Mothers in mind
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.

Join us...

You can help us in our vital work by becoming a member. All members receive our magazine Epilepsy Today, free cover under our unique personal accident insurance scheme and access to our services and conferences.
Our vision is to live in a society where everyone understands epilepsy and where attitudes towards the condition are based on fact not fiction.

Epilepsy Action, vision statement
Introduction

Deciding whether or not to have a baby is a major decision for many women. If you have epilepsy, there are likely to be questions that you want answering first. Will my epilepsy make it harder for me to get pregnant? How will my anti-epileptic drugs or seizures affect my unborn child? Would I have more seizures if I were pregnant? How could I look after my baby safely? Will my baby inherit my epilepsy?

The aim of this booklet is to provide you with information about things to consider if you have epilepsy and are thinking about having a baby. This is to ensure that your pregnancy is as healthy as possible for both you and your baby.

There is another booklet available from Epilepsy Action called *Women and epilepsy*. This covers how epilepsy may affect a woman’s body, for example during puberty or menopause. If you would like a copy, please contact Epilepsy Action and ask for booklet B017.
If you have any further questions, you may wish to speak to an epilepsy adviser on the Epilepsy Helpline, freephone 0808 800 5050. Alternatively, contact your GP, epilepsy specialist or epilepsy specialist nurse.

If you have any experiences or suggestions that may be of use to other women with epilepsy who are planning to start a family, please contact us.

Acknowledgement

Epilepsy Action would like to thank Professor Pamela Crawford, York District Hospital, for reviewing Mothers in mind before publication.

Fertility and the menstrual cycle

Fertility

Many women with epilepsy are able to get pregnant naturally. However, some women with epilepsy are slightly less fertile than women who don’t have epilepsy. This may be due to having epilepsy itself or taking anti-epileptic drugs. This means that you may find it takes you longer to get pregnant than a woman who doesn’t have epilepsy, or that you may need to explore fertility treatment.

Having epilepsy and taking anti-epileptic drugs would not prevent you from receiving fertility treatment, if your doctor thought this might help you to get pregnant. A few women may experience a small increase in their number of seizures when taking some hormone-based fertility drugs.

Epilepsy and the menstrual cycle

A menstrual cycle begins on the first day of a woman’s period and continues up to, but not including, the first day of her next period. Most women have a menstrual cycle which lasts 25 – 35 days. However, some women find that their periods happen more often than every 25 days or
less often than every 35 days. A small number of women have periods that don’t seem to follow a set pattern.

If you have epilepsy you have a higher risk of having a longer, shorter or more irregular menstrual cycle than a woman who doesn’t have the condition. This may be due to having epilepsy itself, your seizure pattern or even your anti-epileptic drugs.

If you have a menstrual cycle which doesn’t follow the same pattern each month, this can make it more difficult to know which times of the month you are most likely to get pregnant.

If you would like more detailed information about epilepsy and the menstrual cycle, please contact Epilepsy Action and ask for factsheet Epilepsy and the menstrual cycle (F017).

Polycystic ovary syndrome
Some women have menstrual disturbances that are due to polycystic ovary syndrome (PCOS). If you have this syndrome, you have lots of tiny cysts on your ovaries, unusual hormone balances in your body, and you may not ovulate (release an egg) every month. This means that you do not have regular periods, and you have a lower chance of getting pregnant than a woman who does not have the syndrome. Sometimes PCOS is associated with weight gain, excess body hair and acne.

PCOS can affect any woman, but there is some evidence to suggest that it is more common in women who have temporal lobe epilepsy. It can also be more common in women who take the anti-epileptic drug sodium valproate (Epilim). The risk of developing PCOS increases when sodium valproate is taken from a young age. If PCOS is related to sodium valproate, it is thought that PCOS goes away when you stop taking this drug.
If you have epilepsy and are concerned about PCOS, or if your menstrual cycle is shorter than 21 days or longer than 35 days or your bleeding lasts longer than seven days, it would be advisable to seek advice from your doctor. They can look into the possible causes and suggest treatments that may help you to have a more regular menstrual cycle. You may be advised to take oral contraceptive pills for a period of time before you try to get pregnant, as this may reduce the effects of PCOS and therefore increase your chances of getting pregnant.

