

Epilepsy & Pregnancy Journey: Planning for Success

The journey from planning a pregnancy through bringing your baby home can be both exciting and stressful.

Research shows that people with epilepsy can have safe, healthy pregnancies and healthy babies, but proper planning is essential.

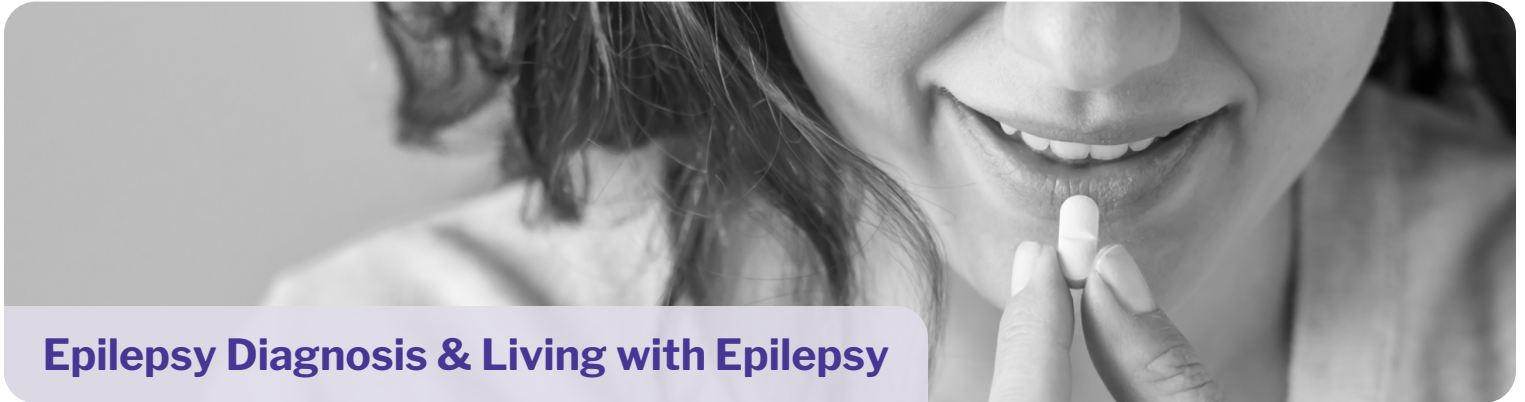
Everyone's experience with epilepsy and pregnancy is different. These steps can help guide you along your journey.

Epilepsy Diagnosis & Living With Epilepsy

Pregnancy Planning With Epilepsy

Pregnancy & Delivery

Postpartum Care



Epilepsy Diagnosis & Living with Epilepsy

If you suspect you have epilepsy, it's recommended to quickly consult with your doctor to confirm your diagnosis and make sure your epilepsy is well-managed, which is especially important if you're planning to get pregnant.

I was diagnosed with epilepsy. Can I still have children?

Yes. With proper planning and care, people with epilepsy can have safe, healthy pregnancies. If you want to have a baby, planning is essential for a successful pregnancy. Ideally, you should begin to plan your pregnancy as much as 12 months before starting to try to get pregnant.

Why is birth control important for people with epilepsy?

Effective birth control is essential to ensuring that you decide when and if you will become pregnant. Planning for your pregnancy helps minimize the risk of developmental issues for your baby, while maintaining your seizure control. However, some anti-seizure medications (ASMs) may interfere with your birth control, making your birth control less effective. Meanwhile, some birth control options may interfere with a few of the anti-seizure medications and could impact your seizure control. To learn more about which birth control option is right for you, visit <https://bit.ly/birthcontrolepilepsy>.

Why do I need to plan my pregnancy?

Planning for your pregnancy will help increase the likelihood of a safe, successful pregnancy. It will help you maintain seizure control throughout your pregnancy and help support the health and well-being of you and your baby.

