Pregnancy and epilepsy

Patient Information
Antenatal

As a woman with epilepsy, you may be worried about how your epilepsy or the drugs you are taking will affect your pregnancy.

This fact sheet aims to answer commonly asked questions and explain your management throughout pregnancy.

1. Will my seizures affect my unborn child?

The unborn baby copes very well with the effects of a mother’s seizures. However, some types of seizure during pregnancy may increase the risk of harm to your baby. If you are worried, you should discuss this with your obstetrician or neurologist.

Try and avoid situations that could put you at risk if you do have a seizure. Do not take a bath alone, always use shallow water or shower. The British Epilepsy Association produces a safety fact sheet, which you may find useful.

2. Will the treatment I am taking affect the baby?

The chances of having a healthy baby are over 90% if you have epilepsy. However it is important to know that:

- Two to three in every 100 babies born to women without epilepsy will have some form of abnormality.
- Having epilepsy increases this risk slightly to 3.5 per 100 babies
- If you are taking one AED the risk increases to 4.5 per 100 babies
4. What will happen to my seizures during pregnancy?
For most women the number of seizures stays the same as before pregnancy or they have fewer seizures. Sometimes the seizures even stop during pregnancy. However about one in three women will have an increase in the rate of seizures. One of the commonest reasons for an increase in fits is stopping or reducing your tablets during pregnancy. Other reasons include:
- Pregnancy itself
- Nausea and vomiting
- Lack of sleep
If you have not had a fit for many years you are unlikely to fit unless you discontinue or decrease your AED’s. However if you do have a fit you should report it to your doctor.
It is a good idea to keep a seizure diary whilst you are pregnant.

3. Will my baby have epilepsy?
Three babies in 100 born to women with epilepsy will also be epileptic. This can be higher if lots of your family also have epilepsy.

If you are already pregnant, do not reduce or stop your current treatment.

5. Will morning sickness affect my epilepsy?
Not all women get morning sickness when they are pregnant. For some it can be a real nuisance and can happen any time of day. Try to delay your morning dose of AED until after the sickness has passed each day. If you are sick within one hour of taking your tablets, especially if you see the tablet you should take a second dose.
The usual treatments for severe morning sickness do not interfere with AED.
6. Will my dose of AED need to be changed during pregnancy?
Sometimes your dose may need to be changed. You may need to change when you take you AED’s if you get morning sickness see question five.

7. Am I more likely to have complications in pregnancy than a woman who does not have epilepsy?
A recent review of all the women with epilepsy in this unit has shown no difference in complications of pregnancy. Except in those women who have regular fits where there is small chance your baby may be a little small.

8. What about the risk of SUDEP?
Sudden unexpected death in epilepsy (SUDEP) is a very rare complication of epilepsy and it is not know whether pregnancy affects it occurrence. However it is know that it is more common in women who do not take prescribed anticonvulsants and have fits.

9. How often will I be seen in the consultant clinic?
You will be seen early in your pregnancy and a care pathway will be set up for you. Depending on your needs you may just see your midwife, you may be seen for one visit by your consultant or you may be seen regularly with extra scans throughout your pregnancy. It may also be important for you to see your neurologist.

Labour
As a woman with epilepsy, you may be concerned about how your epilepsy or the drugs you are taking will affect your labour.
This information aims to answer commonly asked questions and explain your management through your labour.
Most women with epilepsy labour very well, but there is a small increased chance of having a seizure. (About one to two women with epilepsy in every 100 will have a seizure during labour). It can be difficult to decide whether a seizure is due to your epilepsy or to problems associated with pregnancy itself - eclampsia.

1. Are there any special precautions I should take whilst in labour?
Tiredness, fear, exhaustion and pain may well bring on seizures even if your epilepsy is well controlled. Ideally you should not actively labour for a long time. Make sure you have adequate pain relief - see below.

2. How long should my labour last?
It is difficult to give a precise figure because the length of labour and how the baby progresses through the birth canal varies from woman to woman. If you were progressing normally we would not speed your labour up.
3. Should I have an elective caesarean section or an operative delivery routinely?
Most women with epilepsy deliver their baby normally. If your epilepsy is very difficult to control then sometimes we would consider an elective Caesarean section.

