Physician Discussion Checklist for Women with Epilepsy

For all Women, Adolescents, and Pre-teens during Reproductive Years

- Relationship between hormones and epilepsy (overview)
- Possible menstrual cycle-related influence on seizure susceptibility (catamenial epilepsy)
- Impact of epilepsy on sexual and on reproductive issues
- Epilepsy is rarely related to infertility (consult infertility specialist if there is a sign of difficulty conceiving, test for PCOS)
- Relation of some AEDs to libido and potency problems
- Women with epilepsy CAN become pregnant with or without AEDs; importance of pregnancy planning including folate supplementation; need for effective and consistent contraception to avoid unplanned pregnancy
- Effective contraception choices (interactions between hormonal contraception and certain AEDs; possible contraceptive failure and need to consider barrier method for added protection)
- Other forms of contraception (patch, IUD, Depo-Provera)
- Need to inform neurologist if contraception is discontinued
- Need for calcium supplementation and vitamin D for bone health
- Optimal seizure control and AED choices should be achieved a minimum of 6 months before attempting to conceive
- Folic acid supplementation recommendation for all women with child bearing potential. The optimal dose of folate is not known but at least 1 mg/day up to 4 mg/day with the exception of valproic acid when 4 mg/day is recommended.

Women Planning to Conceive

Note: Confirm the diagnosis of epilepsy and seizure type. In all discussions, emphasize the balance of all risks and the goal of controlling seizures

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- Healthy pregnancies and healthy babies are the goal
- Need for optimum seizure control
- All risks (women not taking AEDs also have risks)
- Risks to the baby from AEDs must be balanced with risk of seizures to baby and mother
- Ways to reduce risks to mother and baby (AED choices; folate supplementation)
- Appropriate AED medication/need to optimize before pregnancy; importance of NOT making any changes without neurology consultation (maintaining good compliance)
- Identify an obstetrician comfortable treating a woman with epilepsy
- How pregnancy can affect seizure frequency and severity
- Fertility treatments and possible effects on AED levels and seizure susceptibility
Pregnant Women
Note: Confirm the diagnosis of epilepsy and seizure type. In all discussions, emphasize the balance of all risks and the goal of controlling seizures

✓ Consultation with patient’s obstetrician ________________(date)
✓ For patients who never received pre-pregnancy planning:
  ✓ For patients who never had pre-conception counseling, discussion of AEDs and multiple AEDs on outcome, risks of AEDs vs. Seizures, Timing of major malformations to first trimester.
✓ Possible teratogenic effects compared to people not taking an AED
✓ Possible change in AED therapy (only in consultation with neurologist)
✓ Review of pregnancy management by trimester:

First Trimester
✓ Have high resolution ultrasound first and second trimester
✓ Continue folic acid
✓ Changes in serum AED concentration in pregnancy and need for close monitoring of blood levels, serum levels of once per month recommended during pregnancy.
✓ AED management with severe emesis

Second Trimester
✓ Continue folic acid
✓ Changes in serum AED concentration in pregnancy and need for close monitoring of blood levels, serum levels of once per month recommended during pregnancy

Third Trimester
✓ Vitamin K recommendations for mother before delivery and for baby
✓ Changes in serum AED concentration in pregnancy and need for close monitoring of blood levels, serum levels of once per month recommended during pregnancy
✓ Labor and Delivery
✓ Need to bring AEDs to the hospital during labor and to take regular doses Post-partum
✓ AED dose adjustment following delivery and post-partum follow-up

Breast Feeding
✓ Discussion of risks from AEDs balanced against known benefits of breast feeding
✓ Maintaining adequate sleep for mother
✓ Safety for the newborn (changing on floor or bed, bathing, carrying up stairs)
✓ Newborn appointment for neurologist evaluation (age 4-6 weeks)
✓ Parenting issues to maximize safety for the newborn including minimizing mother’s fatigue to avoid seizure exacerbation and home safety preparation

Women Beyond Childbearing Years
✓ Bone health and need for calcium supplementation and bone density monitoring seizure control to prevent falls
✓ Peri-menopause effects on seizures/AEDs
✓ Menopause/hormone replacement issues; enzyme-inducing effects of hormones on AEDs

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