

PARENTING WHEN YOU HAVE EPILEPSY

FACT SHEET



PARENTING WHEN YOU HAVE EPILEPSY

Parenting is a life-long commitment with big life changes and many curve-balls are thrown at you over the years. Epilepsy should not be a barrier to having children

Having epilepsy and seizures means you generally need to do a little more planning for caring for your child for many reasons – safety, transport, support if you are unwell, and so on. Here we explore some issues to think about.



Seizure triggers

A seizure trigger is something that can “set off” or make a seizure more likely in someone with epilepsy.

Common triggers include lack of sleep, tiredness, and stress – all of which are very common when caring for a new baby. These can increase the risk of seizures.

Try to recognise your seizure triggers and plan ways to reduce their impact as much as possible. Another seizure trigger is missed medication. As a new parent, your normal routine is often disrupted. Tiredness and exhaustion can make it easier to forget or miss your medication. To help you stay on track:

- Set medication reminders.
- Keep your medication in a safe but visible spot.
- Use a chart or calendar to tick off doses.
- Try a weekly pillbox so you can clearly see if you’ve taken each dose.

Getting enough rest and sleep

Looking after a baby often means broken sleep, and breastfeeding can add to your fatigue. Rest is important as being too run down or sleep deprived can increase seizure risk. Try to:

- Nap when your baby naps (don’t feel guilty).
- If possible, let someone else do the last evening feed so you can go to bed earlier.
- Keep your baby’s bassinette beside your bed so settling is easier at night.
- Accept help when it’s offered, or ask for it when you need it.
- Eat well and keep active; this can improve your sleep quality.

Baby’s safety during sleep

For safety, your baby or toddler should always sleep in their own cot or bed. Co-sleeping can be dangerous if you have a seizure during the night, as there’s a risk your child could be injured or smothered.

Triggers don’t cause epilepsy. But if you have epilepsy, they make seizures more likely. Identifying and avoiding your triggers, where you can, could help you to have less seizures.

SEIZURE TRIGGERS



Managing stress

Stress can sometimes trigger seizures, and it can also make it harder to sleep, which is another common seizure trigger. Anxiety or depression can add to this stress and may increase seizure risk.

You can't avoid stress completely but recognising it and learning how to manage it can make a big difference. Stress management is personal, but here are some practical tips:

- Put your needs first sometimes. Many parents put their child first, but to care for your child long-term, you also need to look after your own health.
- Give yourself some downtime to relax. Even 20 minutes of quiet time each day can help.
- Be flexible with routines. A daily routine is helpful, but it's also okay to skip housework or let go of perfection. Tough times do pass.
- Eat well and rest when you can. Accept help from family or friends — let them mind the baby so you can recharge.
- Have a plan for when you feel overwhelmed. If you reach breaking point, place your baby safely in their cot and take a few minutes to breathe deeply, listen to calming music, or call a friend.
- Seek help if you need it. If you think you may have anxiety or depression, speak to your GP or child health nurse. Support, counselling, or treatment options are available
- Connect with other parents. Local mother's groups or playgroups are a great way to share experiences and realise you're not alone.
- Access practical support. Your child health nurse can connect you with help for baby care, feeding, or breastfeeding challenges.



Post-natal depression

Postnatal depression develops between one month and up to one year after the birth of a baby. It affects about 1 in every 7 women who give birth in Australia each year.

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

- [COPE](#)
- [PANDA](#)
- [Raising Children Network](#)



Postnatal depression rates are higher in women with epilepsy,

SAFETY TIPS

Carrying baby

If your seizures are not controlled, you might be afraid of dropping your baby if you have a seizure.

- If you have any warning signs or an “aura” of an impending seizure, then you may have time to put the baby in a safe place. Have a plan for this.
- 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 on the floor or on a low, soft surface where the baby would be safest
- 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 whilst alone. 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.

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 risk, such as:

- Wearing medical ID so others can identify that you may be having a seizure.
- 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

PARENTING

Breastfeeding and medication

Breastfeeding has many benefits for your baby, including protection against infection. It is generally considered safe unless your neurologist or obstetrician advises otherwise.

Most antiseizure medicines are acceptable during breastfeeding, especially if you are taking only one. Some can pass into breast milk in higher amounts, so always check with your doctor if your baby shows any concerning signs such as drowsiness. If you are taking more than one medication, seek advice from your doctor or neurologist.

If your medication needs to be changed while you are breastfeeding, your baby may experience side effects or withdrawal, so medical guidance is important.

For detailed information about specific medicines, their effects in pregnancy and breastfeeding, and support services in your state, [click here](#).

[Visit our website](#)



Explaining to your children

When you feel your child can understand, talk to 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 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](#)

Contact us on:

Phone: 1300 37 45 37

Email: epilepsy@epilepsy.org.au

[Make a telehealth booking with an epilepsy nurse](#)

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.

