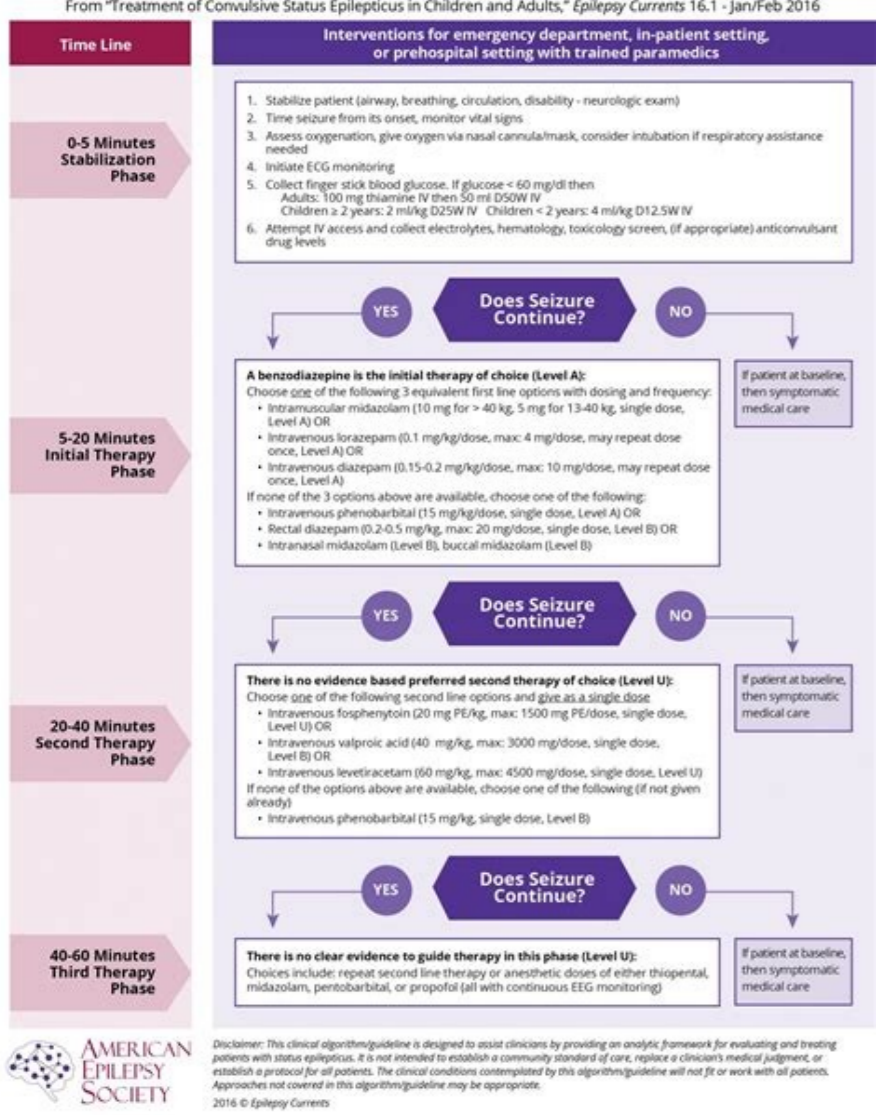


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Proposed Algorithm for Convulsive Status Epilepticus



Pregnancy and Epilepsy

- Most pregnancies in mothers with epilepsy produce healthy babies
- Fetal anomalies (up to 10% of pregnancies) are multifactorial
- Drugs affect:
 - Consequences of the mother's underlying disease
 - Consequences of maternal seizures during pregnancy
- All antiepileptic drugs carry teratogenic risks
- Polytherapy increases risk

Source: National Epilepsy Foundation, National Alliance for Autism Research, National Autism Center, National Center for Human Genome Research, National Center for Human Genome Research, National Center for Human Genome Research, National Center for Human Genome Research.

