

Department of Neurology

Contraception and pregnancy: Epilepsy information for women

Why should my contraception be reviewed?

Some antiepileptic medications reduce the strength of the oral contraceptive pill. They include the following:

- Phenytoin (Epanutin)
- Carbamazepine (Tegretol)
- Primidone (Mysoline)
- Topiramate (Topamax)
- Phenobarbitone
- Oxcarbazepine (Trileptal)
- Lamotrigine (Lamictal)
- Eslicarbazepine

We advise that you start taking a high oestrogen contraceptive pill such as Norinyl-1. The risk of getting or becoming pregnant in women taking the above antiepileptics is higher than it is for the general population.

What contraceptive options are available for women with Epilepsy?

Instead of the pill, you could use condoms, caps or injectable long-term contraception such as Depo-Provera, a contraceptive coil (copper or hormone) or implanon (Contraceptive implant). These can be obtained from your family planning clinic.

What does it mean if I bleed between periods while taking the pill and my antiepileptics?

This is an indication that the pill is not working effectively. The standard oral contraceptive pill contains 35 microgrammes of oestrogen. You may need one with a higher oestrogen content (ideally between 50 to 100 microgrammes). Your General Practitioner or epilepsy nurse will advise you on this.

Why is a change in my antiepileptic medication necessary?

It is important for women of childbearing age to have a review of their medication well before they consider starting a family. Ideally, this should be done at puberty or during adolescence as epilepsy and its treatment influence menstruation, fertility, pregnancy and contraception.

It is important to make sure that you use the best antiepileptic medication in relation to your epilepsy – the earlier you get this organised the better so that there will be no need to switch medication at the time of conception. It is intended that the choice of the drug will be of benefit to you and your baby. You should contact your GP so that a referral can be made to the epilepsy specialist who would advise on the changes you need to make.

Should I take antiepileptic medication during pregnancy?

Yes. All prescribed antiepileptic medication should be taken in order to keep seizures under control and prevent injuries during a seizure.

Will my medication be increased during pregnancy?

This will depend on how well controlled your seizures are during pregnancy. Seizure frequency increases in a quarter to a third of pregnancies. This tends to be the case in women who were poorly controlled before pregnancy.

If your medication is increased during pregnancy, it is important that you return to the dose you were taking before falling pregnant, within the first six weeks after the birth of your baby. You need to consult your GP or specialist.

Will my baby develop Epilepsy?

There is a small chance that your child may develop epilepsy. This is more likely to be a genetic risk than an effect of antiepileptic medication.

May I have a baby with birth defects because of my epilepsy and medication?

About 90% of women with epilepsy will deliver healthy children free of birth defects. The risk of major and minor abnormalities is two to three times higher in babies born to mothers with epilepsy who take antiepileptics than to mothers without epilepsy.

What else can I do to protect my baby from birth defects?

All women with epilepsy who are considering pregnancy should take Folic Acid supplements 5mg daily in order to protect their babies from neural tube defects (spinal malformations) such as Spina Bifida. It is advisable to start taking folic acid three months before conception and for 12 weeks after.

How often will I be reviewed in the epilepsy clinic once I fall pregnant?

You will be reviewed in the Rosie Maternity Hospital ante natal clinic every eight weeks. During that time you will also be monitored by the specialist doctors (Obstetrician) and midwives.

Can I breast feed while taking antiepileptics?

Breast-feeding is fine in mothers with epilepsy. However issues of safety need to be discussed with the epilepsy specialists and your midwife.

Drug concentration in breast milk is generally low. Care should be taken if you are taking high doses of benzodiazepines (Diazepam, Clobazam, Clonazepam) Ethosuximide and Phenobarbitone. If you suddenly stop taking benzodiazepines it may cause a withdrawal syndrome in your baby. Shaking, restlessness, tiredness, irritability and difficulties to feed are some of the problems associated with babies being breast fed by mothers taking antiepileptics.

If you have any questions, please contact:

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If you would like this information in another language, large print or audio format, please ask the department to contact Patient Information: 01223 216032 or patient.information@addenbrookes.nhs.uk

Polish

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Portuguese

Se precisar desta informação noutra língua, em impressão de letras grandes ou formato áudio, por favor peça ao departamento que contacte a secção de Informação aos Doentes (Patient Information) pelo telefone 01223 216032 ou através do e-mail patient.information@addenbrookes.nhs.uk

Arabic

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Cantonese

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Turkish

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Urdu

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Bengali

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