مراقبت پس از زایمان

سردرد پس از زایمان

نقش ارائه دهنده خدمات سلامت

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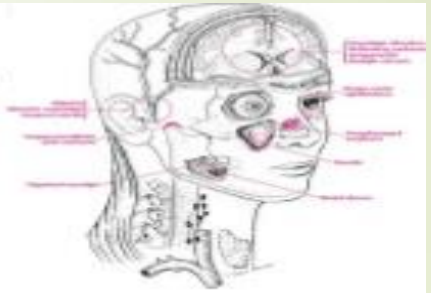
تیر ماه ۱۳۹۷

The classification of headaches follows the International Classification of Headache Disorders (ICHD),

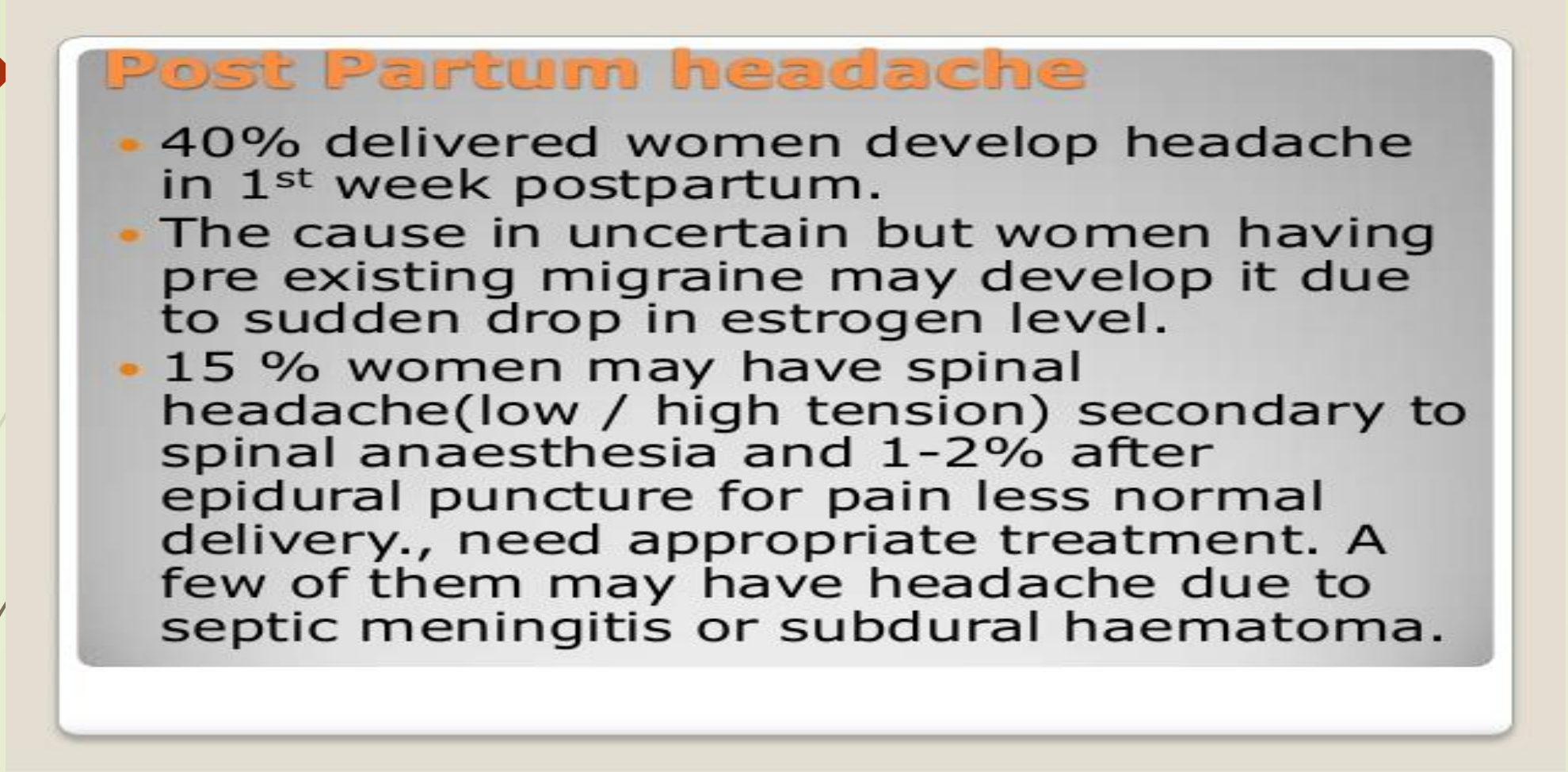
Headache During Pregnancy Types



- Pregnancy Induced Headaches
  - first trimester Headaches
  - second trimester Headaches
  - third trimester Headaches
- Headache In Pregnancy
  - primary headache disorders
    - migraine
    - Tension
    - cluster
    - other primary headaches
      - Primary stabbing headache:
      - Primary cough headache
      - Primary exertional headache
      - Primary sexual headache
      - Hypnic headache
      - Primary thunderclap headache
      - Hemicrania continua
      - New daily persistent headache
  - Secondary headache disorders
  - others headache disorders :
    - Cranial neuralgias
    - others headache
      - Complicated :- Secondary thunderclap headache
      - unclassified : -

Headaches during Pregnancy and Postpartum (1).

- About 90% of headaches during pregnancy and postpartum are BENIGN.
- Frequency of migraines decreases and that of tension-type headaches does not change.
- Life threatening causes of headache that can occur during this time: Preeclampsia and eclampsia, subarachnoid hemorrhage, intracerebral hemorrhage, and cerebral venous thrombosis.



تعریف: درد در ناحیه شانه ،گردن و سر در ۶ هفته اول پس از زایمان

Secondary Headaches

- Even though the majority of headaches in pregnant women are primary, secondary headache must not be missed as it can represent serious and life threatening disease requiring immediate intervention.
- Secondary headaches are attributed to another disorder and classified on etiologic basis.
- A pregnant woman with known primary headache may continue to have them during pregnancy. Often primary headache improves or resolves after the first trimester but this is not the case in all women.

