ISSN: 2472-0895 Open Access

Seizures and Pregnancy: Managing Risks and Ensuring a Healthy Outcome

Massimo Berg*

Department of Neurology, Free University of Brussels, Brussels, Belgium

Introduction

Pregnancy is a transformative and often joyous period in a woman's life, but it can also present unique challenges, especially for those managing chronic health conditions such as seizures. Women with epilepsy or other seizure disorders face specific concerns during pregnancy, including the management of their condition, the health of their unborn child and the effects of pregnancy on their seizure control. It is crucial for these women to work closely with their healthcare team to ensure both their own well-being and the health of their baby. The first step in managing seizures during pregnancy is careful planning and consultation with a healthcare provider. Women who have epilepsy should begin by discussing their pregnancy plans with their neurologist and obstetrician before conception. This preconception planning is vital to assess the risks, review the current medication regimen and make any necessary adjustments [1].

Description

Some anti-seizure medications can have teratogenic effects, meaning they can cause birth defects, so it may be necessary to switch to a different medication or adjust dosages to minimize risks while maintaining seizure control. During pregnancy, women with seizure disorders must undergo regular monitoring to ensure both their health and that of their baby. Routine prenatal care is essential, including regular ultrasounds and other tests to monitor fetal development. These check-ups provide opportunities to assess the impact of any medications on the baby and to detect any potential issues early on. Additionally, maintaining regular consultations with a neurologist ensures that the management of seizures is optimized throughout pregnancy. One of the primary concerns during pregnancy for women with epilepsy is the potential for seizures to increase in frequency or severity.

Hormonal changes, physical stress and altered sleep patterns can all contribute to increased seizure activity. Therefore, it is important for pregnant women to adhere to a consistent treatment plan and avoid known seizure triggers. Ensuring adequate rest, managing stress and maintaining a balanced diet can help reduce the likelihood of seizures. Medication management is a crucial aspect of care for pregnant women with seizure disorders. While some anti-seizure medications can be associated with an increased risk of birth defects, the risk of uncontrolled seizures is also significant. Thus, the goal is to find a balance between effective seizure control and minimizing potential harm to the fetus. Healthcare providers may adjust medications or choose drugs with a more favorable safety profile for use during pregnancy. In some cases, additional folic acid supplementation may be recommended

*Address for Correspondence: Massimo Berg, Department of Neurology, Free University of Brussels, Brussels, Belgium, E-mail: massimoberg65@gmail.com

Copyright: © 2024 Berg M. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Received: 01 August, 2024, Manuscript No. elj-24-145792; **Editor Assigned:** 03 August, 2024, Pre QC No. P-145792; **Reviewed:** 17 August, 2024, QC No. Q-145792; **Revised:** 22 August, 2024, Manuscript No. R-145792; **Published:** 29 August, 2024, DOI: 10.37421/2472-0895.2024.10.272

to help mitigate the risk of certain birth defects associated with anti-seizure medications [2,3].

Pregnant women with seizure disorders should also be aware of potential complications associated with their condition. For instance, seizures during labor and delivery can pose risks, such as injury to the mother or fetus. Therefore, a carefully planned delivery strategy is essential. Women with epilepsy should work with their healthcare team to establish a delivery plan that addresses their specific needs and minimizes risks. In some cases, a planned cesarean section may be recommended if there are concerns about seizure activity during labor. Another important consideration is postpartum care. After delivery, women with epilepsy must continue to manage their condition effectively to avoid complications. Hormonal fluctuations sleep deprivation and the stress of caring for a newborn can affect seizure control.

Healthcare providers will monitor the mother's seizure activity and make any necessary adjustments to her treatment plan. Additionally, women should be vigilant about their mental health during the postpartum period, as mood changes and depression can also impact seizure management. Support systems play a critical role in managing seizures during pregnancy. Emotional and practical support from family, friends and support groups can be invaluable. Partnering with healthcare professionals who understand the complexities of managing seizures during pregnancy helps ensure that both the mother and baby receive comprehensive care [4,5]. Education about seizure management, recognizing warning signs and knowing how to respond to a seizure are essential for both the expectant mother and her support network.

Conclusion

In summary, managing seizures during pregnancy requires careful planning, regular medical supervision and a well-coordinated approach to care. Women with epilepsy or other seizure disorders should engage in preconception planning with their healthcare team to optimize their treatment and address potential risks. Ongoing monitoring and medication management are crucial to balance effective seizure control with minimizing risks to the fetus. A well-structured delivery plan and attentive postpartum care help ensure a healthy outcome for both mother and baby. By staying informed, working closely with healthcare providers and relying on a robust support system, women with seizure disorders can navigate the challenges of pregnancy and achieve a positive and healthy outcome.

Acknowledgement

None.

Conflict of Interest

None.

References

1. Aneman, Ingrid, Dillan Pienaar, Sonja Suvakov and Tatjana P. Simic,

Berg M. Epilepsy J, Volume 10:04, 2024

- et al. "Mechanisms of key innate immune cells in early-and late-onset preeclampsia." Front Immunol 11 (2020): 1864.
- Regal, Jean F., Richard M. Burwick and Sherry D. Fleming. "The complement system and preeclampsia." Curr Hypertens Rep 19 (2017): 1-12.
- Alpoim, Patrícia N., Karina B. Gomes, Lara C. Godoi and Danyelle R. Rios, et al. "ADAMTS13, FVIII, von Willebrand factor, ABO blood group assessment in preeclampsia." Clin Chim Acta 412 (2011): 2162-2166.
- Fidalgo, Teresa, Patrícia Martinho, Catarina S. Pinto and Ana C. Oliveira, et al. "Combined study of ADAMTS13 and complement genes in the diagnosis of thrombotic microangiopathies using next-generation sequencing." Res Pr Thromb Haemost 1 (2017): 69-80.
- Mousseaux, Cyril, Bérangère S. Joly, Inna Mohamadou and Romain Arrestier, et al. "Severe HELLP syndrome masquerading as thrombocytopenic thrombotic purpura: A case report." BMC Nephrol 21 (2020): 1-6.

How to cite this article: Berg, Massimo. "Seizures and Pregnancy: Managing Risks and Ensuring a Healthy Outcome." *Epilepsy J* 10 (2024): 272.