

GP brief: Preconception care for women with epilepsy

Overview

Around 25% of people with epilepsy are women of child bearing age. Many of these women will have well controlled seizures and not be in contact with secondary care so primary care has an essential role to play in preconception counselling.

Epilepsy and the use of AED can present particular problems including:

- 2 to 3 times more likely to have a major congenital malformation than the general population (in particular women taking over 1000mg of sodium valproate have a 9.1% chance of having a baby with a major congenital malformation)
- Enzyme-inducing AEDs can increase the chance of combined oral contraceptive failure

The highest risk of harm to the foetus is in the first trimester of pregnancy so women need preconception counselling **before** they become pregnant to take the necessary action to reduce risk.

Action for GPs

The requirement for preconception counselling of women of childbearing age is now include in the QOF. This counselling should cover:

- A discussion of possible issues with fertility.
- The importance of planning pregnancy and the increased risk of combined oral contraception failure.
- The stage of the pregnancy at which the baby's organs develop and the neural tube closes, and the risk of malformations and neurodevelopment impairment in children exposed to AEDs.
- The importance of folic acid **5mg** once daily at least 3 months pre conceptionally and throughout the duration of pregnancy (prescription only dose).
- The risks of not taking their AEDs as prescribed during pregnancy including SUDEP sudden unexpected death in epilepsy.

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Further information and resources can be found at www.epilepsy.org.uk/gpresource or by following the links below:

[Summary sheet of the issues GPs need to discuss with women to meet QOF indicator Epilepsy 9](#)

[Epilepsy: contraception, conception and pregnancy counselling leaflet](#)

Ideally pregnancy should be planned and women referred to a neurologist **before** she becomes pregnant to allow time to rationalise/ swap medication, however, if a woman with epilepsy does present unexpectedly as pregnant they should **urgently** be referred to Dr Page Consultant Neurologist & Clinical Lead of the Dorset Epilepsy Service (**calling/faxing/CAB?**) Advice can also be sought by calling Dr Page's secretary on 01202 263049.

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