Secondary Headaches

- The most common causes of secondary headache during pregnancy includes
  - Head trauma,
  - cerebral venous thrombosis (CVT),
  - pre-eclampsia,
  - intracranial hypertension (ICH),
  - or subarachnoid hemorrhage (SAH),
  - ischemic stroke,
  - vasculitis and vasculopathies,
  - dehydration,
  - brain tumors,
  - benign ICH other causes of increased intracranial pressure (ICP),
  - intracranial hypotension,
  - meningitis/encephalitis,
  - sinusitis,
  - cranial neuralgias,
  - pituitary apoplexy (PA)

Table 5. Differential Diagnosis Of Postpartum Headache[49-52]

Diagnosis	Signs and Symptoms
Central nervous system infection	Fever, leukocytosis, meningismus, altered mental status
Subarachnoid or intracerebral hemorrhage	Thunderclap onset, meningismus; may have focal neurologic findings
Vasculitis	Hemolysis, abnormal renal and liver function tests
Cerebral venous sinus thrombosis	Symptoms usually progressive; may have focal neurologic findings and/or signs of intracranial hypertension
Carotid or vertebral artery dissection	Isolated Horner's syndrome; other neurologic findings
Acute ischemic stroke	Acute onset of focal neurologic findings
Preeclampsia	Elevated blood pressure, ± proteinuria, visual disturbances, nausea, abdominal pain
Metabolic abnormality	Abnormal chemistry profile
Acute glaucoma	Injected eye, iritis, hazy cornea, blurry vision, nausea
Pseudotumor cerebri	Visual complaints, papilledema
Tumor	Pain on awakening, may be worse with Valsalva, abnormal mental status or neurologic exam
Postdural puncture or post spinal anesthesia headache	Epidural anesthesia at delivery, exacerbated by standing
Trigeminal neuralgia	Brief, lancinating pain in distribution of the trigeminal nerve branches
Sinusitis	Nasal congestion, sinus tenderness
Migraine	History of migraines; symptoms typical of usual migraine
Tension	Pressing or tight sensation; bilateral, mild to moderate; worsens as the day progresses

