



EPILEPSY AND WOMEN

Our bodies experience many physical changes throughout our lifetime, and there's no evidence to suggest that epilepsy interferes with this process. Epilepsy has specific implications for women in respect of their gynaecological health and child bearing.

FEMALE BIOLOGICAL CHANGES

Menstruation:- There is no evidence to suggest that women with epilepsy experience any major differences in their menstrual patterns. Some women may find a change in seizure pattern, with an increase in seizures either during their period or at the time of ovulation.

Menopause:- The menopause usually occurs between your mid 40's to mid-50's and may have unpleasant symptoms such as hot flushes and night sweats. Hormone Replacement Therapy (HRT) may be prescribed to relieve these symptoms.

There is no medical proof to indicate an association between epilepsy and menopausal changes, or that HRT influences seizure control or the absorption of anti-epileptic drugs. If you suffer from osteoporosis and if seizures are a problem, this could be a concern.

YOU AND YOUR PARTNER

Relationships:- It is understandable that women with epilepsy may be anxious about establishing intimate relationships but many do form satisfying, stable relationships. To do this it is important that both of you are open with each other and discuss your epilepsy and its implications for your life together

Sex drive:- In a small number of people, epilepsy and anti-epileptic drugs may cause a slightly lower sex drive. For

most people this is not a problem and they are able to enjoy sexual intercourse.

Fertility:- Research has shown that a limited number of women may have a lower fertility rate due to epilepsy, but there is no reason to believe that anti-epileptic drugs will reduce your fertility.

Contraception:- Women with epilepsy can choose from all the contraceptive methods available. Your doctor will be able to advise which is the most suitable for you. Its important to note that the effectiveness of some forms of the Pill can be reduced by anti-epileptic drugs and higher doses may be necessary to provide adequate contraception.

Heredity:- The chance of passing epilepsy on to your children will depend on the type of epilepsy you have and other factors. If you've had it since birth there's about a 6% chance that your child will also have it too.

PREGNANCY AND BIRTH

Family planning counselling:- If you are thinking about having a baby, its best to discuss the matter with your doctor before becoming pregnant. This will allow you to gather all the information you need in order to decide on planning your family. Your partner should join you in counselling to share his concerns and to be informed of the possible risks to you and your baby's health.

Anti-epileptic medication:- Before becoming pregnant it is important to discuss your medication with your doctor as it may need to be changed to minimise the risks to your baby. Some drugs can affect the growing foetus so it is essential that this is checked out with your doctor as soon as possible.



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Generally it is preferable to remain on medication, with the small risks this may carry, rather than to withdraw all drugs and risk losing control of your seizures. *Seizure patterns:-* Some women experience changes in their seizure pattern during pregnancy. There may be a slight increase or decrease in frequency.

Diet:- Some anti-epileptic drugs may reduce vitamin K in the bloodstream, which can affect the clotting mechanism in the blood. In such cases the doctor may recommend that vitamin K is taken by the mother before delivery and by the baby for a short while after birth. Some drugs are known to increase the risk of neural tube defect, such as spina bifida.

It is advisable that all pregnant women, but in particular those with epilepsy, should take a folic acid supplement during pregnancy.

Medical check-ups:- It's important to see your doctor regularly during pregnancy. You should report any seizures or incidents which have occurred, such as falls, vomiting, illness or injury.

DELIVERY & CARING FOR YOUR BABY

Labour:- Your labour and the delivery of your baby is not likely to be different from that of other mothers. By taking your medication correctly and getting as much rest as possible, you will reduce the risk of having a seizure during labour. Remember that you will not be alone during this time and immediately after the birth.

Breastfeeding:- The likelihood of your baby being affected by anti-epileptic drugs present in your milk will depend on the medication you take. In the majority of cases very little of the drug is passed on to the infant and should not pose a problem. In fact, this may be a way of weaning your baby off the

medication that would have been absorbed during pregnancy.

If you tend to have seizures without warning, it is advisable that you take precautions while feeding your baby. You could try sitting on the floor with your back to the wall, surrounded by cushions.

Bathing and changing your baby:- Using a bath stand could be risky so its best to put the baby bath on the floor. If you feel this is still too risky, and there is no-one to assist you, it may be best to sponge your baby down on a waterproof sheet. Changing your baby in the cot or on a blanket on the floor is a good idea. By kneeling to the side, you will fall away from your baby should a seizure occur.

Sleep:- Having a new baby in the home is physically and emotionally draining. Make sure to get plenty of rest and accept any offers of assistance you get from friends and relatives.

Parenthood:- Like all new parents you and your partner will find parenthood exciting and challenging. The pleasure you get from your baby should not be affected in any way by the fact that you have epilepsy.