

Most pregnant women with epilepsy have a normal pregnancy and childbirth. Being pregnant does not usually make epilepsy any better or worse. However, for women with epilepsy, the risk of complications during pregnancy and labor is higher than for women without epilepsy. The small increase in risk is due to the small risk of harm coming to a baby if you have a serious seizure whilst pregnant, and the small risk of harm to an unborn baby from anti-epilepsy medicines (discussed further below).

Therefore, before becoming pregnant, it is best to seek advice from a doctor, epilepsy nurse, or counsellor. The potential risks can be discussed. Some of the points are briefly mentioned below.

### **Before becoming pregnant**

Most of the advice is the same as for any other woman. (This is discussed in a separate leaflet called 'Planning to Become Pregnant?'. For example, advice on diet, smoking, alcohol, avoiding infection, etc.) The additional issues that relate to women with epilepsy include

- You may wish to discuss the relative benefits and risks of adjusting medication.
- If you have not had any seizures for some time, you may wish to consider stopping anti-epilepsy medication before becoming pregnant. Deciding to come off anti-epilepsy medication can be a difficult decision. Factors such as the type of epilepsy that you have can be important. For example, if you have the type of epilepsy that causes severe tonic-clonic seizures, there is a risk that you could have a severe seizure when you are pregnant if you stop your medication.
  - All women taking anti-epilepsy medication are recommended to take 5 mg per day of folic acid before becoming pregnant, and continued until 12 weeks of pregnancy. Folic acid is recommended for all women who are pregnant, but the dose for women taking anti-epilepsy medicines is higher than usual. If you take folic acid tablets in early pregnancy you reduce the risk of having a baby born with a spinal cord problem such as spina bifida.
  - You may wish to discuss the question 'What are the risks that my child will also have epilepsy?'. In general, the probability is low that a child born to a parent with epilepsy will also have epilepsy. However, it can partly depend on your family history as some types of epilepsy run in families. Therefore, genetic counselling may be an option to consider if one partner has epilepsy, particularly if the partner has idiopathic epilepsy (epilepsy of unknown cause) and a family history of epilepsy.
  - If you do become pregnant, you will be encouraged to notify your pregnancy to the UK Epilepsy and Pregnancy Register (see [www.epilepsyandpregnancy.co.uk](http://www.epilepsyandpregnancy.co.uk) for details). This is a major ongoing research study that collects information about the safety of anti-epilepsy medicines in pregnancy.

### **Risk from seizures occurring during pregnancy**

The risk of having a seizure is much the same during pregnancy as when you are not pregnant.

- If you have generalized tonic-clonic seizures, there is a small risk that a severe or prolonged seizure may harm the unborn baby. However, the risk is small, and the baby is not affected during most seizures. The risk of a tonic-clonic seizure during childbirth is low.

However, to play safe, childbirth should take place in hospital with facilities for mother and baby resuscitation.

- If you have partial seizures, absence seizures, or myoclonic seizures, a seizure is not likely to cause harm to a baby (unless you fall and badly injure yourself).

### **Risk from anti-epilepsy medicines**

If you take anti-epilepsy medication when you are pregnant, you have a small increased risk of having a baby with a birth defect. The most common birth defects that occur are neural tube defects (such as spina bifida), facial defects, congenital heart defects, and hypospadias (a defect of the penis).

- Overall, about 4 in 100 pregnant women who take one anti-epilepsy medicine have a baby with a birth defect. The risk rises to about 6–7 in 100 when taking two anti-epilepsy medicines.

- However, the risks from different medicines can vary. For example, the risk for sodium valproate is about 7 in 100 whereas the risk for carbamazepine is about 2 in 100 and the risk for lamotrigine is about 3 in 100. Therefore, if possible, sodium valproate is not prescribed to women who may become pregnant.

- Taking folic acid 5 mg daily (as discussed above) is thought to reduce the risk from anti-epilepsy medicines during pregnancy.

- Pregnant women who are taking anti-epilepsy medicines are usually offered a high-resolution ultrasound scan to screen for birth defects at 18–20 weeks pregnancy. However, earlier scanning may allow major birth defects to be detected sooner.

- If you have an unplanned pregnancy, do not stop your anti-epilepsy medication without advice which may put you at risk of having a seizure. However, see a doctor as soon as possible and start taking folic acid 5 mg daily straight away.

### **Breastfeeding**

Breastfeeding for most women taking anti-epilepsy medication is generally safe.

### **Maternal illness during pregnancy**

Injury or illness to an expectant mother can affect the developing brain in the fetus during pregnancy. Heredity. Researchers are continually examining the role of heredity and genetics in the development of seizure disorders. Besides the above causes, there are times when people find that certain incidents can trigger a seizure. This does not mean that it is the root cause of epilepsy. It might help to keep a diary and keep track of events, this may help show a pattern which may pinpoint an avoidable cause.

- Infections illnesses.
- Fever.
- Fatigue.
- Low blood sugar due to poor diet.
- Stress or anxiety.
- Insomnia.
- Alcoholism and drug abuse.
- Uncommon medicines, anti-depressants, anti-psychotic medication.
- Menstruation (periods).

