

WOMEN WITH EPILEPSY

FACT SHEET

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Many women with epilepsy find that their seizures are affected by hormonal changes.

The female hormones, oestrogen and progesterone, have a clearly established link with seizures.



Seizures and hormones

The hormones oestrogen and progesterone can affect how the brain works.

- Oestrogen can make brain cells more active, which might increase the chance of having a seizure.
- Progesterone tends to calm brain activity and may help reduce seizures for some people.

Because these hormone levels change at different times - like during puberty, ovulation, periods, or menopause - some women notice their seizures become more frequent or change around these times.

When seizures happen mainly around ovulation or just before or during a period, it's called *catamenial epilepsy*.

Puberty

Puberty is a time of many changes. Fluctuating hormone levels during puberty can affect seizure control. The physical changes and growth can also happen so quickly that the dose of antiseizure medication which worked previously may no longer be enough to control seizures.

This is a good time to have medication reviewed to determine if the dose needs to be changed.

Menstruation

Many women with epilepsy tend to have more seizures at certain times of the menstrual cycle. This can be due to:

- Hormonal fluctuations
- Fluid retention
- Reduced blood levels of antiseizure medications before menstruation
- Sleep disruption
- Stress and anxiety

Menstrual changes have been identified in 30-50% of women with temporal lobe epilepsy compared to 7% of women without epilepsy. These can include irregular menstrual cycles ranging from several months without menstruation to prolonged or shortened menstrual cycles.

Keeping a diary is a good way to identify if your hormones are triggering seizures. Discuss any concerns with your doctor.

BIRTH CONTROL AND EPILEPSY MEDICATION



Hormonal contraceptives

Some antiseizure medication can affect how hormonal contraceptives work, and vice versa. This means they may be less effective when used together.

It's important that your epilepsy treatment is chosen with your birth control needs in mind.

If your medication interacts with hormonal contraception, you may need to use extra contraceptive protection (like condoms) or consider a different method.

For advice tailored to your situation, talk to your doctor or epilepsy specialist. They can help you find the safest and most effective options for both seizure control and contraception.

The morning after pill

Women who are taking antiseizure medications may need a higher dose of the morning after pill. It is best to discuss this with your doctor or pharmacist.

Non-hormonal contraception

Epilepsy and antiseizure medications do not hinder the effectiveness of non-hormonal contraception such as intrauterine contraceptive device (IUD), cervical cap, diaphragm or condoms.

Reproductive health

Women with epilepsy are twice as likely to experience infertility and other reproductive challenges compared to those without epilepsy.

Both seizures and antiseizure medications can affect sexual health and hormone balance. This may lead to changes in menstrual cycles or conditions like polycystic ovary syndrome (PCOS), which is linked to infertility.

Is epilepsy inherited?

Genetics can play a role in many types of epilepsy, but this doesn't always mean the condition is inherited.

In most cases, the chance of passing epilepsy on to your child is low. The genetic link is complex, and an accurate diagnosis can help clarify your individual risk.

Some types of epilepsy do run in families. However, many of these inherited forms are often age-limited, appearing in childhood and may be outgrown during adolescence.

If you're planning a family or have questions about your genetic risk, talk to your doctor about genetic counselling and testing. They can help you understand your options and support your decisions.



Women are invited to enrol with the [Australian Pregnancy Register](#) for Women to assist with research into antiseizure medication & pregnancy. For more information call 1800 069 722 (free call).

This is an important ongoing study which provides valuable information in relation to antiseizure medication, pregnancy & breastfeeding.



If you're concerned about your reproductive health, or genetic risk, speak with epilepsy specialist. They can help you explore treatment options, genetic counselling, and support your fertility goals.

PREGNANCY

If you're thinking about having a baby, it's important to speak with your doctor early—before you become pregnant.

Pre-pregnancy counselling gives you the chance to review your seizure management and medications. This helps ensure you're on the safest and most effective treatment at the lowest dose needed for good seizure control.

By planning ahead with your healthcare team, you can reduce risks and give yourself and your baby the best possible start.