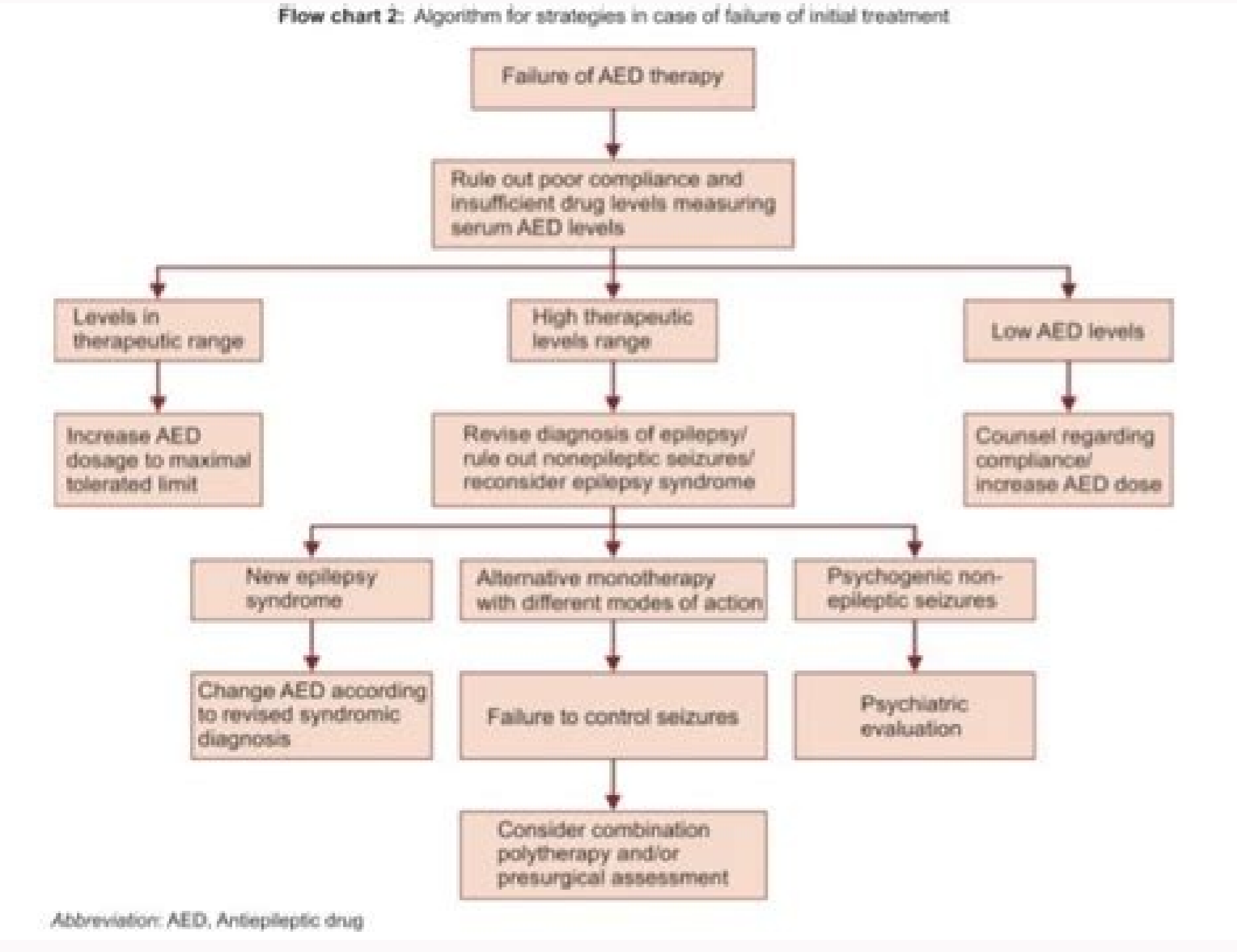
