The Rosie Hospital

Do you suffer from epilepsy?
Are you taking medication for epilepsy?
Are you pregnant or planning to start a family?

Introduction
Many women have epilepsy. If you are among them then it is important that you plan your pregnancies due to the effects of epilepsy and medication during pregnancy. This means using effective contraception until you wish to become pregnant and discussing your treatment with your doctor or epilepsy nurse before you stop using contraception. This leaflet outlines some of the key things you need to know about all stages of getting pregnant and giving birth if you have epilepsy. If you have questions or queries please do not hesitate to ask – we are here to help.

Not getting pregnant – contraception
Like any other women, you will need to consider the range of contraception available particularly as your choice of contraception may be influenced by the anti-epileptic medication you are taking. For example, some drugs reduce the effectiveness of the oral contraceptive pill; therefore you would need extra measures to avoid unplanned pregnancy.

Thinking about getting pregnant
The majority of babies whose mothers take anti-epileptic medication during pregnancy have no problems at birth, but it is important that every mother reduces any risk to the minimum.

When you are thinking about getting pregnant, go and see your neurologist and nurse specialist so you can discuss and review your medication. They will have information on current research and be able to advise you on drugs and dosages which are appropriate for you but also, which carry fewer risks for your baby.

The neurologist or the epilepsy specialist nurse may advise you to reduce the number of drugs you are taking but at the same time will make sure that your seizures are kept under control.

At least one month before your planned conception you will be advised to start taking folic acid (a B vitamin) 5mg supplements, if you are taking antiepileptic medication. This is a higher dose than that taken by women without epilepsy and not taking antiepileptic medication. In epilepsy folate levels are depleted and this is associated with an increased risk of giving birth to a child with Spina Bifida. You will need to carry on taking folic acid for the first three months of your pregnancy.
Women prescribed phenytoin and other anticonvulsants that have been shown to induce the CYP450 enzyme are at a particularly high risk of vitamin D deficiency should take vitamin D 10 micrograms (400IU) daily in the pre-conception period and throughout pregnancy, in addition to high dose folic acid.

**Being pregnant**

During your pregnancy you might experience a change in seizure activity which is due to the various changes taking place in your body. If this happens, your medication dosage may need to be increased to keep seizures under control. Only the most severe seizures could affect your baby.

It is important that you follow all advice and treatment during your pregnancy so you can minimise seizures during pregnancy.

If you experience symptoms such as drowsiness, slurred speech and unsteady walking, it may be necessary to check blood levels of your anti-epileptic medication to ensure that they are within the acceptable treatment range.

There is insufficient evidence for oral vitamin K being given to women while pregnant, including those on enzyme-inducing AEDs. All babies born to mothers taking enzyme-inducing AEDs should have 1mg of intramuscular (IM) vitamin K (phytomenadione) to prevent haemorrhagic disease of the newborn.

During labour, it is important that you take your medication as usual.

After your baby is born, any increases in drug dosage that may have been made during pregnancy will be reduced to the way they were before pregnancy. This reduction will of course depend on your seizure control and blood levels of the drug.

**Breastfeeding**

Several antiepileptic medications are found in breast milk. This however should not stop you from breast feeding especially if you have been taking medications during pregnancy. You do need to have a conversation with your specialist regarding you specific medications before delivery as some e.g. Phenobarbitone and benzodiazepines may cause your baby to be drowsy and have difficulties with suckling.

When you decide to stop breastfeeding, it is important to avoid abrupt withdrawal of breast milk as babies can experience the same withdrawal symptoms as adults.

Alternating between breast and bottle milk is one way of making the change as it allows gradual reduction of the drug found in the breast milk.

Mothers are advised that if seizures still active or are poorly controlled, to sit on the floor leaning against a wall surrounded by cushions when feeding or nursing the baby in order to reduce the risk of injury from dropping the baby.

**Further information**

Further information can be obtained from the epilepsy nurse specialist: **Telephone: 01223 217992**

Ask your midwife, GP or obstetrician to refer you for pre-pregnancy/ pregnancy counselling.
We are now a smoke-free site: smoking will not be allowed anywhere on the hospital site. For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

Other formats:

If you would like this information in another language, large print or audio, please ask the department where you are being treated, to contact the patient information team: patient.information@addenbrookes.nhs.uk.

Please note: We do not currently hold many leaflets in other languages; written translation requests are funded and agreed by the department who has authored the leaflet.

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