WOMO HEALTH

WOMO HEALTH GUIDE

Hormonal Migraines

When your headaches *follow your calendar.*

Notice the pattern.
Prepare for the conversation.

What to notice · What to ask · What to track

Your body has a story. WOMO reads it.

01 / BEFORE YOU BEGIN

Your calendar holds clues

If migraine attacks cluster near your period, write down the dates. The timing can help your provider build a plan that fits your symptoms and your life.

WHAT THIS GUIDE HELPS YOU DO

Notice migraine features, track cycle timing and medicines, and bring precise questions to a visit.

USE IT OVER TIME

Print the tracker for several weeks or cycles. Record headache days even when they are not near your period.

YOUR PAIN COUNTS

A migraine is a neurologic condition. This guide is educational and cannot diagnose your headache.

A sudden severe or new neurologic symptom needs urgent care. Do not wait to complete a tracker.

02 / WHAT TO NOTICE

More than a bad headache

Migraine may involve several symptoms. Note what happens before, during, and after an attack.

- [ ] Throbbing or pulsing pain
- [ ] Movement makes pain worse
- [ ] Pain on one side or both sides
- [ ] Visual changes such as flashing lights
- [ ] Sensitivity to light or sound
- [ ] Tingling or speech changes before pain
- [ ] Sensitivity to smells
- [ ] Neck discomfort or fatigue
- [ ] Nausea or vomiting
- [ ] Hours or days of interrupted life

ABOUT AURA

Aura can involve temporary visual, sensory, or language symptoms. New, unusual, or prolonged symptoms need medical assessment.

03 / FIND THE TIMING

Cycle-linked patterns

A menstrual pattern commonly falls from two days before bleeding begins through day three of the period. Headaches can also happen at other times.

TRACK DAY ONE CLEARLY

Cycle day one is the first day of menstrual bleeding. Record the start date and every migraine day.

LOOK ACROSS CYCLES

A diary across two or three cycles can help show whether attacks cluster around the same days.

TRACK CHANGE, NOT JUST TIMING

Record severity, duration, aura, what you took, whether it helped, and what you missed because of pain.

Timing suggests a question for your provider. It does not establish the cause of a headache by itself.

04 / MORE THAN HORMONES

Other triggers to notice

Hormonal changes can combine with sleep, meals, stress, and the environment. Mark what actually happened for you.

- [ ] Skipped or delayed meals
- [ ] Too little or too much sleep
- [ ] Dehydration
- [ ] Stress or the letdown after stress
- [ ] Bright light or strong smells
- [ ] Alcohol
- [ ] Medication use on headache days
- [ ] Starting or stopping hormones

Frequent use of some acute medicines can contribute to medication-overuse headache. Bring a count of medicine days to your visit.

05 / PRINT AND REPEAT

Headache and cycle tracker

Print this page for each set of attacks. A record across several cycles can help a provider see what is changing.

DATE / CYCLE	PAIN / AURA	WHAT I TOOK	TRIGGERS

Total headache days: _____ Medicine days: _____ Hormones used: _____

06 / IF YOU HAVE AURA

Tell your provider first

Aura changes the safety conversation for contraception. Tell your provider about any lifetime history of aura before using a method that contains estrogen.

DESCRIBE THE SYMPTOM

“Before the pain, I see ___ / feel ___ / have trouble saying ___. It lasts about ___.”

REVIEW CONTRACEPTION

“Does migraine with aura change which birth control options are safe for me?”

ASK ABOUT ALTERNATIVES

A provider can discuss methods without estrogen and account for your other health risks and preferences.

New weakness, speech trouble, face droop, or sudden vision loss may signal an emergency. Call 911.

07 / CARE CONVERSATIONS

Options worth asking about

A migraine plan can cover an attack when it starts and prevention between attacks. Ask what fits your frequency, health history, and goals.

WHEN AN ATTACK STARTS

Discuss acute migraine medicines, appropriate pain relievers, and treatment for nausea, including when to take them.

PREDICTABLE PERIOD ATTACKS

A provider may consider short-term prevention around the expected period days if your pattern is clear.

