

Epilepsy and Motherhood Not Mutually Exclusive *Advance Planning Helps Ensure Safe Pregnancy, Healthy Baby*

CHICAGO - Mother's Day used to be a painful time for many women with epilepsy who often were told that they shouldn't become pregnant because seizures and some anti-epileptic drugs (AEDs) can harm the baby. But thanks to newer medications and advances in healthcare, these women can experience the joys of motherhood by planning ahead with an epilepsy specialist, notes the [American Epilepsy Society \(AES\)](http://www.AESnet.org).

"Girls often are diagnosed with epilepsy around puberty and until fairly recently often were told they should never become pregnant because of the risk, which was heart breaking," said Page Pennell, M.D., AES president, professor of neurology at Harvard Medical School and director of research for the Division of Epilepsy at Brigham and Women's Hospital, Boston. "Thankfully we now know women with epilepsy can have healthy pregnancies and babies, especially with the help of AEDs that control their seizures but have been shown to have minimal risk to the developing baby."

Seizures can decrease oxygen flow to the fetus, slowing the heart rate. They also have been reported to lead to premature labor and birth. And while AEDs reduce or eliminate seizures, some common versions, including valproate, phenobarbital and topiramate, also increase the risk of birth defects such as cleft palate, neural tube defects, skeletal abnormalities and congenital heart defects. However, there are a number of AEDs now available that don't pose a substantial threat to a developing fetus. Many women with epilepsy are on AEDs that may be harmful to the fetus and therefore should be switched to a different medication or sometimes to a lower dose to achieve a safer pregnancy, said Dr. Pennell.

More than 1 million American women of childbearing age have epilepsy and about 25,000 babies are born every year to women with the condition. An epilepsy specialist can advise women of appropriate treatment options before they become pregnant.

Whatever your plans, if you are a woman with epilepsy who is of childbearing age, the AES notes it's important to see your epilepsy specialist regularly.

- **Not planning on becoming a mother just yet (or ever)?** Until you begin thinking about having a baby, it's important to use contraception consistently. Half of all pregnancies are unplanned, and for women with epilepsy this can lead to health risks if not managed effectively. That's why your doctor likely will prescribe folic acid, an important supplement that can protect against abnormalities of the brain and spine

and needs to be taken early, before you know you are pregnant. Even if you aren't in a relationship or interested in having a child now, things can change quickly.

- **Thinking of having kids?** If you are considering trying to become pregnant, see your epilepsy specialist *first*. If the medication you are taking could be risky for the fetus, the specialist may switch you to another AED (or decrease the dose of your current medication), before you begin trying. You should take the new medication for some time before attempting pregnancy to ensure it is effective. And good news, having epilepsy does not affect your fertility.
- **Already pregnant?** See both your epilepsy specialist and your obstetrician as soon as possible once you are pregnant. You should have regular visits with your epilepsy specialist (as well as your obstetrician) throughout the pregnancy for your safety as well as your child's well-being. The specialist and obstetrician will:
 - **Monitor your medication.** Because pregnancy can cause a drop in the levels of medication in your blood, you should be monitored often during pregnancy and your AED dose adjusted as needed. Keep in mind, cannabidiol (CBD) is not an alternative. While CBD has helped some people control their seizures, it's not safe during pregnancy because it likely affects the fetus' brain development.
 - **Develop a birth plan.** By four-six weeks before you deliver, your healthcare team will work with you to develop a birth plan. Seizures occur in only 1-2% of women with epilepsy during labor and delivery. If you do have a seizure, you can be given an intravenous anti-seizure medication. Most women with epilepsy can use the same methods of delivery and pain management as women who don't have epilepsy.
- **After the baby is born.** After you deliver, continue to see your epilepsy specialist to determine if your treatment plan should change. Your care team will:
 - **Evaluate your medication.** Depending on how well-controlled your seizures are, the specialist might have you continue on the same AED or switch you back to your old AED if it was more effective.
 - **Encourage you to breastfeed.** You can breastfeed your child safely.
 - **Ask how you're feeling.** Postpartum depression is more common in women with epilepsy and should be addressed. Signs include insomnia, loss of appetite, crying easily, and irritability.

“As is the case for all pregnant women, those with epilepsy should eat a healthy diet, take supplemental folic acid and prenatal vitamins, get good sleep and avoid drinking alcohol, smoking or taking illegal drugs,” said Dr. Pennell. “Keeping the lines of communication open with the epilepsy specialist and other care providers can help ensure good care and a healthy pregnancy and baby.”

For more information about women with epilepsy, visit https://www.aesnet.org/clinical_resources/women_with_epilepsy.

About the American Epilepsy Society

Founded in 1946, the American Epilepsy Society (AES) is a medical and scientific society whose members are dedicated to advancing research and education for preventing, treating and curing epilepsy. AES is an inclusive global forum where professionals from academia,

private practice, not-for-profit, government and industry can learn, share and grow to eradicate epilepsy and its consequences.

For more information, visit the American Epilepsy Society online at aesnet.org.

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