Episode 211: Navigating Migraine While Breastfeeding | Medications, Myths & More

Lindsay Weitzel, PhD:
Hello and welcome to HeadWise, the videocast and podcast of the National Headache Foundation. I'm Dr. Lindsay Weitzel. I'm the founder of Migraine Nation, and I have a history of chronic and daily migraine that began at the age of four. Our topic today is breastfeeding and pregnancy. And I'm lucky enough to have Dr. Susan Hutchinson as our esteemed guest on this topic. Hi, Dr. Hutchinson, how are you today?

Susan Hutchinson, MD:
Hello. It's nice to be here.

Lindsay Weitzel, PhD:
I'm so glad you're here with us. Dr. Hutchinson is a headache specialist and the founder of the Orange County Migraine and Headache Center in Irvine. She is very sought after by people, not just me, all sorts of people for her knowledge related to women and headache medicine. And we're excited to have her. We had an episode set up that is hopefully going to answer every question you ever had related to breastfeeding, migraine, what can you take, what can't you take. So, listen in, because I know this can be scary. I have been there. We all want to know what we can do because we're worried, is our migraine going to get better or worse during this phase of life. Before we begin, I'd like to address, just like we did in our episode on pregnancy, the risks associated with leaving migraine untreated. All of us are wondering should we just power through. Maybe we won't vomit that much, etc. So, can you just comment on that whole idea, Dr. Hutchinson, of powering through?

Susan Hutchinson, MD:
Certainly. I think we women, whether or not we're pregnant, breastfeeding, just have that mindset of powering through. And please, I would just encourage our listeners, please, you don't need to suffer that way. When you think of a bad migraine with vomiting and dehydration, how good can that be for you and your baby. Because I think babies pick up on our irritability and our pain, so please don't do that. And keep in mind that if you choose to breastfeed and you have a history of migraine, many times the migraines will not return for quite a few months. And for many women, they don't return until either when you stop breastfeeding or until your menses returns. So that's really good news.

Lindsay Weitzel, PhD:
That is great to hear. I hope everyone's encouraged by that news. My question was actually, my first one was going to be, does migraine continue to be better during breastfeeding if it got better during pregnancy or does it get worse again. I'm going to start by asking, what is a good place for our readers to go to for information on medicines in breastfeeding?

Susan Hutchinson, MD:
Yeah, that's a great question. There is a free database called LactMed. (https://www.ncbi.nlm.nih.gov/books/NBK501922) Again, it's free and it's for providers. It's for patients. But what I like is it's updated regularly. So, you can just look up a drug. You can put the generic name in, the brand name. Let's say you want to look up Zofran or you want to look under Nurtec or Ubrelvy, and it will tell you everything we know. And that will give you and your provider some sense, do we have enough data that it's probably safe. And again, it's a free resource that anyone can access.

Lindsay Weitzel, PhD:
Okay, great. So, we're going to start with one of the more interesting questions. If there was something during pregnancy that was not necessarily considered safe for you to take, but you want to take it while you're breastfeeding, what are those medicines? The ones that maybe your provider said, let's not take this one while you're pregnant, but you might be able to take it while you're breastfeeding. What are those special ones?

Susan Hutchinson, MD:
Great. Great question. The big one that comes to mind are the nonsteroidals. You can safely resume your ibuprofen, for example. Or maybe you take naproxen. Maybe you take over-the-counter Aleve. The one you want to continue to avoid though, is adult strength aspirin, like the 325-milligram aspirin, because there is an association with what's called Reye syndrome in infants. It's a rare complication when an infant gets some viral illness. But you can take baby aspirin.

But that whole category of things like the Toradol shot, again ibuprofen. Also, you certainly can be comfortable resuming in my opinion the triptan or even the gepant. So, I would be comfortable. We could talk more about that as we go through the questions. But things like your Nurtec, your Ubrelvy, your Qulipta, I would also be okay with a woman resuming that.

And another one would be Zofran. A lot of women before they're pregnant really like Zofran, for example, 8 milligram orally dissolving tablet, for nausea. And that became a little bit more controversial during pregnancy. But it's not controversial for breastfeeding.

