

Migraine history tied to higher risk for adverse pregnancy outcomes

June 3 2022



A self-reported migraine history is associated with a higher risk for some

adverse pregnancy outcomes, according to a research letter published online April 30 in the *American Journal of Obstetrics & Gynecology*.

Eliza C. Miller, M.D., from Columbia University in New York City, and colleagues assessed whether self-reported migraine in nulliparous individuals is associated with higher odds of adverse [pregnancy](#) outcomes. The analysis included 9,450 nulliparous U.S. individuals with singleton gestation in early pregnancy followed through delivery.

The researchers found that 19.1 percent of participants reported a diagnosis of migraine at the first visit. White race, recent smoking history, [autoimmune disorders](#), and [chronic kidney disease](#) were more common among participants with migraine. In an adjusted analysis, participants with migraine had increased odds of any adverse pregnancy outcome (adjusted odds ratio, 1.26), as well as any hypertensive disorder of pregnancy and both medically indicated and spontaneous preterm birth. A larger effect was seen in participants who reported recent medication use (adjusted odds ratio, 1.49).

"In a diverse, prospective cohort of 9,450 nulliparous U.S. participants, self-reported [migraine headaches](#) were associated with 26 percent higher odds of adverse pregnancy outcomes—an effect driven by hypertensive disorders of pregnancy and both medically indicated and spontaneous preterm birth," the authors write. "Migraine may be an underrecognized risk factor for adverse pregnancy outcomes."

More information: Eliza C. Miller et al, Migraine and adverse pregnancy outcomes: the Nulliparous Pregnancy Outcomes Study: Monitoring Mothers-to-be, *American Journal of Obstetrics and Gynecology* (2022). [DOI: 10.1016/j.ajog.2022.04.049](https://doi.org/10.1016/j.ajog.2022.04.049)

Citation: Migraine history tied to higher risk for adverse pregnancy outcomes (2022, June 3)
retrieved 27 April 2024 from

<https://medicalxpress.com/news/2022-06-migraine-history-tied-higher-adverse.html>

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