Postpartum Headaches Go Unreported, Untreated

The majority of postpartum headaches are primary headaches, and many go untreated, a large study suggests.

About 39% of 985 postpartum women in the prospective cohort study developed a postpartum headache. Postdural puncture headaches, such as postural puncture headaches, postdural puncture headaches, such as postural puncture headaches, infrared puncture headaches, Eric Goldszmidt, M.D., reported in a poster presentation at the annual meeting of the Society for Obstetric Anesthesia and Perinatology.

In fact, migraine and tension headaches accounted for only 73% of all headaches in the study, and musculoskeletal and cervicogenic headaches accounted for about 15%. Postdural puncture headaches accounted for only 4.5%, and the remaining headaches were of an undetermined type, said Dr. Goldszmidt, staff anesthetist at Mount Sinai Hospital, Toronto, and a lecturer at the University of Toronto.

Development of postpartum headache and/or neck and shoulder pain was evaluated via interview and chart review at 3 days and 1 week post partum, and patients were instructed to call if headache developed after that time.

Headache diagnosis was confirmed using an algorithm based on International Headache Society criteria, and risk factors for postpartum headache were identified. Women with known inadvertent dural puncture were at extremely high risk of postpartum headache (adjusted odds ratio 6.4), as were those with a history of headaches (adjusted odds ratio of 1.6 in those with 1-2 headaches per year, and 2.5 in those with more than 12 headaches per year), Dr. Goldszmidt said.

Age slightly increased headache risk with each year. Multiparity also was a significant risk factor for postpartum headache.

Most headaches in this study developed about 3 days after discharge, suggesting that many postpartum headaches might go unreported, untreated, and that the incidence of postpartum headaches is underestimated, he said in an interview.

“Postpartum headaches may be responsible for some discomfort and anxiety that is treatable,” he said.

Of note, postdural puncture headaches accounted for only 21% of all headaches in this study. Intercourse-related pain was treated with 5% lidocaine using a diaphragm jelly in it overnight and keep it anesthetized for 8 hours out of the day, and overnight lidocaine works pretty well,” said Dr. Steege of the division of advanced laparoscopic and gynecologic surgery at the University of North Carolina, Chapel Hill.

“We’ve done 52 vaginal apex revisions, but we’ve slowed down on that in the last few years because the overnight lidocaine works pretty well,” said Dr. Steege.

Dr. Steege credits colleague Dennis Zolnoun, M.D., of the department of ob.gyn. at the university, for the thinking behind the treatment. In a small study last year, Dr. Zolnoun and colleagues treated 61 women who presented with introtal pain and met the criteria for vulvar vestibulitis.

After a mean of 7 weeks of nightly treatment with 5% lidocaine ointment, 76% of women reported the ability to use a diaphragm when used around the time of conception, and exposure in the third trimester is associated with premature closure of the ductus arteriosus with the risk of persistent pulmonic hypertension of the newborn.

Since aspirin causes irreversible inhibition of platelet function and other clotting disorders, its use near term may enhance maternal blood loss at delivery and increase the incidence of intracranial hemorrhage in premature or low-birth-weight infants. Even low-dose aspirin and got alkaloid preparations are contraindicated in pregnancy because of their dose-related developmental toxicity and otoxic properties.

Seven triptans indicated for the short-term treatment of migraine with or without aura are available: sumatriptan (Imitrex), almotriptan (Axert), eletriptan (Relpax), frovatriptan (Prova), naratriptan (Amerge), rizatriptan (Maxalt), and zolmitriptan (Zomig).

In animal studies at doses or systemic exposures 10 times the human dose, triptans caused developmental toxicity. Human data, primarily from pregnancy registries, are only available for naratriptan, sumatriptan, and rizatriptan. As of early 2004, about 500 women had been prospectively enrolled, about 90% with first-trimester exposure. Except for a small cluster of five ventriculonal septal defects, a common heart condition, there was no consistent pattern of defects.

Other than ergot drugs (contraindicated) and amitriptyline (concern for long-term neurotoxicity), all antimigraine agents appear to be compatible with breast-feeding. However, there are few or no data available for gabapentin and topiramate. High doses of ergot alkaloids have been associated with toxicity in nursing infants. The effect of triptan on a nursing infant is unknown, but the small amount of drug found in milk does not appear to represent a risk and it is probable that they are all compatible with breast-feeding.

Mr. Briggs is pharmacist clinical specialist, Women’s Hospital, Long Beach Memorial Medical Center; clinical professor of pharmacy, University of California, San Francisco; and adjunct professor of pharmacy, University of Southern California, Los Angeles.