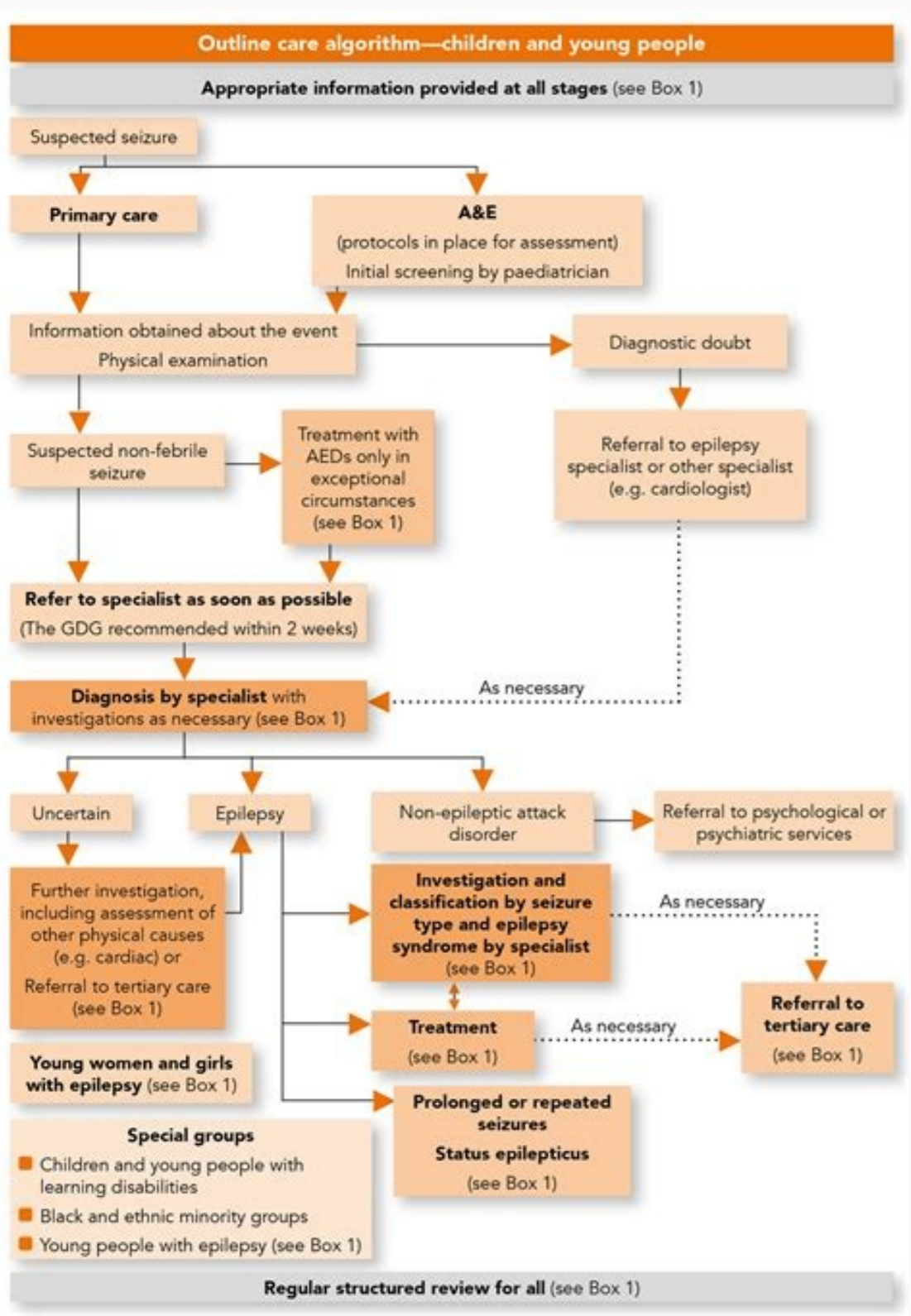


