Obstetrics and Gynaecology

Epilepsy and Pregnancy

Epilepsy is a very individual condition. Your seizures (fits) and how frequently you have them, how long they last and how severe they are is likely to be different from other people's seizures. The implications of your epilepsy may also vary over time and at different stages in your life.

This leaflet is designed to prepare you for pregnancy so that you know what to expect.

Medications in pregnancy

Ideally before you plan to get pregnant or in the early stages of your pregnancy you will have the opportunity to meet with your medical specialist and an Obstetric Consultant to discuss care options.

During this meeting your doctors should give you information on:

- The effects of pregnancy on your seizures.
- The risks and benefits of adjusting your anti-epileptic drugs.
- The risks of epilepsy /medication on your unborn child.
- The risk of your child developing epilepsy.

Most women who have epilepsy and who are receiving the best treatment have uncomplicated pregnancies, normal births and healthy children although the risk of complications during pregnancy and labour are greater than if you did not have epilepsy.

Your doctors will discuss with you the possibility of adjusting your anti-epileptic drugs whilst you are pregnant. Their aim will be to have you on the lowest dose possible that will still prevent seizures. This adjustment may mean reducing either the number of drugs you take or the overall dose. For women who have not had seizures for over two years before becoming pregnant it may be possible to withdraw the anti-epileptics drugs under close supervision by the doctors.

Folic Acid

Taking Folic acid before getting pregnant and for the first 12 weeks of pregnancy has been shown to reduce the risks of neural tube defects (such as spina bifida) in your baby. If you have epilepsy the dose you require is higher (5mgs) than for other women and you should continue to take it throughout pregnancy as anti-epileptic drugs can have an effect on the absorption of folic acid from your diet. Your doctor will need to prescribe this for you.

Effect of epilepsy on your developing baby

The majority of babies born to mothers with epilepsy are normal, however you do have a greater risk of having a baby with abnormalities than if you didn't have epilepsy. You will be offered all the routine pregnancy screening tests and a detailed scan at 20 to 22 weeks. Your scan will be carried out by an experienced Sonographer; however it is not always possible to detect all abnormalities.

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Risks of your child developing epilepsy

Parents with epilepsy have an increased risk of having babies that develop epilepsy. The risk is around three babies being affected out of every one hundred born to parents with epilepsy. The risks are higher if there is a family history of epilepsy or with some specific syndromes.

Care in labour

Your care in labour will be the same as for other women who do not have epilepsy, although it is recommended that you have your baby in a hospital where there is access to medical care rather than at home. The risk of you having a seizure during labour or the first 24 hours after birth is low (between one and four women in every hundred who have epilepsy). You can have the many of the forms of pain relief in labour but pethidine should be avoided, if possible, as it can have the effect of decreasing the level at which you might have a seizure. You should continue to take your antiepileptic drugs.

Exhaustion after birth and seizures

Lack of sleep can make your seizures more likely. Try to rest whenever you can. You may like to ask your partner or family members to help you with caring for baby initially so that you can get plenty of rest.

Vitamin K

If you are taking certain anti-epileptic medications (carbamazepine, phenobarbitone, phenytoin) you will be offered a supplement of Vitamin K (10mgs daily) from 36 weeks of pregnancy as these medication affect vitamin K absorption.

You will be offered a vitamin K injection for your baby to prevent the risk of Haemorrhagic Disease of the Newborn (HDN) shortly after birth. A full information leaflet is available on this. Your baby is at an increased risk of developing HDN (seven babies in every 1000) compared to four in 1000 if you did not have epilepsy.

Caring for your baby

Most new mothers with epilepsy experience no greater difficulties in looking after their children than women who do not have epilepsy.

Some new mothers with epilepsy have particular concerns with issues such as tiredness, breastfeeding and safety. Being well informed, supported and counselled provides many women who have epilepsy with the confidence and understanding to manage what is generally a very happy time, but one which can also be tiring and stressful.

Overprotection

Identifying and introducing some carefully considered safety precautions in the home can help to reduce risks, build confidence and enables you to care for your baby safely.

You may have some concerns about how your epilepsy may affect your ability to safely care for your baby - with good support and information you do not need to be ‘overprotective’ of your baby.

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Safety

There are many wide ranging precautions which any mother might wish to consider when having a new baby or young child to care for. This equally applies to you. Introducing a few simple safety precautions may significantly reduce the risk of accidents and minimise anxiety. An approaching birth can be an ideal opportunity for you to review and consider the best and most helpful measures to attempt to ensure the maximum safety for both you and your baby.