Planning a baby

The majority of women with epilepsy have healthy pregnancies and give birth to healthy children. Wherever possible, it is advisable for every pregnancy to be planned, because for women with epilepsy there is a slightly higher risk of complications than in women who don’t have epilepsy. However, with forward planning, these risks may be minimised.
Folic acid
Many doctors suggest that if you are a woman of childbearing age with epilepsy, you should take folic acid supplements of five milligrams a day. You should start these before you get pregnant and carry on taking them during the first three months of pregnancy. Some doctors suggest that ideally, you should take five milligrams of folic acid daily all the time, as accidental pregnancies are common.

Folic acid may interact with the anti-epileptic drugs phenytoin, phenobarbital and primidone, making them less effective. For this reason, if you are taking any of these anti-epileptic drugs, it is important to seek advice from your doctor before taking folic acid supplements.

Risks of taking anti-epileptic drugs in pregnancy
Major congenital malformations
Generally speaking, for every baby that is born, one to two in every hundred will have a major congenital malformation (MCM). This means a birth defect that requires medical treatment. MCMs can range from a damaged spine or a hole in the heart to a cleft palate (where the roof of
the mouth is not correctly joined) or a hernia (a lump or bump caused by internal organs pushing through a weak spot in the abdominal wall).

In babies that are born to mothers who take anti-epileptic drugs (AEDs) during pregnancy, around four in every hundred babies will have a major congenital malformation.

Minor malformations
Babies born to mothers who have epilepsy also have a slightly higher risk of having minor malformations. This means a birth defect that would not necessarily require medical treatment and may not be permanent. Examples of minor malformations include small fingers and toes with small nails, and facial abnormalities such as wide set eyes.

Babies who are born to mothers who take more than one type of anti-epileptic drug (AED) during pregnancy have a higher risk of being born with a malformation than babies who are born to mothers who take just one type of AED. The drug sodium valproate (Epilim) is thought to carry more risks of causing birth malformations than other AEDs.
Sometimes the term fetal anti-convulsant syndrome is used to describe babies born with a number of malformations, to mothers who took antiepileptic drugs during their pregnancies.

At the time of writing, more research into the risks of malformations in babies born to mothers with epilepsy is needed.

*If you would like more detailed information about the risks of different antiepileptic drugs taken during pregnancy, please contact Epilepsy Action and ask for factsheet Anti-epileptic drugs and pregnancy (F044).*

**Pre-conception counselling**

If you have epilepsy and are considering having a baby, it is a good idea to seek advice, known as pre-conception counselling, before you get pregnant. Pre-conception counselling provides an opportunity to discuss your epilepsy and medication with a health professional with an interest in epilepsy, usually an epilepsy specialist or epilepsy specialist nurse.

During pre-conception counselling, you will be able to discuss how your epilepsy may affect your pregnancy. It is also an opportunity to consider any risks that your antiepileptic drugs (AEDs) and seizures may pose to you and your baby. In all pregnancies there is a small risk that the mother may die. Each year in the UK, about four women with epilepsy die during pregnancy. This risk is seven times higher than for women without epilepsy. The health professionals involved in studying maternal deaths, believe that the increase in risk may in part be due to women not taking their AEDs as prescribed in pregnancy.

Not taking AEDs can lead to uncontrolled seizures, which increases the risk of sudden unexpected death in epilepsy (SUDEP).

For this reason, during pre-conception counselling, your health professional will seek to help you gain good seizure control using the AEDs that pose
the lowest risk of malformation to a baby. After considering all the risk factors, your health professional may suggest that you change the amount of AEDs you take. They may advise a change to a different AED or stopping AEDs altogether, before you get pregnant. The majority of women with epilepsy have healthy pregnancies and give birth to healthy babies, and the advice you will be given will depend on your own circumstances.

The risk of AEDs affecting your unborn child is at its greatest during the first three months of pregnancy. This is why it is advisable to have a review of your epilepsy and medication before you become pregnant.

