

Chapter 5

PREGNANCY AND EPILEPSY TREATMENT

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INTRODUCTION

The prevalence of epilepsy is approximately 0.5% (1). Women with epilepsy constitute three to five out of every 1000 births (2). It has been determined that the risk of miscarriage due to seizures, eclampsia, gestational hypertension, preterm labor, postpartum hemorrhage and cesarean rates are higher in pregnant women with epilepsy (PE) compared to non-epileptic pregnant women (3). In pregnant women with epilepsy, progesterone and estrogen alter seizure threshold and neuronal excitability and epileptic seizures increase in approximately one third of the patients (4). Low birth weight, growth retardation and low APGAR scores are likely risks associated with intrauterine AED (antiepileptic drug) exposure in fetuses of pregnant women with epilepsy (5).

When selecting AEDs in PEs, curbing the seizures, as well as the teratogenicity effects of AEDs on the fetus should be watched out for, and the patient should obviously be followed up in together with a gynecologist (6).

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