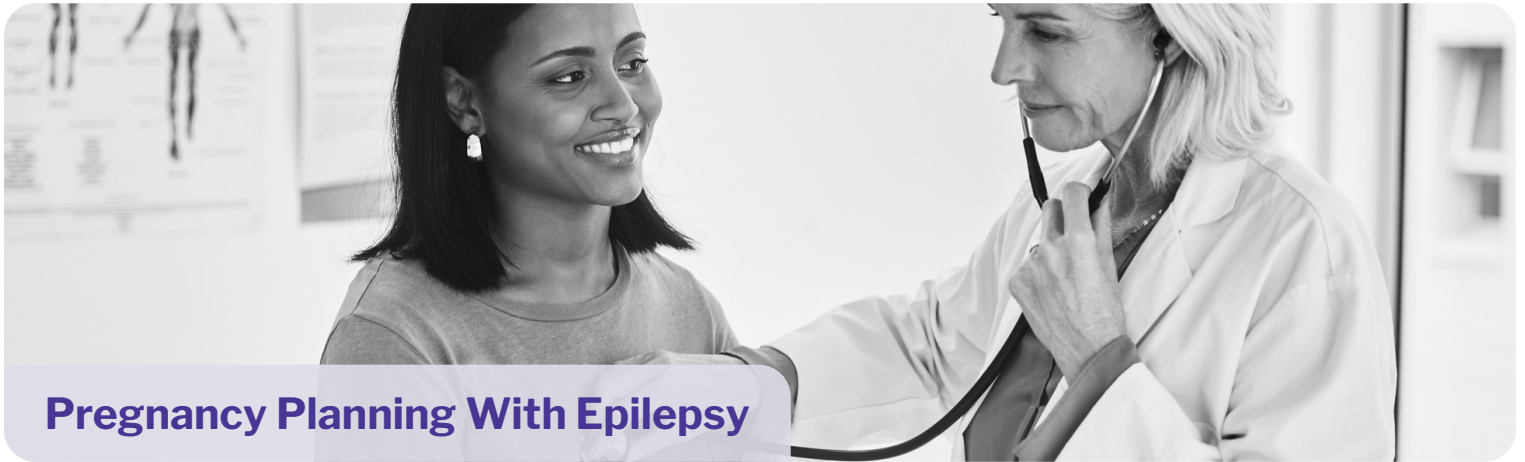
There are anti-seizure medications (ASMs) that are safe to take during pregnancy and some that present some risk to the baby. However other ASMs may present an elevated risk; as a result your doctor might recommend that you switch the ASM you're on or that you change your dosage before you try to get pregnant. To learn more about switching medication, visit <https://bit.ly/safeasms>.

How much folic acid is recommended before and during pregnancy, and while breastfeeding

All people with epilepsy who can become pregnant should consider taking at least 400-1000 mcg of folic acid daily. This can be prescription (offered in the United States as tablets) or over the counter. Consult with your doctor if you'd like a prescription.



Use this QR code to visit the Epilepsy & Pregnancy Medical Consortium website for additional tools and resources to help you and your doctors plan for a safe and healthy pregnancy.



Pregnancy Planning With Epilepsy

Planning improves your chances of having a safe pregnancy by prioritizing seizure control ahead of pregnancy and supports the well-being of both you and your baby.

What are some of the first things I can do to plan my pregnancy?

First, consult with your doctor. Tell them the timeframe in which you would like to get pregnant. Epilepsy treatment and pregnancy planning are different for people who want to get pregnant as soon as possible versus those who want to get pregnant several years in the future. The first step in planning your pregnancy is confirming your diagnosis of epilepsy, as not everyone who has seizures has epilepsy. Getting your seizures to be stable and as controlled as possible before you try to get pregnant is an important next step.

I take anti-seizure medication. Will I need to switch to a different one before I get pregnant?

Research has shown that some anti-seizure medications (ASMs) are more suitable than others when you are pregnant. While you're planning to become pregnant and before you try to get pregnant, you should consult with your doctor about possibly switching your ASM to one with the lowest risk profile for you and your baby that still works to control your seizures. Switching your dosage can take 3-12 months depending on the ASM you are taking. To learn more about which ASMs are safe, visit <https://bit.ly/safeasms>.

Will I pass my epilepsy on to my child?

Recent research shows that children whose parents have epilepsy have only a slightly higher chance of developing the condition than all children. A child of a parent with epilepsy has a 3.5-6% chance of developing epilepsy compared with 1-2% of the general population. The specific rates vary depending on the kind of epilepsy the parent has:

- A child of a parent with focal epilepsy has a 1-5% chance of developing focal epilepsy
- A child of a parent with generalized epilepsy has a 6-8% chance of developing epilepsy

Will having epilepsy affect my fertility?

