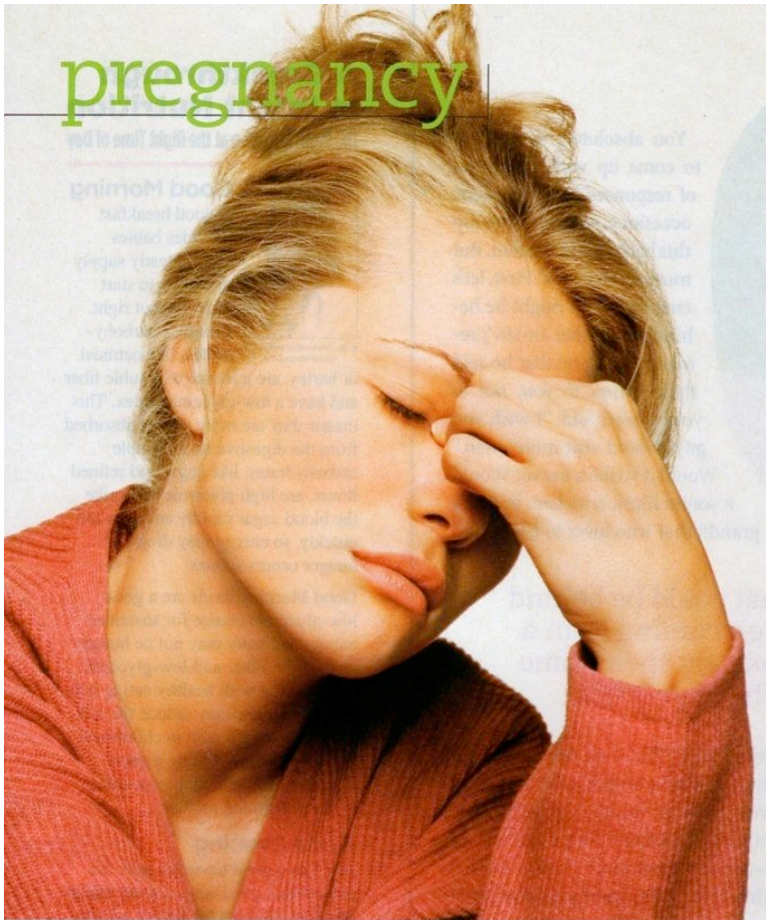


pregnancy



haven't got time for the pain

HEAD OFF PREGNANCY HEADACHES WITH THESE SAFE SOLUTIONS.
BY JENNIFER GRAHAM KIZER

If you're like most people, you tackle a headache with an over-the-counter pain reliever. Then you charge on with your busy life. If you're pregnant, though, the type of medication you can take is seriously restricted. It's a cruel irony, since some of the common hallmarks of pregnancy—such as fatigue, low blood sugar, and hormonal mood swings—can also trigger headaches.

In general, most headaches are considered tension headaches, and they're usually described as a tight band of pain around the head and sometimes at the back of the neck. Emotional factors (like stress) often cause them, but there's a wide range of physical causes too. Eyestrain (from poor lighting or sitting too long at a computer), for example, can bring on a headache. Sinus headaches (pain behind the forehead, cheeks,

or the bridge of your nose) are less common, but they happen if an infection or allergy causes an inflammation that blocks mucus from draining into the nose. Finally, there are migraine headaches. If you've endured them, you know that the word "headache" doesn't quite describe the debilitating pain, which is often associated with nausea or sensitivity to light or noise. A wide range of things can trigger migraines, including weather changes, menstrual cycles, and certain foods.

WHY DOES MY HEAD HURT?

Women often experience tension headaches during the first trimester. "It's most likely because of fluctuations in hormones," says Sheena Aurora, MD, director of the Swedish Headache Center, in Seattle. "By the second trimester," she says, the pain subsides because "the hormones are steadily high."

Of course, there are many other possible reasons for your throbbing head. "Ask yourself, 'Are my headaches being stimulated by something in my diet?'" says Lillian Schapiro, MD, an ob-gyn in Atlanta. "What medications am I taking? What time of day are they happening? Is there anything [I'm doing that] I can change?"

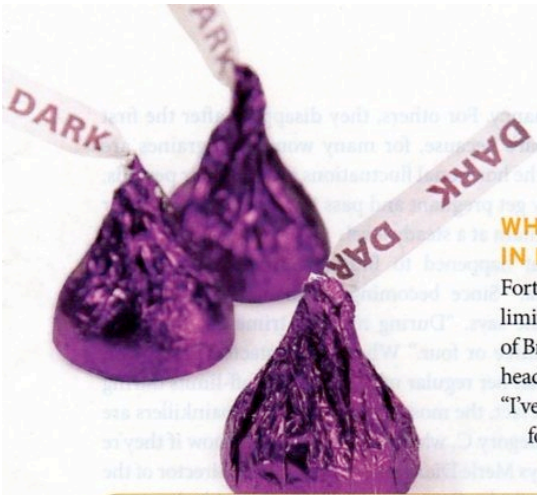
In the third trimester, when you're carry-

ing a lot of additional weight, consider whether poor posture might be a factor in your headaches. The strain on your neck and shoulders could lead to muscle spasms, which can irritate nerves in the back of your head. Or you might develop muscle tightening and spasms from sleeping with your head in an unnatural position.

