



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board

Epilepsy Care in Pregnancy

| | | | | | |
|---|------------------|----------------|---|--------------------------|--|
| First Name: | | Surname: | | EDD: | |
| Hospital Number: | | Date of Birth: | | Gest. Age ANC 1st visit: | |
| Home Phone No: | | BMI: | Weight(kg): | VTE score: | Gest. Age Epilepsy Clinic 1 st visit: |
| Consultant Obstetrician: | | | Consultant Neurologist: | | |
| Previous Obstetric History: G P | | | Mode of Delivery in previous pregnancies: | | |
| Planned pregnancy: Yes / N Pre-conception counselling: Yes / No If yes, when and by whom? | | | Previous birth centiles below 10 th centile: Yes / No / NA | | |
| Type of Epilepsy: | | | Description of Epilepsy seizures: | | |
| Age of onset of Epilepsy: | | | H/O Nocturnal Epilepsy: Yes / No | | |
| EEG / MRI : | | | Folic acid: Preconception - Yes / No | | |
| Seizure control: Last episode of seizure: Frequency of seizures: | | | Gestation at which started: Dose: | | |
| Anti-seizure medication: | 1. | 2. | 3. | | |
| Baseline dose: | | | | | |
| Side effects | | | | | |
| Epilepsy and Pregnancy Register discussed: Yes / No | | | Pregnancy Registered: Yes / No if no, reason: | | |
| Antenatal Epilepsy Management: | | | | | |
| Discuss: | | | | | |
| SUDEP discussed and further information provided: | | | Yes / No | | |
| Medication teratogenicity discussed: | | | Yes / No | | |
| Bathing risks | | | Yes / No | | |
| Information pack given | | | Yes / No | | |
| If Anti-seizure medication dose changed or levels requested | | | | | |
| Anti-seizure medication | Date levels done | Level | Dose changed to (↑ / ↓) | Date of dose change | Seizure control |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| Growth scan needed: Yes / No | | | Anaesthetic referral needed: Yes / No | | |
| Any other obstetric / medical risk factors: | | | | | |

Intrapartum care: Continue with ASMs
Offer good pain relief (all available options suitable unless otherwise specified)
Maintain good hydration

Suitable for: MLU: Yes / No IA: Yes / No as assessed at _____ weeks
(Note: risk profile may change during pregnancy and further risk assessment should be done at onset of labour)
Birthing Pool can be used: Yes / No (pool can be used if no seizure in the last 5 years)

Postnatal Care: Continue with ASMs
Offer good pain relief (all available options suitable unless otherwise specified)
Maintain good hydration
Ensure adequate rest
Start contraception before discharge

N.B. Do not prescribe tramadol as it reduces seizure threshold.

Discuss:

| | |
|--|----------|
| Increased risk of seizures post-partum | Yes / No |
| Need for adequate rest | Yes / No |
| Care of baby at low level | Yes / No |
| Supervised whilst bathing baby | Yes / No |
| Care of baby | Yes / No |
| Breast / bottle feeding safety | Yes / No |
| Help post-partum | Yes / No |

Post-natal Contraception

Post-natal Anti-seizure medication and dose:

Post-natal Appointment:

Date:

Seizure control:

Anti-seizure medication:

Contraception:

Future pregnancy plan:

Folic acid:

Neurology Follow-up:

Clinician Name and Contact Numbers:

Epilepsy Nurse: Jenny Edwards, Sharon Brown - 01792516591
Epilepsy Specialist Midwife: Sara Williams – Singleton ANC 01792285393
Obstetrician: Madhu Dey – 01792285390 (Secretary)
Neurology on call bleep: 23580
Epilepsy in Pregnancy referral email: SBU.EpilepsyinPregnancy@wales.nhs.uk