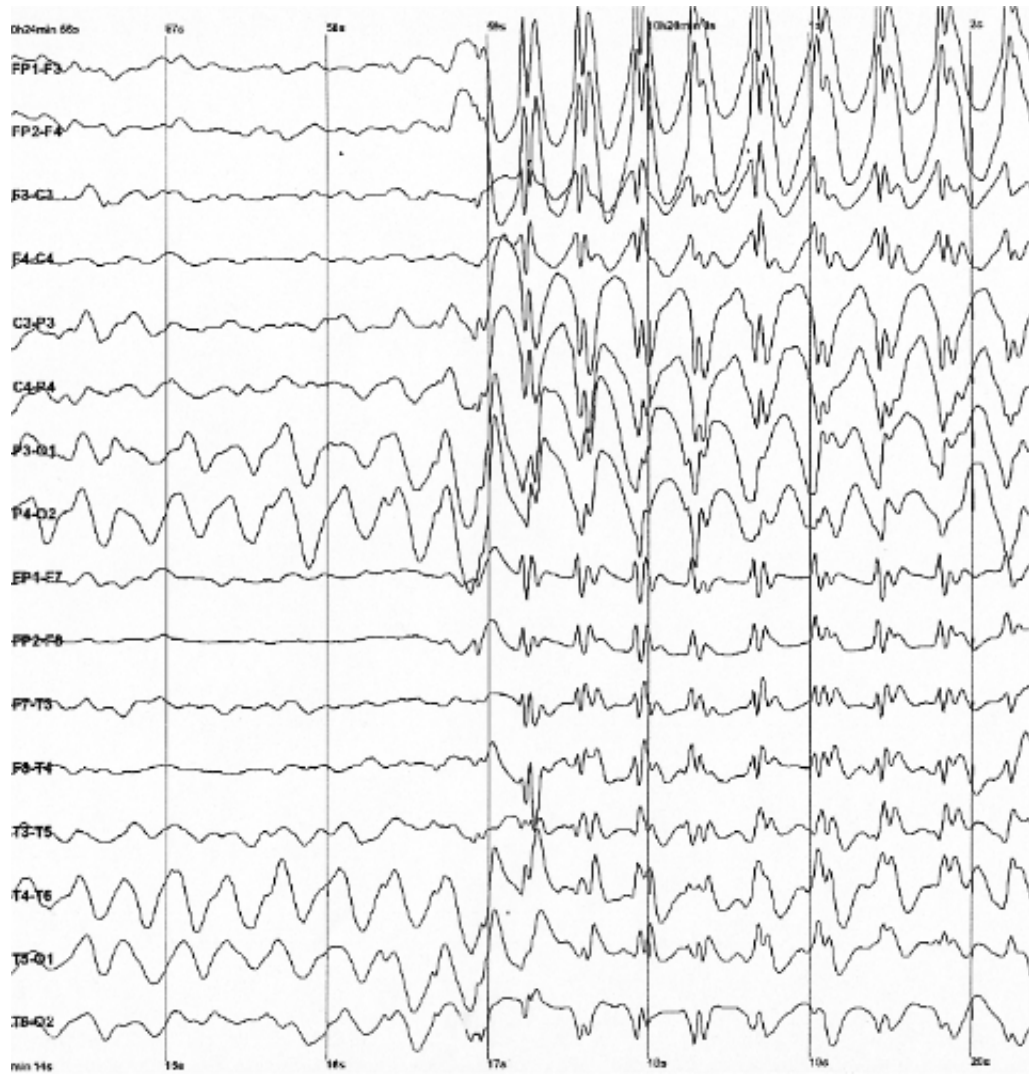


# Fertility rates no different for women with epilepsy

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Generalized 3 Hz spike and wave discharges in a child with childhood absence epilepsy. Credit: Wikipedia.

Until now, if a female patient with epilepsy asked about her chances for becoming pregnant and having a healthy baby, her neurologist would have little information to share. A new study by investigators at Brigham and Women's Hospital changes that. The study finds that among women trying to get pregnant, with no known history of infertility or related disorders, the likelihood of conceiving and having a live birth was no different for those with or without epilepsy. The team's findings are published in *JAMA Neurology*.

"Our paper is a myth-buster," said lead author Page Pennell, MD, director of research for the Division of Epilepsy in the Department of Neurology at BWH. "When I entered this specialty, there were a lot of myths and stigma about women living with epilepsy. A couple of decades ago, women with epilepsy were discouraged from getting pregnant because it was considered risky. Today, we know so much more and have safer medications to help women with epilepsy have a healthy pregnancy. But myths about fertility rates remain. We wanted to evaluate those rates, specifically among women who desired to become pregnant."

Globally, approximately 12.5 million women of childbearing age have epilepsy. Previous studies have found that birth rates among women with epilepsy are lower than those without, but these differences could be because of social factors, such as fewer women with epilepsy seeking to become pregnant. To better understand the likelihood of women with epilepsy conceiving, Pennell and colleagues followed 89 women with epilepsy who had discontinued birth control within the prior six months of attempting to become pregnant and compared their outcomes to 108 women without epilepsy who were also trying to conceive. Participants used an electronic diary app to record their medications, any seizures they experienced, sexual activity, and more. The research team observed the women for up to 21 months.

At the end of the study period, the team compared the proportion of women in each group that had achieved pregnancy within one year of enrollment. It found that 60.7 percent of the women with epilepsy and 60.2 percent of the women without epilepsy became pregnant, and that the time it took for the women to conceive was no different between the two groups. In addition, the proportion of miscarriages and live births were the same for women in both groups.

The authors note that the study was designed to examine women with no known history of infertility or its related conditions such as endometriosis or [polycystic ovary syndrome](#). The study does not address whether there may be differences in rates of these conditions between women with and without epilepsy.

In addition to providing evidence to help address women's questions about the likelihood of conceiving, the study also contains an important message for neurologists who are prescribing medications to women with epilepsy who are of childbearing age, according to Pennell. She encourages neurologists to work with their patients to discuss safe medications and dosages before they become pregnant, planned or unplanned.

"We need to talk to our patients about their plans for starting a family and about effective contraception until then," said Pennell. "As neurologists, we should be aware of which epilepsy medications interact with hormonal contraceptives and which ones are safe during pregnancy and can prescribe them accordingly. Our study indicates that most women with epilepsy have normal [fertility rates](#), so planning ahead, adjusting medications and prescribing vitamins is essential for [women](#) with [epilepsy](#) throughout their reproductive years."

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funding sources, conflict of interest disclosures and more are available in the published paper.

**More information:** Pennell et al. "Fertility and Birth Outcomes in Women With Epilepsy Seeking Pregnancy" *JAMA Neurology*, [DOI: 10.1001/jamaneurol.2018.0646](https://doi.org/10.1001/jamaneurol.2018.0646)

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