KEEP TRACK OF YOUR TRIGGERS

Realizing what brought on her headaches made all the difference for Pittsburgh native Margaret Delle. "My midwife suspected that [they] might be

Fluctuating hormones in the first trimester are a common cause of tension headaches.



Call it sweet revenge: chocolate may trigger migraines in some people. Your best bet? Keep a food diary to see if it bothers you.

caused by dehydration," she says. "She recommended that I guzzle huge amounts of water. It worked wonders!" (Other signs of dehydration include dark yellow urine or a woozy feeling.) "The uterus is using a lot of blood," Dr. Schapiro explains. (Uterine blood flow nourishes your developing baby.) "So if you get behind on your fluid intake, there's more strain on other parts of the body." For some women, that can lead to headaches.

Your own headache solution may not be as easy as drinking water. But it might be a matter of eating smaller meals more frequently (to prevent low blood sugar), squeezing in a daily nap (to stave off exhaustion), or practicing good posture (to avoid muscle strain). If you're feeling the headachy effects of cutting back on caffeine, the cure might be simply waiting it out for a while. Says Dr. Aurora, "Caffeine withdrawal headaches should last only two or three days."

Some headaches are tougher to elude. If the problem is a sinus infection, hold a warm compress around your eyes and nose for relief. "You're trying to soften the mucus in there and make it come out," Dr. Schapiro says. Call your doctor if pain is accompanied by a fever, since you might need a course of antibiotics. If you want to try a natural method for treating a tension headache, hold a cold compress or ice pack at the base of your neck. "You're

trying to constrict the bulging blood vessels," Dr. Schapiro says.

WHAT'S SAFE (AND UNSAFE) IN PAIN RELIEVERS

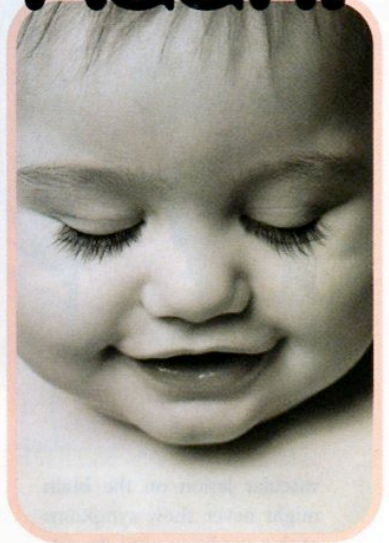
Fortunately, not all pain relievers are off-limits. That's happy news for Kim Battista, of Bridgeport, Connecticut, who has battled headaches throughout two pregnancies. "I've had three sinus infections in the last four months," she says. "It hasn't been fun!" Battista used to treat a head-

ache by popping an Advil and resting for 20 minutes. "But when you have a 16-month-old at home, there's no resting," she says. "And when you're pregnant, there's no Advil!"

It's true: doctors advise against pain relievers like ibuprofen (Advil), naproxen (Aleve), and aspirin. They also discourage taking other common headache (and migraine) medications containing triptans (such as Imitrex, Amerge, and Relpax). But most health care providers are comfortable prescribing acetaminophen (Tylenol) within dosing guidelines. (Dr. Aurora suggests taking no more than two or three 500-milligram tablets a week.) If your doctor determines that you need something stronger, she might also suggest a prescription medication that contains both acetaminophen and a mild narcotic or sedative (Darvocet or Fioricet). "In the beginning, I really tried not to take medicine," says Battista. "But once I gave in and took Fioricet, I realized I was much better off."

If you opt for a pill, take it as soon as you feel the pain coming on. Says Dr. Aurora, "Once a headache is prolonged, the nerves [that are causing the pain] become more active." But first check with your doctor, who knows your medical history and what other drugs you may be taking. If the pain is severe and/or accompanied by nausea or vision loss, your doctor will want to see you immediately. You may have a more serious issue, like preeclampsia (a pregnancy disorder involving high blood pressure). Or, in very rare cases, pregnancy can bring a previously unknown health condition to light. For example, someone with a

Aaah.*



***TRANSLATION:** Oh, so this is what I look like when I don't have spit-up all over me. Cute! Mom, you said new Similac Sensitive R.S.[™] formula reduces the frequency of spit-up by 54%! That's huge. You said it was even clinically shown. You also knew Similac Sensitive R.S. has DHA and ARA for my brain, and other things that keep me strong. And you knew to go to www.Similac.com for more information. Know what, Mom? I think R.S. stands for Really Smart.