Pregnancy tips

- It is desirable to have the best possible seizure control before falling pregnant
- If possible, have your medications reviewed before falling pregnant
- Less than 16% of women will have an increase in seizures during pregnancy.
- Most will see no change in their seizure frequency
- Women who have seizures linked with menstruation, tend to have less seizures during pregnancy
- Tonic clonic seizures can be potentially harmful to both mother and baby but there is little evidence that focal or absence seizures are a risk to the unborn baby
- Since medication absorption may change during pregnancy, it may be necessary to monitor blood levels and adjust medication.
- If you have an unplanned pregnancy, it is important not to panic or change your medication. Talk to your specialist as soon as possible

Can some medications for epilepsy affect the baby?

Some medications for epilepsy are associated with a higher risk of birth defects than others.

Sodium valproate in pregnancy has a higher risk of birth defects and developmental problems for the baby than other antiseizure medications. It is advised that sodium valproate should not be used:

- In females of childbearing potential unless other treatments are ineffective or not tolerated.

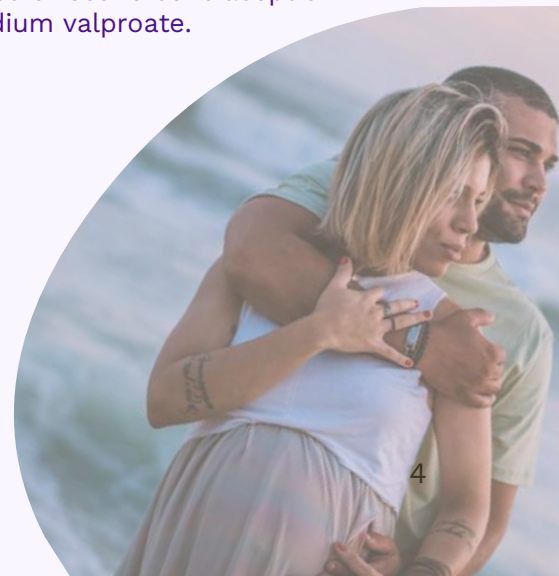
- During pregnancy for the treatment of epilepsy unless there is no suitable alternative treatment.

Sodium valproate should only be used in women of childbearing potential when all other treatments are not effective or tolerated.

Women must use effective contraception while taking sodium valproate.



Whilst antiseizure medication can slightly increase the risk of birth defects, over 94% of babies exposed to these medications are born healthy and free of abnormalities



MENOPAUSE

Menopause is a natural life stage that can bring symptoms like hot flashes, sleep difficulties, and mood changes.

For women with epilepsy, these hormonal shifts may also affect seizure patterns - but this impact varies.

Some women notice no change in their seizures. Others may experience fewer seizures, while some find their seizures increase. Sleep problems and low mood—common during menopause—can also raise seizure risk.

Women with catamenial epilepsy (where seizures are linked to the menstrual cycle) may have more seizures during perimenopause, followed by fewer after menopause. Because everyone's experience is different, it can be hard to predict how menopause will affect your epilepsy.

Menopause hormone treatment (MHT) is sometimes used to manage symptoms. If you're taking MHT and notice changes in your seizures, speak with your neurologist. They may suggest adjusting your antiseizure medication or exploring different combinations of oestrogen and progestogen.

If you prefer not to take MHT, talk to your doctor before starting any supplements. It's important to make sure they're safe to use with epilepsy.

⚠ Women with epilepsy are at higher risk of osteoporosis, as some antiseizure medications can reduce bone density. MHT may help protect bone health, so this is worth discussing with your doctor.

! Menopause is a major life transition - and a good time to check in with your healthcare team. Together, you can review your seizure management and find the best ways to support your wellbeing.

Contact us on:

Phone: 1300 37 45 37

Email: epilepsy@epilepsy.org.au

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

Further information - Factsheets:

[Women and Epilepsy](#)

[Epilepsy and Pregnancy](#)

[Pregnancy Checklist](#)

[Parenting when you have epilepsy Factsheet](#)

[Women with epilepsy – life beyond the childbearing years](#)

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