Epilepsy Action aims to improve the quality of life and promote the interests of people living with epilepsy.

**Our work...**

- We provide information to anyone with an interest in epilepsy
- We improve the understanding of epilepsy in schools and raise educational standards
- We work to give people with epilepsy a fair chance of finding and keeping a job
- We raise standards of care through contact with doctors, nurses, social workers, government and other organisations
- We promote equality of access to quality care

Epilepsy Action has local branches in most parts of the UK. Each branch offers support to local people and raises money to help ensure our work can continue.

**Your support**

We hope you find this booklet 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.

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.
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Introduction

This information is for you if you have epilepsy and are pregnant now, or might be in the future. It covers things like getting pregnant and making sure your pregnancy and labour run as smoothly as possible for you and your baby. It also includes information about breastfeeding, contraception and looking after a young baby.

To see how other women with epilepsy managed their seizures, treatments and labour, you might want to look at The Pregnancy Diaries on our website.
Go to: epilepsy.org.uk/pregnancy-diaries

If you have any further questions about epilepsy and having a baby, please contact Epilepsy Action or contact your GP, epilepsy specialist or specialist nurse.
Planning a baby

Most women with epilepsy have healthy pregnancies and give birth to a healthy baby. To have the best chance of having a healthy pregnancy, medical professionals advise you have pre-conception counselling (see below), before you become pregnant. This is because your epilepsy and epilepsy medicines might slightly increase your risk of having a baby with a birth problem. The risk varies, depending on the type, dose and epilepsy medicine you take. Getting specialist support at the right time, particularly if you are at risk of an unplanned pregnancy, may reduce these risks.

I’m already pregnant, should I stop taking my epilepsy medicine?

If you are already pregnant, don’t stop taking your epilepsy medicine. If you do, it might not make a difference to your baby, but it could cause you to have more seizures. Or your seizures could be more severe. This could be harmful for you and your baby. Instead, speak to your GP as soon as possible, so they can get you the help and advice you need.

What is pre-conception counselling?

Pre-conception counselling happens before you get pregnant. It’s an appointment with a doctor or nurse who knows about pregnancy and epilepsy. The aim is to review your epilepsy and your epilepsy medicines. Some medicines carry a higher risk of harming your baby if you take them during pregnancy. Other medicines carry a much lower risk, but might not control your
Epilepsy and having a baby
seizures as well. The counselling will help you to decide which is the safest type and dose of epilepsy medicine to prepare for future pregnancy.

The doctor or nurse might suggest you change your epilepsy medicine to one that carries a lower risk, before you get pregnant. Or they might change it to try to get your seizures under better control. Their advice will depend very much on your individual circumstances, and how you feel about making any changes. For some women, a gradual withdrawal of their epilepsy medicine might be considered safe. This would need a risk assessment and very careful planning and support.

**How do I get pre-conception counselling?**
You can ask your GP to arrange pre-conception counselling for you at any age – even before you have started a sexual relationship. It’s especially important if you are thinking of becoming pregnant in the near future, or if there’s any chance that you could get pregnant.

**Do I need folic acid?**
All women are recommended to take folic acid before and during pregnancy, to reduce the risk of having a baby with spina bifida. For women without epilepsy or not taking epilepsy medicines, the usual dose is 400 micrograms. For women taking epilepsy medicines, the dose you need to take is 5000 micrograms (five milligrams).
**When should I start taking folic acid?**
If you take epilepsy medicine, it is recommended you take five milligrams of folic acid daily if there is a chance you could become pregnant. You will usually need to continue with it for the first three months of your pregnancy.

**Can I buy this from the pharmacist?**
You can’t buy the five milligram dose of folic acid, but you can buy the standard 400 microgram dose. For the five milligram dose you will need a prescription from your GP.

**Will folic acid affect my epilepsy medicine?**
If you take phenytoin, phenobarbital or primidone, folic acid could affect how well those medicines work. This could cause you to have a seizure, so speak to your doctor before starting folic acid.
Epilepsy medicines and birth problems

Although your baby has a very good chance of not having any birth problems, epilepsy medicines can sometimes cause some specific problems. These are:

- Minor congenital abnormalities
- Major congenital abnormalities
- Neurodevelopmental problems

These are explained below.