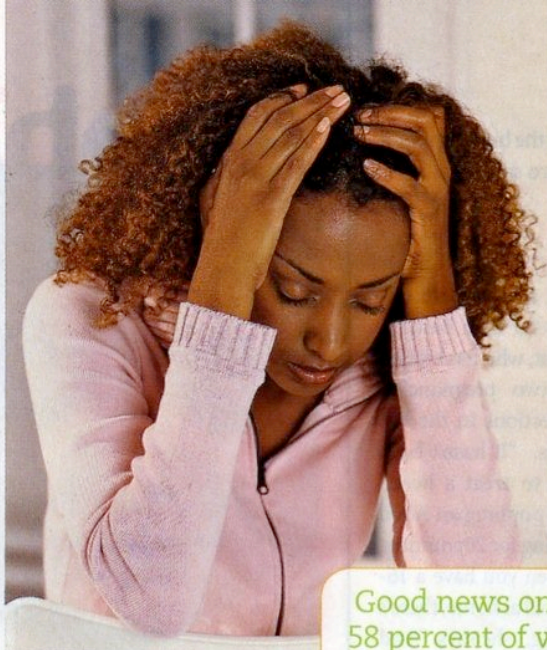


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*In healthy 2-month-old babies compared to a standard formula.

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vascular lesion on the brain might never show symptoms of this condition until she gets pregnant—when the increased blood pressure of pregnancy affects her condition. In such an unlikely instance, you would be admitted to the hospital for further monitoring.

Good news on the headache front: 58 percent of women find that their migraines go away (or at least get milder) during pregnancy.

WHAT ABOUT MIGRAINES?

A migraine is more than just a headache; it's a neurological condition that involves much more severe pain. Of the 30 million migraine sufferers in the U.S., about 80 percent are women. But there's good news: 58 percent of women find that their migraines go away (or at least become milder)

AT-A-GLANCE TREATMENTS

You don't have to suffer through a headache. While your best bet is to treat one with natural means, sometimes that just doesn't cut it. Before taking any medications (even over-the-counter pain relievers like Tylenol), talk to your doctor. Call her if your treatments aren't working, or if your headaches get worse or more persistent. Here's what's safe—and what's not.

SAFEST Natural methods (such as a massage from your partner, cold or warm compresses, a bath); acetaminophen (Tylenol)

NEXT STEPS Prescription drugs containing both acetaminophen and a mild sedative or narcotic (such as Darvocet or Fioricet)

NOT ADVISED Pain relievers such as ibuprofen (Advil), naproxen (Aleve), and aspirin

OFF-LIMITS Common headache and migraine medications called triptans (Imitrex, Amerge, Relpax)

during pregnancy. For others, they disappear after the first trimester. That's because, for many women, migraines are triggered by the hormonal fluctuations around their periods. But once they get pregnant and pass the first trimester, their hormones remain at a steady level.

That's what happened to Brandy Surber, of Stanaford, West Virginia. "Since becoming pregnant, I've had fewer migraines," she says. "During my first trimester, though, I experienced three or four." When she contacted her doctor, she learned that her regular medication was off-limits during pregnancy. In fact, the most popular migraine painkillers are considered category C, which means we don't know if they're safe or not, says Merle Diamond, MD, associate director of the Diamond Headache Center, in Chicago. She adds, however,

that in certain cases, a doctor might determine that an NSAID (non-steroidal anti-inflammatory drug) is in her patient's best interest. Another class of migraine drugs, ergotamine derivatives (like Cafegot), is category X. "Never use them, ever," Dr. Dia-

mond says. This lack of options frustrated Surber, who says that prior to becoming pregnant, "I'd gotten used to treating my migraines instead of riding them out."

The problem is even more difficult for those women (an unlucky minority) whose migraines become more intense and frequent during pregnancy. So what can a migraine sufferer do? "Focus on trying to prevent them," says Dr. Aurora. She suggests nonpharmacological options like biofeedback, physical therapy, massage, or acupuncture. And, obviously, avoid your personal migraine triggers. Gradually, Surber has found natural ways to manage her pain. "It's lessened by elevating my legs, drinking more water, and taking a 30-minute nap," she says. "I'm going to do my best to try to stay medicine free while breastfeeding!"

If "medicine free" just isn't for you, ask your doctor for viable drug options. "We use Tylenol with codeine pretty comfortably," says Dr. Diamond. Beta-blockers, which are used to lower blood pressure, can also prevent migraines and are considered relatively safe during pregnancy. If the pain is accompanied by vomiting, your doctor might prescribe an anti-nausea medication like Zofran. Chances are, she is aware of other safe medications as well, and there's nothing wrong with asking.

They may be painful, but keep in mind that most headaches are harmless. Even migraines haven't been shown to pose a risk to your baby. Here's an encouraging reminder: "Once you break a headache," says Dr. Schapiro, "it usually stops [for good]." So you can focus on your other pregnancy complaints. Constipation, anyone? Aching back?

Jennifer Graham Kizer, a freelance writer in Springfield, New Jersey, has two children.