Contraception for women with epilepsy

Find out about different methods of contraception, how they may be affected by epilepsy or epilepsy medicines.

**Different types of planned contraception**

There are three main types of planned contraception:

- Barrier methods
- Hormonal treatment
- Natural birth control (rhythm and Persona)

**Barrier methods**

Barrier methods are worn during sex to prevent the sperm reaching the egg. These barriers include:

- Caps
- The coil
- Condoms
- Diaphragms
- Femidoms

**Hormonal contraception**

Some methods of contraception use the hormones oestrogen and progestogen, or just progestogen. These hormones are similar to those that your own body produces to control your menstrual cycle (when each month your body prepares to have a baby).

Epilepsy Action has more information about the menstrual cycle.

Hormonal contraception includes:

- Combined oral contraceptive pill (the Pill)
- Contraceptive implant
- Contraceptive patch
- Depo-Provera contraceptive injection
- Mirena coil
- Noristerat contraceptive injection
- Progestogen-only pill (the mini pill)
- Vaginal ring

**Natural birth control**

Natural birth control methods rely on accurately tracking your menstrual cycles, and not having sex when you identify that you are fertile. The two main methods are:

- The rhythm method
- The Persona method

The body’s hormone levels are an important part of using natural birth control.

Natural birth control methods are not recommended for any women with epilepsy. This is because some epilepsy medicines, and epilepsy itself, can affect hormone levels.
Different types of unplanned (emergency) contraception

This type of contraception can be used after unprotected sex or when a planned method of contraception has failed. The two main types are:

- The morning-after pill
  - Levonorgestrel (Levonelle)
  - Ulipristal acetate (EllaOne)
- The coil

Which type of contraception will – or will not - work for me?

Find out more about your epilepsy medicine(s) and contraception.

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This information is for you if you take any of the following epilepsy medicines:

- Carbamazepine
- Eslicarbazepine acetate
- Oxcarbazepine
- Perampanel (*more than 12 mg daily*)
- Phenobarbital
- Phenytoin
- Primidone
- Rufinamide
- Topiramate (*more than 200 mg daily*)

Types of planned contraception that may work well for you

**Barrier methods**
All barrier methods, including:

- Caps
- The coil
- Condoms
- Diaphragms
- Femidoms

**Hormonal contraception**
The types of hormonal contraception that may work well for you include:

- Combined oral contraceptive pill (the Pill) – but see box below
- Depo-Provera contraceptive injection – but see box on page 4
- Mirena coil
- Noristerat contraceptive injection

**Combined oral contraceptive pill (the Pill)**
Your doctor might suggest you follow these steps, to make it work better:

- Take a version of the Pill that contains at least 50 micrograms of oestrogen **and**
- Take the Pill all the time, without the usual seven day break each month **and**
- Take a version of the Pill which has at least twice the amount of progestogen than usual

If you have bleeding during the time that you are taking the Pill, this could be a sign that the Pill is not working very well. In this case, your doctor may increase the dose of oestrogen in steps of 10 micrograms, up to a maximum of 70 micrograms. Even if you take a higher dose of the Pill, and even if you have no bleeding, it might still not work very well. For this reason, your doctor might advise you to use condoms as well, until they can be sure that the Pill would prevent you from getting pregnant. They can check if you are at risk of getting pregnant by giving you blood tests at certain times of the month. The blood tests show if the Pill has stopped you from ovulating (releasing an egg) This means that you shouldn’t get pregnant. Or, the doctor may advise you to change to a different type of contraception.
Information (continued) for women taking:

- Carbamazepine; eslicarbazepine acetate; oxcarbazepine; perampanel (more than 12 mg daily); phenobarbital; phenytoin; primidone; rufinamide; topiramate (more than 200 mg daily)

**Depo-Provera contraception injection**
This can speed up bone loss, as can some epilepsy medicines. This may lead to a condition called osteoporosis, which causes bones to become thinner and more brittle, so they break more easily. For this reason, the World Health Organisation (WHO) has suggested this injection should be used with caution by women who are under 18 and women who are over 45. However, WHO also say that the advantages of using Depo-Provera generally outweigh the disadvantages.

