



Pregnancy and the Mother's Health

Is it true that women with epilepsy should not have children?

No, that's not true. In the past, women with epilepsy were discouraged from having children, and, in some cases, were sterilized against their will to prevent pregnancy. But public understanding of epilepsy has grown, and the medical community has useful information to share with women who happen to have seizures and want to consider pregnancy. Over 90% of women with epilepsy who choose to become pregnant have healthy babies. However, there may be special concerns for women with epilepsy to consider.

Do women with epilepsy have problems getting pregnant?

Overall, women with epilepsy have fewer children than other women. This may be partly personal choice, but research has indicated that women with epilepsy have a higher rate of menstrual cycle irregularities and other gynecological problems that may interfere with fertility. It is important that you talk with your gynecologist/obstetrician and your neurologist before getting pregnant, if possible. Your epilepsy can affect the pregnancy, and pregnancy can change your seizure pattern and how your body uses antiepileptic drugs (AEDs). There is a slight risk that epilepsy and/or your seizure medication may have adverse effects on your baby. There are important prenatal vitamins containing folic acid that should be taken prior to getting pregnant, as some of the potential problems with your baby occur in the first few weeks of pregnancy, often before you realize you are pregnant. Check with your doctor about the exact dose of the folic acid supplement. You and your physicians can plan together about medication changes, and other factors that can make your pregnancy as safe as possible for you and your baby.

How can pregnancy affect my seizures?

Up to one third of women with epilepsy who become pregnant will have increased seizures during their pregnancy despite continued use of antiepileptic medication. During pregnancy, concentrations of seizure medication in your bloodstream may change or decrease, putting you at greater risk for seizures. Your physician may need to check blood levels of your medication more frequently, and may need to adjust your dose. The weeks right after delivery are another time when your hormones and your body chemistry may change, affecting levels of your seizure medication. Extra lab work may be necessary.

Is it true that medication taken for seizures may affect my child?

Women with epilepsy do have a greater risk of having a baby with certain kinds of birth defects. The rate is 4-6% for women with epilepsy, compared with a rate of 2-3% in the general population. We do not understand all the reasons for this difference. Some of the malformations may be caused by your seizure medication, or by your epilepsy, and for some we have no good explanation. Some may be due to inherited traits within a specific family, and genetic counseling may be helpful to you in assessing your risk. It is important to remember that even with the increased rate of certain kinds of birth defects, women with epilepsy who become pregnant have a better than 90% chance of having a healthy baby.



Should I stop my anti-epileptic medication before I get pregnant?

This is a complicated decision. Pregnancy without anti-epileptic medication might lessen some of the possible risks to the baby. If a woman has been seizure-free for many years, it may be possible for her and the physician to slowly discontinue medication before she attempts to become pregnant. Remember, you should never stop your seizure medication without the advice and supervision of your doctor.

However, the danger of seizures to both the mother and the child is a serious one. Seizures can result in falls, or cause oxygen deficiency for the baby. They can increase the risk of miscarriage or stillbirths. For most women with epilepsy, staying on medications poses less risk to their own health and the health of their babies than discontinuing medication and the subsequent risk of having uncontrolled seizures. In most cases, a single medication at the lowest possible dose that provides seizure control is the best option.

Are there other problems to consider besides my epilepsy?

Yes, women with epilepsy are more likely to have morning sickness and vaginal bleeding during pregnancy. There is an increased risk for premature labour and delivery. Sometimes labour does not progress normally and more women with epilepsy need to have cesarean sections to deliver their babies than other women.

There is a small risk that your baby will develop a bleeding problem in the first 24 hours after birth. Women with epilepsy are often given oral vitamin K supplements during the last month of pregnancy to lessen the chances of this happening to their babies.

Will I be able to breast-feed my baby?

Yes. For most women with epilepsy, breast-feeding is a safe option. All seizure medications will be found in small amounts in breast milk, but this usually does not affect the baby. Some women who are taking phenobarbital or primidone (Mysoline) will notice that their babies are too sleepy or irritable. If this is a significant problem, ask your physician about supplemental bottle feedings.

I'm taking birth control pills now. What if I get pregnant without meaning to?

If you have doubts about your birth control method, talk to your physician or nurse about alternatives. Contact the BC Epilepsy Society for the information sheet: *Epilepsy and Contraception*.

Contact your physician immediately about an unplanned pregnancy. For any woman, the early weeks of pregnancy pose the greatest risk of possible birth defects. Since the risk for women with epilepsy is even higher, it is important to have early prenatal care. Your physician can talk to you about tests that may detect some types of early malformations, and refer you for genetic counseling if necessary.

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