FREQUENT ATTACKS

Ask about daily or other preventive medicines and when a headache specialist would help.

HORMONAL QUESTIONS

If you use birth control or hormone therapy, review aura and other risk factors before making changes.

MEASURE THE PLAN

“How many headache days or medicine days should prompt follow-up, and how will we judge whether this helps?”

08 / LIFE STAGES

When the pattern shifts

Pregnancy, postpartum, perimenopause, and contraceptive changes can alter headache patterns. A new pattern deserves review.

PREGNANCY OR POSTPARTUM

A severe headache, especially with visual changes, can need urgent assessment. Call your care team promptly; emergency symptoms need emergency care.

PERIMENOPAUSE

Less predictable cycles can make a pattern harder to spot. Keep logging headache days, bleeding, sleep, and treatments.

STARTING OR STOPPING HORMONES

Record the dates and describe what changed. Discuss safe options with your provider, especially if aura occurs.

Do not assume a new or much worse headache is only hormonal because it falls near a cycle change.

09 / WHAT TO SAY

Questions for your visit

NAME THE PATTERN

“I have ___ headache days a month. They usually occur on cycle days ___ and keep me from ___.”

CLARIFY AURA

“Do my visual or sensory symptoms sound like aura, and does that change contraception choices?”

ASK ABOUT PREVENTION

“Would short-term prevention near my period or a longer-term preventive treatment fit?”

REVIEW MEDICINE DAYS

“Could the frequency of my pain medicine be contributing to more headaches?”

IF YOU FEEL DISMISSED

“These attacks interrupt my life. I would like a plan and a follow-up date, or a headache referral.”

10 / SAFETY FIRST

When a headache is urgent

These signs call for immediate medical attention. A tracker is not the next step.

SUDDEN, SEVERE ONSET

A thunderclap headache or the worst sudden headache of your life needs emergency assessment.

NEW NEUROLOGIC SIGNS

Sudden weakness, face droop, speech trouble, seizure, confusion, or sudden vision loss: call 911.

FEVER OR INJURY

Headache with fever and stiff neck, or a headache after a head injury, needs prompt evaluation.

PREGNANCY AND POSTPARTUM

A severe or persistent headache during pregnancy or in the weeks after birth needs prompt medical attention.

A MAJOR CHANGE

A new headache unlike your usual migraine, especially if it worsens quickly, deserves evaluation.

11 / BRING THIS PAGE

Your provider summary

HOW OFTEN AND HOW LONG ATTACKS LAST

CYCLE TIMING, AURA, AND OTHER SYMPTOMS

MEDICINE DAYS, WHAT HELPED, AND TRIGGERS

HORMONES, PREGNANCY, OR PERIMENOPAUSE CHANGES

DAILY IMPACT AND MY TREATMENT QUESTIONS

My priority today: _____

Sources: ICHD-3, Menstrual Migraine; CDC, U.S. MEC 2024; ACOG, Headaches and Pregnancy.

12 / PLAIN LANGUAGE

Words worth knowing

MIGRAINE

A neurologic condition that can include headache and other symptoms.

AURA

Temporary neurologic symptoms, often visual, that may occur with migraine.

MENSTRUAL MIGRAINE

Migraine attacks linked in timing to the days around a period.

ACUTE MEDICINE

Treatment taken when an attack begins or is underway.

PREVENTIVE MEDICINE

Treatment used to reduce future attacks.

MEDICATION OVERUSE

Frequent use of some acute medicines that may contribute to more headache days.

TRIPTAN

A class of prescription migraine-specific acute medicines.

HEADACHE SPECIALIST

A clinician with focused expertise in diagnosing and treating headache disorders.

Your body has been telling you something. Now you have the words.

Log migraine days, cycle timing, aura, and what helps with Mae. Bring the pattern to your provider.

Take the free 10-minute health assessment at womo-health.com

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With you in this, the WOMO team ♥

Your body has a story. WOMO reads it.

This guide is educational and is not medical advice. It does not diagnose, treat, or replace care from a licensed provider. If you think you are having a medical emergency, call 911 or go to the nearest emergency room.