

Please ask if you require this information in other languages, large print or audio format: 01223 216032 or patient.information@addenbrookes.nhs.uk

Potete chiedere di ottenere queste informazioni in altre lingue, in stampato grande o in audiocassetta.

Italian

若你需要本信息的繁體中文、大字體或音訊格式的版本，請要求索取。

Cantonese

तमने आ माहिती नीछ भाषाओमां, मोटा अक्षरोमां अथवा सांभजी शकाय जेवा माध्यम (ओडीओ इमेज)मां जेछती छोय तो कृपा करीने पूछो.

Gujarati

تکایہ پرسیار بگہ نه گهر نهوزانیاریهت دهوی به زمانیکی تر . به پیتی گهوره یانیش به شیوهی دهنگ

Kurdish

آگه کوریه معلومات دوسری زبانون شه . بڑے الفاظ کی اشاعت میں یا آڈیو ٹیپ پر درکار ہوں تو برائے مہربانی اس کیلئے درخواست کریں۔

Urdu

Addenbrooke's is smoke-free. Please do not smoke anywhere on the site.



For advice on quitting, contact your GP or the NHS smoking helpline free, 0800 169 0 169

Document History

Authors	Erica Chisanga
Department	Addenbrooke's Hospital, Cambridge University Hospitals NHS Foundation Trust, Hills Road, Cambridge, CB2 0QQ www.addenbrookes.org.uk
Contact number	01223 217434
Published	Aug 07
Review date	Aug 09
File name	Epilepsy 04,07
Version number	V1
Ref	Rosie 02

The Rosie Hospital

Patient Information

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 levels of dosage which are appropriate for you but also which carry fewer risks for your baby.

The neurologist 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.

One month before your planned conception you will be advised to start taking folic acid (a B vitamin) 5mg supplements (a higher dose than that taken by women without epilepsy). 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.

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.

If you are taking medication known as enzyme inducing anti-epileptic drugs for example, Carbamazepine, Phenytoin and Topiramate, you will be asked to take Vitamin K 10mg supplements in the last month of pregnancy. This is to avoid bleeding disorders developing in your baby. Your epilepsy nurse, neurologist or obstetrician will ensure that you start this therapy through your midwife or GP. You will also be advised that your baby should be given a Vitamin K injection at birth for the same reason.

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 does of course depend on your seizure control and blood levels of the drug.

Breast-feeding

There is no reason why you should not be breast-feed when taking anti-epileptic medication. However, some medication such as Phenobarbitone may be passed over in the breast milk and could cause your bay to be drowsy and have difficulties with suckling.

For this reason, when you decide to stop breast-feeding, 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.

When you are breast-feeding sit on the floor so you reduce the impact of a fall on the baby if you were to have a fit whilst feeding.

Further information

Further information can be obtained from the epilepsy nurse specialist:

Telephone: 01223 217992
Pager: 17623 615181

Ask your midwife, GP or obstetrician to refer you for pre-pregnancy/ pregnancy counselling.