

Maternal migraine

Maternal migraine refers to the occurrence of [migraines](#) during [pregnancy](#) or postpartum period.

During pregnancy, hormonal changes, stress, and changes in sleep patterns can trigger migraines in some women. Additionally, certain medications used to treat migraines are not safe to use during pregnancy, which can make managing migraines more challenging.

It is important for women who experience migraines during pregnancy or postpartum to work closely with their healthcare provider to manage their symptoms safely. Some lifestyle changes, such as regular [exercise](#), stress management techniques, and maintaining a consistent sleep schedule, may help to prevent or reduce the frequency and severity of migraines. In some cases, alternative treatments like [acupuncture](#) or massage therapy may also be helpful.

Maternal [migraine](#) has been linked to adverse birth outcomes including [low birth weight](#) and [preterm](#) birth, as well as congenital anomalies in offspring. It has been speculated that this may be due to the use of [medications](#) in [pregnancy](#), but [lifestyle](#), genetic, hormonal, and neurochemical factors could also play a [role](#). There is [evidence](#) for varying cancer incidences among adults with migraine. Orimoloye et al. utilized data from national registries in [Denmark](#) to examine associations between maternal diagnoses of migraine and risk for cancer in offspring.

They linked several national registries in Denmark to identify cases from the Cancer Registry among children less than 20 years (diagnoses 1996-2016) and controls from the Central Population Register, matched to cases by birth year and sex (25:1 matching rate). Migraine diagnoses were identified from the National Patient Register using International Classification of Diseases, versions 8 and 10 codes and migraine-specific acute or prophylactic treatment recorded in the National Pharmaceutical Register. We used logistic regression to estimate the risk of childhood cancers associated with maternal migraine.

Maternal migraine was positively associated with risk for non-Hodgkin lymphoma (odds ratio [OR] = 1.70, 95% confidence interval [CI]: 1.01-2.86), central nervous system tumors ([OR = 1.31, 95% CI: 1.02-1.68], particularly [glioma](#) [OR = 1.64, 95% CI: 1.12-2.40]), neuroblastoma (OR = 1.75, 95% CI: 1.00-3.08), and osteosarcoma (OR = 2.60, 95% CI: 1.18-5.76).

Associations with maternal [migraine](#) were observed for several childhood [cancers](#), including [neuronal tumors](#). The findings raise [questions](#) about the role of lifestyle factors, sex hormones, genetic, and neurochemical factors in the relationship between migraine and childhood cancers ¹⁾

¹⁾

Orimoloye HT, Heck JE, Charles A, Saechao C, He D, Federman N, Olsen J, Ritz B, Hansen J. Maternal migraine and risk of pediatric cancers. *Pediatr Blood Cancer*. 2023 Apr 26:e30385. doi: 10.1002/pbc.30385. Epub ahead of print. PMID: 37101365.

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Last update: **2024/06/07 02:57**

