


NAVIGATING PREGNANCY WITH EPILEPSY

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INTRODUCTION

Epilepsy, a neurological condition affecting almost 70 million people globally, poses unique challenges during pregnancy. A recent review by Dr. Yi Li and Dr. Kimford Meador dives into the complexity of managing epilepsy in expectant mothers, shedding light on fertility, the interactions of antiseizure medication (ASM), ASM use during pregnancy, and maternal and fetal health outcomes. It also offers reassurance and hope to mothers through insights into modern therapeutic strategies, recognizing that pregnancy presents significant challenges, especially for women managing epilepsy.

DISCUSSION

The study addresses a vital question: how can safe pregnancies for women with epilepsy be ensured while protecting their unborn children? Most women find their seizure frequency unchanged during pregnancy. However, adjustments in ASM dosages are often necessary due to altered drug clearance. Even though more than 90% of pregnancies in women with epilepsy result in a normal delivery, uncontrolled seizures pose a danger for both mother

and baby, potentially causing trauma or oxygen deprivation, which is why close monitoring is essential to minimize the risks. Also, multidisciplinary care, where neurologists, obstetricians and primary care physicians collaborate, can improve health and well-being for both the parent and the infant.

Pregnant women with epilepsy are at an increased risk of obstetric complications such as gestational hypertension and preeclampsia, which may be linked to seizure activity or the use of antiseizure medications (ASMs). They are also more susceptible to negative pregnancy outcomes, including spontaneous abortion, preterm birth, and cesarean delivery — factors that may likewise be influenced by seizures or ASM exposure. Unfortunately, ASMs are also associated with higher risks of congenital malformations and cognitive impairments, especially in the first trimester. Most common malformations include cardiovascular and musculoskeletal defects, as well as spina bifida, which is associated with valproate use. Safer alternatives, such as lamotrigine and levetiracetam, are recommended whenever possible. Pregnant women need to increase their intake of folic acid supplementation, particularly during early pregnancy, as it has

been proven to be a critical factor in the neurodevelopment of children.

Contrary to some concerns, breastfeeding is safe and encouraged for mothers on ASMs, as the benefits often outweigh the minimal drug exposure through breast milk. The postpartum period, however, is marked by heightened seizure risks due to sleep deprivation and stress which is why family support and care are crucial.

This review is more than just data; it is a testament to how far managing epilepsy during pregnancy has come. Still, unanswered questions about long-term effects on children and newer treatments leave room for growth.

CONCLUSION

Managing epilepsy in pregnancy is a delicate balance of maintaining seizure control while minimizing risks to the fetus. This review by Dr. Li and Dr. Meador offers valuable guidance, emphasizing that with meticulous planning, informed care, and scientific advancements, women with epilepsy can confidently embrace motherhood.

REFERENCES:

1. Li Y, Meador KJ. Epilepsy and pregnancy. *Continuum (Minneapolis, Minn)*. 2022;28(1):34-54. doi:10.1212/CON.0000000000001056.