

Ref. No: 1711
Date: 1st May 2025
Subject: Epilepsy in Pregnancy

REQUEST

Hospital Name: Whiston Hospital
Trust: Mersey and West Lancashire Teaching Hospitals NHS Foundation Trust
Maternity Medicine Network: Northwest MMN
Secondary/Tertiary Care: Secondary

Pre-pregnancy planning in women with epilepsy		
1a	Do women with epilepsy have access to a pre-pregnancy counselling clinic in your centre?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
1b	If pre-pregnancy counselling is available in your centre, who delivers this/these services? (Please tick all that apply)	<input type="checkbox"/> A neurologist/ epilepsy specialist doctor <input type="checkbox"/> A neurology specialist nurse/ epilepsy specialty nurse <input type="checkbox"/> An obstetrician with an interest in neurology/ a maternal-fetal medicine obstetrician <input type="checkbox"/> An obstetrician physician <input type="checkbox"/> An epilepsy specialist midwife
1c	If you have selected more than one practitioner in question 1b do they work separately or as part of a joint clinic?	<input type="checkbox"/> They work separately <input type="checkbox"/> They work together in a joint clinic
1d	How are patients transferred into the pre-pregnancy clinic? (Please tick all that apply)	<input type="checkbox"/> From their General Practitioner (GP) <input type="checkbox"/> From their secondary care epilepsy service

		<input type="checkbox"/> Other – please state:
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Antenatal management		
2	Do your patients have access to written information on the management of epilepsy in pregnancy?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3a	Do women with epilepsy in your centre have access to regular planned antenatal care with a designated epilepsy care team?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3b	If yes, which of the following healthcare professionals deliver the service? (Please tick all that apply)	<input type="checkbox"/> A neurologist/ epilepsy specialist doctor <input checked="" type="checkbox"/> A neurology specialist nurse/ epilepsy specialist nurse <input checked="" type="checkbox"/> An obstetrician with an interest in neurology/ a maternal-fetal medicine obstetrician <input type="checkbox"/> An obstetric physician <input type="checkbox"/> An epilepsy specialist midwife
3c	If you have selected more than one practitioner in questions 3b do they work separately or as part of a joint clinic?	<input checked="" type="checkbox"/> They work separately <input type="checkbox"/> They work together in a joint clinic
3d	How do women with epilepsy enter the service? (Please tick all that apply)	<input checked="" type="checkbox"/> Identified at their booking appointment <input type="checkbox"/> From their General Practitioner (GP) <input type="checkbox"/> From their secondary care epilepsy service <input type="checkbox"/> Other – please state:

3e	If yes, how often are they reviewed in your epilepsy pregnancy clinic?	<input type="checkbox"/> Fortnight X <input type="checkbox"/> Monthly <input type="checkbox"/> Bimonthly <input type="checkbox"/> Once per trimester <input type="checkbox"/> Other – please state:
4	Are women with epilepsy risk stratified in your antenatal service?	X <input type="checkbox"/> Yes <input type="checkbox"/> No
4b	If yes, how is the risk assessment done?	<input type="checkbox"/> Using a risk stratification tool : please state which X <input type="checkbox"/> Other – please state: Local guidelines
4c	If so do those women considered 'higher risk' have a different care pathway to those considered 'lower risk'	X <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please detail how these pathways differ: Consultant ANC with regular growth scans

Medication management

5	How does your service manage folic acid use in women with epilepsy?	X <input type="checkbox"/> Recommend 5mg folic acid for three months prior to pregnancy and throughout pregnancy <input type="checkbox"/> Recommend 5mg folic acid for three months prior to pregnancy and for the first trimester of pregnancy, then drop to 400mcg for the remainder of the pregnancy <input type="checkbox"/> Recommend 400mcg for three months prior to pregnancy and for the first trimester of pregnancy <input type="checkbox"/> Recommend 400mcg for three months prior to pregnancy and throughout pregnancy Other – please state:
6	How does your service manage titration of antiseizure medications in pregnancy?	<input type="checkbox"/> Using drug levels <input type="checkbox"/> Using clinical symptoms

	(Please tick all that apply)	Using both drugs levels and clinical symptoms X <input type="checkbox"/> Other – please state: Levels are usually monitored by patient's epilepsy specialist team
7	Does your centre routinely measure drug levels in women with epilepsy?	<input type="checkbox"/> Yes X No
8a	Do you use long-acting benzodiazepines, such as clobazam, in the peripartum period for women with 'high risk' of seizures during this period?	X <input type="checkbox"/> Yes No
8b	If yes, what is your routine drug/dose/regimen	Clobazam
8c	If yes, what are the criteria for women being considered 'high risk'?	This is guided by recommendation from patient's own epilepsy specialist team/neurologist

Postpartum follow up for women with epilepsy

9	How are women with epilepsy in your service followed up postpartum?	<input type="checkbox"/> In a postpartum pregnancy clinic X In their usual epilepsy clinic X By their GP <input type="checkbox"/> There is no routine follow-up
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RESPONSE

See details above