EPILEPSY NEW ZEALAND
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Pregnancy planning



Planning for pregnancy can be a very exciting time for women and their families. Most women with epilepsy will have a successful pregnancy and give birth to a healthy baby. However, it is important to be as informed and prepared as possible, which means discussing with your doctor/s how your epilepsy and treatment could affect your pregnancy.

If you have epilepsy, the risks associated with pregnancy do not mean you cannot have a baby. To increase your chances of a healthy pregnancy, it is strongly recommended that you plan ahead in consultation with your healthcare support team, especially your neurologist.

If you experience an unplanned pregnancy, consult with your healthcare support team as soon as possible for advice. When planning a pregnancy, the first thing you should do is arrange a consultation with your neurologist. In this appointment your doctor may want to consider the following questions:

- Do you have the correct epilepsy diagnosis?
- Are your seizures managed effectively?
- Are you on the lowest possible dose of medication for managing your seizures?
- Are you likely to experience changes in your seizure activity?
- Does your medication need to change before conception?
- Will you have any additional epilepsy support needs during pregnancy?

For most women, seizure activity does not increase during pregnancy. However, the physical and emotional stress associated with pregnancy can have an impact on your seizures, which can be due to changing sleeping habits and medication absorption issues. Changes in body weight, hormones and metabolism may also affect the seizure threshold and the efficacy of medications. Your doctor may be concerned about these issues because it is very important to have the best possible seizure

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control, and be on the safest medication prior to becoming pregnant.

PREGNANCY AND ANTI-SEIZURE MEDICATIONS (ASMS)

When planning pregnancy, it is very important not to stop taking your ASMs without the guidance of a medical professional.

In New Zealand, approximately 1,500-2,000 women taking ASMs become pregnant each year, and more than 94% deliver a healthy baby. However, taking some ASMs such as sodium valproate (Epilim) during pregnancy, results in a much higher risk of having a baby with a major malformation, or a child who has problems with development and learning.

Your doctor may encourage you to change the dose or type of ASM prior to you attempting to conceive, as some medications are safer for the foetus than others. Your doctor may also encourage you to take folic acid well before you try to conceive. This can reduce the risk of some congenital abnormalities.

Some anti-seizure medications (ASMs) may also reduce sperm production and quality in some men, which can lower their fertility.

For information go to FACSNZ who have a wealth of resources about anti-seizure medication and pregnancy

RISK MANAGEMENT THROUGHOUT PREGNANCY

Your doctor may encourage you to manage the risks associated with your pregnancy by doing the following:

– Attending regular visits throughout your pregnancy with your neurologist, obstetrician and midwife

– Continuing to take folic acid as prescribed by your doctor

– Reporting any changes in your seizure control to your doctor

– Monitoring the level of ASMs in your blood to determine whether they are at an adequate dosage, as well as modifying the drug dose (older ASMs more commonly than the newer ASMs) where appropriate.