

EPILEPSY AND PREGNANCY

FACT SHEET



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Pregnancy raises special issues for women with epilepsy

While most women with epilepsy deliver healthy babies, it is important to be aware of the possible risks so you and your doctor can work together to manage and lessen those risks



Planning ahead

For women with epilepsy, it is especially important to pre-plan pregnancy to ensure the best outcome for you and your baby. There are many things you can do to plan for a healthy pregnancy such as:

- discuss any necessary changes with your neurologist;
- seeking an obstetrician you would like to see;
- making healthy lifestyle choices:
- understand any lifestyle risk factors that need to be addressed such as diet, drugs, alcohol or cigarettes and travel to areas with known diseases that may increase pregnancy risks;
- increasing your intake of folate rich foods and taking a recommended supplement at least 3 months pre-pregnancy and for the first trimester of pregnancy.



Your neurologist will discuss your treatment plan and ideally aim to use one medication at the lowest possible dose to get the best seizure control for you, and with the most favourable profile for women during pregnancy and breastfeeding.

The neurologist may also discuss genetic counselling if there is a strong history of epilepsy, other health conditions or major congenital malformations through your family.

What if I have an unplanned pregnancy?

Women of childbearing age are always in a position of potential pregnancy if they are in a sexual relationship. It may help to bring up the possibility with your treating doctor. A simple question to ask may be as follows:

"Doctor, if I were to become pregnant, what changes in my medication would be necessary?"

This may make your doctor think about changes in your current medication, especially if you are taking sodium valproate - or consider explanations about lamotrigine dose adjustments in pregnancy.

- ! **The most important advice for any woman taking antiseizure medications, who has an unexpected pregnancy, is to not panic and not stop taking medication. Contact your doctor to discuss your options.**

DO SEIZURES CHANGE DURING PREGNANCY?

During pregnancy, changes in the body can affect how medications work, cause sleep disruptions, and add new stressors. These can sometimes lead to changes in seizure frequency.

- For most pregnant women with epilepsy, seizures remain the same.
- For some, seizures become less frequent.
- Women with catamenial epilepsy may have improved seizure control during pregnancy.
- For others, particularly women whose sleep or medications are affected by the pregnancy may notice an increase in seizures.
- For someone who hasn't had a seizure for several months before conception, there is less risk of having a seizure during pregnancy.
- There are some medications that may deplete during pregnancy. Your doctor may need to monitor and increase these medications regardless of whether seizures are occurring or not.
- Women with poorly controlled epilepsy should be aware that an increase in medication dose may be needed during pregnancy.



How can seizures affect pregnancy or baby?

The type of seizures you usually have may influence the effect on the baby. *Tonic clonic seizures* during pregnancy can cause:

- A brief reduction in oxygen supply to the foetus; focal or non-convulsive seizures have no known effect on the foetus
- A brief slowing of the unborn child's heart rate
- Injury to the foetus if the mother has a severe fall or serious injury.

If a seizure happens during pregnancy, report it to your neurologist.

They may need to check your medication levels or adjust your medication. Your obstetrician may want to check baby if there are any concerns.



What about medication?

From previous research it is known that women who are taking an antiseizure medication may have a slightly higher risk (4-6%) of having babies with birth defects than the general population (2-3%), which means there is a 94% chance of your baby not having a birth defect.

This risk varies depending on the medication, number and dose of your medication(s).

A note about sodium valproate

Babies born from women taking sodium valproate during pregnancy, especially at higher doses, develop a higher rate of birth defects, and a high rate of problems with baby's development. Sodium valproate is not prescribed for girls or women of childbearing age unless other antiseizure medications are not effective for their seizures or cause intolerable side effects.



Always talk to your doctor before making any changes to your medication.

THE AUSTRALIAN PREGNANCY REGISTER

The Australian Pregnancy Register for Women on Antiseizure Medication (APR) is an ongoing nationwide study

This study is enrolling women currently pregnant or who have given birth recently (infants up to 12 months of age) and taking antiseizure medication.

The APR has identified specific antiseizure medications (or combination of) that lead to higher-than-expected birth defects. They are now seeing a change in prescribing patterns because of their findings.

For more information, [register here](#) and a research nurse from the Australian Pregnancy Register will contact you.



What about medication?

Someone who has been seizure free for over two years, you may consider discussing weaning off medication with the neurologist. This will depend on your epilepsy type and the risk of having a seizure without medication.

For most women, continuing antiseizure medication is the safest option. To reduce the risks for you and your baby, your doctor will work with you to:

- Choose the safest medication for your type of seizures.
- Prescribe the lowest effective dose
- Monitor your medication blood levels throughout your pregnancy.

A recent review of the antiseizure medication and dangers to the unborn child has advised doctors to:

- Avoid sodium valproate if an equally effective antiseizure medication is available
- Aim to use one medication only (monotherapy)
- Take the lowest effective dose whenever possible, avoid sodium valproate doses of 650 mg or above, daily (if possible)
- Avoid withdrawal or changes of antiseizure medications if you are already pregnant

What about labour and delivery?

Most pregnant women with epilepsy give birth without complications.

If someone has had frequent seizures during pregnancy, especially during the third trimester, there is a higher risk of having a seizure during delivery. More frequent check-ups will be needed with your care team, and the safest delivery method will need to be discussed.

Seizures during labour are rare. If a seizure does happen, it may be stopped with medication

given through a drip (IV). If the seizure lasts too long, a caesarean section may be needed

Methods of pain relief during labour and delivery should be no different to other pregnant women.

If your medication dose was changed during pregnancy, your doctor may return it to your pre-pregnancy dose shortly after the baby is born, to help keep your seizures well controlled.



Is it possible to breastfeed?

Women with epilepsy can safely choose to breastfeed and taking antiseizure medication while breastfeeding does not pose significant additional risks.

Antiseizure medications are excreted in breast milk, but for most, only in low to very low concentrations, so there is no reason why you should not breast feed.

Breastfeeding is associated with positive health

benefits for baby and mother, but if you experience breast feeding challenges, sleep deprivation and exhaustion it may become problematic.

The neurologist, obstetrician or midwife will explain more detail in relation to breastfeeding and antiseizure medications.

The [Australian Breastfeeding Association](#) may also be able to help.

SUMMARY

Before trying to conceive, talk to your neurologist, GP and/or an obstetrician. They will want to monitor you closely throughout.

Fortunately, most women with epilepsy give birth to normal, healthy babies. With proper planning and precautions the chances of having a healthy child is 94% or higher. No pregnancy is completely risk free however working closely with your doctor you can help reduce many risks.



It is especially important to plan ahead to ensure the best outcome for you and your baby.

Contact us on:

Phone: 1300 37 45 37

Email: epilepsy@epilepsy.org.au

[Book a telehealth appointment with an epilepsy nurse](#)

Visit our website



Special thanks to Professor Frank Vajda, Assoc Professor Piero Perucca, Professor Terry O'Brien, & APR Research Coordinators Alison Hitchcock & Janet Graham for their contribution and advice.

Disclaimer: This information is given to provide accurate, general information about epilepsy. Medical information and knowledge changes rapidly and you should consult your doctor for more detailed information. This is not medical advice, and you should not make any medication or treatment changes without consulting your doctor.