**What are minor congenital abnormalities?**

Minor congenital abnormalities are birth problems that don’t usually need any treatment. They include minor abnormalities of the fingers, toes or limbs. They also include specific facial features. Any woman can have a baby with minor congenital abnormalities, but taking epilepsy medicines means your risk is higher.

**What are major congenital abnormalities?**

Major congenital abnormalities are birth problems that usually need treating. They include things like spina bifida, a hole in the heart, or a cleft palate (where the roof of the mouth is not correctly joined).

In women who don’t have epilepsy, around one or two babies in every 100 will have a major congenital abnormality. In women who have epilepsy, but don’t take epilepsy medicines,
around two babies in every 100 born will have a major congenital abnormality. If you take epilepsy medicines, your risks are higher.

**UK Epilepsy and Pregnancy Register**

The UK Epilepsy and Pregnancy Register was set up to find out more about having epilepsy and taking epilepsy medicines during pregnancy. The information in the table below is from the register’s findings between 1996 and 2012. It doesn’t have information about every epilepsy medicine available because, at the moment, there isn’t enough information available.
## Risks of epilepsy medicines causing major congenital abnormalities

### If you take just one epilepsy medicine

<table>
<thead>
<tr>
<th>Epilepsy medicine</th>
<th>Daily dose</th>
<th>Approximate risk</th>
<th>% risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>carbamazepine</td>
<td>any</td>
<td>2 to 3 in 100</td>
<td>2.6</td>
</tr>
<tr>
<td>lamotrigine</td>
<td>any</td>
<td>2 to 3 in 100</td>
<td>2–3</td>
</tr>
<tr>
<td>levetiracetam</td>
<td>any</td>
<td>2 in 100</td>
<td>2</td>
</tr>
<tr>
<td>sodium valproate</td>
<td>below 1,000 mg</td>
<td>6 in 100</td>
<td>6</td>
</tr>
<tr>
<td>(see note)</td>
<td>above 1,000 mg</td>
<td>10 in 100</td>
<td>10</td>
</tr>
<tr>
<td>topiramate</td>
<td>Any</td>
<td>4–5 in 100</td>
<td>4–5</td>
</tr>
</tbody>
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### If you take more than one epilepsy medicine

<table>
<thead>
<tr>
<th>Epilepsy medicine combination</th>
<th>Approximate risk</th>
<th>% risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>sodium valproate with any other epilepsy medicine</td>
<td>9 in 100</td>
<td>8.9</td>
</tr>
<tr>
<td>any combination without sodium valproate</td>
<td>4 in 100</td>
<td>4.2</td>
</tr>
</tbody>
</table>

The risk of epilepsy medicines causing your unborn baby to have a major congenital abnormality seems to be greatest during the first three months of pregnancy.
**What are neurodevelopmental problems?**

Neurodevelopment describes how a child develops skills such as speaking, understanding and behaving. If you take sodium valproate during pregnancy, your child has a higher risk of neurodevelopmental problems than other children. Neurodevelopmental problems have been found to affect between 30 to 40 in 100 babies born to mothers who have been taking sodium valproate during pregnancy.

Neurodevelopmental problems become more obvious over time. So you may not know about these problems until your child is a few years old.

**Information about sodium valproate**

The Medicines and Healthcare Products Regulation Agency (MHRA) have published some more detailed information about sodium valproate. If you are taking sodium valproate, or your doctor is considering prescribing sodium valproate for you, the MHRA advise you to read their valproate patient guide along with the patient information leaflet. This is because if you are a woman capable of becoming pregnant, sodium valproate should only be prescribed if no other epilepsy medicine suits you.

Your doctor or pharmacist should be able to give you a copy of the MHRA valproate guide. You can also download one from medicine.org.uk

**Sodium valproate may be the only epilepsy medicine that stops your seizures. Don’t stop taking it without advice from your family doctor, epilepsy specialist or nurse.**
Getting pregnant

Epilepsy, your periods and getting pregnant

Your menstrual cycle starts on the first day of your period and ends on the day before your next period. Most women have a menstrual cycle of between 24 and 35 days and ovulate (release an egg) around 10-16 days before their next period. If they have sex, this is the time of the month when they might be able to get pregnant.

