



Comparative Effectiveness Review Disposition of Comments Report

Research Review Title: Management of Primary Headaches in Pregnancy

Draft review available for public comment from June 2, 2020 through June 30, 2020.

Research Review Citation: Saldanha IJ, Roth JL, Chen KK, Zullo AR, Adam GP, Konnyu KJ, Cao W, Bhuma MR, Kimmel HJ, Mehta S, Riester MR, Sorial MN, Balk EM. Management of Primary Headaches in Pregnancy. Comparative Effectiveness Review No. 234. (Prepared by the Brown Evidence-based Practice Center under Contract No. 290-2015-00002-I.) AHRQ Publication No. 20(21)-EHC026. Rockville, MD: Agency for Healthcare Research and Quality; November 2020. DOI: [10.23970/AHRQEPCCER234](https://doi.org/10.23970/AHRQEPCCER234).

Comments to Draft Report

Draft reports by the Effective Health Care Program undergo peer review and public comment. The Effective Health Care (EHC) Program encourages the public to participate in the development of its research projects. Each research review is posted to the EHC Program Web site or AHRQ Web site in draft form for public comment for a 3- to 4-week period. Comments can be submitted via the website, mail, or email. At the conclusion of the public comment period, authors use the commentators' submissions and comments to revise the draft research review.

Comments on draft reviews and the authors' responses to the comments are posted for public viewing on the Web site approximately 3 months after the final research review is published. Comments are not edited for spelling, grammar, or other content errors. Each comment is listed with the name and affiliation of the commentator, if this information is provided. Commentators are not required to provide their names or affiliations in order to submit suggestions or comments.

This report received no public comments.

Summary of Peer Reviewer Comments and Author Response

This research review underwent peer review before the draft report was posted for public comment on the EHC website. Peer review comments are summarized here.

- Reviewers found the review “logical and comprehensive,” “well written and clear,” “appropriately supported by scientific sources,” and “helpful to providers and other personnel within the healthcare system including those working in government and private health plans” and noted “the description of included studies was very thorough and summaries given of key points from each section was helpful.”
- Specific suggestions requested clarification, for example prevalence of migraine and frequency of specific treatments, adding study designs to all the summary tables, and which quality tools were used for single group studies and case reports and how these studies were considered in strength of evidence (SoE) assessments. They suggested avoiding the terms “safe” and “vulnerable populations,” and replacing the term “interventions” with “treatments.” EPC authors made these changes. They also clarified that all relevant interventions were considered in the review, irrespective of their availability in the United States or approval status by the U.S. Food and Drug Administration.
- Reviewers identified two missed studies. One had been excluded because the title and abstract did not mention that pregnant women participated in the study. The EPC had inadvertently excluded a systematic review of indomethacin and its harms in pregnant women. EPC authors included both studies.
- Reviewers also suggested additions to the Discussion section such as limitations (in the literature base overall, and paucity of studies in postpartum and breastfeeding women), contextual issues, and known harms. One requested a more thorough explanation of the need for information about LactMed before the details are provided. EPC authors added those details to the Discussion.
- Reviewers suggested reorganizing the report such that the direct evidence (primary studies of benefits and harms) and indirect evidence (systematic reviews of harms) appear together in the same section for each intervention and that we summarize the case reports at the end of the Report. The reviewers also suggested removing the case reports from the Structured Abstract. EPC authors made these changes.