



Headaches in pregnancy

Information for women, birthing people and their families

Headaches are common in early pregnancy and usually lessen as your pregnancy progresses. This leaflet will explain the normal symptoms of a headache. It will advise how to treat headaches, and when to ask for medical advice.

Ask for advice immediately, if you have any of the symptoms listed below under 'What are the 'Red Flags' of headaches that I need to be aware of?'

What could be causing my headaches? And, what can I do to prevent them?

There are many reasons why you might experience a headache in pregnancy. Not all of these are related to your pregnancy, and can include the following.

- The hormonal changes of pregnancy. This is particularly common in early pregnancy.
- Dehydration is one of the most common reasons for developing a headache. Drink plenty of water to avoid this. Drink to satisfy your thirst during pregnancy, especially in hot weather.
- Caffeine withdrawal.
- Lack of sleep. If needed, take a nap where you can. Rest and relax as much as possible.
- Low blood sugar can trigger headaches. Do not skip meals, and eat a healthy balanced diet. For more information, read Tommy's **How to eat well in pregnancy**. (<https://www.tommys.org/pregnancy-information/im-pregnant/nutrition-in-pregnancy/balanced-diet-pregnancy>)
- Stress can cause headaches. Try to reduce your stress. You could try things like:
 - mindfulness;
 - going for a short walk; or
 - doing breathing exercises.
- Take a break from looking at your phone or screen. It helps to plan regular screen breaks during your day.

- Pre-eclampsia. More information is available in the **Could I have pre-eclampsia?** section below.
- Cerebral venous sinus thrombosis (CVST) is a rare condition. More information is available in the **What are the 'Red Flags' of headaches that I need to be aware of?** section below.

If you experienced headaches before your pregnancy, please tell your midwife.

What can I take to help my headache?

Taking simple painkillers (such as paracetamol) at home may help. It is safe to take paracetamol during pregnancy.

- You can take 2 x 500mg tablets (1g) of paracetamol every 4 to 6 hours. Do not take more than 4g (8 x 500mg tablets) in 24 hours (1 day).
- **If you weigh less than 50kg (7st 12lb)** only take 1 x 500mg tablet every 4 to 6 hours. Do not take more than 2g (4 x 500mg tablets) in 24 hours (1 day).
- Speak to your midwife, doctor, or pharmacist for advice if you weigh less than 40kg (6st 4lb).

Do not take ibuprofen during your pregnancy. Ibuprofen may cause harm to the development of your baby.

If the pain does not go away, please contact Maternity Triage for advice. Their number is at the bottom of this leaflet.

Could I have pre-eclampsia?

Sometimes a bad headache can be a sign of pre-eclampsia. Pre-eclampsia is a serious blood pressure disorder that can affect all organs of the body.

Pre-eclampsia usually develops after 20 weeks of pregnancy, most commonly after 28 weeks. It can also develop in the early days, after the birth of your baby.

You will have your blood pressure and urine checked at all of your midwife appointments. You may be asked to go to Maternity Triage if:

- your blood pressure is raised; or
- you have protein in your urine.

Maternity Triage staff will check your blood pressure, and take some blood tests. If you are worried about blood tests, please speak to your midwife. They will discuss ways they can support you with this.

If you have any of the symptoms listed below or you are worried, please call Maternity Triage. They are available Monday to Sunday, 24 hours a day.

- A severe frontal headache. A persistent headache at the front of your head, which does not go away with your usual medication.
- Problems with your vision:
 - such as blurred vision; or

- seeing flashing lights.
- Pain just below your ribs.
- Vomiting.
- A sudden increase in swelling of your face, hands, feet, or ankles.

Any of these could be signs of pre-eclampsia and **must be checked immediately**. For more information on pre-eclampsia, please go to the **NHS** web site. (<https://www.nhs.uk/conditions/pre-eclampsia/>)

What are the 'Red Flags' of headaches that I need to be aware of?

Most headaches are not life threatening. However, ask for **immediate advice** if you have any of the following symptoms, you feel unwell, or you are worried. These symptoms could be a sign of cerebral venous sinus thrombosis (CVST). CVST is a blood clot in the brain's venous sinuses, which prevents blood from leaving the brain. This can lead to increased pressure, swelling or bleeding in the brain.

CVST is a rare but serious condition. It affects 1 in 2,500 to 1 in 10,000 pregnancies. If you develop certain symptoms you may be offered a brain scan (MRI) to check for CVST.

- Sudden-onset (thunderclap) headache, is an intense headache that:
 - comes on very quickly; and
 - reaches peak intensity / pain within the **first 5 minutes**.
- Problems with your eyesight can include the following.
 - Double vision (when you look at one object but see two images).
 - Your eyesight is getting worse.
 - Loss of vision to the outer sides (tunnel vision).
 - Sensitivity to light.
- Confusion.
- A reduced level of consciousness (not always being aware of what is happening around you).
- Seizures, can include stiff or jerking movements, or unusual sensations (like tingling and strange smells).
- Weakness in your arms and legs.
- Stiffness in your neck. Making it difficult to tip your head forward.
- A recent head or neck injury.

Call Maternity Triage immediately if you are experiencing any of the above symptoms. Call 999 if you have severe symptoms and need urgent medical attention.