If you become pregnant before you have had any pre-conception counselling, it is important to continue taking your AEDs as usual until you have had an opportunity to talk to your epilepsy specialist or epilepsy specialist nurse. If you stop taking your AEDs, it could cause you to have an increase in seizures, or your seizures may become more severe, which may cause more problems for you and your unborn baby than any risks associated with the drugs themselves.
It is advisable to make an appointment to see your family doctor, epilepsy specialist or epilepsy specialist nurse as soon as you find out that you are pregnant.

*Further information about reducing or withdrawing from anti-epileptic drugs is available from Epilepsy Action.*

**UK Epilepsy and Pregnancy Register**
If you live in the UK, have epilepsy and are pregnant, you can help other women by adding your experiences to the UK Epilepsy and Pregnancy Register. This will help to increase the amount of information available for research into epilepsy and pregnancy. The staff at the Register can also offer general advice if you have any questions about pregnancy and epilepsy.

Telephone 0800 389 1248
Website: www.epilepsyandpregnancy.co.uk

**Pregnancy**

**Scans and tests during pregnancy**
There are a number of tests, such as scans and blood tests, available for all pregnant women. Some tests can check the development of the baby’s heart, head and spine as well as look for abnormalities of the baby’s face, such as a cleft lip (when the top of the baby’s mouth does not develop properly). Other tests can only tell you if your baby has a high or low risk of having a birth defect such as spina bifida (when the baby’s spine does not develop properly). These tests can be particularly helpful if your baby has a higher risk of having a birth defect due to your epilepsy and anti-epileptic drugs.

Some women choose not to have any tests to check the development of their baby. Some women have some tests but not others. It is up to you to decide. Generally speaking, most parents who find out that
If you would like to find out more about scans and tests that can be done while you are pregnant, speak to your midwife or obstetrician.

Seizures during pregnancy
Many women will not experience a change to their seizure frequency during pregnancy. However, some women will have fewer seizures and around a third will have more seizures.

If you have more seizures during your pregnancy, this may be because the levels of the anti-epileptic drugs (AEDs) in your blood have decreased. In this case, your doctor may suggest that you change the dosage of your AEDs, to ensure that you are as seizure-free as possible during both pregnancy and labour.
Generally speaking, if your seizures do not increase when you are pregnant, the levels of AEDs in your blood do not need to be checked and the dosage of your AEDs will not need to be increased.

Unborn babies are rarely harmed by their mother having a seizure, unless the mother falls and injures herself. Studies show that tonic-clonic seizures carry a higher risk of harming the baby than simple partial, complex partial, absence or myoclonic seizures, but this risk is still low. The more seizures the mother has, the higher are the risks of damage to the baby. Status epilepticus (when seizures go on for a long time) is rare, but may cause harm to the mother and her unborn child.

To reduce any risks to you and your unborn child, it is advisable to aim to be as seizure free as possible during pregnancy. You can help to do this by taking your anti-epileptic drugs as prescribed by your epilepsy specialist and talking to your GP, midwife or epilepsy specialist about any seizures you have.
Epilepsy Action is a membership-based charity. To provide our vital services to people who live and work with epilepsy, we rely on membership subscriptions and donations.

Membership costs from £11 a year. For that you will receive the following items.

- Six copies a year of our specialist epilepsy magazine *Epilepsy Today*, packed with current news and articles, personal stories and letters.
- £1,000 worth of FREE accident insurance and the opportunity to buy further cover at a reduced rate (qualifying conditions apply).
- Access to our online memberZONE where you can download back copies of our magazines and see exclusive articles, stories and news.
- Reduced entrance fees to our conferences around the country.

Professional membership costs only £45 a year. As well as the above you will receive four copies a year of *Epilepsy Professional* and eight of *Seizure – The European Journal for Epilepsy*. You can also choose a free manual on either healthcare or education, or *Epilepsy – A Practical Guide*.