Your menstrual cycle can be affected by your epilepsy, the number of seizures you have, your age or your epilepsy medicine. Sometimes, periods might start earlier or later than expected. And some women with epilepsy find that their periods don’t follow a pattern, or happen very rarely. This can make it difficult to work out when the best time is to have sex, to have a chance of getting pregnant.
If your periods don’t follow a pattern, or happen rarely, it’s a good idea to talk to your GP. They might give you advice or suggest you have some blood tests. If they feel your epilepsy medicine could be affecting your menstrual cycle, they might refer you to an epilepsy specialist.

**Polycystic ovary syndrome and your periods**

Another possible cause of irregular periods is polycystic ovary syndrome (PCOS). If you have PCOS, you have cysts on your ovaries and unusual hormonal levels. This might stop you from ovulating (releasing an egg) every month, and will make it difficult for you to become pregnant. You might also have other symptoms with PCOS including: hair loss, weight gain, acne and excess facial hair.

Any woman can be affected by PCOS. But studies suggest it’s more common in women with epilepsy, who are taking epilepsy medicines, particularly women taking sodium valproate. If you are concerned that you might have PCOS, talk to your doctor. With treatment, most women with PCOS are able to get pregnant.

You might be worried that your epilepsy medicine is causing you to have PCOS. However, it’s very important you don’t stop taking it without speaking with your doctor. If you suddenly stop taking epilepsy medicine, it could cause you to have more seizures. Or they might become more severe.
Fertility

Women with epilepsy may have a slightly higher risk of reduced fertility than women who don’t have epilepsy. This means it might take them longer to get pregnant. If you have been trying to get pregnant for a while, and it hasn’t happened, talk to your doctor. They can look into the possible reasons for you and your partner and, if needed, suggest treatment.

If you have reduced fertility, you might be offered treatment with hormone based drugs to help you get pregnant. Some women with epilepsy have said they have had more seizures than usual while taking these.

Now you are pregnant

See your GP as soon as you find out you are pregnant. They can arrange speedy referrals to healthcare professionals such as a midwife, obstetrician, neurologist, epilepsy specialist nurse or doctor. To help with this process, the epilepsy maternity toolkit can be downloaded from: womenwithepilepsy.co.uk/pregnancy-toolkit

As you will be supported by a number of different healthcare professionals, the toolkit should list emergency contact details of your team. It should also have a summary of your epilepsy, treatment and your management plan.

Around one in every three women with epilepsy will have seizures during their pregnancy. This can be due to things like their type of epilepsy, whether they are taking their medicine as prescribed, or lack of sleep.
Some women might have seizures because the level of their epilepsy medicine in their blood fluctuates during pregnancy. This is most likely to happen with the drugs lamotrigine, levetiracetam and oxcarbazepine. So, many epilepsy specialists recommend that you have regular blood tests if you are taking these medicines. They will take account of the type of epilepsy you have, your previous seizure control, and the dose of your medicines. It’s up to you to decide whether you want these blood tests.

If your seizures change while you are pregnant, ask your GP or epilepsy specialist for a prompt review of your epilepsy medicine.
Taking your epilepsy medicine during pregnancy

It’s really important not to stop taking your epilepsy medicine during pregnancy, unless your doctor advises you to do this. If you suddenly stop taking your medicine, it could cause you to have more frequent or more severe seizures. It could even put your life at risk.

Will my baby be at risk if I have a seizure during pregnancy?

There’s no evidence that says focal (partial) seizures, myoclonic seizures, or absence seizures will harm your baby. But tonic-clonic seizures can cause injury from drowning, motor vehicle accidents and falls. And any significant injury to the abdomen could cause bleeding or your waters to break. This could lead to infection and early labour, although the risk is low. Lack of oxygen from a tonic-clonic seizure can be harmful to your baby, particularly if you have more than one, or have status epilepticus.

Status epilepticus is a seizure that lasts longer than 30 minutes or a cluster of shorter seizures that last for 30 minutes or more. Status epilepticus can cause brain damage or even death.

Epilepsy Action has more information about seizure types and status epilepticus.
Could I be at risk if I get pregnant?

In all pregnancies, there is a small risk that the mother could die. This risk is increased slightly if you have epilepsy. There may be many possible reasons for this, including not having enough epilepsy medicine in their body, or not taking their epilepsy medicine as prescribed. This can cause uncontrolled seizures, which increases the risk of sudden unexpected death in epilepsy (SUDEP).