4. What form of pain relief is safe in labour?
Most are perfectly safe. TENS machines are fine. Gas and air is also safe, providing you do not over breathe when you are using it (because this can trigger seizures). You should avoid pethidine (as very occasionally it may trigger a seizure). As an alternative you can have Meptid. Epidurals are also safe for women with epilepsy.

5. What if I should have a seizure during labour?
The doctors and midwives will cope and there is very little chance of even a major seizure harming your baby. If you have a seizure you may well have others, so in addition to your normal AED (anti-epileptic drugs) you may be given some intravenous medication to control the seizures during the rest of your labour.

6. What about my usual medication when I am in labour?
You should continue to take your normal AED’s. You should bring some in with you, as we may not have your tablets in stock. It is important to continue taking your tablets at your usual time and dose. You may need to remind the midwife looking after you of this.

7. Where can I deliver?
Home birth and delivery in the pool is unfortunately not advised, as it would put you and your baby at great risk should you have a fit. However so long as there are no other concerns you may be able to deliver on the Marton Suite, this will be discussed with you.

Remember that most labour’s go well for women with epilepsy. The risk of having a seizure is small but there is a need to make sure that labour does not go on for too long and that you do not become exhausted.

Many women with epilepsy are more apprehensive about labour than women who do not have epilepsy. It is important for you to talk with your midwife and attend antenatal classes and to have support from a birthing partner.
Postnatal

As a woman with epilepsy, you may be concerned about how your condition or the drugs you are taking will affect you in the postnatal period. This fact sheet aims to answer commonly asked questions.

Although you have wanted your child and you are thrilled at his or her birth, looking after your child for the next year or so is an exhausting process which may leave you short of sleep. Sleep deprivation and exhaustion can often make your seizures worse, so you need support and help in order to enjoy bringing up your child. Immediately after birth it is important that you continue to take your medication in the usual dose and get some rest and sleep. By the time you take the baby home you and your partner should have worked on a pattern of care for the baby that will keep baby safe if you have a seizure. There is very good evidence that if you take some common sense precautions there is very little risk to your baby.

1. Can I breast feed?

Yes.

- There are positive advantages to breast feeding in terms of bonding more closely with your baby.

- It is important to remember that through the nine months of your pregnancy the baby has been getting used to the anti-epileptic drugs (AED) you take because they enter his/her body through your blood stream. If your baby is born at term then he or she can cope with AED in your breast milk.

- If your baby is premature then you should discuss breast-feeding with your paediatrician. Some drugs such as phenobarbitone and Lamotrigine can accumulate in a pre-term baby. But this is depends on how early your baby has been born.

- A sudden withdrawal of the drug after delivery may cause your baby to be irritable for a short period of time. Breast feeding can help stop this happening. Some mothers who do not wish to breast feed long term add some expressed milk to formula feeds for the first few days after delivery to help prevent withdrawal “jitters”

- If your baby is sleepy or has to be woken for feeds you should feed your baby before you take your tablets.

- Breast-feeding can be quite tiring. Breast-feeding is done on demand and babies often need to be fed every two to three hours (unlike bottle fed babies). If you are going to breast feed then keep going with it. Get hold of a breast pump, express some milk so that your partner can bottle feed or cup feed baby in the night with your milk, you can then get enough sleep. Make sure you get some sleep during the daytime, when your baby is asleep.

- Weaning the baby takes place in the normal way from four months of age. Weaning too early can give rise to colic and that means a noisy baby: for someone who is sensitive to sleep loss that may not be a good thing.
2. How can I protect my baby from the dangers of having a seizure?

If you take some simple precautions (that should be taken by all mothers whether they have epilepsy or not) the risk of you having a seizure that could harm your baby is very small.

