

Having epilepsy should not stop your plans to become a parent if you wish to do so. Being a parent is a life-long commitment with big life changes and so is something most people think about carefully.

If you have epilepsy and are likely to have seizures while caring for your baby or child, you will need to plan ahead about precautions you may need to take. Here we explore what issues may arise during parenthood if you have epilepsy, and ways you can reduce the risk of seizures or putting the baby at risk.

Avoiding seizure triggers

Something that is likely to 'set off' a seizure in someone with epilepsy is called a seizure trigger. Sleep deprivation, stress and tiredness are very common when a new baby arrives. It can also increase the risk of seizures. It is important to recognise potential seizure triggers and plan ahead to reduce their impact.

Missing medications

Sometimes people forget to take their medication, but as a new parent, changes in your normal routine, physical exhaustion and sleep deprivation can make it more likely for you to miss or forget your medication. Think about:

- Setting a reminder on your watch, or device
- Placing your medication in a safe but visible place
- Using a chart or calendar to mark when you have taken your dose.
- Using a weekly pillbox. They are labelled so you can clearly see if you have taken the day's medication(s).

Getting enough rest and sleep

Caring for a baby or toddler often means broken sleep, and breastfeeding can also leave you feeling a bit drained. It is really important to rest when you need to. If you are lucky, your baby will allow you some rest time, but this isn't always a guarantee. It is essential to try to avoid getting too run down or sleep deprived, as this only increases the risk of seizures. Try to:

- Take a nap when the baby is having a daytime sleep (don't feel guilty about housework)
- Get someone else to do the last feed of the evening if it is late (express milk if you are breastfeeding or just use formula for this feed time) and go to bed early
- Have a bassinette right next to your bed so that you do not have to go far to settle your baby
- Always accept offers of help or ask for help if or when you need it.
- Maintain a healthy lifestyle with a good diet and a bit of exercise which can help with sleep.
- The baby or young child of a parent who has epilepsy is safer sleeping in its own cot or bed. There is a chance the child may be injured or smothered if you have a seizure whilst co-sleeping.

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Available in all Australian
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9am to 5pm
seven days a week



Managing Stress

Looking after a baby can be a stressful and demanding time. While stress alone can be a trigger for seizures, it can also contribute to sleep deprivation which is another well-known seizure trigger. Anxiety or depression can also create stress and, in turn, exacerbate seizures.

You cannot avoid all stressors, but if you recognise them, you can work to reduce the impact.

Managing stress is very personal and specific to your situation. These suggestions may help:

- Recognise you have needs. Most mothers put their child's needs ahead of their own, but in the long term you need to be healthy to care for your child, so sometimes you have to put your needs first.
- Do your best to relax. Find time for a little relaxation. Even if it's just 20mins a day.
- Keep to a daily routine but recognise sometimes you need to take a break. Forget the housework for a while, don't feel you have to be perfect and do everything. The tough times do pass.
- Eat well and try to get enough sleep. Now is the perfect time to accept offers from family to mind the baby for a while.
- Have a process in place if you feel you are reaching breaking point. Place the baby somewhere safe such as in their cot and take a few minutes for yourself for some deep breathing, listening to relaxing music or talking to a friend.
- Seek help if you feel you need it. If you think you may have anxiety or depression, talk to your GP or child health nurse and get support, counselling or discuss treatment options.
- Seek out some support networks. Go to a local mother's group or play groups. These are great ways to talk to other mothers. You will not be the only one struggling.
- There are also a number of ways to get help with baby or breastfeeding issues. Speak to your child health nurse about these.

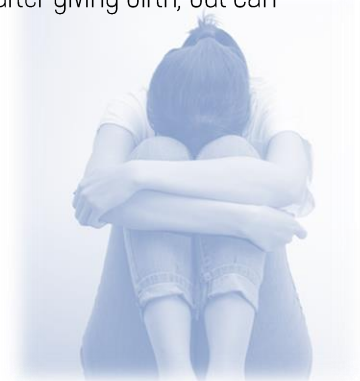
Postnatal depression

It is recognised that women with epilepsy are at a higher risk of developing postnatal depression, especially where there is a history of depression. It typically develops within four to six weeks after giving birth, but can sometimes take several months to appear.

If you experience symptoms such as ongoing fatigue, sadness, reduced libido, episodes of crying, irritability, anxiety, and irregular sleeping patterns, then speak to your doctor, hospital contact or child health nurse.

Postnatal depression is common and treatable, so don't suffer in silence.