In general, studies have shown that there is no difference in pregnancy rate, time to get pregnant, and pregnancy outcomes in people with epilepsy compared with those who don't have epilepsy. If you plan to use a fertility treatment like intrauterine insemination (IUI) or in vitro fertilization (IVF) to get pregnant, you'll want to share your pregnancy plans with your neurologist, if you're seeing one, or your primary healthcare doctor.



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Pregnancy is an exciting time but can make parents anxious, especially when they are simultaneously managing their epilepsy. Working closely with your healthcare team, you can take steps to manage a healthy pregnancy and support the safe delivery of your baby.

How do I keep my seizures stable during pregnancy?

With proper care and monitoring, you are no more likely to experience an increase in seizures during pregnancy than you are at any other time. If your seizures are stable before you get pregnant, they will likely continue to be stable once you are pregnant.

The goal is for you to be on the lowest possible dose of ASM needed to control your seizures during pregnancy. There isn't one particular dose/level that works for everyone. Consult with your doctor about the ASM you take and about your dosage. Together you will decide on the dose/level that works best for you.

How often will my anti-seizure medication (ASM) levels be checked?

While you're pregnant, you should have your ASM blood levels checked every four weeks. This more frequent monitoring and any adjustment of your ASM dose that follows can help maintain your seizure stability while ensuring the safety and health of both you and your baby. Since visits with your obstetrician (OB) are every four weeks, these visits are a good time for your blood draws to check your drug levels. Visit [Pregnancy Monitoring of Anti-seizure Medication](#) for more information.

How do I plan for my delivery if I have epilepsy?

It's important to create a delivery plan and share it with all members of your care team and support system. Your delivery plan should include preparing for potential seizures during your delivery (although these are unlikely).

Consider getting an epidural. Epidurals are safe and recommended for people with epilepsy to ensure you get adequate rest during labor.

Also, bring your home medications to the hospital in the **original medication bottles**. This will ensure the hospital staff knows your medication needs and dosages.

I learned I'm pregnant, and I wasn't planning for it. What should I do?

Reach out to your care team right away, including your primary care doctor, neurologist, if you have one, and your obstetrician (OB) or OB-GYN. They'll help you develop a pregnancy plan that addresses your needs.



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Postpartum Care

The postpartum period—the time right after you have your baby—can be both exciting and somewhat nerve-wracking. Plan for how you can safely care for you and your baby and you will help ease worries you may have about what will happen after you give birth.

What can I do to create and support a safe environment for my baby?

There are a number of things you can do to help support your baby's safety once you bring them home, including:

- Enlisting the help of friends and family
- Taking extra care with sleep and bathing arrangements
- Setting up a dedicated care space on a single floor in your home for you and your baby

How do I get enough sleep when I have an infant?

Sleep deprivation is a common seizure trigger. Work with your epilepsy care team and your support system to develop a sleep plan. Ideally, you should aim to get at least one uninterrupted four-hour stretch of sleep at night and an additional two hours of naps during the day to reduce the risk of seizures.

The sleep plan should include setting up shifts with your baby's other caregivers so you can sleep for solid blocks of time, including at night. If it's a viable option for you, your plan may involve hiring a night nurse to ensure you get enough sleep.

Can I breastfeed while taking anti-seizure medication (ASM)?

Extensive research shows that it's safe for you to breastfeed while taking ASMs. Babies only take in very small amounts of ASMs through breastmilk, an even smaller amount than they are exposed to while you're pregnant. Additional research found no evidence that exposure to ASMs through breastmilk negatively affects a baby's development.

Will I need to make changes to my anti-seizure medication after pregnancy?

You may increase your anti-seizure medication (ASM) dosage throughout pregnancy in order to keep your seizures under control and to keep you and your baby safe. If you do increase it during pregnancy, you will need to decrease it back down to where you started (or possibly slightly higher) in the 3-6 weeks following delivery. Work with your neurologist, or whichever doctor is managing your ASM, to plan your dosage change several weeks before your expected delivery date. Visit [Tapering Anti-seizure Medication](#) for more information.



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