Lindsay Weitzel, PhD:
So that was a lot of medicines that she just listed off that we can now resume now that we're breastfeeding instead of pregnant. Now, that might sound a little confusing to people. Do you want to give one or two of the reasons why it's okay to take things while breastfeeding, even though it might not have been okay to take it during pregnancy. Because that might sound kind of odd to a mom that wants to make sure that their baby isn't getting any of this in their system.

Susan Hutchinson, MD:
Yeah, that's a great question. Keep in mind that when you are pregnant, you're taking a medication, in most cases, it goes into your blood system. And what does your blood do? It goes to the placenta to help nourish the baby. Well, when you are breastfeeding, your baby is not getting a blood transfusion from you. When you're breastfeeding, the baby's getting the breast milk. And so, it depends on how much of the concentration that the mother had and how much really gets into the breast milk and gets

into the infant. And in many cases, depending on the molecule, the size of the drug, sometimes the amount that gets into the infant, for example with Nurtec, which is rimegepant, is so incredibly low. So, it has to do with breast milk versus when you are pregnant getting into the placenta via the blood system. So completely different.

Lindsay Weitzel, PhD:
We're going to move on. We talked about gepants. They are probably okay in this phase of breastfeeding. What about the monoclonal antibodies which we decided that there probably isn't enough data for most women to continue taking that during pregnancy. So generally, the doctors are telling us to not take that. What about breastfeeding? Are women taking these while breastfeeding?

Susan Hutchinson, MD:
I think they've been out now since what, they came out in 2018. And the problem, Lindsay, is you really can't do a lot of studies on women that are pregnant and breastfeeding because of ethical concerns. So sometimes you have to do studies on women, for example, that maybe they don't have migraine, but they're breastfeeding, to look up these concentrations.

So, I think with the monoclonal antibodies, we just need to get more data on how much gets into the breast milk. And I think there's so many other options. For example, for prevention, the beta blockers, the calcium channel blockers, are considered safe. You've got Botox which we talked about during the pregnancy episode. I think that's safe. So, would I ever prescribe a CGRP monoclonal antibody to a woman who was breastfeeding? I probably would, but I would certainly first look up, what do we really know and I would go to that resource called LactMed.
(https://www.ncbi.nlm.nih.gov/books/NBK501922)

Lindsay Weitzel, PhD:
So, I'm glad you said that because that was going to be my next question. What other oral preventives that women might have been used to taking, can they keep taking? And you did say the calcium channel blockers, the beta blockers, so many of these things that we're used to. What about Qulipta? That is a gepant. The reason I bring that up is we had brought that up in the pregnancy episode as if someone is used to taking a monoclonal, maybe try Qulipta. Is that okay during breastfeeding, do you think?

Susan Hutchinson, MD:
Yes, I would say if I had a woman who had been doing well on a CGRP monoclonal antibody, maybe she did great during pregnancy and all of a sudden she's now breastfeeding but her migraines are returning, I personally would be more comfortable with Qulipta orally versus putting her back on a mAb. Because when you think about the half-life, the amount that's in your system, Qulipta half-life is only 11 hours. Because what I'm going to have the woman do is watch the behavior of her infant. Is the infant getting irritable, fussy, vomiting. And so that way if there's no adverse event on the infant, that's great. But if there were to be an adverse event that the woman was noticing, you could stop the Qulipta. And again, it's going to be out of her system in about two days. So, I think the idea of the half-life, how long the drug is in the system, to me, that is why I would be a little more comfortable with Qulipta than the CGRP mAbs during breastfeeding.

Lindsay Weitzel, PhD:
Carrying on, with someone who is really looking for preventive options, what if they really loved their Topamax before they got pregnant? Is going back on Topamax during breastfeeding something that's commonly done?

Susan Hutchinson, MD:
That's a great question. I have a feeling it was more commonly done when we didn't have a lot of other options, like Qulipta and the mAbs and Botox. I think the association during pregnancy was with cleft palate in Topamax, as is the case with Depakote. Well, the baby's already been born. If the baby's born healthy and doesn't have cleft palate, I think again, with Topamax you weigh the benefit versus the risk. So, would I let a woman go back on Topamax? Yes, but I would start at a low dose, gradually ramp up. And again, to me, the baby's already been born. The baby doesn't have, let's say, any abnormalities. You watch the behavior of the child. Is there any change in feeding habits, irritability. Because again, the child's only going to be getting a small percentage of that drug, whatever they're getting in the breast milk.

