

Women and pregnant people with EPILEPSY

Principles of Care Across Wessex Maternal Medicine Network

1. PRE-CONCEPTION ADVICE

Prescribe and recommend 5 mg folic acid OD if taking anti-seizure medication.

Advise not to change / stop medication unless specific pregnancy plan to do so. Early pregnancy review with epilepsy specialist team to confirm pregnancy plan.

2. MULTI-DISCIPLINARY PREGNANCY CARE

Individualised and multidisciplinary care including midwifery, obstetric, and neurology input, with contemporaneous communication between all involved and the patient's GP. Appointment timing and frequency depending on individual patient details and local practice/ guidance.

Principle AIM is to prevent seizures during pregnancy and birth.

Other aspects of antenatal care continue as per local and national guidance.

3. MEDICATION REVIEW

Anti-seizure medication (ASM) review at earliest opportunity in pregnancy. Clear planning and communication between neurology, obstetrics, and GP, regarding any dose changes, drug monitoring and planned postnatal regime (usually return to pre-pregnancy doses a few months post-delivery). ASM doses may need increasing in combination with appropriate monitoring.

High dose folic acid (5 mg once a day) to STOP at 12 – 14 weeks and continue with 400mcg od thereafter.

4. INFORMATION SIGNPOSTING

Counsel regarding risks of epilepsy in pregnancy, including the risk of SUDEP. Signpost to:

<https://www.healthiertogether.nhs.uk/pregnancy-and-birth/epilepsy-in-pregnancy> and [epilepsy-in-pregnancy.pdf](#)

Recommend registering the pregnancy at [Home | UK Epilepsy and Pregnancy Register](#).

5. BIRTH PLANNING

No restriction on mode of birth (Caesarean vs. Vaginal). Advise birth on medically covered labour ward and avoid labouring/ birth in water. Discuss analgesia, and option of epidural in labour. Avoid Pethidine.

Postnatal care should be in a shared (rather than single) room. Complete discharge summary and transfer of care to original neurology/ epilepsy clinical teams, and the GP, including postnatal medication regime.

Confirm route to access care if further seizures, and follow up plan with epilepsy/ neurology team.

6. DISCUSSION WITH THE WMMN

Email WessexObstetricMedicine@uhs.nhs.uk if:

- New diagnosis epilepsy in pregnancy
- Seizures despite adequate compliance and doses of anti-epileptic medication.
- Other concerns or medical complexity, or other reasons for transfer of care to maternal medicine centre.