

**Clinical Guideline:** Epilepsy in Pregnant Women Site: FPH

* Clarify diagnosis, seizure type & frequency, treatment regime & duration & last seizure
* Discuss any issues with fertility and menstrual irregularity
* Current contraception methods and highlight importance of pregnancy planning and effective contraception until review

History

* The effect that anti- epileptic drugs (AED's) may have on a developing baby is a major concern for WWE and where possible pregnancies should be planned
* Pregnancies in WWE are considered high risk group, with an increased risk of Sudden Unexplained Death in Epilepsy (SUDEP) & status epilepticus
* Most WWE will have a normal pregnancy and delivery, however in studies AED's have been consistently shown to adversely affect embryonic and foetal development
* Risk of major congenital malformation (MCM's ) associated with in-utero AED exposure vary according to the drug and dosage. 2-3 fold increased risk in monotherapy with higher risks associated with polytherapy

General Information

N/A

* WWE who present pregnant should be advised to continue taking their medication and be informed of the risks associated with withdrawal
* Pregnant WWE should be encouraged to register with UK epilepsy and pregnancy register www.epilepsyandpregnancy.co.uk
* WWE who wish to become pregnant should be treated on the lowest effective dose of their AED
* If a woman has been seizure free for some time and the risk of recurrence is considered low it may be appropriate to withdraw AED prior to conception under specialist guidance
* Folic Acid 5mg OD should be given to any women at risk of pregnancy before conception and continued at least until the end of the first trimester
* Women who wish to actively start planning a baby
* Women who wish to discuss making changes to their treatment regime
* (Unless specialist aware) urgent referral for specialist epilepsy opinion in WWE who present pregnant
* Urgent referral for WWE reporting worsening or increasing seizure frequency in pregnancy

N/A

Advice and Treatment

Referral Guidelines – red flag signs

Investigation

Examination