Table 4. Differences in recommendations between SGA and RCOG guidelines

Recommendation	SGA 2015	RCOG 2016
Folic acid dose	400 micrograms, not on AEDs; 5 mg for AEDs or if not on AEDs, but high risk (family history of neural tube defects or BMI > 30 kg/m²)	5 mg prior to conception until at least end of first trimester
AEDs	Consider 10 mg oral maternal vitamin K if there are additional risk factors for haemorrhagic disease of the newborn (see text) and/or prolonged systemic delivery	Routine monitoring not recommended (individualized) Consider 10 mg oral maternal vitamin K if there is a change in seizure frequency or if suspecting toxicity
Antenatal corticosteroid dose	Women with epilepsy on enzyme-inducing AEDs who require antenatal corticosteroids should receive double the dose of betamethasone/dexamethasone (48 mg over 12-24 hours)	Routine doubling of the dose is not recommended
Oral maternal vitamin K in the third trimester	Consider 10 mg oral maternal vitamin K if there are additional risk factors for haemorrhagic disease of the newborn (see text) and/or prolonged systemic delivery	There is insufficient evidence for routine maternal vitamin K to prevent haemorrhagic disease of the newborn or postpartum haemorrhage
Ultrasound scanning in the third trimester to detect a SGA fetus	Ultrasound scanning in the third trimester unless an SGA fetus is clinically suspected	Serial growth scans from 28 weeks in women with epilepsy on AEDs as the odds ratio is 3.5
Analgesia during labour	Low threshold for epidural analgesia	Pain relief options include: TENS, entonox, regional anaesthesia. Avoid the use of paracetamol during labour as it may be epileptogenic.

AED = anti-epileptic drug; RCOG = Royal College of Obstetricians and Gynaecologists; SGA = small for gestational age; SGA = 'Small for Gestational Age' (SGA) (International Guidelines for the Management of Epilepsy in Pregnancy)

Epilepsy and pregnancy guidelines australia. Is epilepsy dangerous in pregnancy. Nice guidelines epilepsy and pregnancy. Can epilepsy affect pregnancy.

People living with epilepsy may experience certain symptoms during pregnancy. While these symptoms, such as hormonal changes and increased stress, are uncommon, proper medical care can help individuals manage them. The Centers for Disease Control and Prevention (CDC) estimate that around 3.4 million people in the United States have epilepsy. Researchers believe that most cases of the condition are due to genetic factors. However, there are many treatments available for people to manage their epilepsy. Individuals with epilepsy who become pregnant should work with a medical professional. With proper care, they can experience healthy pregnancy and delivery. Read on to find out more about epilepsy and pregnancy.

