

EPILEPSY FACT SHEET

Pregnancy and Epilepsy

Over 90% of women with epilepsy have healthy babies.

There is, however, a slightly increased risk of malformations or other health risks to the fetus in women with epilepsy with 4 – 6% of children having birth defects. The type of anti-epileptic medication(s) (AEDs) used, prenatal care, and genetic history can affect the health of a developing fetus.

Women with epilepsy have fewer children than women in the general population. Reasons for this include social and family pressures to refrain from having children, a higher incidence of reproductive disorders such as polycystic ovaries, abnormal menstrual cycle and early menopause, as well as the effects of seizures and seizure medications. The incidence of miscarriages is the same for women living with epilepsy as it is for women without epilepsy. **Despite some medical and social risks, most women with epilepsy can and do have normal pregnancies.**



Preparing For Pregnancy

Pre-planning and good communication with your health care practitioners is vital to ensuring the health of you and your child. Pre-pregnancy counselling should include reviewing:

- ❖ Your genetics;
- ❖ Your AEDs and their dosages;
- ❖ Supplemental vitamins;
- ❖ Seizure management during pregnancy, labour, and after birth.

A health care team for pregnancy counselling could include a combination of a family physician, obstetrician and/or gynecologist, genetic counsellor, neurologist, midwife, pediatrician, family counsellor, and community health workers.

Creating a Support Network

A support network is incredibly helpful during pregnancy. This could include medical practitioners, family counselling services, and supportive friends or relatives. This network can assist in decreasing the stress of epilepsy in pregnancy caused by things like social stigma, isolation, and increased medical needs such as adjusting medications or increased medical appointments. You may also want to locate disability services to aid in transportation and advocacy issues. The Epilepsy Association of Calgary can help direct you to the appropriate services.

Lifestyle Choices

Prepare your body for a healthy pregnancy by finding the right medication dose and taking your medication regularly; ensuring adequate sleep; avoiding drinking, smoking and narcotics; managing stress; eating a balanced diet, and taking a folic acid supplement for healthy fetal development.

Frequently Asked Questions

Does seizure risk increase with pregnancy?

Seizure frequency can increase, decrease or stay the same during pregnancy. Increased seizure frequency can occur from hormonal effects, non-compliance with AEDs, change in AEDs, or metabolic changes in the body. Around 25% of women experience increased seizure frequency during pregnancy. Seizure complications during pregnancy can lead to maternal injury, fetal injury, infant distress or *status epilepticus* (a dangerous seizure that lasts more than 5 minutes). Seizures do not appear to increase the risk of birth defects in the developing fetus.

Reduce your risk of increased seizures by working with your healthcare team to get your seizures under control *before* you become pregnant.

How to AEDs affect pregnancy?

All AEDs can slightly increase the risk for birth defects. It is critical that women who are treated with AEDs continue their medication when they become pregnant. *Never discontinue medication without consulting your healthcare practitioner*, as it can increase the risk of seizure occurrence. Convulsive seizures have more risk than medication on fetal and placental trauma.

Ideally, a woman should give her doctor enough time to adjust AED medication before she tries to become pregnant. Using only one AED is preferred because the risk of fetal malformations increases with increased number of medications. Pregnancy may cause changes in the metabolism of your AED(s). Regularly scheduled appointments with your healthcare practitioner can ensure your AED dosage is adjusted accordingly.

How can birth defects be avoided?

Different drugs carry different risks, and different types of epilepsy and genetic history can make a child more or less vulnerable to health challenges. *Consulting with healthcare practitioners will help you understand AED risk and interactions between AEDs and over-the-counter medications.* Schedule regular medical check-ups to monitor your AED levels and discuss drug compliance issues both during and after pregnancy. It is also important to optimize your sleeping habits and nutritional status. Taking a daily folate (folic acid) supplement is highly recommended before and during pregnancy, as many AEDs decrease folate levels. This deficiency can lead to abnormal fetal development.

Will I have a seizure during delivery?

Discuss the likelihood, risks, and treatment of seizures while giving birth with your healthcare practitioners during your prenatal visits. It is unlikely that the onset of labour will trigger a seizure; however, lack of sleep, missed drugs, pain, anxiety, and changes in metabolism may contribute to seizures after giving birth.

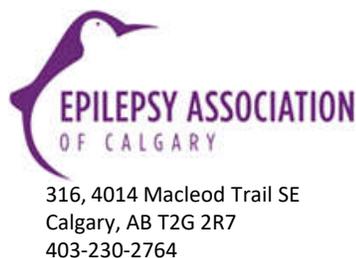
Will the baby inherit epilepsy?

The risk of someone with epilepsy having a child with epilepsy is very small.

For Further Information Contact:

Physician or Healthcare Provider

Physician's discussion checklist for women with epilepsy https://www.epilepsy.com/sites/core/files/atoms/files/discussion_checklist.pdf	Epilepsy and Pregnancy by the Epilepsy Foundation https://www.epilepsy.com/living-epilepsy/women/epilepsy-and-pregnancy
AED Pregnancy Registry Empowering women through AED research http://www.aedpregnancyregistry.org	MotherRisk Helpline for risk or safety regarding OTC medication and exposures during pregnancy and breastfeeding 1-877-439-2744 (toll Free) http://www.motherisk.org



This information sheet provides general information for the public; it is not medical advice. All questions about epilepsy & pregnancy should be discussed with your physician.