To find out more about the benefits of becoming a member call us on 0113 210 8800 or email membership@epilepsy.org.uk. To join us please complete the form overleaf and return it to us at Epilepsy Action, FREEPOST LS0995, Leeds LS19 7YY.
1. About you

Name:

Address:

Postcode:

Telephone number:

Email:

Date of birth:

To help us target our services and correspondence more effectively, please tell us what your connection with epilepsy is:

- [ ] Person with epilepsy
- [ ] Family member
- [ ] General interest

Epilepsy Action takes data protection very seriously. We promise we will not pass your details on to other organisations. If you do wish to receive further information about the following, please tick the boxes:

- [ ] Appeals
- [ ] Spring raffle tickets
- [ ] Christmas catalogue
- [ ] Campaign supporters group
- [ ] Christmas raffle tickets
- [ ] Emails relating to membership and the memberZone

2. Membership subscriptions

Membership of epilepsy action comes in six categories:

- [ ] Full – £17 a year
- [ ] Reduced – £11 a year (qualifying conditions apply)
- [ ] E-membership – £17 a year
- [ ] Life – £375
- [ ] Professional – £45 a year
- [ ] International – £40 a year

**Payment options** – direct debit monthly, quarterly or annually, one-off credit/debit card payment or cheque on date of joining and annual renewal dates thereafter.

**Payment options** – British cheque account or Direct Debit, or one-off credit/debit card payment.

3. I wish to make an additional donation

Donation amount £

- [ ] I enclose a cheque/postal order made payable to Epilepsy Action.
- [ ] I wish to donate by credit card/debit card/direct debit to include my subscription and donation.

4. Gift Aid declaration

Gift Aid can make your subscriptions and donations worth more. For every pound that you give to us, we get an extra 25 pence from the Inland Revenue. Just tick here and tell us what date you started paying tax if since 06/04/2002. To qualify for Gift Aid, what you pay in Income Tax or Capital Gains Tax must equal the amount we claim in the tax year. (Currently 25p for every £1.)

- [ ] Sorry, I cannot help at the moment because I am not a UK tax payer.
- [ ] Yes, I am a UK tax payer and have been paying tax since ....../....../...... Please treat all my subscriptions and donations from this date and until further notice as Gift Aid.
5. Ways to pay

Please tick how you would like to pay and complete the relevant section below.

☐ Cheque/postal order  ☐ Credit/debit card  ☐ Direct Debit

**By cheque/postal order – annual payment**
Please make your cheque or postal order payable to Epilepsy Action and send it to Epilepsy Action, FREEPOST LS0995, Leeds, LS19 7YY

**By credit/debit card – annual payment**
I wish to pay using my Mastercard/Visa/Maestro/Solo/Amex® Card. (*Please circle the card type)

[ ] [ ] [ ] [ ] [ ] Security No. [ ] [ ] [ ]

Start date [ ] / [ ] Expiry date [ ] / [ ] Issue number (Maestro/Solo)

Name on card: ____________________________

**By direct debit – monthly payment** ☐ quarterly payment ☐ annual payment ☐

Amount £

**Instruction to your Bank or Building Society to pay by Direct Debit**

Originator’s Identification Number 8 6 5 5 3 8  Reference Number

1. Name and full postal address of your bank or building society

To: The Manager

Bank/Building Society

Postcode

2. Name(s) of Account Holder(s)

Banks and Building Societies may not accept Direct Debit instructions for some types of account

3. Branch sort code 4. Bank/Building Society account number

[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

5. Instructions to your bank or building society.
Please pay Epilepsy Action Direct Debits from the account detailed in this instruction, subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Epilepsy Action and, if so, details will be passed electronically to my bank/building society.

6. Please sign and date to confirm that all the information is correct

Signature: ____________________________ Date: ____________________________

Membership number:

Code: LIT

RSM use only:
Epilepsy Action relies on public support to fund our vital services and there are many ways you can help. So why not get involved?

For further information on any of the ways of giving or taking part in events, just tick where you’d like further information and we’ll send you out a pack.

