

Contact Us



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After baby arrives:

Medication

After delivery, your medication dose is typically decreased to near (or slightly higher than) your pre-pregnancy dose. This is usually done over the first few weeks following delivery.

Breastfeeding

It is usually safe and still recommended for women who take anti-seizure medications to breastfeed. Please discuss your plans with your doctor ahead of time so any questions can be addressed.

Baby care

For those with epilepsy caring for newborns, we recommend some additional safety measures:

- Use carriers/wraps rather than carrying baby solely in your arms, when possible
- Change diapers on the floor rather than an elevated table
- Have another adult present during bath time

Please accept help from others to make sure you get adequate rest!



Providing the highest level
of comprehensive epilepsy
care to patients throughout
their lifetime.

Pregnancy & epilepsy: what you need to know.

Women who have epilepsy can get pregnant and have healthy babies. However, there are additional factors to discuss in order to make sure mom and baby are as healthy as possible.

Before pregnancy:

If possible, talk to your epilepsy doctor about your plans to conceive before you become pregnant. This will allow for further conversation and medication adjustments or blood work if needed.

Supplemental folic acid is usually recommended for women with epilepsy who may become pregnant.

Thus, folic acid is recommended for ALL women of child-bearing potential, both those with plans for immediate plans for pregnancy as well as those without plans for immediate pregnancy.

The purpose of supplemental folic acid is to reduce the risk of birth defects in babies of women who take anti-seizure medications. It is especially important to take folic acid in the early stages of pregnancy.

During pregnancy:

Inform your epilepsy doctor (as well as your primary or gynecology/obstetrics doctor) as soon as you find out that you are pregnant. Your doctor will usually need you to get more frequent lab work and likely ask to see you more frequently to discuss how you are doing.

Medication

In order to keep you and your baby healthy, our main goal will be to control your seizures as well as possible. Experiences with seizures during pregnancy can vary. Typically, it is similar to the year before becoming pregnant.

To control seizures, you will receive more frequent blood tests to assess your medication levels. This usually occurs monthly. This is important because your body will likely process your antiepileptic medications more quickly.

Blood tests may show that your medications need to be adjusted. Your medication doses may be significantly increased in order to keep the amount of medication in the blood the same.

Sleep & nausea

Try to get quality sleep each night – poor sleep can increase the risk for seizures.

Nausea and vomiting are common during pregnancy. If you experience vomiting that makes it difficult for you to take your medications, then you may need to be prescribed an anti-nausea medication.

Labor & delivery:

You will make a plan with your doctor who is assisting with the delivery. Some elements to discuss will include:

- Your pain control plan
- How the labor will proceed

Your neurologist will also continue to emphasize rest and no missed medication doses.

Pregnancy hormones change soon after delivery, so your epilepsy doctor will have a plan for how to adjust your medications accordingly.

