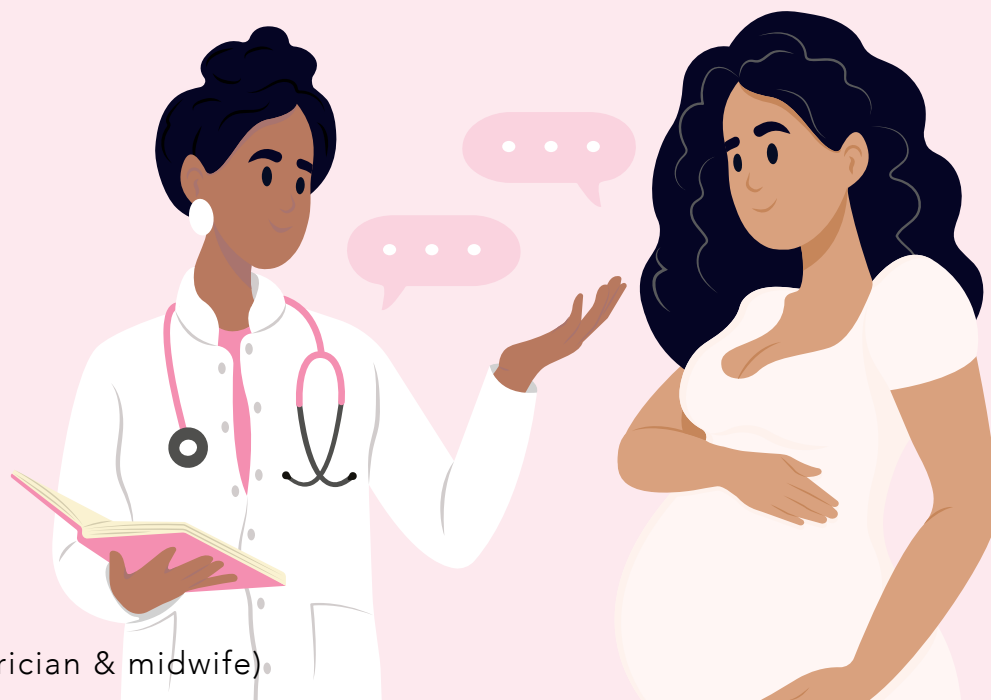


Supporting conversations between women with epilepsy and their Maternity Care Team.

Checklist for appointments with your **MATERNITY CARE TEAM** (obstetrician & midwife).



OVERVIEW OF WHAT THIS CHECKLIST COVERS:

PREGNANCY	PREPARING FOR BIRTH	POSTPARTUM
☐ Documentation of epilepsy and medication history	☐ Seizure risk during birth	☐ Feeding support
☐ Seizure control	☐ Birth plan	☐ Managing seizures
☐ Your baby's ultrasound scan	☐ Routine ASMs during birth	☐ Personal and baby safety
☐ Health checks		☐ Preconception advice
☐ Medication information		
☐ Pregnancy sickness		

1. First and second trimester

- ☐ You should be reminded not to stop taking epilepsy medications.
- ☐ The team should document:
 - » If epilepsy is active
 - » The seizure type (if not known already)
 - » Frequency of seizures
 - » Current Anti-Seizure Medication (ASM) prescription and history
 - » The potential seizure triggers (if known) and general lifestyle habits (e.g., exercise, sleep, smoking etc.).
- ☐ The team should remind you that it is important to maintain a healthy lifestyle throughout pregnancy and reduce any potential seizure triggers including lack of sleep, general stress and pain.
- ☐ The team should provide you with reassurance that the majority of those pregnant with epilepsy will continue to have good seizure control during pregnancy. However, should there be any changes in your seizure patterns during pregnancy, the maternity care team will monitor this closely and inform members of your epilepsy specialist team straight away.
- ☐ A detailed ultrasound scan of your baby will be arranged between 20-22 weeks.
- ☐ During pregnancy some women will require regular blood tests and medication reviews. If these are required for you, they will be organised with the epilepsy specialist teams or maternity care team.

