Epilepsy and Pregnancy

Epilepsy (*convulsions*) is a lifelong (*chronic*) disease that causes recurrent convulsions. These episodes are unpredictable. The convulsions happen because of a brain dysfunction when the nerve cells produce too many electrical discharges. These discharges make the body shake. There are no clues to tell whether a patient's epilepsy will be aggravated during pregnancy. Only about one quarter of pregnancies which have been seizure (*convulsions*) free for the 9 months before pregnancy will have seizures during pregnancy. Most women with epilepsy will have a normal, healthy baby.

RISKS TO BABY:

- Partial or complete separation of placenta from uterus (*partial/complete uteroplacental separation*).
- Late-term fetal death (*stillborn*)
- Birth defects. This may be due to the medications used to treat epilepsy.

WOMEN WITH EPILEPSY HAVE A HIGHER INCIDENCE OF:

- Uncontrolled and continuous nausea and vomiting (*hyperemesis gravidarum*).
- Vaginal bleeding.
- Anemia.
- Endocrine hormone disorders.
- Premature labor.
- Failure to progress in labor.
- Increased rate of Cesarean Sections.
- Menstrual problems.
- Polycystic ovary syndrome.

CAUSES

- Some people are born with the problem.
- Head trauma.
- High fever over 104º F (40º C).
- Brain tumors.
- Infection of the brain.
- Diabetic patients that took too much insulin and have too low of a blood sugar.

SYMPTOMS

- There may be no convulsions with only a short lapse in consciousness of thought or activity with fast fluttering of the eyelids.
- Shaking and stiffness all over the body.
- Shaking only in specific areas of the body.
- Convulsions that occur when asleep (*nocturnal epilepsy*).

DIAGNOSIS

The diagnosis is usually made by observing the convulsion. Other means of diagnosis are:

- EEG (*electroencphalogram*) analyzing brain waves with electrodes.
- CT scan of the brain.
- MRI of the brain.
- Blood tests that may help in treating the problem.

TREATMENT

Anti-epileptic drugs (AEDs) are used to treat epilepsy. AEDs can have side effects on the baby.

HOME CARE INSTRUCTIONS

- Follow your caregiver’s advice and treatment if you are planning to get pregnant or are already pregnant.
- Have a neurologist follow your pregnancy.
- Keep all your prenatal neurologist appointments.
- If you are planning to get pregnant, take supplemental vitamins and folic acid (0.4 mg a day) before and during your pregnancy.

Your caregiver will answer questions about your treatment and care of your seizure disorder if you are planning a pregnancy or already are pregnant. If planning a pregnancy, obtain counseling and keep up your regular prenatal appointments as directed.

SEEK MEDICAL CARE IF:

- You have a seizure and never had one before.
- You think you are having minor or isolated seizures.
- You do not feel the baby moving or the baby is not moving as it usually does.
- You develop abdominal pain.
- You develop vaginal bleeding with or without abdominal pain.
- You develop severe headaches.
- You develop vision problems or numbness on your body.
- You develop uncontrolled vomiting.
- You develop tiredness, weakness or faint.

P*regnant women with epilepsy and taking AEDs may register with the North American AED Pregnancy Registry. This is located at Massachusetts General Hospital, Harvard Medical School. Phone toll free: 888-233-2334.*

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