Table 35.1 Characteristics of headaches in pregnancy

| Headache type | Onset | Location | Character | Duration | Worsened by | Other symptoms | Course with pregnancy | Diagnosis |
|--|---|-------------------------------|--|--|--------------------------|---|---|--|
| Tension type | Gradual | Bilateral | Constant, pressing/ tightening, mild/moderate | 30 minutes to 7 days | - | Pericranial tenderness, minimal photophobia | No change | Symptomatology and history |
| Migraine | Progressive, may be preceded by aura | Unilateral, frontotemporal | Pulsating, moderate/severe | 4–72 h | Exertion | Nausea, vomiting, photo/phonophobia | Majority improve | Requires at least 5 attacks to fulfill definition |
| Cluster | Sudden, up to 8 times per day | Unilateral, periorbital | Severe, constant | 15–180 minutes | - | Ipsilateral tearing, sweating, congestion, edema, miosis, agitation | Rare | Symptomatology and history |
| Pre-eclampsia/ eclampsia | Gradual | Bilateral | Pulsating | Persists intermittently until delivery | Exertion | Scotomata, right upper quadrant and epigastric pain | Occurs during pregnancy after 20 weeks gestation and up to 7 days post partum | Typically blood pressure >140/90 on 2 instances 6 hrs apart and proteinuria >300mg/24hrs |
| Hypertensive crisis | Gradual | Bilateral | Pulsating | Resolves within 1 hour of normalization of blood pressure | Exertion | - | Increased incidence in women with chronic hypertension | Blood pressure >160/120 |
| Cerebral venous thrombosis | Progressive | Diffuse | Severe | Weeks, until dissolution of thrombus by anticoagulation | - | Neurologic deficits, seizures, loss of consciousness, increased intracranial pressure | Increased incidence | MR or CT angiography |
| Subarachnoid hemorrhage | Abrupt | Unilateral | Incapacitating, worst ever | Days | Exertion | Nausea/vomiting, altered consciousness | Unchanged | CT, MRI, LP |
| Idiopathic intracranial hypertension | Progressive | Diffuse | Constant | Resolves within 72 h of normalization of ICP | Coughing, Valsalva | Papilledema, visual field defects | Unchanged | LP to measure ICP (>200mm H20) |
| Postdural puncture | Progressive within 5 days of dural puncture | Diffuse | Constant | 1 week or 48 h after epidural blood patch | Upright position | Neck stiffness, tinnitus, hypacusia, photophobia, nausea | Associated with epidural and spinal analgesia | Symptomatology and history |
| Neoplasm | Progressive | Localized | Worse in morning | Indefinite, unless surgically resected | Cough or bending forward | Focal neurologic signs | Unchanged | CT, MRI |
| Caffeine withdrawal | Within 24 h of last caffeine intake | Bilateral | Pulsating | 1 h if caffeine ingested, 7 days if not | - | - | Frequent in first trimester | Symptomatology and history |
| Meningitis | Progressive | Diffuse | Constant | Up to months after resolution of infection | - | Fever, stiff neck, nausea, photo/phonophobia | Unchanged | LP |
| Sinus headache | Gradual | Frontal, facial | Constant | 7 days | - | Acute sinusitis | Unclear | CT, MRI |