☐ Leaving a gift in your will
☐ Making an in-memoriam donation
☐ Payroll giving through your company
☐ Events - from climbing Ben Nevis to trekking up Macchu Picchu to drinking tea and eating cakes. There really is something for everyone.
☐ Corporate team events
☐ Ordering our cards, gifts or branded merchandise
☐ Selling our raffle tickets

Information on all of the above and a great many more ideas is available on our website: www.epilepsy.org.uk/involved. Alternatively call us on 0113 210 8800 or email funding@epilepsy.org.uk.

Many thanks indeed for your support!
Sources of support
The majority of women with epilepsy have healthy pregnancies and give birth to healthy children. However, if you experience difficulties with a pregnancy, have had a baby with a birth defect or a previous pregnancy did not go as well as you would have hoped, there are organisations who can offer you help, advice and support. Here are a few suggestions (information correct at the time of printing).

**Care Confidential**
Offers information and advice to women who are facing a difficult pregnancy or who have had an abortion.
Tel: 0800 028 2228
Website: www.careconfidential.com

**Newlife**
Offers information and support for families of children affected by disabilities, including birth defects.
Tel: 0800 902 0895
Website: www.newlifecharity.co.uk

**Organisation for Anti Convulsant Syndromes**
A support group for the families of children born with a Fetal Anti Convulsant syndrome.
Tel: 01253 790022
Website: www.oacs-uk.co.uk

**Family Planning Association**
An organisation that helps people in the UK to make informed choices about sexual health and pregnancy.
Tel: 0845 122 8690
Website: www.fpa.org.uk
Giving birth

Providing you and your baby are well, your epilepsy should not prevent you from having a normal labour and delivery. You will generally be advised to have your baby in hospital where doctors and midwives can ensure that you are well looked after and your baby has a safe delivery.

Remember to take your anti-epileptic drugs (AEDs) to the hospital with you and take them at the usual time, even during labour. You could ask your midwife or companion to help you to remember to take your medication at the right time.
Pain relief

TENS machines are often used for pain relief during labour and these are perfectly suitable for you if you have epilepsy.

An epidural anaesthetic can provide pain relief, but it is important that the anaesthetist who gives you this knows that you have epilepsy and, if you are taking anti-epileptic drugs, which ones they are.

Gas and air is safe, so long as you do not over-breathe when you are using it, as over-breathing can trigger seizures in some people.

Pethidine is not recommended if you have epilepsy, as it can make seizures more likely.

Vitamin K

Vitamin K is important for making our blood clot. A very small number of babies don’t have enough vitamin K in their body when they are born and this can cause them to bleed in different parts of their body, any time in the first few weeks of life. For example, they may have nose or mouth bleeds, or start to bleed from their umbilical stump or their bottom. They may also have bleeding in their brain. Bleeding in newborn babies can be very serious and can cause brain damage and even death.

When a newborn baby doesn’t have enough vitamin K, it is called vitamin K deficiency. This is a rare disease, but it can be prevented by giving the baby extra vitamin K shortly after birth, either by an injection or by mouth. If you take an enzyme-inducing drug (carbamazepine, oxcarbazepine, phenobarbital, phenytoin, primidone or topiramate) when you are pregnant, your baby may be at a higher risk of having vitamin K deficiency. To prevent this, it is recommended that your baby should have an injection of one milligram of vitamin K at birth. Some doctors also recommend that you should take 10-20 mg of vitamin K, by mouth, every day in the last month of your pregnancy. Your midwife or obstetrician will be able to tell you more about this.
Breastfeeding

If you take anti-epileptic drugs (AEDs) and you want to breastfeed, it is important to be aware that AEDs can pass into your breast milk, which would then pass to your baby. For this reason, it is advisable to discuss breastfeeding with a medical adviser who has access to information about AEDs, before your baby is born. This may be an epilepsy specialist, epilepsy nurse, a midwife with an interest in epilepsy or an infant feeding adviser.

The majority of AEDs, which pass into your breast milk, have very little effect on your baby. Rarely AEDs may cause problems for your baby, such as excessive sleepiness (which may lead to difficulties in feeding) or allergic skin reactions.

