

**W**omen are more prone to certain special situation-related seizures than men.

### Catamenial epilepsy

Approximately two-thirds of women with epilepsy complain of an increase in seizure frequency at the time of menstruation. The term “catamenial epilepsy” is applicable if the seizures occur immediately prior to or during the menstrual cycle. This is a worldwide phenomenon. These seizures could be hormone-related, due to fluid and electrolyte imbalance or increased stress during this period. Some additional medications may be prescribed by physicians for women with catamenial epilepsy.

### Oral contraceptives and antiepileptic drugs

Women with epilepsy who use oral contraceptives should be warned about the decreased efficacy of these agents, as antiepileptic drugs interact with oral contraceptives. Women who experience breakthrough bleeding need to practice a barrier method for the rest of the cycle, since the bleeding is an indication that the agent may not provide adequate protection.

### Pregnancy and epilepsy

Approximately two-thirds of women with epilepsy can safely become pregnant. In some women, the pregnancy has no effect on epilepsy, in some it improves epilepsy, but in one-third of women with epilepsy, there is a worsening of their epilepsy status. This could be due to many reasons.

- (a) There could be a fall in the serum antiepileptic drug levels due to the physiological changes/growth of the foetus.
- (b) Some women may not take antiepileptic drugs regularly because of fear that their unborn child may be harmed.
- (c) A hormone-related cause could be the reason for the worsening of the epilepsy.

Hence, it is essential that women with epilepsy regularly consult their doctors during pregnancy.

**Pregnant mothers should be protected from recurrent seizures with adequate medications.**

**The majority of women with epilepsy give birth to normal, healthy infants.**

## Foetal malformations

The risk of foetal malformations is higher in pregnant women on multiple drugs and hence women with epilepsy planning to have a child should preferably be treated with a single antiepileptic drug. They should consult a physician who will choose the most appropriate drug and in the right dose. The risk of their having a child with foetal malformations is about three times higher than in the general population. However, they need to continue on a relatively safe antiepileptic drug and understand that if drugs are reduced, there is a risk of seizure recurrence, and frequent seizures in the mother may affect the unborn child.

Women with epilepsy are usually advised to use folate supplementation before and during pregnancy, till delivery. Common malformations seen in children born to women with epilepsy are: cleft lip or palate and congenital heart defects. Other less common effects include mental retardation, deformities of the nervous system and small head size. Premature labour and other obstetric complications are said to be higher in women with epilepsy.

## Problems in babies born to mothers with epilepsy

The chances of perinatal problems such as difficult labour, prematurity and low birth-weight are a little higher in the pregnancies of women with epilepsy than in normal pregnancies. The risk of jaundice during the neonatal period (during the first one month) could also be higher in these children.

**A majority of women taking an antiepileptic drug can breastfeed their children without any difficulty.**

## Breastfeeding

Breast feeding should be especially encouraged in SEAR Member Countries to overcome protein–calorie malnutrition among children. As antiepileptic drugs do pass through the breast milk to the child, the latter could be slightly jittery, drowsy and sometimes hyperexcitable. The mother should be cautioned about these possibilities. Only those women who are on some newer antiepileptic drugs are not allowed to breastfeed their babies. The treating physician will be able to provide detailed information.