If you are considering using the Depo-Provera injection, ask your doctor for advice about osteoporosis. Epilepsy Action has more information about epilepsy and osteoporosis.

**Types of planned contraception that are not recommended for you**
Hormonal treatment:
- Contraceptive implant
- Contraceptive patch
- Progestogen-only pill (the mini pill)
- Vaginal ring

Natural birth control

**Types of unplanned (emergency) contraception**
Those that may work well for you:
- The morning-after pill
  - Levonorgestrel (Levonelle) – but see box below
- The coil

Those that would **not** work well for you:
- The morning-after pill
  - Ulipristal acetate (EllaOne)

**Levonorgestrel (Levonelle)**
You should take a pill that contains 3 mg levonorgestrel, as soon as possible after sex. This is twice the amount of levonorgestrel that women who don’t take epilepsy medicines usually take. This dose must be prescribed by a doctor.

*Guidelines suggest that the coil could be better than levonorgestrel at reducing the risk of pregnancy.*
This information is for you if you take any of the following epilepsy medicines:

- Clobazam
- Clonazepam
- Ethosuximide
- Gabapentin
- Lacosamide
- Levetiracetam
- Perampanel (less than 12 mg daily)
- Pregabalin
- Retigabine
- Sodium valproate
- Tiagabine
- Topiramate (less than 200 mg daily)
- Vigabatrin
- Zonisamide

Types of planned contraception that may work well for you

**Barrier methods**
All barrier methods, including:

- Caps
- The coil
- Condoms
- Diaphragms
- Femidoms

**Hormonal contraception**
Types of hormonal contraception that may work well for you include:

- Combined oral contraceptive pill (the Pill)
- Contraceptive implant
- Contraceptive patch
- Depo-Provera contraceptive injection – but see box below
- Mirena coil
- Noristerat contraceptive injection
- Progestogen-only pill (the mini pill) – but see box on page 6
- Vaginal ring

**Depo-Provera contraception injection**
This can speed up bone loss, as can some epilepsy medicines. This may lead to a condition called osteoporosis, which causes bones to become thinner and more brittle, so they break more easily. For this reason, the World Health Organisation (WHO) has suggested this injection should be used with caution by women who are under 18 and women who are over 45. However, WHO also say that the advantages of using Depo-Provera generally outweigh the disadvantages.

If you are considering using the Depo-Provera injection, ask your doctor for advice about osteoporosis. Epilepsy Action has more information about epilepsy and osteoporosis.
Information (continued) for women taking:

- Clobazam; clonazepam; ethosuximide; gabapentin; lacosamide; levetiracetam; perampanel (less than 12 mg daily); pregabalin; retigabine; sodium valproate; tiagabine; topiramate (less than 200 mg daily); vigabatrin; zonisamide

**Progestogen-only pill (the mini pill)**
The mini pill only works well if you take it according to the instructions from your doctor. This usually means taking it at the same time each day. If you don’t there is a risk that you will get pregnant.

**Types of planned contraception that are not recommended for you**
Natural birth control

**Types of unplanned (emergency) contraception**
Those that may work well for you:

- The morning-after pill
  - Levonorgestrel (Levonelle)
  - Ulipristal acetate (EllaOne)
- The coil

**Levonorgestrel (Levonelle)**
You should take a pill that contains 3 mg levonorgestrel, as soon as possible after sex. This is twice the amount of levonorgestrel that women who don’t take epilepsy medicines usually take. This dose must be prescribed by a doctor.

*Guidelines suggest that the coil could be better than levonorgestrel at reducing the risk of pregnancy.*
This information is for you if you take:

- **Lamotrigine**

### Types of planned contraception that may work for you

#### Barrier methods

All barrier methods, including:
- Caps
- The coil
- Condoms
- Diaphragms
- Femidoms

#### Hormonal contraception

Types of hormonal contraception that may work for you include:
- Combined oral contraceptive pill (the Pill) – but see box below
- Contraceptive patch – but see box below
- Contraceptive implant
- Depo-Provera contraceptive injection – but see box below
- Mirena coil
- Noristerat contraceptive injection
- Progestogon-only pill (the mini pill) – but see box on page 8
- Vaginal ring – but see box below

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**Combined oral contraceptive pill (the Pill), contraceptive patch, and vaginal ring**

Research on a small group of women has shown that the Pill, contraceptive patches and vaginal rings may reduce the amount of lamotrigine in the bloodstream. This would make you more at risk of having seizures. If you want to use any of these forms of contraception, talk to your doctor or epilepsy specialist. They may need to increase your dosage of lamotrigine.