Headache Attributed to Eclamptic Encephalopathy

- Pre-eclampsia is a multisystem disorder that is characterized by widespread endothelial dysfunction and vasospasm causing hypertension, proteinuria, and edema.
- It usually develops after the twentieth week of pregnancy but can also arise in the postpartum period.
- If a patient with pre-eclampsia develops epileptic seizures, the syndrome is called eclampsia.

Headache Attributed to Ischemic Stroke

- The frequency of headache in the setting of acute ischemic stroke ranges from 7% to 65%.
- There is a strong association of headache at stroke onset with younger age and or a history of migraine.
- Headache occurs more often in patients with cerebellar stroke.
- The reported incidence of stroke during pregnancy and the puerperium varies widely, ranging from 5 to 67 per 100,000 deliveries or pregnancies

Con,

- The rates of ischemic and hemorrhagic stroke are approximately equal.
- Arterial stroke has a tendency to occur in the third trimester of pregnancy and postpartum period, whereas venous events occur mainly in the puerperium.
- Both ischemic and hemorrhagic cerebral events have the greatest risk to occur 2 days before and I day after delivery with declining risk over the subsequent 6-week postpartum period

Headache Attributed to ICH

- 2-7% of the total cases of neurologic disorders in pregnancy, and is often due to uncontrolled hypertension.
- Unruptured saccular aneurysm and AVM should be monitored during pregnancy with definitive treatment after pregnancy if possible.
- The avoidance of a strenuous and painful labor is reasonable with either elective cesarean section or vaginal delivery and the use of epidural anesthesia to reduce pain and straining.

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Table 1. Characteristics of a Migraine

- Attacks last from 4 to 72 h
- Patient history gives the diagnosis (not lab tests)
- Often occur in early morning (but may be anytime)
- Unilateral location in approximately 50% of patients
- One to five migraines per month is typical
- Gradual onset of pain is followed by a peak for hours, then slow decline
- Moderate or moderate to severe pain; pain is throbbing, pounding, pulsating, or deeply aching
- Sharp "ice-pick" jabs are common
- Peak ages are between 20 and 35 y
- 18% of women and 7% of men will experience a migraine in their lifetime; female ratio is 3:1
- Family history often is positive for migraine
- Associated nausea, photophobia, blurred vision, phonophobia, or dizziness are common; however, these may be absent
- In women, there often is a positive relationship with menses
- Cold hands and feet and motion sickness are common

Con,

- Although the headache of migraine is frequently better with the stable, high estrogen levels of pregnancy, aura may occur more frequently or for the first time during pregnancy.
- Recurrence during the postpartum period is common
- migraine recurred during the first week after childbirth in 34.0% of the women and during the first month in 55.3%.(Sances et al)
- Recurrence during the postpartum period is significantly less frequent in women who breast-

Cluster Headache

- Intensely severe pain , Constant ,Unilateral , Periorbital
- 15 to 180 minutes with onset usually within 2-3 hours of falling asleep
- Nausea and vomiting uncommon , No aura
- Alcohol intolerance , Male predominance
- Autonomic hyperactivity : Conjunctival injection , Lacrimation , Nasal congestion , runny nose , Ptosis , facial flushing , facial swelling and constriction of the pupils
- Types
- Episodic : Two episodes per year to one every two or more years
- Chronic : Remission phases less than 14 days , Prolonged remission absent for > one year
- Treatment
- Preventative : Calcium channel blockers , Bellergal , Lithium , Methysergid , Steroids ,Valproat , Antihistamines
- Abortive : Oxygen, 5-HT receptor agonists , Intranasal lidocaine

SAVE YOUR LIFE:

Get Care for These POST-BIRTH Warning Signs

Most women who give birth recover without problems. **But any woman can have complications after the birth of a baby.** Learning to recognize these POST-BIRTH warning signs and knowing what to do can save your life.