A change to the frequency of seizures or seizure pattern may occur for some women. A mother who has seizures involving loss of consciousness will need to take more care than a mother who rarely has a seizure or one who has reliable and sufficient warning before a seizure. It is therefore important to identify a safe convenient area for the baby if you should feel unwell e.g. playpen, cot or other safe place.

Feeding

Except in very rare circumstances breastfeeding for most women taking anti-epileptics drugs is perfectly safe and should be encouraged as it increases the bonding between mother and baby. However, you will be supported in the choice of feeding method which best suits you.

Breastfeeding can be tiring, as many babies need feeding every few hours initially. Irregular feeding patterns resulting in lack of frequently interrupted sleep for the mother may act as a 'trigger' and increase the likelihood of seizures for some mothers. Your midwife can help you to learn your baby's feeding cues and help you to position your baby correctly so that effective feeding is established quickly.

You need to feel comfortable and secure before feeding your baby. Whether you are breast or bottle feeding, the risk of dropping your baby can be reduced by sitting on the floor with your back to the wall for adequate support. Well positioned cushions placed on either side can help reduce the risk of your baby falling far or onto a hard floor should you have a seizure.

If you are breastfeeding and taking anti-epileptic drugs and you feel that your baby is particularly drowsy or sleepy you should contact your GP.

Most high chairs are adaptable and by sitting the chair at its lowest level and placing it where it is least likely to be knocked over you can safely feed your baby as he/she grows older.

Bathing

Bathing a baby or child is the one task that you should do when there is someone around for support and not when you are on your own. Avoid using a bath stand; put the baby bath on the floor or in the big bath instead. It is never advisable for you to have your baby in the bath with you. As an alternative you can sponge your baby down on a changing mat or towel at floor level.

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Changing the baby's nappies or clothes

It is safer to always change your baby's nappies or clothes at floor level. Avoid using a changing table or your bed as your baby may wriggle and fall off.

Carrying the baby/child

If you have seizures where you loose awareness or consciousness try to limit the times when you are carrying you baby around. Keep supplies of baby changing materials both up and down stairs to avoid the need to carry your baby/child up or down stairs unnecessarily. If possible, ask another family member to carry your baby or child on the stairs, but where it is unavoidable, using a carrycot may reduce the risk or injury to your baby if he/she is dropped.

Inside the home

Safety gates and other safety accessories e.g. cooker guards can be useful but may need to be adapted. You will also need to take particular care when making or holding hot drinks.

Outside the home

When taking your baby outside the home some mothers have used a length of cord tied both to the pushchair and to their wrist to stop the pram from running away, should they lose awareness or consciousness. The cord should be long enough to ensure the pushchair is not pulled over. Alternatively, a brake can be fitted which operates to halt the pushchair when the handle is released. It may be helpful for you to consider ways to minimise the risk of your child wandering either within or out of the house if you were to become unconscious.

When the child is older, walking with a wrist rein may help to prevent your toddler from wandering off. You may also wish to consider some form of identification. This is available in various forms i.e. jewellery items or identity cards. **The National Society for Epilepsy can give you further information (01494 601400 or www.epilepsynse.org.uk).**

Safety of medicines

It is strongly recommended as with any medicines that anti-epileptic drugs should be locked away from children at all times.

There is national Epilepsy and Pregnancy register which is collecting information on pregnant women with epilepsy. You can register your pregnancy on the website **www.epilepsyandpregnancy.co.uk**

Other sources of information

www.epilesy.org.uk

This leaflet is based on information from the National Institute of Clinical Excellence and the National Collaborating Centre for Primary Care 'The Diagnosis and Management of the Epilepsies in Adults and Children in Primary and Secondary Care' (2004).

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Important information

Please remember that this leaflet is intended as general information only. It is not definitive. We aim to make the information as up to date and accurate as possible, but please be warned that it is always subject to change. Please, therefore, always check specific advice on the procedure or any concerns you may have with your doctor.

After reading this information are there any questions you would like to ask? Please list below and ask your midwife or doctor.

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Reference

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Responsible Clinician: Nicola Mason, Project Co-ordinator, Obstetrics and Gynaecology

Hand Hygiene

In the interests of our patients the Trust is committed to maintaining a clean, safe environment. Hand hygiene is a very important factor in controlling infection. Alcohol gel is widely available throughout our hospitals at the patient bedside for staff to use and also at the entrance of each clinical area for visitors to clean their hands before and after entering.

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