There is no evidence to show that epilepsy makes it harder to get pregnant. One 2016 study compared women with and without epilepsy who were trying to get pregnant, and the researchers found no difference in conception time between the groups. Another 2016 neurology study examined conception and pregnancy in women with and without epilepsy. It discovered no significant differences between the two groups. People with epilepsy who wish to get pregnant can learn more by speaking with their doctor. Individuals with epilepsy may encounter more health concerns during pregnancy. In some cases, people with the condition may experience more seizures during pregnancy because: weight changes can affect how the body responds to medication; increased stress levels may trigger seizure events; hormonal changes can increase seizure risk. However, this is fairly uncommon. Approximately two-thirds of people with epilepsy do not experience increased seizures during pregnancy. That said, consistent check-ups with a medical professional are vital — regular doctor's visits can help reduce the risk of seizures. There are many drugs available to treat epilepsy symptoms. Some of the most common antiepileptic drugs (AEDs) include: valproic acid; lamotrigine; phenytoin; phenobarbital. Health experts have linked certain AEDs with certain risks during pregnancy. For example, some AEDs can increase the likelihood of neurodevelopmental disorders. However, these risks are rare. Therefore, doctors recommend that people with epilepsy continue AED treatment during pregnancy. Medical professionals also recommend that people with epilepsy take folic acid during pregnancy. This supplement can reduce the risk of certain congenital disabilities by up to 86% for those with the condition. Individuals with epilepsy should consult their doctor before making any changes to their AEDs. People with epilepsy need specialized care during pregnancy. These individuals should receive care in the following areas: Education and counseling. Individuals with epilepsy should consult a dedicated care team during prenatal visits. This team could include an OB/GYN, midwife, neurologist, and mental health counselor. Quality education can help people with epilepsy navigate a safe and successful pregnancy. And counselors can help keep track of stress patterns to help reduce seizure risk. Regular check-ups. Over 95% of pregnant people with epilepsy experience a healthy delivery. However, there is a small chance of certain complications. To reduce this risk, individuals with epilepsy should have regular check-ups during pregnancy. Medical professionals can monitor the fetus to help ensure healthy development. As with any pregnancy, consistent visits with a strong medical team are key. The best way for people with epilepsy to prepare for pregnancy is through education. According to the advocacy group Epilepsy Foundation, learning about risk factors is the first step to managing them. Individuals should consult their doctors about managing their AEDs. Health care professionals suggest taking the lowest amount of AED needed to control symptoms. Doctors can also monitor AED levels in the blood during and after pregnancy. During pregnancy, people with epilepsy should focus on eating a balanced diet and keeping stress levels low. These steps can help support a healthy pregnancy. Becoming a parent or caregiver with epilepsy can feel overwhelming — many might fear that their epilepsy will have a negative effect on their children. Studies have shown that parents with epilepsy experience many of the same concerns. They may worry about: a seizure preventing them from caring for their child; not being able to meet their own expectations as a parent; needing more help and support than other parents; becoming a parent or caregiver is a no easy task. All people, regardless of their health, experience similar fears before and during pregnancy. Individuals with epilepsy may find comfort in developing plans to address their concerns. For example, they could find or start a support group for people with similar worries, or they might keep a list of phone numbers handy for moments when they need an extra hand. Feeling anxiety and apprehension is a typical part of the parenthood journey. And while people with epilepsy may have additional concerns, with the right education and support network, both parent and caregiver and baby can thrive. The vast majority of people with epilepsy experience routine labor and delivery. For many of these individuals, their biggest fear surrounding childbirth is having a seizure. Studies show that 98% of people with epilepsy do not experience a seizure during the delivery process. However, the risk of serious complications during labor is generally minimal. Of course, individuals with epilepsy should take special precautions when planning their labor and delivery. These can include: choosing a medical facility equipped for patients with epilepsy working with a specialized team of medical professionals minimizing stressors in the delivery room; creating a birth plan can also help minimize stress and anxiety surrounding delivery. And having sufficient education and support is crucial for any healthy labor and delivery experience. Parents with epilepsy may worry that breastfeeding could be harmful to their babies. People who take AEDs may have concerns that their medication could harm their children. However, research has shown that AEDs are not harmful during breastfeeding. Therefore, doctors recommend that individuals taking AEDs continue to nurse. Breastfeeding can also help increase bonding between the parent and child. Additionally, it improves infant nutrition and the baby's immune system, so medical professionals recommend that people with epilepsy choose to breastfeed if possible. Additionally, postnatal care is especially important for individuals with epilepsy. It may include: regular blood tests to check medication levels; screening for postpartum depression; analyzing stress levels; finding nighttime support to ensure good sleep. Epilepsy may bring certain risks or concerns for many new parents and caregivers. With this in mind, working with a postnatal care team is essential for minimizing these concerns and maximizing parent and child health. People with epilepsy may experience certain risks before, during, and after pregnancy. But with the right planning and support, they can have a healthy labor and delivery. Individuals living with epilepsy should consult with their doctors