POST-BIRTH WARNING SIGNS

Call 911 if you have:

- ❑ **P**ain in chest
- ❑ **O**bstructed breathing or shortness of breath
- ❑ **S**eizures
- ❑ **T**houghts of hurting yourself or your baby

Call your healthcare provider if you have:

(If you can't reach your healthcare provider, call 911 or go to an emergency room)

- ❑ **B**leeding, soaking through one pad/hour, or blood clots, the size of an egg or bigger
- ❑ **I**ncision that is not healing
- ❑ **R**ed or swollen leg, that is painful or warm to touch
- ❑ **T**emperature of 100.4°F or higher
- ❑ **H**eadache that does not get better, even after taking medicine, or bad headache with vision changes

Trust your instincts. ALWAYS get medical care if you are not feeling well or have questions or concerns.

Tell 911 or your healthcare provider:

"I had a baby on _____ (Date) and I am having _____ (Specific warning signs)."

These post-birth warning signs can become life-threatening if you don't receive medical care right away because:

- **Pain in chest, obstructed breathing or shortness of breath** (trouble catching your breath) may mean you have a blood clot in your lung or a heart problem
- **Seizures** may mean you have a condition called eclampsia
- **Thoughts or feelings of wanting to hurt yourself or your baby** may mean you have postpartum depression
- **Bleeding (heavy)**, soaking more than one pad in an hour or passing an egg-sized clot or bigger may mean you have an obstetric hemorrhage
- **Incision that is not healing, increased redness** or any **pus** from episiotomy or C-section site may mean you have an infection
- **Redness, swelling, warmth, or pain** in the calf area of your leg may mean you have a blood clot
- **Temperature of 100.4°F or higher, bad smelling vaginal blood or discharge** may mean you have an infection
- **Headache (very painful), vision changes, or pain in the upper right area of your belly** may mean you have high blood pressure or post birth preeclampsia

GET HELP

My Healthcare Provider/Clinic: _____ Phone Number: _____

Hospital Closest To Me:

AWHONN
PROMOTING THE HEALTH OF WOMEN AND NEWBORNS

This program is supported by funding from Merck, through Merck for Mothers, the company's 10-year, $500 million initiative to help create a world where childbirth is truly saving life. Merck for Mothers is known as Merck for Mothers outside the United States and Canada.

Introduction

- Management of headaches in pregnancy poses challenges for the health care team that can be overcome with proper guidance and attention to the special needs of the fetus and gravid mother.

Healthcare providers

- Healthcare providers caring for women can use advanced clinical skills in ssessment and accurate diagnosis of headaches.
- Accurate diagnosis imperative in providing effective management and making appropriate referrals.
- The overall goal is to make the correct diagnosis, adequately treat the headaches, and minimize the frequency and severity of headaches in the future.

Assessment

- **Health history :** A complete history is key in making the diagnosis. Although symptoms of various types of headache may overlap, a detailed history helps the HCP determine whether a secondary cause needs to be further investigated or if the symptoms fit with one of the primary headache types.
- **Physical examination:** Physical examination of a patient presenting with a chief complaint of headache includes a general survey, vital signs, focused assessment of the head and neck,and a full neurologic exam.
- **Diagnosis and treatment :** Because of overlapping symptomatology among the different headache types, the diagnosis of a particular headache type can be challenging. In addition, the HCP must discern between a primary headache, which, although painful, is usually not harmful, and a secondary headache such as subarachnoid hemorrhage or transient ischemic attack, which could lead to a stroke.

