

# Epilepsy and Pregnancy



Name:

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Who to contact and how:

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Notes:

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# Information for patients

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## Introduction

Epilepsy is common and it affects around 456,000 people in the UK. The main symptoms of epilepsy are repeated seizures. It is hard to predict how pregnancy will affect epilepsy. For some women their epilepsy is unaffected, others may see an improvement in their condition, while others may find their seizures become more frequent and severe.

## Your Care during Pregnancy

As early in pregnancy as possible, you will be referred to an obstetrician who will discuss and plan your care during pregnancy. If necessary, a neurologist may also be involved in putting this plan together.

## Drug Treatment

Many women with epilepsy use drugs to keep their seizures under control. In general, these drugs increase the risk of physical defects in the developing baby. They can cause a range of conditions such as spina bifida, heart abnormalities and cleft lip. For a woman without epilepsy who is not taking medication, the chance of one of these type of problems arising is around 1 in 50. For a woman who takes drugs to control epilepsy, that risk increases to between around 1 in 25 to 1 in 12. This means that most women taking anti-epileptic drugs will have a healthy child.

To minimise the risk to your baby's development it is sometimes possible to switch to safer drugs, cut the dose or change the way the drugs are given. **This should only be done by a professional who has specialised knowledge in the treatment of epilepsy.** It is usually better to make any changes to drug treatment before rather than during pregnancy. **Do not alter drug treatment or stop taking treatment without taking specialist advice, especially during pregnancy. A severe seizure during pregnancy could result in the death of both mother and baby.**

If you are taking drugs to control epilepsy it is recommended that you take a high (5mg) daily dose of folic acid as soon as you start trying for a baby. Your GP will need to prescribe this as it is a higher dose than you can buy over the counter. The folic acid may protect your baby against the effects of your anti-epileptic drugs. If you become pregnant unexpectedly and have not been taking folic acid, start taking it straight away. Folic acid should be taken until the end of your first trimester (12 / 40 gestation).

## UK Epilepsy and Pregnancy Register

This register has been established to gather information about the frequency of malformations in babies of mothers taking anti-epileptic drugs. Registration is completed by the mother (0800 389 1248, [www.epilepsyandpregnancy.co.uk](http://www.epilepsyandpregnancy.co.uk)).

# Information for patients

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## Antenatal Care

You will be offered ultrasound scans to help detect any physical or structural problems with your baby. **Please inform the sonographer that you are epileptic and which drugs you take.** You may be offered extra blood tests to check the levels of treatment drugs. If there is a strong history of epilepsy in your family or your partner's family, your care team will talk to you about the possibility of your baby inheriting the condition.

## Labour, Birth And After

Although there is only a low risk of having a seizure in labour, it is recommended that you give birth in hospital. A water birth is not advised. During labour you will be looked after by a midwife, and doctors will be available if you need their help.

Because some anti-epileptic drugs reduce the ability of your baby's blood to clot you may be given vitamin K to take in the later stages of your pregnancy, although there is currently no preparation licensed for use in pregnancy. You will be offered a vitamin K injection for your baby.

There is usually no reason why you can't breastfeed your baby. Even if some of your medication gets into your milk, the benefits of breastfeeding often outweigh any risks. Your midwife or obstetrician can give you advice based on your circumstances.

## References

NHS Choices: Epilepsy and Pregnancy

[www.nhs.uk/Planners/pregnancycareplanner/Pages/Epilepsy.aspx](http://www.nhs.uk/Planners/pregnancycareplanner/Pages/Epilepsy.aspx)

Epilepsy Action: Epilepsy and having a baby [www.epilepsy.org.uk/print/book/export/html/57937](http://www.epilepsy.org.uk/print/book/export/html/57937)

National Institute for Clinical Excellence: The Epilepsies. Clinical Guideline 20

[www.nice.org.uk/CG20NICEguidelines](http://www.nice.org.uk/CG20NICEguidelines)

Scottish Intercollegiate Guidelines Network: Guideline 70 Diagnosis and management of epilepsy in adults. Section 5 Contraception, pregnancy and HRT

[www.sign.ac.uk/assets/sign143\\_2018.pdf](http://www.sign.ac.uk/assets/sign143_2018.pdf)

## Contact Details within the Trust for Patients to Obtain Additional Information

Grimsby: Acorn Suite Manager 03033 304767

Scunthorpe: Antenatal Clinic Manager 03033 305174

Goole: 03033 304079

# Information for patients

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## Any Comments, Compliments, Concerns or Complaints

If you have any other concerns please talk to your nurse, therapist or doctor. Our Patient Advice and Liaison Service (PALS) are available on 03033 306518 (Grimsby, Scunthorpe and Goole). You can also contact [nlg-tr.PALS@nhs.net](mailto:nlg-tr.PALS@nhs.net)

As a Trust we value equality of access to our information and services, therefore alternative formats available on request at [nlg-tr.interpreters@nhs.net](mailto:nlg-tr.interpreters@nhs.net)

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