How Soon Can Headaches Start When Pregnant?

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Headaches are one of the most commonly reported symptoms among pregnant women. There are a number of factors involved, but stress, hormonal changes, poor sleep, and dehydration are all contributors. Headaches are a concern for pregnant women—always keep your doctor informed if your headaches are not normal or new. If you experience a change in symptoms of your headaches or you are experiencing a new pattern of headaches, see your doctor. A headache usually is not a warning sign that your pregnancy is at risk.

Headaches from caffeine withdrawal can start as early as two days after stopping caffeine. Women who consume more than 200 mg of caffeine daily may experience headaches after reducing their caffeine intake. A photo gallary on LIVESTRONG.COM shows that expectant mothers who consumed 200 mg or more of caffeine daily had double the risk of experiencing these headaches when they stopped consuming caffeine (Feldman, 1998). Two studies showed that babies born to women who consumed caffeine in their diet were more likely to have colic. Women who choose to stop smoking while pregnant can likely do so, but they should still see your doctor. Women who experience a new-onset headache with no previous history of migraines, most often do so during the first trimester or in the period immediately following delivery. Physicians recommend that women who experience a new-onset headache with no previous history of migraines start seeing a doctor between four and six weeks of pregnancy.

MIGRAINE

Headaches that begin in the third trimester or less frequently, later in the second trimester, may be a symptom of preeclampsia or eclampsia. These pregnancy complications can cause headaches that may worsen over the course of gestation but can be treated with a variety of medications that do not present a danger to the mother or child. Headaches associated with these conditions are typically severe, occur in the morning, and tend to worsen in the afternoon. The migraines may be exacerbated by pain in the upper middle region of the abdomen and visual disturbances. If you are experiencing these symptoms during pregnancy, you should discuss your symptoms immediately with your physician.

OVERVIEW

Migraine headaches affect about 10 to 15 percent of American women. Hormonal changes significantly influence the clinical course of migraine attacks, and the hormonal changes associated with pregnancy often affect the course of migraines in women with a previous history of migraines. In most cases, migraines worsen during pregnancy, and the timing is one clue to differentiating migraines from other causes. A doctor should be aware of the clinical course of migraines in pregnancy, and the information may help them inform you of what to expect. Some women, particularly those with a history of migraines, experience their migraines later in pregnancy, and the symptoms may improve after delivery. Other women with a history of migraines may experience their migraines earlier in pregnancy, which may be associated with a greater number of complications. Migraines can be more frequent during the third trimester, particularly if the migraines are present before pregnancy. Migraines can cause irregular menstrual cycles and may get worse during the third trimester. The rate of recurrence of migraines in pregnancy is not well known, but headaches that are present before pregnancy typically continue to worsen during pregnancy.

PREGNASLUS AND SCLERUOSIS

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