The HCP needs to ask the patient about the following:

- onset, location, frequency, duration, severity, and character (e.g., throbbing versus constant) of the headache(s);
- existence of any aura or prodrome;
- • any association between the headaches and sleep patterns, emotional factors, or food or alcohol intake;
- • any associated symptoms with the headache;
- • precipitating and alleviating factors;
- • a family history of headache;
- • any changes in vision;
- • any history of trauma;
- • any relationship between the headaches and the menstrual cycle or a change in the method of birth control;
- • use of illicit drugs including cocaine and methamphetamine;
- • current medications, including aspirin, nonsteroidal anti-inflammatory drugs (NSAIDs), anticoagulants, and glucocorticoids.

Red flags:

- Answers to these questions will enable the HCP to rule out certain types of headaches. Red flags in the history require that further evaluation be done for secondary causes.
- . Any headache described as the "worst headache ever" requires immediate attention.

'Red flag' signs and symptoms	Differential diagnosis
Thunderclap: rapid duration from onset to peak headache intensity (seconds to minutes) -	• Subarachnoid haemorrhage • Postpartum angiopathy • Pituitary apoplexy
Focal neurological symptoms e.g. limb weakness, aura <5min or >1hour	• Migraine • Stroke or TIA
Non-focal neurological symptoms e.g. cognitive disturbances	• Cerebral venous thrombosis
Change in frequency, characteristics of headache or its associated symptoms	
Abnormalities in neurological examination	
Headache associated with postural changes	
Headache upon waking up	• Raised intracranial pressure (space occupying lesion, idiopathic intracranial hypertension) • Migraines
Headache precipitated by physical exertion or Valsalva manoeuvre	• Raised intracranial pressure • SAH
Patients with risk factors for cerebral venous sinus thrombosis	• Known coagulopathy • Recent immobility
Jaw claudication or visual disturbances	• Temporal arteritis
Fever	• Intracranial or systemic infection
Neck stiffness (meningeal irritation)	• Meningitis
New onset of headache in an immunocompromised patient	• HIV infection
New onset of headache in a patient with known history of malignancy	

When to seek help

While headaches are a relatively common occurrence, you should take note of the symptoms of a postpartum headache. Contact your doctor immediately if your headaches:

- are severe
- peak in intensity after a short period of time
- are accompanied by other concerning symptoms like fever, neck stiffness, nausea or vomiting, visual changes, or cognitive problems
- change over time or when you move into a different position
- wake you up from sleep
- occur after physical activity
- Your doctor will discuss your symptoms as well as conduct an exam. You may need additional tests and procedures to diagnose a secondary headache.

Choosing Wisely" initiative

- With regard to headache assessment, diagnosis, and management, the American Headache Society endorses the "Choosing Wisely" initiative. The initiative lists five suggestions:
- • Avoid neuroimaging studies in patients with stable headaches that meet criteria for migraine.
- • When indicated, magnetic resonance imaging is preferred over computed tomography except in emergency settings when hemorrhage, acute stroke, or head trauma is suspected.
- • Do not recommend surgical deactivation of migraine trigger points outside of a clinical trial.
- • Do not prescribe opioid- or butalbital-containing medications as first-line treatment for recurrent headache disorders.
- • Do not prescribe frequent or long-term use of over-the-counter medications for headache.

GO

How to prevent postpartum headaches

to prevent tension and migraine headaches(primary headaches)

- Get enough Rest
- Try to take naps
- Drink plenty of fluid
- Eat healthy foods regularly.
- Try to relax to reduce stress
- Contact your doctor

GO

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Will postpartum headaches go away?

- There are many causes of postpartum headaches. Despite the cause, postpartum headaches should go away within 6 or so weeks of delivering your baby.
- Most often, postpartum headaches are tension or migraine headaches, which you can treat at home or with the help of your doctor. More severe secondary headaches should be seen by your doctor immediately and may require a higher level of treatment to prevent more serious symptoms from occurring.