

Epilepsy and Medicines:

Despite medical progress, epilepsy cannot be monitored in the same sense that an infection can be monitored. However, seizures can be completely or significantly reduced in most people who have the disorder. This control is achieved through regular, daily use of anti-seizure drugs called anticonvulsants. Doses may have to be taken up to four times a day, and people with epilepsy therefore usually carry their medication with them. To miss a scheduled dose is to risk a seizure.

Women and Epilepsy: Women with epilepsy have many questions about epilepsy and their own health, pregnancy, and the well being of their future children. This pamphlet will help to provide general information and make it easier to ask questions when visiting your family doctor, neurologist, gynaecologist or obstetrician.

Menstruation & Epilepsy: Epilepsy at the time of menstruation is known as catamenial epilepsy. For some women seizure frequency may increase at the time of menstruation and, in others, seizures occur only at this time. The reason is uncertain, but it is the thought that changes in hormone levels and epileptic medication levels, fluid retention and possibly pre-menstrual tension may be the cause. Keeping a record of seizures may help identify a relationship between seizure frequency and menstruation and assist your doctor in formulating a suitable treatment plan.

Oral Contraceptive Pill: There is no evidence to suggest that the contraceptive pill can influence epilepsy in any way, either reducing or increasing seizure frequency. Generally, the main concern women with epilepsy have is the effectiveness of oral contraception in preventing conception. Some medications for epilepsy can reduce the effectiveness of the pill, leading to possible 'pill failure' and pregnancy. Breakthrough bleeding may also occur. These problems may be overcome by using a higher dose pill.

Pre-Pregnancy Counseling: Pre-pregnancy counseling is very important as your medication and epilepsy management may need to be reviewed well before pregnancy. By working with your doctor you will minimise any risk to your future child. This is the time to ask important questions, eg. Can specific medications for epilepsy affect the unborn?

Some medications for epilepsy are associated with a higher risk of birth defects than others. Pre-pregnancy planning allows your doctor to reassess your treatment and if needed:

- * adjust your dose
- * change your medication and monitor its effectiveness or
- * withdraw medication.

While the risk of birth defects exists, 95% of women with epilepsy have healthy babies.

Can anything be done to minimise the risk of birth defects?

Some medications for epilepsy can increase the risk of spina bifida (abnormal development of the spine often causing leg weakness and impairment of bladder control). Increasing your intake of folic acid prior to conception and for the first three months of pregnancy might decrease this risk.

Maintaining a healthy diet, regular exercise and abstaining from tobacco and alcohol will assist in minimising risks in pregnancy.

Pregnancy

During pregnancy many bodily changes occur. The most common questions asked are:

Will pregnancy affect seizure control?

For most women seizure control remains unchanged during pregnancy. Some women will experience fewer seizures and others may find their seizures more difficult to control. It is important to advise your doctor of any seizures during pregnancy. Status epilepticus and prolonged seizures in pregnancy are considered a medical emergency.

Is it necessary to continue taking medications while pregnant?

Seizure control during pregnancy is essential for the well being of you and your future child. Stopping treatment may pose a greater risk to you both than any possible effects of antiepileptic medication.

Unplanned pregnancy

In the event of an unplanned pregnancy, you should continue taking your medication and speak to your doctor as soon as you can. Ongoing medical supervision will ensure the best outcome for you and your future child.

Breast feeding

Most mothers wish to breast feed and are usually encouraged by their doctor to do so. The presence of antiepileptic medications in breast milk rarely causes problems to the baby. If your baby continually appears drowsy seek specialist advice. Breastfeeding can be a tiring process and lack of sleep may trigger seizures in some mothers. These aspects should be fully discussed with your doctor.

Medication

Will any changes have to be made to my medication before I become pregnant?

It is very important for women with epilepsy to talk to the doctor responsible for their epilepsy treatment ideally before conception or if not, as early on in pregnancy as possible. If they have been free of seizures for more than two or three years the doctor

may consider the withdrawal of the anti-epileptic medication. It should be taken into consideration what the effect would be on that person's lifestyle if they had another seizure eg the loss of a driving licence or possible employment implications. If someone is still having seizures the medical practitioner will want to make sure that the individual is on the lowest dose of the most effective treatment which gives the best control of seizures. Any changes to medication should always be under the supervision of the doctor.

During pregnancy the body uses up more of the anti-epileptic medication and the levels of the drug within the blood may fall so blood levels should be monitored regularly and the dose may have to be increased.

HOW GREAT ARE THE RISKS OF TAKING ANTI-EPILEPTIC MEDICATION DURING PREGNANCY?

It is commonly recognised that during pregnancy it is best to avoid any drug including both alcohol and tobacco. However, women with active epilepsy will still need to continue taking their anti-epileptic medication and running the risk of having a seizure are generally greater than the risks associated with taking anti-epileptic drugs.

WHAT ARE THE RISKS?

The problems which may affect children born to mothers taking anti-epileptic medication may include abnormalities such as hare lip or cleft palate. Sometimes malformation of the limbs may occur and more rarely of the internal organs. Problems associated with anti-epileptic drug also include that of neural tube defects (an example of which is spina bifida).

AM I LIKELY TO HAVE AN INCREASE IN SEIZURES DURING PREGNANCY?

Most women with epilepsy do not have an increased number of seizures during pregnancy but for those who do (between 17 and 37 %) this increase is often associated with anti-epileptic medication not being taken properly (or not working properly because of vomiting), sleep deprivation or because being pregnant has caused the drug levels in the blood to fall.

In about 50% of women their epilepsy can be controlled during pregnancy, often because they are more careful about getting enough sleep and about taking medication regularly.

WHAT IS THE LIKEHOOD OF HAVING A SEIZURE WHILST IN LABOUR?

Only 1-2% of women with active epilepsy will have a tonic-clonic seizure in labour and a further 1-2% will have one in the next 24 hours. Anti-epileptic medication should be taken as normal during labour. Deliveries should be in hospital and the delivery suite made aware of a diagnosis of epilepsy and the treatment. It should always be remembered

that the vast majority of women with epilepsy have uncomplicated pregnancies with normal deliveries and healthy babies.

WILL I BE ABLE TO LOOK AFTER THE CHILD?

If seizures are well controlled, having epilepsy will not interfere greatly with looking after a child. If seizures are not well controlled then risks do exist and these risks will depend on the nature of the seizures the mother has.

If seizures are sudden and unpredictable, dressing, changing, feeding and bathing the child should be carried out on the floor. The baby should not be bathed in deep water if the mother herself and sponging the baby down on a changing mat on the floor is safer.

