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Repercussions of headache on the global functioning of low-risk pregnant women: preliminary analysis of a cross-sectional study

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Introduction
Headache is among the most prevalent neurological complaints in pregnancy, impacting maternal functioning and quality of life. Migraine, the most common disorder in this period, is influenced by gestational hormonal fluctuations and associated with obstetric complications such as preeclampsia and preterm birth. Its effects on global functioning remain insufficiently investigated in low-risk prenatal care.

Objective
To investigate the repercussions of headache on the global functioning of low-risk pregnant women.

Methods
Cross-sectional study conducted at the Department of Physical Therapy, Universidade Federal do Rio Grande do Norte, approved by the Ethics Committee (CAAE: 38147020.3.0000.5537). Low-risk pregnant women ≥18 years, with gestational age between 12–30 weeks, were included. Sociodemographic, obstetric, and clinical data were collected via virtual form during physical therapy assessment. Variables included headache presence, musculoskeletal symptoms, and global functioning by WHODAS 2.0. Pain intensity was measured using the Visual Analogue Scale (VAS). Descriptive analysis used absolute and relative frequencies.

Results
Preliminary analysis included 5 pregnant women. Three (60%) presented migraine, of whom 2 (40%) were classified as chronic migraine; 1 (20%) had tension-type headache and 1 (20%) had undetermined headache with onset during current pregnancy. Two participants (40%) required pharmacotherapy (cyclobenzaprine, meclizine dihydrochloride, metoclopramide hydrochloride) and 2 (40%) reported severe pain episodes (VAS 7–8). Most prevalent concomitant symptoms: muscle fatigue and psychomotor slowing (60%), followed by drowsiness, nausea/vomiting, upper limb numbness, and emotional lability (40% each). Lumbopelvic pain (VAS 4–8) was reported by 2 participants (40%), predominantly nocturnal and moderate (VAS 5–6). Moderate-to-severe difficulty in concentration and memory was identified in 2 participants (40%) on WHODAS 2.0 cognitive domains. Self-reported quality of life worsened from pre-gestational period to current pregnancy in 3 participants (60%).

Conclusion
Preliminary data indicate headache in pregnancy compromises multiple functional dimensions, with cognitive, emotional, musculoskeletal, and quality-of-life repercussions. An interdisciplinary approach and standardized tools such as WHODAS 2.0 are essential for comprehensive assessment. Sample expansion will enable more robust analyses to support physical therapy intervention protocols for pregnant women with headache.

Keywords:
Headache
Quality of life
Pregnancy
Functioning

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