

### **If I get pregnant, what are my chances of having a healthy baby?**

Your chances of having a normal, healthy child are excellent — greater than 90 percent. However, there are some increased risks for women with epilepsy that you should consider before getting pregnant, if possible. Both your neurologist and your gynecologist/obstetrician need to be involved in reviewing your anti-epileptic drug (AED) and any potential medication changes prior to the beginning of a pregnancy.

### **What do I have to do to get ready for a pregnancy?**

All women who want to ensure that their baby is healthy should be in good general health themselves, and pay attention to their nutrition.

A regular schedule with adequate exercise and appropriate rest will keep you physically fit and may help you manage stress. It is important to take vitamins with a folic acid supplement prior to and throughout pregnancy, to reduce the risk of certain kinds of birth defects. Since many of these problems occur very early in pregnancy (sometimes before you recognize you are pregnant) it is wise to start the supplement before becoming pregnant. Check with your physician about the exact dosage.

You may want to ask your physician for a referral to a genetics specialist who can help you assess the risks to your baby from your epilepsy, your seizure medication, and other inherited traits that may be present in your family.

### **Are there risks to my baby from my anti-epileptic medication?**

Yes, there may be some increased risk to children of women with epilepsy who are taking seizure medications. In the general population there is a 2-3% chance that a child will have a birth defect, also called a congenital malformation. In women with epilepsy, this risk is statistically increased to 4-6%. In general, there seems to be higher risk if a woman is taking more than one seizure medication, particularly at high doses.

But there are other risks, to both mother and developing child, from uncontrolled seizures. Most women with epilepsy should continue their seizure medication. It is important to work with both your neurologist and your gynecologist/obstetrician to make the best decisions about medications during pregnancy. Remember, you should never stop your anti-epileptic drug or change the dose without the advice and the supervision of your doctor.

### **What are the kinds of birth defects that my baby might have?**

Major congenital malformations are found more often in the babies of women with epilepsy than in other babies. Examples of this type of birth defect are cleft lip or palate (portions of the mouth do not grow together properly), heart abnormalities, and neurological problems like spina bifida (deformities of the spinal cord). Surgery may be necessary to correct these malformations, and even then it may not be possible to “fix” the problem completely. Other problems may occur and are considered minor birth defects; they primarily affect the baby’s appearance. These can involve facial features, such as wide-set eyes or a short upper lip, or slight differences in the shape of the fingers and nails.

These minor abnormalities do not cause any serious problems, and the degree of increased risk is not clear. Some research studies have found that women with epilepsy more often have children with small head size, developmental delays, and possibly mental retardation than has been identified in the general population.

Other studies don’t support this finding. We don’t know whether these abnormalities are caused by the mother’s seizure disorder, the anti-epileptic drugs she is taking, or other factors unrelated to her epilepsy.

**Are some anti-epileptic medications more dangerous for the baby than others?**

All commonly used seizure medications have been associated with congenital malformations although some of the newer medications have not been used in large enough numbers of women to know their effect on the developing child. Valproic acid (Depakene or Epival) and carbamazepine (Tegretol) have been linked to spina bifida (abnormalities of the spinal cord). Using the information from current research, the risk with valproic acid seems greater (1-2%) than that with carbamazepine (0.5%). It is important to recognize that most infants of mothers who take these seizure medications do not develop spina bifida or any other congenital malformation. Taking the folic acid supplement before and throughout pregnancy may decrease this risk.

**I don't think I could take care of a child with a disability. What can I do?**

If you have concerns about your pregnancy, ask your physician about a referral to a specialist in genetic conditions. Genetic counseling may be helpful in assessing the possible risks. This expert can recommend tests, such as an ultrasound or an amniocentesis, which will identify some types of birth defects. If the results show an abnormality, your physician can counsel you about the options available to you. However, as in any pregnancy, there are many conditions we cannot identify ahead of time.

**Will my baby have epilepsy?**

Children of women with epilepsy do seem to have some increased risk of developing seizures themselves. If the mother has uncontrolled seizures during the pregnancy, the risk seems greater, although we don't yet understand all the complex reasons for inherited epilepsy. If other people in your extended family have epilepsy, your baby may inherit that tendency.

**Are there any other special problems that my newborn baby might have?**

Yes, there is a slight risk that your infant will develop a bleeding disorder in the first 24 hours after birth. Women with epilepsy are often given an oral vitamin K supplement during the last month of pregnancy to lessen the chances of this happening to the baby.

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