throughout their pregnancy. Counseling and education are critical factors in their journey to parenthood. With proper medical care and support, people with the condition can experience a positive and healthy pregnancy. Summary: This guideline summarizes the evidence on maternal and fetal outcomes in women with epilepsy (WWE). It provides recommendations on the care of WWE during the pre-pregnancy, antepartum, intrapartum and postpartum periods. The guideline does not cover the methods of diagnosis of epilepsy, detailed categorisation of seizures or strategies for the management of epilepsy. These are addressed in detail in the National Institute for Health and Care Excellence clinical guideline and Scottish Intercollegiate Guidelines Network publication. In 2018, the CMDH endorsed a strengthened regulatory position on valproate. We welcome this action to reduce the risk of physical and developmental problems in children born to mothers who have taken valproate during pregnancy. This guideline recommends that exposure to sodium valproate and other anti-epileptic drugs should be minimised by changing the medication prior to conception, as recommended by an epilepsy specialist after a careful evaluation of the potential risks and benefits. Read about the April 2018 announcement by the MHRA on valproate medicines. COVID-19 disclaimer: This guideline was developed as part of the regular programme of Green-top Guidelines, as outlined in our document Developing a Green-top Guideline: Guidance for developers (PDF), and prior to the emergence of COVID-19. Version history: This is the first edition of this guideline; the second edition of this guideline is currently in development. Developer declaration of interests: Available on request. Epilepsy is one of the most common medical conditions in women of reproductive age. It has been estimated that more than 1.1 million women with epilepsy in the United States are of childbearing age. With a birth rate of 3.5 per 1000 births, approximately 24,000 babies are born to women with epilepsy each year. Women with epilepsy have a number of unique concerns during pregnancy. Nevertheless, the overwhelming majority of these women will have a normal baby and the pregnancy will not significantly affect their epilepsy. Using strategies to lessen risks will promote a good outcome for mother and baby. Seizure frequency fortunately declines or remains the same in the majority of women during pregnancy. Yet in 15% to 30% of women, there may be an increase in seizure frequency, most often in the first or third trimester. The increased seizure frequency is not predictable by the type of seizures the woman has, how long she has had epilepsy, or even the presence of seizures in a previous pregnancy. Even having catamenial epilepsy, seizures occurring with the menstrual cycle, does not predict whether the woman will have more seizures during pregnancy. A number of factors have been suggested as possible triggers for these seizures, including hormone changes, water and sodium retention, stress, and decreasing blood levels of antiepileptic medications. Not enough sleep and not taking medications as prescribed may be the most important factors that women with epilepsy can control, along with consulting her neurologist during this time. There is good news though! Women who are seizure free for the 9 months prior to pregnancy have a very high chance of remaining seizure free during pregnancy. Having seizures during pregnancy can cause injury or problems for the mother and child. The extent of risks are associated with seizure type. Focal (previously called partial) seizures probably do not carry as much risk as generalized seizures. Yet focal seizures can secondarily generalize. These generalized seizures (especially tonic-clonic ones) carry more risk to both mother and baby. These risks include trauma from falls or burns, increased risk of premature labor, miscarriages, and lowering of the fetal heart rate. Getting and keeping good seizure control during pregnancy is crucial. Most epilepsy specialists feel that the risks from seizures in the mother during pregnancy are greater than the risks from seizure medications. The risk to the developing baby from anti-epileptic drugs (AEDs) taken during pregnancy is primarily that of congenital malformation or birth defects. In the general population, there is a 2% to 3% occurrence of congenital malformations that cannot always be predicted or prevented. In women with epilepsy, the risk is doubled to about 4% to 6%, but overall remains low. Risks to the developing baby may be greater when more than one type of medication is used and with a higher dose of medication. There clearly is a genetic role, with a previous pregnancy or family history of a congenital malformation raising the risk during the current pregnancy. Genetic counseling is needed in this circumstance. The most common malformations include cleft lip and cleft palate, which most often can be corrected surgically. Cardiac and urogenital defects also occur. Research is ongoing concerning the risks for developmental delays. There is limited information available on our new anti-epileptic drugs and only slightly more on the classic antiepileptic drugs. Given available information, it is recommended that the most effective drug with the fewest side effects be used. Pregnancy registries have been established to help gain information. All pregnant women with epilepsy are encouraged to enroll in the North American Anti-Epileptic Drug Pregnancy Registry prior to having the initial pregnancy screening to help add to our knowledge base. Women outside North America are encouraged to enroll in their pregnancy registry via their neurologist. While most of our anti-epileptic drugs can be taken and are used safely, some carry increased specific risks. Valproate or valproic acid (VPA): When VPA is used in the early days of pregnancy, there is a 1% to 2% risk of neural tube defects (lack of spinal cord closure) and an overall 10% risk of any major congenital malformation in newborns. The NEAD study found that children of women taking valproic acid during pregnancy had children with lower IQ and an increased risk of autism. All of these risks are worse when higher doses of valproate are used. Read about a study on topiramate (Topamax) and the risk of birth defects. The risks of major birth defects is decreased in the general population when women take folate before the time of neural tube closure early in the first trimester. Although it

