

# Guideline issued for people with epilepsy who may become pregnant

May 15 2024

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A new guideline has been issued to help neurologists and other clinicians determine the best antiseizure medications for people with epilepsy who may become pregnant.

The guideline is published in the May 15, 2024, online issue of *Neurology* and was developed through a collaboration between the American Academy of Neurology (AAN), the American Epilepsy Society (AES) and the Society for Maternal-Fetal Medicine (SMFM). It was endorsed by the Child Neurology Society.

The guideline partially updates two 2009 AAN and AES guidelines on the management of epilepsy during [pregnancy](#), specifically regarding malformations at birth and the development of children born to people with epilepsy.

"Most children born to people with epilepsy are healthy, but there is a small risk of pregnancy-related problems, partly due to seizures and partly due to the effects of antiseizure medications," said author Alison M. Pack, MD, MPH, of Columbia University in New York City, a Fellow of the American Academy of Neurology and a member of the American Epilepsy Society.

"This guideline provides recommendations regarding the effects of antiseizure medications and folic acid supplementation on malformations at birth and the development of children during pregnancy so that doctors and people with epilepsy can determine which treatments may be best for them."

The [guideline recommendations](#) are based on a review of all available evidence on the topic. Risks can include major congenital malformations, or [birth defects](#), fetal growth issues and neurodevelopmental effects such as autism or lower IQ scores.

The guideline states when treating people with epilepsy who may become pregnant, doctors should recommend medications and doses that optimize both seizure control and [fetal development](#) at the earliest possible opportunity before pregnancy.

During pregnancy, it recommends minimizing the occurrence of tonic-clonic seizures, seizures with full body spasms, to minimize risks to the parent and fetus. It also says stopping medications during pregnancy may increase the frequency of seizures, which may harm the parent and fetus.

For medications, the guideline recommends using lamotrigine, levetiracetam or oxcarbazepine when appropriate to minimize risk of major birth defects.

It recommends avoiding [valproic acid](#), phenobarbital and topiramate when possible. To reduce the risk of poor neurodevelopmental outcomes, including [autism spectrum disorder](#) and lower IQ scores, the guideline recommends clinicians avoid prescribing valproic acid, when possible, to people with epilepsy who may become pregnant.

The guideline recommends that people with epilepsy who may become pregnant take at least 0.4 milligrams of folic acid daily before and during pregnancy to decrease the risk of neural tube defects and possibly improve neurodevelopmental outcomes. However, it notes further studies are needed to clarify the optimal dose and timing of folic acid supplementation.

"People with [epilepsy](#) who may become pregnant want to ensure the best health of their child while still managing and minimizing their seizures," said Pack. "This is why it is important to discuss plans for pregnancy with your doctor before becoming pregnant and notify your doctor as soon as possible if you discover you are pregnant. Don't stop or change your medications. Talk with your doctor about any concerns you have about your medications."

There are some medications that did not have enough evidence to be evaluated and need more research about their associated risk.

**More information:** *Neurology* (2024).

Provided by American Academy of Neurology

Citation: Guideline issued for people with epilepsy who may become pregnant (2024, May 15)  
retrieved 18 June 2024 from <https://medicalxpress.com/news/2024-05-guideline-issued-people-epilepsy-pregnant.html>

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