

INFORMATION NEEDS FOR MIGRAINE TREATMENT ACROSS THE REPRODUCTIVE JOURNEY: INSIGHTS FROM A FIVE-YEAR TERATOLOGY INFORMATION SERVICE EXPERIENCE

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Background. Migraine is highly prevalent among women of reproductive age, and pharmacological management throughout pregnancy planning, pregnancy and breastfeeding remains a common clinical challenge. Characterizing women's information needs may help identify potential unmet needs and optimize counselling strategies.

Methods. We retrospectively analyzed requests received by the Teratology Information Service of Careggi University Hospital between 2021 and 2025 from women with migraine seeking information on acute or preventive migraine treatments during preconception, pregnancy or breastfeeding. Requests were classified according to reproductive stage, treatment type, and timing relative to drug exposure (pre-exposure vs post-exposure).

Results. The analysis included 642 women with migraine and 1,256 drug-related consultations during preconception, pregnancy, and breastfeeding. Most consultations concerned acute migraine treatments (979/1,256, 77.9%), whereas preventive therapies accounted for 277/1,256 consultations (22.1%). Triptans accounted for the largest proportion of information requests (413/1,256, 32.9%), and amitriptyline was the most frequently requested preventive therapy (144/277, 52.0%).The distribution of consultations varied according to treatment type. The first trimester was the most frequent period for both acute (450/979, 46.0%) and preventive therapies (130/277, 46.9%). Preconception consultations were more common among preventive therapy requests (34.3% vs 14.0%), whereas breastfeeding consultations were more common among acute treatment requests (26.7% vs 12.6%).Overall, 76.6% of consultations occurred after drug exposure. Post-exposure consultations accounted for 82.4% of first-trimester requests, whereas this proportion decreased to 53.8% during breastfeeding, with a corresponding increase in pre-exposure consultations.

Conclusions. Information needs of women with migraine across the reproductive journey predominantly concern acute migraine treatment. The marked concentration of consultations during the first trimester, together with a second peak during breastfeeding, identifies two key time points for structured counselling.