may not be as protective in women with epilepsy, folate should be taken daily prior to becoming pregnant since most women do not know they are pregnant until after the time of neural tube closure (24-28 days after conception). A daily multivitamin containing 0.4 mg folate, as well as an additional 1- to 4-mg folate supplement, is recommended for all women taking AEDs who are of childbearing age. Selenium and zinc, contained in a multivitamin with minerals, also may be of some benefit. Vitamin K may be given to women taking enzyme-inducing AEDs in the last month of pregnancy to prevent rare bleeding complications in the newborn. Also, children born to women taking these medications should be given vitamin K (usually 1 mg IM) at the time of birth. Most importantly, women should get accurate information prior to and during pregnancy. If antiepileptic drugs are not needed, multiple medications are being taken, or medications are given at high dosages, changes should be considered with a neurologist prior to a planned pregnancy. The lowest possible dose of seizure medication that will control seizures is recommended. Being on a single drug will decrease the risk of birth defects and result in fewer drug interactions, fewer side effects, and improve compliance. Monitoring drug levels is also very important. Antiepileptic drug levels should be checked throughout the pregnancy and following delivery. The levels of AEDs decline during pregnancy, with some being more affected than others. Dosage adjustments may be needed. Since the levels then rise following delivery, monitoring in the post-partum period is also needed to minimize side effects. Monitoring the baby with maternal serum-alpha-fetoprotein testing and a high resolution or level II ultrasound should be performed by the obstetrician. Epilepsy is not an indication alone for a cesarean section, and most women deliver vaginally. While AEDs are present in breast milk, breastfeeding is encouraged. Breastfeeding can generally be done safely, since the baby has been exposed to these drugs throughout the pregnancy and the absolute amounts of drug are low. Strategies such as taking seizure medications immediately after a feeding should be considered to lessen the amount of drug in a feeding. Breastfeeding is generally safe and recommended for its important benefits to the infant. Caring for the baby can also be a concern. Changing diapers on the floor and bathing the infant with other adults present or with a sponge bath are some useful strategies. Seeing the doctor before becoming pregnant, keeping regular appointments, and checking antiepileptic drug blood levels during pregnancy are recommended. Taking the appropriate medications as prescribed, as well as having adequate rest and sleep are of utmost importance. Paying attention to nutrition with adequate weight gain and taking a multivitamin and additional folate before, during, and after pregnancy are needed. Avoiding cigarettes, alcohol, and caffeine are important for all women during pregnancy. Clearly anything that can affect a person's fertility (ability to bear children) or health outcomes of mother and baby during pregnancy are important consequences of epilepsy. Both men and women should be aware of these concerns and see an epilepsy specialist if these risks pertain to you. Keeping all these factors in mind, the overwhelming majority of women with epilepsy will have a normal healthy baby. Previous Preparing for Pregnancy Next Specific Problems Affecting Infants Epilepsy centers provide you with a team of specialists to help you diagnose your epilepsy and explore treatment options. Find in-depth information on anti-seizure medications so you know what to ask your doctor. Call our Epilepsy and Seizures 24/7 Helpline and talk with an epilepsy information specialist or submit a question online. Download our seizure tracking app, print out seizure action plans, or explore other educational materials. Ready for help? Find an Epilepsy specialist who can help guide you through your epilepsy journey.

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