Epilepsy Action has more information about SUDEP.

For anyone who has seizures, it’s important to take extra care when bathing, because there is a risk of drowning during a seizure. There are some things that might reduce your risk of drowning, such as:

• Have a shower instead of a bath - it’s safer because the water runs away
• If a shower isn’t possible, keep the water depth shallow and turn off the taps before you get in or
• Don’t put the plug in, but sit in the bath with the water running from the taps or a shower attachment

Epilepsy Action has more information about safety.
Ways to lower the risks of having seizures when you are pregnant
You might not notice a change in the number of seizures you have during your pregnancy – most women don’t. But here are some ways you might lower the risk of having seizures:

• Keep taking your epilepsy medicine exactly as prescribed by your doctor
• If you have sickness and can’t keep your epilepsy medicine down, speak to your GP or epilepsy specialist straight away
• Talk to your doctor, midwife or epilepsy specialist about any seizures you have. They might be able to make changes to your epilepsy medicine, to try to reduce your seizures
• Try to get enough rest and sleep. Some people are more at risk of having seizures if they are tired, or haven’t had enough sleep

What scans and tests will I need during pregnancy?
All women are offered scans and blood tests during pregnancy. Some of these are used to check the mother’s health, others are to check the baby’s health and growth.

You probably won’t need any extra tests while you are pregnant, just because you have epilepsy. But if you start having more seizures, or your seizures are different, your epilepsy specialist might do a blood test. This is to find out if the level of your epilepsy medicine in your blood has dropped. If it has, they might suggest you take a higher dose.
You will be offered a mid-pregnancy ultrasound scan between weeks 18 and 22 of your pregnancy. Ultrasound scans can help detect things such as a hole in the heart or cleft palate. You will also be offered a blood test to show the risk of your baby having spina bifida.

It’s up to you whether you want to have screening tests to check your baby’s health and development. You might choose to have all the tests, or to have some tests, but not others. The screening tests occasionally identify an abnormality which needs further investigation to check on what impact it will have on your baby’s life. If this happens, the doctor will give you all the information you need to help you make decisions about what to do next.

If you need further support, or help to make decisions, the maternity team will tell you about the most appropriate support groups or services available.

**Giving birth**

Most women with epilepsy will have a vaginal delivery, without complications. But you will be advised to have your baby in hospital. This is to make sure you get the best care available, should you have a seizure during labour.

The risk of having a seizure when you are in labour is small. However, if you have uncontrolled epilepsy, or if your epilepsy medicines are missed when you are in hospital, your risk of seizures is increased. If you do have a seizure during labour, this
doesn’t automatically mean that you need a caesarean section (C-section). It does mean that your condition, and your baby’s wellbeing will be closely monitored. And the maternity staff will guide you to the safest way of delivering your baby.

**Suggestions for lowering your risks of having seizures during labour**

- Make sure you have your own epilepsy medicine with you, and set up a reminder system to take it at the usual time
- Know your seizure triggers such as tiredness and stress, and make sure you have as much support as you can to avoid them
- If you find it hard to take or keep your epilepsy medicine down, ask the midwife for an injection to stop the sickness
What pain relief can I have during labour?

There are different options for pain relief during labour. Here are some important things to consider:

- Breathing exercises and gas and air can be good for managing pain, but try not to over-breathe, as this could trigger a seizure
- Epidurals can be given to women with epilepsy
- High doses of the pain relief drug pethidine can trigger seizures
- Diamorphine can be used instead of pethidine
- TENS machines are often used as pain relief during labour and are reported to be suitable for women with epilepsy
If you want to use water for pain relief, it’s important that you discuss this with the maternity team in advance. This is to minimise the risk of drowning if you had a seizure in the water. Someone should always be with you and there should be a hoist available to get you out of the pool or bath, if need be. It’s also important that staff know how to manage a seizure in water.

For anyone who has seizures, it’s important to take extra care when bathing, because there is a risk of drowning during a seizure. There are some things that might reduce your risk of drowning, such as:

- Have a shower instead of a bath – it’s safer because the water runs away
- If a shower isn’t possible, keep the water depth shallow and turn off the taps before you get in or
- Don’t put the plug in, but sit in the bath with the water running from the taps or a shower attachment

Epilepsy Action has more information about safety.