Lamotrigine may make the Pill, contraceptive patches and vaginal rings work less well. This would make you more at risk of an unplanned pregnancy. For this reason, your doctor might advise you to use condoms as well, until they can be sure that the Pill, patch or ring would prevent you from getting pregnant. They can check if you are at risk of getting pregnant by giving you blood tests at certain times of the month. The blood tests show if you have stopped ovulating (releasing an egg) This means that you shouldn’t get pregnant. Or, the doctor may advise you to change to a different type of contraception.
Information (continued) for women taking:
  - Lamotrigine

**Depo-Provera contraception injection**
This can speed up bone loss, as can some epilepsy medicines. This may lead to a condition called osteoporosis, which causes bones to become thinner and more brittle, so they break more easily. For this reason, the World Health Organisation (WHO) has suggested this injection should be used with caution by women who are under 18 and women who are over 45. However, WHO also say that the advantages of using Depo-Provera generally outweigh the disadvantages.

If you are considering using the Depo-Provera injection, ask your doctor for advice about osteoporosis. Epilepsy Action has more information about epilepsy and osteoporosis.

**Progestogen-only pill (the mini pill)**
The mini pill only works well if you take it according to the instructions from your doctor. This usually means taking it at the same time each day. If you don’t there is a risk that you will get pregnant.

**Types of planned contraception that are not recommended for you**
Natural birth control

**Types of unplanned (emergency) contraception**
Those that may work for you:
- The morning-after pill
  - Ulipristal acetate (EllaOne)
  - Levonorgestrel (Levonelle)
- The coil
How can I find out more about contraception?

Talk to your family doctor, epilepsy specialist nurse or your local family planning clinic. They can help you choose a form of contraception that will work for you and suit your lifestyle.

It's important to be happy with your choice, and to know how to use it properly, if you don't want to become pregnant.

Further information is available from:

NHS Choices
Website: nhs.uk

Family Planning Association
Website: fpa.org.uk

What do I need to know about planning a pregnancy?

Ideally, you should have some pre-conception counselling before you become pregnant. This is because there is a small risk that seizures or epilepsy medicines could affect your and your baby’s health. With careful planning, these risks can often be lowered.

If you are unexpectedly pregnant, don’t stop taking your epilepsy medicines. This could cause more frequent or more severe seizures. And it would put you, and your baby, at higher risk of problems than taking your medicines. Speak to your GP as soon as possible. They will be able to find the help and advice you need.

Women who take sodium valproate have a higher risk of having a baby with a problem than other women. For more information, speak to your GP, epilepsy specialist nurse or epilepsy specialist. Or contact Epilepsy Action.
About this information

This information is written by Epilepsy Action’s advice and information team, with guidance and input from people living with epilepsy, and medical experts. If there is anything you would like to say about the information, please contact us at epilepsy.org.uk/feedback

If you would like to see this information with references, visit the Advice and Information references section of our website. If you are unable to access the internet, please contact our Epilepsy Action Helpline freephone on 0808 800 5050.

Epilepsy Action makes every effort to ensure the accuracy of information but cannot be held liable for any actions taken based on this information.

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Your support
We hope you have found this information helpful. As a charity, we rely on donations to provide our advice and information. If you would like to make a donation, here are some ways you can do this.

Visit epilepsy.org.uk/donate
Text ACT NOW to 70700 (This will cost you £5 plus your usual cost of sending a text. Epilepsy Action will receive £5.)
Send a cheque payable to Epilepsy Action to the address below.

Did you know you can also become a member of Epilepsy Action from as little as £1 a month? To find out more, visit epilepsy.org.uk/join or call 0113 210 8800.

Epilepsy Action Helpline
Freephone 0808 800 5050; text 0753 741 0044; email helpline@epilepsy.org.uk; tweet @epilepsyadvice

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