Associated factors to the course of migraine during pregnancy and the role of exclusive breast-feeding in the recurrence of migraine in the postpartum period (Abstract)

Fatores associados ao curso da enxaqueca durante a gestação e o papel do aleitamento materno exclusivo na sua recorrência no pós-parto (Resumo)

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Universidade Federal de Pernambuco. Pós-graduação de Neuropsiquiatria e Ciências do Comportamento (área de concentração: Neurologia). Ph.D. Thesis. Recife, 2011. Orientador: Marcelo Moraes Valença

Serva W. A. D. Associated factors to the course of migraine during pregnancy and the role of exclusive breast-feeding in the recurrence of migraine in the postpartum period (Abstract). Headache Medicine. 2011;2(2):73

The course of migraine during the women's reproductive life is influenced by cyclical fluctuations in sex hormones, with attacks that occur predominantly during the menstrual period. Changes in the frequency of migraine attacks can also occur during pregnancy, lactation, oral contraceptive use and menopause.

The objective of the present study was to describe the course of migraine with and without aura during pregnancy, its classification and factors that could influence its course, also to observe migraine recurrence at the first postpartum week and follow it up prospectively at the fourth postpartum week, among migraine sufferers before pregnancy and compare migraine recurrence between women that were exclusively breastfeeding with those that used other types of infant feeding.

It is a follow up study with two components, retrospective and prospective, undertaken at the Instituto de Medicina Integral Professor Fernando Figueira (IMIP), Brazil, during a period of six months. Out of 686 consecutively assisted women, at the first postnatal week, 266 were identified as migraine sufferers before pregnancy, then, the first part of a formulary that responded questions related to pregnancy and the immediate postpartum period was applied. Among those, one in five women that were exclusively breastfeeding (53 women) and all the ones consecutively using others forms of infant feeding (40 women) were part of a subgroup, with a total of 93 women, for the prospective study. A new investigation was performed at the fourth postpartum week to investigate migraine recurrence. There was migraine remission in 35.4%, 76.8% and 79.3% among migraine without aura sufferers and 20.7%, 58.6% and 65.5% among those with migraine with aura, respectively in the first, second and third trimesters. Statistically significant difference was found when the first trimester was compared with the second and third trimesters. However, there was no difference between the second and third trimesters. The factors associated with the presence of migraine during pregnancy were menstrually related migraine without aura prior to pregnancy in the first trimester, multiparity in the first and second trimesters and illness during pregnancy in the first and third trimesters. There was migraine recurrence in 35.5% and 54.8%, respectively, on the first and fourth postpartum week. After multivariable analysis, exclusive breastfeeding, no breastfeeding problems and low income (less than half per capita minimum national wage) were associated with a lower chance of migraine recurrence at the first postpartum week. At the fourth postnatal week, exclusive breastfeeding continued to be a protective factor for migraine recurrence among antenatal migraine sufferers.

The study contributed to elucidate the course of migraine during pregnancy and to show that the less frequent postpartum migraine recurrence in the first and fourth postpartum week, among antenatal migraine sufferers, seems to be another advantage of exclusive breastfeeding.

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