Lindsay Weitzel, PhD:
So, let's talk really quickly. Let's make sure that we do cover the supplement options. People can take certain supplements that are known to help migraine, and you can continue to take them while you're breastfeeding. What are those?

Susan Hutchinson, MD:
A woman can continue to take B2, which is riboflavin, about 200mg twice a day. She could also take magnesium about 200mg twice a day. And just be aware that the side effect of magnesium, if you've been off of it or you're resuming it or you're increasing the dose, is diarrhea. So, some women actually like magnesium if they're constipated, but just be aware that diarrhea would be the most common side effect. And with the B2 and other B vitamins, it would be your urine being discolored, maybe being bright yellow. But those are the two supplements that we have the most evidence that we feel they're safe for both pregnancy and breastfeeding.

Lindsay Weitzel, PhD:
So really overall, there's a lot more options in breastfeeding than during pregnancy it seems like. There's a lot more we can do for our migraine.

Susan Hutchinson, MD:
Completely agree. And one thought we mentioned about going back to the aspirin. If you are someone that likes Excedrin and you're breastfeeding, try to take the Excedrin that's aspirin free. So, Excedrin aspirin-free would still have your acetaminophen, which is Tylenol, and your caffeine. But again, there's this rare association between adult strength aspirin and Reye syndrome. And that's why you also don't

give young children or infants regular aspirin. Usually, the treatment of choice if they have a fever, they're not feeling good, is ibuprofen.

Lindsay Weitzel, PhD:
There's one thing before we go that we want to make sure that we point out. There is a difference, between breastfeeding a preterm baby, a six-month-old baby, a year-old baby, and what we are able to do. Can you address that?

Susan Hutchinson, MD:
Yeah. There's a huge difference and I'm glad you brought that up. When you have a baby that's just been born, its kidneys, its liver, they're still developing in their ability to filter out and excrete medication. Because most medications that's where they're metabolized through is the liver and the kidney. Now as that infant matures and is three months, six months, nine months old, their ability to eliminate and metabolize and get rid of whatever small amount was in your breastmilk, their ability is getting better and better. And so, I think sometimes maybe at the beginning with your newborn, you want to be a little more careful and watch the behavior of the infant. But then as the baby gets older, not as much of an issue.

And the one thing I forgot to mention too Lindsay, is the idea of pump and dump. If you're not sure, and your baby's either premature or just been born, maybe two weeks old, and you're like I know the triptans are probably safer, or the gepant, but I'm a little bit nervous. What you could consider doing is doing a breast feeding and then take the medication and then delay the next breastfeed. So sometimes there's this term called pump and dump where you could pump the breast milk if you've just taken your migraine medication. That's probably going overboard in most cases. But it is a way to be extra careful if you just kind of want to monitor your baby the first time you're taking your gepant or your triptan or your ibuprofen.

Lindsay Weitzel, PhD:
Well, is there anything else you'd like to add to this topic of breastfeeding and migraine and migraine medicines? It seems it is much easier than being pregnant and having to treat migraine. There are much more options, but is there anything else you'd like to add before we go?

Susan Hutchinson, MD:
I would just encourage women to, if you want to breastfeed, breastfeed. Don't be afraid of your migraines returning because actually your migraines are probably to stay into a little bit of a period of remission. Because I've seen this time and time again in my practice where the migraines often don't return until maybe 3 to 6 months after delivery. Because your own ovaries are somewhat quiet when you're breastfeed and when you stop breastfeeding, you get the crazy estrogen and progesterone. So please do not be afraid to breastfeed if you have a history of migraine.

Lindsay Weitzel, PhD:
Thank you so much for all this information. And thank you everyone for listening. And I hope there was something for everyone in this episode. And please join us again for our next episode of HeadWise. Bye-bye.