Migraines in pregnancy

If you suffer with migraines and take medication for this, let your midwife or doctor know.

Prescription migraine medications (called triptans) are safe to take during pregnancy and breastfeeding. The most common migraine medication used in pregnancy is sumatriptan.

Anti-sickness medications can also be prescribed. If needed, please speak to your midwife or doctor.

What if I have a headache after my baby is born?

- **Pre-eclampsia**

It is possible to develop pre-eclampsia after the birth of your baby. More information is available in '**Could I have pre-eclampsia?**' section above. Speak with your midwife or doctor if you have any of the symptoms in that section.

If you are at home and have any symptoms, please call Maternity Triage immediately. They are available Monday to Sunday, 24 hours a day.

- **Headache after an epidural or a spinal**

A post dural puncture headache (PDPH) typically occurs between 1 day and 1 week after having an epidural. It is also possible to have this after a spinal, however is often less severe.

The brain and spinal cord are surrounded by a fluid filled sac, called the dura. The dura may be punctured accidentally when an epidural is being put in, or deliberately for a spinal. Fluid may leak from the puncture causing a drop in pressure in the fluid around the brain, resulting in a headache.

PDPH is usually a severe headache with the following symptoms.

- It usually gets better when lying flat, and becomes worse sitting or standing.
- It is felt at the front or back of your head.
- Along with the headache, you may experience:
 - neck pain
 - stiffness
 - sickness
 - changes in your hearing or vision, and
 - dislike of bright lights.

For more information, please read **LabourPains: Headache after an epidural or spinal injection.** (<https://www.labourpains.org/other-resources/headache-after-an-epidural-or-spinal-injection>)

Contact details

If you have any concerns about headaches or are feeling unwell, please call Maternity Triage for advice.

- **Maternity Triage**

Telephone: 01227 206737

Open: Monday to Sunday, 24 hours a day.

Useful links

- East Kent Hospitals University NHS Foundation Trust. Headaches in pregnancy and the postnatal period. EKHUFT Clinical Guideline.
- Phillips K, Davison J, Wakerley B. Headache in pregnancy: a brief practical guide. British Journal of General Practice 2022; 72 (725): 593-594. (<https://bjgp.org/content/72/725/593>)
- LabourPains. Headache after an epidural or spinal injection. (<https://www.labourpains.org/other-resources/headache-after-an-epidural-or-spinal-injection>)
- Medicines and Healthcare products Regulatory Agency (MHRA). MHRA confirms taking paracetamol during pregnancy remains safe and there is no evidence it causes autism in children. Last updated 23 September 2025. (<https://www.gov.uk/government/news/mhra-confirms-taking-paracetamol-during-pregnancy-remains-safe-and-there-is-no-evidence-it-causes-autism-in-children>)
- NHS. Breathing exercises for stress. (<https://www.nhs.uk/mental-health/self-help/guides-tools-and-activities/breathing-exercises-for-stress/>)
- NHS. Headaches in pregnancy. (<https://www.nhs.uk/pregnancy/related-conditions/common-symptoms/headaches/>)
- NHS. Pre-eclampsia. (<https://www.nhs.uk/conditions/pre-eclampsia/>)
- Tommy's. Headaches in pregnancy. (<https://www.tommys.org/pregnancy-information/pregnancy-symptom-checker/headaches-pregnancy>)
- Tommy's. How to eat well in pregnancy. (<https://www.tommys.org/pregnancy-information/im-pregnant/nutrition-in-pregnancy/balanced-diet-pregnancy>)

[Web sites last accessed 3rd December 2025]

What do you think of this leaflet?

We welcome feedback, whether positive or negative, as it helps us to improve our care and services.

If you would like to give us feedback about this leaflet, please fill in our short online survey. Either scan the QR code below, or use the web link. We do not record your personal information, unless you provide contact details and would like to talk to us some more.

Giving feedback about this leaflet



<https://www.smartsurvey.co.uk/s/MDOBU4/>

If you would rather talk to someone instead of filling in a survey, please call the Patient Voice Team.

- **Patient Voice Team**

Telephone: 01227 868605

Email (ekhuft.patientvoice@nhs.net)

This leaflet has been produced with and for patients.

Please let us know:

- If you have any accessibility needs; this includes needing a hearing loop or wanting someone to come with you to your appointment.
- If you need an interpreter.
- If you need this information in another format (such as Braille, audio, large print or Easy Read).

You can let us know this by:

- Visiting the Trust web site (<https://www.ekhuft.nhs.uk/ais>).
- Calling the number at the top of your appointment letter.
- Adding this information to the Patient Portal (<https://pp.ekhuft.nhs.uk/login>).
- Telling a member of staff at your next appointment.

Any complaints, comments, concerns or compliments, please speak to a member of your healthcare team. Or contact the Patient Advice and Liaison Service on 01227 783145 or email (ekh-tr.pals@nhs.net).

Patients should not bring large sums of money or valuables into hospital. Please note that East Kent Hospitals accepts no responsibility for the loss or damage to personal property, unless the property has been handed into Trust staff for safe-keeping.

Further patient information leaflets are available via the East Kent Hospitals' web site (<https://www.ekhuft.nhs.uk/patient-information>).

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