

**RUH**

**Patient information: Epilepsy in pregnancy**



**This leaflet contains some useful information  
on what you can do to reduce the risks of  
epilepsy to your unborn baby**



## Facts

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- Up to 1% of all people in the UK have epilepsy.
- Some 2,500 women with epilepsy have a baby each year.
- The vast majority will have a normal pregnancy and unchanged seizure patterns.
- Over 90% will have a healthy baby.
- However there is a small risk that your condition might affect your health and that of your unborn baby, so it is important to plan your pregnancy and birth with your consultant.

## I have epilepsy and am pregnant - what effect will this have on me?

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For most women having the condition will make no difference. But some women may find that they have seizures more often. This may be due to lack of sleep, or to morning sickness if you vomit just after taking your Anti-epilepsy drugs (AEDs).

It may also be due to the volume of blood in your body increasing, so the effect of the drugs is reduced and your epilepsy is less well controlled. So, you may need to change the type and amount of AEDs you take.

Your doctor will assess this, and you may well be able to return to your original dose after the birth.

## How about the effect on my unborn baby?

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Over 90% of women with epilepsy give birth to healthy babies.

Some types of AED can affect the baby's development in the early stages of pregnancy.

The first 12 weeks are the most important, when the baby is developing.

A small proportion of babies may be born with a physical defect such as a cleft palate, a hole in the heart, or a problem with spine development. Here are the figures:

- 1-2% of women without epilepsy (1-2 in 100) have the chance of having a baby with a defect.
- This increases to 3% of women with epilepsy who do not take AEDs (3 in 100).
- And goes up slightly to 4-9% of women with epilepsy who do take AEDs.
- Lamotrigine (Lamictal) and Carbamazepine (Tegretol) have the lowest risk and Sodium Valproate, especially at a dose of over 1000mg per day has the highest risk.

**Important: the risks to your unborn child are higher if you have a seizure and injure yourself through not taking your medication.**

## How can I expect to be cared for during my pregnancy?

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Your midwife will refer you to the Bath Royal United Hospital's maternal medicine clinic.

You will be asked to take 5mg of folic acid throughout your pregnancy. This will help the baby's spine to form.

You will have a detailed scan between 18-22 weeks to check your baby's anatomy.

The dose and type of AED that you are on will be reviewed. If you are taking Carbamazepine or Phenytoin, the doctors will offer you a vitamin K tablet to take daily from 36 weeks. Vitamin K helps blood to clot, and some AEDs reduce the level of vitamin K in the body. This will help to prevent bleeding problems in your new born baby.

It is very important to discuss the birth and labour process with your consultant. Inform him or her of what triggers your epilepsy. Talk about how common epilepsy triggers (such as exhaustion and hunger and thirst) might be managed during labour.

## What will happen when I am in labour?

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An overwhelming majority of women with epilepsy have straightforward deliveries and a healthy baby.

The risk of having a seizure in labour is 1-2%. You will be asked to deliver at the Royal United Hospital in Bath so experts are on hand in case you have a seizure.

Sleep deprivation, fasting, hyperventilation and stress are major causes of seizure. These are common during labour. So it's very important to discuss this with your midwives and the consultant on call when you are going in to labour.

Reasonable steps should be taken to avoid these potential triggers: for example even if fasting is necessary, you can still take glucose tablets or something similar.

You should be offered one-to-one support where possible to minimise stress and to make sure you are safe in the event of a seizure.

Remember to bring your AEDs and to take them at the right times. If you forget them, try to get someone to bring them to you, rather than risk taking a generic drug which may have different effects.

If you need induction or a Caesarean-section, there should be minimal delay to reduce stress.

For pain relief you may try gas and air or have an epidural or use a TENS machine but Pethidine is not used as it may trigger seizures.

## How about after the baby is born?

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- Make sure you plan your return home to reduce stress.
- Try to avoid getting too tired as exhaustion can cause seizures - perhaps get help from friends and family.
- You can breast feed if you like. Small amounts of AEDs may enter the breast milk, but not enough to affect the baby.
- If you have frequent seizures think about getting a pram that has a brake that works if you let go. Feed, dress and change your baby while sitting on the floor with your back against a wall and surrounded with cushions. Sponge your baby down on a changing mat rather than in a bath.

## Will my baby get epilepsy too?

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It is unlikely. Here are the figures:

- If one parent has epilepsy, a baby has a 4% (4 in 100) chance of developing the condition.
- If both mother and father have epilepsy the baby has a 15% (15 in 100) chance of developing it.

## Further information

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[www.epilepsyandpregnancy.co.uk](http://www.epilepsyandpregnancy.co.uk)

[www.epilepsy.org.uk](http://www.epilepsy.org.uk) or call their helpline:

Tel 0808 800 5050

## Contact telephone numbers:

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Monday-Thursday 9am-5pm and Friday 9am-1pm:

- **Antenatal clinic**                      **01225 824659**
- **Antenatal reception**                **01225 824645**