**After the birth**

**Can I breastfeed?**

If you want to breastfeed your baby, there’s no reason why you shouldn’t. But talk to your midwife or infant feeding adviser first, as you need to do so safely. The advice they give will depend on your baby’s health, the epilepsy medicine you are taking, and the types of seizure you have.
Epilepsy medicine can pass into your breastmilk, which means your baby will get a small amount of your medicine when they feed. This isn’t usually harmful, as your baby will be used to it from being in your womb. However, if your baby is very sleepy, hard to wake, struggling to feed, or has a rash, talk to your doctor. They might advise you to stop breastfeeding and start formula feeds, to see if your baby improves.

While you are breastfeeding, your night-time sleep will be broken regularly. If lack of sleep is a trigger for your seizures, this could be a problem. So, getting your baby into an early bedtime routine can help with this. If possible, express some breast milk, or make up formula milk in advance. Then someone else will be able to feed your baby. It will give you chance to catch up on your sleep.

**Ways to lower the risk of seizures when you are looking after your baby or young child**

It’s easy to forget to take your epilepsy medicines when you are looking after a baby or young child. And you will probably have disturbed sleep. Both are common triggers for seizures. Some people also say they have more seizures if they miss meals or get over-tired.
These are some suggestions about avoiding these triggers:

- Use an alarm clock, alarm on your mobile phone or a pill reminder to help you remember when to take your epilepsy medicine. The Disabled Living Foundation can give you details of suppliers of pill reminders:
  - Tel: 0845 130 9177
  - Website: dlf.org.uk
- If possible, share night-time feeds with your partner, family member or a friend, to avoid interruptions to your sleep
- Try to make meals in advance, so you always have a supply of something ready to eat
- Try to avoid getting over-tired. There are all sorts of ways of doing this, for example, shopping online to save you time and energy. You can see discussions about the pros and cons of doing this on mumsnet:
  - Website: mumsnet.com
- If you want to lose any weight that you have gained in pregnancy, seek advice from your GP about a well-balanced diet
- If your baby doesn’t sleep well, talk to your health visitor or GP about setting a good sleep routine for them

Caring for your baby when you have epilepsy
Caring for a baby is hard work, and all women need help from time to time. If you are still having seizures, it can be more of a challenge.
Here are some tips to keep your baby safe, if your seizures are not fully controlled:

- Whether breast or bottle feeding, sit on the floor, on a thick rug, with your back well supported. It will stop the baby falling onto a hard surface, if you have a seizure
- If your epilepsy medicines make you feel confused, or you have a poor memory, keep a note of when you fed the baby and how much they had
- Label food and milk containers with the date and time you prepared them
- Fasten them into a low chair, rather than a high chair
- If you always fall to the same side during a seizure, make sure you feed or hold the baby at the opposite side
- Try to keep a supply of ready-made food for the baby, in case you aren’t able to make any after a seizure
- Top and tail the baby, rather than bathing, if you are by yourself. This is where you wash the baby with water from a shallow bowl. If they can move around, make sure the bowl of water is out of their reach
- Change the baby on the floor, rather than a changing table or bed
- Keep nappies and changing materials on each floor of the house. It’s safer than carrying the baby up and down stairs

Epilepsy Action has more tips for caring for babies and young children when you have epilepsy.
Do I need my epilepsy medicines adjusting after the birth?
If your epilepsy medicine was increased while you were pregnant, it may need re-assessing once your baby is born. Otherwise, you might get side-effects from taking too much. It’s worth talking with your doctor or epilepsy nurse about this and also having a plan in place. You can use page 4 of the epilepsy maternity toolkit to do this: womenwithepilepsy.co.uk/pregnancy-toolkit

Post-natal depression
It’s usual to feel a bit down, fearful, or anxious in the first week after having a baby. This is called the ‘baby blues’. The baby blues don’t usually last more than two weeks, but if they do, it could be post-natal depression (PND).

