfeeding.

There has been no research on the passage of any of the other triptans into breastmilk.

Topical cooling pads are also available for symptom relief. These are compatible with breastfeeding. Avoid direct contact with your baby.

Medicine over-use headaches

Excessive use of acute treatments for migraine (opioid and non-opioid analgesics, 5HT1 receptor agonists,) is associated with medication over-use headache (analgesic-induced headache which may be daily); therefore, increasingly frequent consumption of these medicines even at recommended doses needs careful management. The treatment is to stop all migraine medications under the supervision of your doctor. For a week or so, headaches and migraines may be more frequent and worse but they will then 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. Frequent use of opioid pain relief such as dihydrocodeine can lead to addiction.

The NHS migraine webpage gives more information on migraine and when to get more help.

References

- British National Formulary
- Hale T. W. Medications in Mothers Milk
- Jones W Breastfeeding and Medication 2018 Routledge
- Drugs and Lactation Database (LactMed®) https://www.ncbi.nlm.nih.gov/books/NBK501922/: Paracetamol, ibuprofen, diclofenac, naproxen, aspirin, codeine, dihydrocodeine, phenylephrine, sumatriptan
- Restrictions on use of codeine for pain relief in children – CMDh endorses PRAC recommendation (2013). https://www.ema.europa.eu/en/medicines/human/referrals/codeine-containing-medicines

Last full review January 2022. Last amended June 2024.

- Codeine for analgesia: restricted use in children because of reports of morphine toxicity (2014). https://www.gov.uk/drug-safety-update/codeine-for-analgesia-restricted-use-in-children-because-of-reports-of-morphine-toxicity
- MHRA drug Safety Update. April 2015. https://assets.publishing.service.gov.uk/media/5a80efd2e5274a2e87dbca85/Drug_Safety_Update_-_April_2015.pdf
- Breastfeeding and Medication: Accidental dose of codeine when breastfeeding. https://breastfeeding-and-medication.co.uk/fact-sheet/accidental-dose-of-codeine-when-breastfeeding
- NHS: Pregnancy, breastfeeding and fertility while taking sumatriptan https://www.nhs.uk/medicines/sumatriptan/pregnancy-breastfeeding-and-fertility-while-taking-sumatriptan/
- Amundsen S, Nordeng H, Fuskevåg OM, Nordmo E, Sager G, Spigset O. Transfer of triptans into human breast milk and estimation of infant drug exposure through breastfeeding. Basic Clin Pharmacol Toxicol. 2021;128(6):795-804. doi:10.1111/bcpt.13579
- Medicine over use headaches https://patient.info/brain-nerves/headache-leaflet/medication-overuse-headache
- NICE Clinical guideline [CG150], Headaches in over 12s: diagnosis and management. Updated 17 December 2021. https://www.nice.org.uk/guidance/cg150/ifp/chapter/treatment-for-medication-overuse-headache
- NHS: Migraine. https://www.nhs.uk/conditions/migraine/

Last full review January 2022. Last amended June 2024.