When you decide whether or not you want to breastfeed, you will need to consider the overall benefits that are associated with breastfeeding and the risks that are associated with the AEDs that you are taking.
If you do breastfeed, your night-time sleep will be broken regularly. If lack of sleep is a trigger for your seizures, you may need to arrange for someone else to give expressed breast milk or formula night feeds by bottle. Another solution would be for a friend or family member to give you a daytime break, so that you can catch up on missed sleep. When you are feeding your baby, you could sit on the floor on a towel or a rug, so that if you have a seizure the baby does not have far to fall.

Some parents with epilepsy may be entitled to Disability Living Allowance to pay towards a helper while their baby is very young. If you would like more detailed information about epilepsy and Disability Living Allowance, please contact Epilepsy Action.

Further information about breastfeeding and anti-epileptic drugs is available from Epilepsy Action.

Caring for children when you have epilepsy

Many people with epilepsy successfully care for babies and young children. If your seizures are not controlled, there are some precautions you can take to make sure a baby or child in your care is as safe as possible in the event of you having a seizure.

- If possible, share the care of a baby, especially at night, so you do not become too exhausted. Some people with epilepsy find that lack of sleep or feeling very tired can trigger their seizures.
- When feeding a baby from a bottle or your breast, you could sit on the floor on a towel or a rug, so that if you have a seizure your baby does not have far to fall.
- When a child is taking more solid food, you could put them in a bouncer chair or car seat on the floor and sit next to them when feeding them.
- When a child is using a high chair, make sure you could not knock the chair over if you had a seizure.
• Never bathe a baby or child on your own. Instead give them a simple sponge bath or seek the support of another adult.
• Change a baby’s nappy on the floor. Changing units are not recommended, as the baby could roll off if you had a seizure.
• When carrying a baby up or down stairs, use a car seat to provide protection from a fall.
• Use safety gates and fixed fireguards around the home, to keep a baby or child safe if you have a seizure.
• Use a pram with a brake that comes on when you release the handle. REMAP can provide advice on safety brakes for prams. Contact them directly for further details.
  Tel: 08451 300 456. Website: www.remap.org.uk
• When you take a child out, use reins that are attached to you and them, to prevent the child wandering off if you fall unconscious.
• Teach a child as soon as possible what to do if you have a seizure. Epilepsy Action has a range of information available that can help you explain epilepsy to young children. Contact Epilepsy Action for more information.
• As with all medicines, make sure all your anti-epileptic drugs are locked away from children at all times.

Inheriting epilepsy

Many parents with epilepsy worry that their children might inherit their epilepsy. The question of whether your child will inherit epilepsy or not is complicated and depends on a number of factors. Fewer than one child in every ten born to a parent with epilepsy, will develop epilepsy. There are three different ways in which epilepsy can be inherited.
• A person’s low epileptic seizure threshold may be passed to the next generation through the genes.
• Some types of epilepsy seem to run in families. These include benign rolandic epilepsy, juvenile myoclonic epilepsy and a rare type of temporal lobe epilepsy. More information about these is available from Epilepsy Action.
• Epilepsy can be one of the symptoms of another inherited medical condition, for example tuberous sclerosis.

If you are worried that your child might be at risk of inheriting epilepsy, speak to your GP or epilepsy specialist. They may refer you to a genetic counsellor. A genetic counsellor will look at information such as who in the family has epilepsy, their seizure type, age at which it started, the results of any tests, and any other medical conditions present in the family. They will use this information to try to work out the risk of your child developing epilepsy.

Facts about epilepsy and inheritance
• Children who have a mother with epilepsy have a slightly higher risk of developing epilepsy than children who have a father with epilepsy.
• For children in the highest risk categories, the probability that they will develop epilepsy is less than one in ten.

If you would like more detailed information about epilepsy and inheritance, please contact Epilepsy Action and ask for the Epilepsy and inheritance factsheet (F019).
Epilepsy and contraception

If you want to take precautions against having another baby, it is important to understand how your epilepsy and anti-epileptic drugs may have an effect on your choice of contraception.