Depression and other mental health conditions are common in women with epilepsy. Some studies suggest that mothers with epilepsy have a high risk of post-natal depression too. If you have symptoms of post-natal depression, talk to your health visitor or doctor. They will be able to help you. You can read about other women with PND on the Royal College of Psychiatrists Website: rcpsych.ac.uk

Epilepsy Action has more information about epilepsy and depression.
Epilepsy and contraception

If you have just had a baby, it’s important to consider your contraception needs. This is to make as sure as possible that any future pregnancies are planned. There are three main types of planned contraception:

- Barrier methods
- Hormonal treatment
- Natural birth control

Barrier methods
These include: caps, condoms, the coil, diaphragms and Femidoms. None of these methods are affected by having epilepsy or taking epilepsy medicines.

Hormonal treatments
Some, but not all, epilepsy medicines can make some types of hormonal contraception work less well than they should. This could lead to an unplanned pregnancy.

Natural birth control
Natural birth control methods rely on accurately tracking your menstrual cycles, and not having sex when you know that you are fertile. The two main methods are the rhythm method and the Persona method. Your body’s hormone levels are an important part of using natural birth control. Because some epilepsy medicines, and epilepsy itself, can affect hormone levels, natural birth control is not recommended for women with epilepsy.
Epilepsy Action has up-to-date information about epilepsy and contraception. You can also speak to your GP, or your local contraception and sexual health services, for advice about what might work well for you.

**Epilepsy and inheritance**

As you have epilepsy, you might worry that your child will too. But the risk of your child inheriting your epilepsy is probably much lower than you think.

- Here’s what we know about inheriting epilepsy:
- Other than children with tuberous sclerosis, fewer than 15 in every 100 children born to parents with epilepsy will inherit epilepsy
- The risk of inheriting epilepsy depends on the type of epilepsy that’s in the family, which family members have it, and their ages when it developed
- Some types of epilepsy have a higher risk of being inherited than others
- Some people don’t inherit epilepsy itself, but they inherit a low seizure threshold
- Some children are born with changes to specific genes that cause them to develop epilepsy

Epilepsy Action has more information about epilepsy and inheritance and different types of epilepsy.
Sources of support

Getting help from other people

If you are still having seizures, you may need some help to look after your baby. To see if you would qualify, have a look at the help for disabled parents section of the NHS Choices website: nhs.uk

Claiming benefits to help care for a child

Depending on your needs and circumstances, you may be able to claim benefits to help you care for your baby. For more information, see the Turn2us website: turn2us.org.uk

Organisations who might help you

British Pregnancy Advisory Services (BPAS)
Advocates and cares for women and couples who decide to end a pregnancy.
Tel: 03457 30 40 30
Website: bpas.org

Family Planning Association (FPA)
Information and advice about sexual health and pregnancy
Website: fpa.org.uk

Newlife Foundation
Supports children with disabilities and their families
Tel: 0800 902 0095
Website: newlifecharity.co.uk
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.

Our thanks

Epilepsy Action would like to thank Epilepsy Specialist Midwife Kim Morley for her contribution to this information. Kim Morley has no conflict of interest.

Date: January 2017
Due for review: January 2020
Code: B112.06
**First aid for tonic-clonic seizures**

The person goes stiff, loses consciousness and falls to the floor.

**Do...**
- Protect the person from injury (remove harmful objects from nearby)
- Cushion their head
- Aid breathing by gently placing the person on their side (in the recovery position) when the seizure has finished (see picture)
- Stay with them until recovery is complete
- Be calmly reassuring

**Don’t...**
- Restrain the person’s movements
- Put anything in their mouth
- Try to move them unless they are in danger
- Give them anything to eat or drink until they are fully recovered
- Attempt to bring them round

**Call 999 for an ambulance if...**
- You know it is the person’s first seizure **or**
- The seizure continues for more than five minutes **or**
- One seizure follows another without the person regaining consciousness between seizures **or**
- The person is injured **or**
- You believe the person needs urgent medical attention
First aid for focal (partial) seizures

The person is not aware of their surroundings or of what they are doing. They may pluck at their clothes, smack their lips, swallow repeatedly or wander around.

Do...
• Guide the person away from danger
• Stay with the person until recovery is complete
• Be calmly reassuring
• Explain anything that they may have missed

Don’t...
• Restrain the person
• Act in a way that could frighten them, such as making abrupt movements or shouting at them
• Assume the person is aware of what is happening, or what has happened
• Give them anything to eat or drink until they are fully recovered
• Attempt to bring them round

Call 999 for an ambulance if...
• You know it is the person’s first seizure or
• The seizure continues for more than five minutes or
• The person is injured or
• You believe the person needs urgent medical attention
Further information

If you have any questions about epilepsy, please contact the Epilepsy Action Helpline.

