EpiKNOW

EPILEPSY KNOWLEDGE AND RESOURCES FOR WOMEN FROM PRECONCEPTION TO POSTPARTUM

LABOUR AND BIRTH PLAN

Specific for women with epilepsy

BACKGROUND

Address: _____

Epilepsy type: _____

Brief description of seizures (when they occur, last seizure you had): _____

_____

_____

Type of ASM prescribed: _____

Dosage and times taken: _____

Name and contact details of your consultant neurologist or epilepsy nurse specialist (if known)**:**

_____

_____

PREFERENCES
(the below are relevant to all women but additional considerations should be discussed with women with epilepsy):

Pain management methods (avoid Pethidine as it converts to pro-convulsing agent): _____

_____

_____

Requests about vaginal examinations, using medication to accelerate labour, baby monitoring, mode of birth (water and home birth should be avoided):

_____

_____

Preferred birth support partner (it is recommended you have a birth support partner; this can be your partner, a family member, or friend:

_____

Preferred labouring and birth positions: _____

_____

Preferred chosen method of infant feeding: _____

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National Women & Infants Health Programme

HRB Health Research Board

Epilepsy Ireland