Find out more from <http://cope.org.au/> or <http://panda.org.au/>



Carrying the baby

If your seizures are not controlled, carrying the baby may be a worry. Of course, this does not mean you should not carry the baby, just exercise care when doing so. You may want to think about:

- If you have a warning or “aura” of an impending seizure, then you may have time to put the baby in a safe place. Have a plan for this.
- If you have no warning, think about your seizure patterns and when you are more likely to have seizures. Avoid carrying the baby around these times
- Breast-feeding and nappy changing are best done whilst sitting on the floor or on a low, soft surface where the baby would be safest
- Sometimes it may be safe for you to carry the baby in a baby carrier which is positioned in front of you
- When pushing the baby in a pram, it is important to always have the safety harness attached to your wrist and try to walk in areas that are flat, and avoid traffic if you can
- If your seizures are poorly controlled, it may be wise to have someone with you for support

Bathing

If you have poorly controlled seizures it is best not to bathe the baby alone. If you can, ask someone else to be with you. If you are the only person who can possibly bathe the baby, then some things to consider are:

- Avoid bathing the baby when seizures are more likely to occur for you. For example, if you are more likely to have seizures in the morning, then bathe the baby in the afternoon, or if you have had very little sleep and feeling exhausted, don't bathe the baby at this time
- You can always wash the baby without immersing it in a bath. Use a soapy cloth and rinse in warm water to wash the baby, with baby lying on a towel
- You can place the baby in a safety designed bath seat (in the bath) and use a hand-held shower hose and leave the plug out. These seats are readily available and relatively cheap.

Breastfeeding and medication

Breastfeeding offers many benefits to baby, including protection against infection (immunity). Breastfeeding is generally regarded as safe unless you have been advised not to do so by your neurologist or obstetrician. The risks vs benefits of breastfeeding must be weighed up when a mother is taking any medication.

Most antiepileptic medications appear to be acceptable to take during breastfeeding when taken as a single medication. A small number of medications are found in higher quantities in breast milk, so it is important to speak to your doctor if your baby is showing signs that concern you. For women who are taking more than one medication, it is best to seek the advice from your doctor or neurologist.

Also be aware if your doctor makes changes to your antiepileptic medication whilst breastfeeding, your baby may show side effects or withdrawal.

For more information on individual medications, the effects during pregnancy and breastfeeding and services in your state [click here](#).

Breastfeeding and medication continued...

All infants whose mothers take antiepileptic drugs should be monitored for side effects such as apnoea, drowsiness, adequate weight gain, and developmental milestones, especially in younger exclusively breastfed infants and when using combinations of antiepileptic medication.

Toddlers and children

As baby becomes a toddler, other possible risks confront a parent whose seizures are not fully controlled. For example, walking or playing near a busy street with an active toddler could be potentially dangerous if a seizure happened and the child wandered off alone. Although such events are uncommon, it is worth considering ways of reducing this type of risk, such as:

- Wearing medical ID so others can identify that you may be having a seizure. There are several non-medical ID bracelets available that also contain your details
- Wear a wrist strap and attach it to your child so they can't wander
- When your child is in the pram, always keep them strapped in
- Keep the pram strap attached to your wrist unless this poses a danger to you or your child if you had a seizure. Walk in flat areas rather than hilly areas so the pram can't roll away
- Keep the outside house doors locked when you are home
- Use child safety gates or playpens
- When the child is old enough, explain your seizures to them and what to do, plus teach them to use the phone and possibly have important numbers on speed dial
- Have an alarm or alert system, so someone close to you will be notified when you have a seizure

Teach your child to use the phone and have important numbers on speed dial

Explaining to the children

When you feel your child is able to understand, tell them about your epilepsy. Explaining to them what a seizure is, why you take medication, and why they should not worry is important. As the child grows, they need to be told more and also what to do.

When you decide to tell your children about your epilepsy is your decision.

For more information:

[Animated First Aid video for children](#)

[Epilepsy products and monitors](#)

References:

Anderson Philip O. (2020) Antiepileptic drugs during pregnancy. *Breastfeeding Medicine* 2020 15:1, 2-4. <https://doi.org/10.1089/bfm.2019.0238>

Turner, K, Piazzini, A, Franza, A, Marconi, A. M., Canger, R., & Canevini, M. P. (2009). Epilepsy and postpartum depression. *Epilepsia*, 50 Suppl 1, 24-27. <https://doi.org/10.1111/j.1528-1167.2008.01965.x>