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 AEDs. Your doctor may be concerned about these issues because it is very important to have the best possible seizure control, and be on the safest AED prior to becoming pregnant.
PREGNANCY AND ANTI-EPILEPTIC DRUGS (AEDS)

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

In Australia, approximately 1,500-2,000 women taking AEDs become pregnant each year, and more than 94% deliver a healthy baby. However, taking some AEDs 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 AED 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-epileptic drugs (AEDs) may also reduce sperm production and quality in some men, which can lower their fertility.

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 and obstetrician
- Continuing to take folic acid as prescribed by your doctor
- Reporting any changes to your seizure control to your doctor
- Monitoring the level of AEDs in your blood to determine whether they are at an adequate dosage, as well as modifying the drug dose (older AEDs more commonly than the newer AEDs) where appropriate.

The Australian Pregnancy Register (APR) can provide further information about epilepsy and pregnancy, and the use of AEDs during pregnancy. Contact them on 1800 069 772 or visit the Australian Pregnancy Register website.

The APR is also looking for pregnant women with epilepsy and/or pregnant women taking anti-epileptic medications, to share their experience and participate in a research study. The study hopes to better understand the effects of these medications on pregnant women and their babies.
For more information contact our Information Line on 1300 761 487.