For up-to-date information, contact Epilepsy Action or visit www.epilepsy.org.uk/contraception. Alternatively, your own GP or local family planning clinic can give you more advice and information about which types of contraceptive would be suitable for you.
How you can help Epilepsy Action

Epilepsy Action is interested in hearing from women with epilepsy, living in the UK, who are willing to share their experience of how their pregnancy has been affected by their epilepsy and anti-epileptic drugs.

Your experiences help to make our campaigns successful, by helping anyone with an interest in epilepsy to better understand the lives of women with epilepsy.

If you would like to help, please contact Nicole Crosby-McKenna, development officer for women.
Tel. 0113 210 8800 or email ncrosby@epilepsy.org.uk

Amanda Stoneman and Nicole Crosby-McKenna
Epilepsy Services, Epilepsy Action

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Further information
If you have any questions about epilepsy, please contact the Epilepsy Helpline, freephone 0808 800 5050, email helpline@epilepsy.org.uk, text 07797 805 390 or visit our website www.epilepsy.org.uk

Epilepsy Action has a wide range of publications about many different aspects of epilepsy. Please contact the Epilepsy Helpline to request your free information catalogue.

Information is available in the following formats: booklets, factsheets, posters, books, videos, DVDs and CDs.

Information is also available in Braille and large text.

Epilepsy Action’s support services

Local meetings: around 100 local branches offer support across England, Northern Ireland and Wales.

Volunteers: these are local people (usually with epilepsy or with a family member who has epilepsy) who have been specially trained by Epilepsy Action to give advice on a one-to-one basis. They can also give presentations about epilepsy to groups of people.

forum4e: our online community provides an opportunity to contact other people with epilepsy from all over the world, in a safe and secure website: www.forum4e.com (For ages 16 years and over.)

Live online advice: we run regular advice forums, where trained advisers answer your epilepsy questions live on our website. For more details, visit www.epilepsy.org.uk/liveadvice

If you would like more information about any of these services, please contact the Epilepsy Helpline or visit our website.
Mothers in mind

Please complete this form to tell us what you think of this publication.

How useful have you found this publication?

☐ Very  ☐ Fairly  ☐ Quite  ☐ Not at all

Is the language clear and easy to understand?

☐ Very  ☐ Fairly  ☐ Quite  ☐ Not at all

Does this publication cover all you want to know about the topic?

☐ Completely  ☐ Almost  ☐ Not at all

What do you think of the design and general layout of this publication?

☐ Excellent  ☐ Good  ☐ Fairly Good  ☐ Poor

Please let us have your comments:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Date: __________________________

Please return the completed form to:
Epilepsy Services, Epilepsy Action, FREEPOST LS0995, Leeds LS19 7YY
Our vision is to live in a society where everyone understands epilepsy and where attitudes towards the condition are based on fact not fiction.
How to contact us

Telephone the Epilepsy Helpline freephone **0808 800 5050**

Monday to Thursday 9.00 am to 4.30 pm Friday 9.00 am to 4.00 pm

Our Helpline staff are Typetalk trained

Fax your enquiry to us free of charge on **0808 800 5555**

Write to us free of charge at **FREEPOST LS0995, Leeds, LS19 7YY**

Email us at **helpline@epilepsy.org.uk** or visit our website: **www.epilepsy.org.uk**

Text your enquiry to **07797 805 390**

About the Epilepsy Helpline

In partnership with the organisation Language Line, the Helpline is able to offer advice and information in 150 languages.

We provide confidential advice and information to anyone living with epilepsy but we will not tell them what to do. We can give general medical information but cannot offer a medical diagnosis or suggest treatment. We can give general information on legal and welfare benefit issues specifically related to epilepsy. We cannot, however, take up people’s cases on their behalf.

Our staff are trained Advice and Information Officers with an extensive knowledge of epilepsy related issues. Where we cannot help directly, we will do our best to provide contact details of another service or organisation better able to help with the query. In doing this, Epilepsy Action is not making a recommendation.

We welcome comments, both positive and negative about our services.

To ensure the quality of our services we may monitor calls to the helpline.
Epilepsy Helpline:
freephone 0808 800 5050  text 07797 805 390
helpline@epilepsy.org.uk

www.epilepsy.org.uk