- It is important to avoid becoming exhausted both emotionally and physically. Sharing the care of the baby at night does seem to be important so that you can get good nights sleep. If you have epilepsy other people will be worried about the effect your seizures may have on your baby and may seek to overprotect you and take over a lot of the care for your baby. You must try and prevent this and maximise the opportunity to bond with your baby but with minimal risk.
- When you feed the baby, feed the baby on the floor on a towel or a rug with you sitting on the floor, perhaps with your back against a wall. This means that if you do fall the baby won’t fall very far. Likewise change the baby on the floor (if you do it on the bed there is always the chance that the baby will wriggle or roll off the bed).
- When the baby is older and is in a chair make sure that the chair is not too high, so that if you have a seizure you won’t knock it over.
- Never bath you child on your own. Always have someone with you to help the child if you should ever have a seizure. Remember that it is not just major convulsive seizure that can be dangerous.
- Never have your baby in the bath with you unless there is somebody in the bathroom with you.
- When you are carrying your child up and down the stairs, carry it secured in a carrycot so that if you were to drop the baby it would have some protection. Going up or down stairs having a seizure and dropping the baby is one of the commoner ways that a baby can come to harm. It may be better, if you have lots of seizures for someone else to carry your baby up and down stairs for you.
- When your baby is older it is important to be able to contain his or her ability to crawl, toddle or walk away from you into unguarded or unsafe areas, if you were to become unconscious in a seizure. Use safety gates, safe baby harness and playpens.
- Make the house safe and baby proof. So that if your baby were to wander off whilst you were having or recovering from, a seizure s/he couldn’t come to any harm from unguarded fires, unprotected electric plugs, or in the kitchen being able to pull down pots and pans from the stove. All mothers should take these precautions, but they are particularly important if you are prone to periods of unconsciousness
- When you take your child out and s/he is on reins always make sure that the reins are attached to you in such a way that if you were to fall and become unconscious for a while your child would remain attached to you and could not wander off. If using a pram make sure it has a brake which will come on automatically if you let go of the handle. If you were to fall and become unconscious you would want the pram to remain with you and not carry on down the street or across the road. For this reason always cross the road on pedestrian crossings, if you possibly can.
• The last precaution to take is to make sure that as soon as possible (certainly by the age of three) your child knows what to do if you have a seizure. How to phone for help, to a relative or friend (you may need to install some kind of panic alarm for this). You should teach your child to stay with you whilst you have the seizure. There is no problem to your child witnessing your seizure, but remember that when you recover s/he may have been frightened and may have felt it was his or her fault in some way and that you have withdrawn affection. Be affectionate to your child after your seizure, explain what to do and make sure your friends and family accept that your child will be able to deal with your seizures. If they panic your child will panic: if they remain calm and deal with your seizure in a capable way, so will your child. Don’t conceal your epilepsy.

• Teaching your child to remain calm and deal with your seizure is important: but don’t turn him or her into “mummy’s little helper”. Your child has their own life to lead and should not become your carer.

3. Should I do anything after having my baby?

If your pregnancy was unplanned, now is the time to make any changes and adjustments to your medication before your next pregnancy. Make sure you are using contraception and consult your doctor or epilepsy nurse.

If your dose of AED was increased during the pregnancy it may need to be reduced back to its previous dose: this is not always necessary.

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### Getting more information

**The British Epilepsy Association**

www.epilepsysociety.org.uk

They also have a help line if you need to talk to someone:

01494 601 400

Monday-Friday, 9am-4pm, national call rate.

**Epilepsy Action**

www.epilepsy.org.uk

They also have a help line if you need to talk to someone:
Comments, compliments, concerns or complaints

South Tees Hospitals NHS Foundation Trust is concerned about the quality of care you receive and strives to maintain high standards of health care. However we do appreciate that there may be an occasion where you, or your family, feel dissatisfied with the standard of service you receive. Please do not hesitate to tell us about your concerns as this helps us to learn from your experience and to improve services for future patients.

Patient Advice and Liaison Service (PALS)

This service aims to advise and support patients, families and carers and help sort out problems quickly on your behalf. This service is available, and based, at The James Cook University Hospital but also covers the Friarage Hospital in Northallerton, our community hospitals and community health services. Please ask a member of staff for further information.