Here are some medication specific recommendations:

- » Lamotrigine and Levetiracetam blood test levels should be taken per trimester. Carbamazepine blood test levels will only be done if your doctor thinks it is necessary.
- » The dose of ASMs may be increased in pregnancy - this is assessed on a case-by-case basis and only on clinical grounds.
- » Interpretation of ASM blood levels is best done by epilepsy specialist. If taking ASMs, continue taking folic acid daily.
- ☐ The team should encourage your own supply of ASMs to be taken throughout pregnancy, unless otherwise prescribed. (This is to ensure consistency of supply, as changes in drug brand can potentially affect seizure control).
- ☐ Pregnancy sickness can sometimes interfere with medication adherence (and absorption of medication). The team should detail that you are advised to inform your obstetrician, GP and epilepsy team if this is the case. For more general information on pregnancy sickness, please see the [HSE website](#).

2. Preparing for Birth

- ☐ The team should reassure you that the risk of a seizure during birth is low (approximately 1-2%).
- ☐ A birth plan should be devised. This is a document which enables support with expectations and concerns for labour and birth and the immediate postpartum period. This plan encourages active decision-making when birthing the baby. You can find a birth plan specifically for women with epilepsy via the [Epilepsy Ireland website](#).
- ☐ The team should highlight there are pain relief medications such as pethidine, which should be avoided as they can increase the likelihood of seizure during labour and birth.

3. Postpartum

During hospital stay:

- ☐ It is recommended that a birth support partner (this can be a family member, friend or intimate partner) stays with you during the birth and postpartum.
- ☐ Information should be provided regarding medication safety and breastfeeding.
- ☐ Information should be provided on how to manage seizures postnatally and to get emergency medication prescribed for the duration of the hospital admission.

After being discharged:

- ☐ The team should detail personal and baby safety, including practical tips.

These include:

- » Avoid potential seizure triggers and take steps to reduce these where possible.
- » Setting reminders to support in taking medications at regular times.
- » Consideration of seizure detection alarms (e.g., smartwatches) if suitable and appropriate.
- » Keeping suitable pain relief medication available.
- » If possible, change and feed the baby on the ground or with assistance.
- » Avoid co-sleeping with the baby.

- » Consider comfortable transport options (if possible) to attend follow-up appointments (e.g., driven by partner, family member, or friends).

- ☐ The team should encourage preconception advice to be sought before planning another pregnancy.

4. Key questions to consider

When should I consider information on family planning?

At your earliest convenience. Even if you are not planning a family now, medication adjustments can take up to and beyond 12 months of planning, so it is best to start conversations earlier to be prepared.

What do I need to consider during family planning?

Consideration should be made to individual medication safety profiles and information provided about these, the potential impact of any medication changes on seizure frequency and seizure safety during pregnancy. The checklist in this document can help you prepare what to consider and ask.

What are my considerations during pregnancy?

Managing epilepsy during pregnancy may require additional blood tests, and changes in medication or doses and maintaining a healthy lifestyle (e.g., good sleep hygiene) to reduce seizure risks. You must not stop taking your epilepsy medication during pregnancy.

What are my considerations during birth?

Decisions around birth are usually made alongside your obstetrician and/or midwife based on your individual circumstances. You should consider writing a labour and [birth plan](#) to support in key considerations prior to birth. Regardless of mode of birth, optimising pain control would be recommended to reduce stress and reduce seizure risks at that time.

What are my risks postpartum?

Sleep deprivation is very normal in the early days and weeks after having a baby. Optimising rest is very important and sharing feeding and caring for the new-born with your partner or family support is essential to reduce your seizure risk.

Your notes

This research was funded by the Health Research Board APA-2022-014, with co-funding from Epilepsy Ireland and the HSE National Women and Infants Health Programme