Epilepsy Action has a wide range of publications about many different aspects of epilepsy. Information is available in the following formats: booklets, e-books, fact sheets, posters, books and DVDs.

Epilepsy Action has a range of online courses and learning resources about epilepsy.

Information is also available in large text.

Please contact Epilepsy Action to request your free information catalogue. Or download a copy at epilepsy.org.uk/catalogue

Epilepsy Action’s support services

Local meetings: a number of local branches offer support across England, Northern Ireland and Wales.

Coffee and chat groups: these give people living with epilepsy the chance to meet new people, share experiences and learn more about life with epilepsy.

forum4e: our online community is for people with epilepsy and carers of people with epilepsy aged 16 years or over. Join at forum.epilepsy.org.uk

Epilepsy awareness: Epilepsy Action has a number of trained volunteers who deliver epilepsy awareness sessions to any organisation that would like to learn more about epilepsy. The volunteers are able to offer a comprehensive introduction to epilepsy to a range of audiences.

If you would like more information about any of these services, please contact Epilepsy Action. Contact details are at the back of this booklet.
# Epilepsy and having a baby

We would like to know if you have found this booklet helpful.

As a result of reading the information, please let us know if you agree (tick yes) or disagree (tick no) with any of the following statements.

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<td>I feel more informed about issues to do with epilepsy</td>
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<td>I feel more confident about talking to my GP/epilepsy specialist/epilepsy nurse/other (cross out those that don’t apply)</td>
</tr>
<tr>
<td></td>
<td>I have talked to my employer/colleague/teacher/family/other (cross out those that don’t apply) and they have improved how well they support me</td>
</tr>
<tr>
<td></td>
<td>I have used other Epilepsy Action services, such as the website, the Epilepsy Action Helpline, support groups or forum4e</td>
</tr>
</tbody>
</table>

Please tell us how you think we can improve this information

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Please return the completed form to:
FREEPOST RTGS-LEYK-XGCK, Epilepsy Services, Epilepsy Action, New Anstey House, Gate Way Drive, Yeadon, Leeds LS19 7XY

You can also give us feedback online. Visit epilepsy.org.uk/feedback

Thank you.
FREEPOST RTGS-LEYK-XGCK,
Epilepsy Action
New Anstey House,
Gate Way Drive,
Yeadon,
Leeds LS19 7XY

Registered charity in England (No. 234343)
Ways to contact the Epilepsy Action Helpline

**Telephone: freephone 0808 800 5050**
We are usually open 8.30am to 5.30pm, Monday to Friday. Our helpline staff are Text Relay trained and we are able to offer advice and information in 150 languages. To ensure the quality of our service, we may monitor calls.

**Email: helpline@epilepsy.org.uk**
Email us your question about epilepsy. We aim to reply within 48 hours (on work days)

**Text: 0753 741 0044**
Text us and we aim to send a text reply back to your phone within 24 hours (on work days)

**Twitter: @epilepsyadvice**
Tweet us with your question and we will tweet back (on work days)

**Post: New Anstey House, Gateway Drive, Leeds, LS19 7XY**
Write to us and we aim to reply within seven working days

About the Epilepsy Action Helpline

We do:
- Provide confidential advice and information about epilepsy to anyone
- Give general medical information
- Give general information on legal and welfare benefit issues related to epilepsy

We do not:
- Tell people what to do
- Offer a medical diagnosis or suggest treatment
- Take up people’s legal cases on their behalf

If we cannot help you directly with a query, we will do our best to provide details of other organisations that may be able to help. In doing this, Epilepsy Action is not making a recommendation.

We welcome feedback, both positive and negative, about our services.
Epilepsy Action Helpline:
freephone 0808 800 5050
epilepsy.org.uk

Epilepsy Action
New Anstey House, Gate Way Drive, Yeadon, Leeds LS19 7XY
tel 0113 210 8800 email epilepsy@epilepsy.org.uk

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Registered charity in England (No. 234343)

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