Pregnancy & Anti-seizure Drugs
Women who take anti-seizure drugs need to plan well ahead for pregnancy

1-2 Years Before Pregnancy
- Avoid valproate
  - Valproate has the highest risk of birth defects
  - Change it to a safer anti-seizure drug
- Minimize the number and doses of anti-seizure drugs
  - Use the lowest effective dose
  - Use only one anti-seizure drug if possible
- Start up to 5mg of folic acid daily
- Aim to be seizure-free for at least 9 months before pregnancy to lower risk of seizures during pregnancy

During Pregnancy
- Avoid stopping or switching anti-seizure drugs during pregnancy
- Check serum drug levels if there are more seizures
  - Especially with lamotrigine and levetiracetam
  - Adjust phenytoin doses using free concentrations, not total concentrations
- Watch for new drug interactions
  - Folic acid may decrease phenytoin serum concentrations
  - Antacids may decrease phenytoin absorption

After Delivery
- Doses of anti-seizure drugs may need to be adjusted
- It is generally safe to breastfeed with anti-seizure drugs
  - Watch baby for side effects such as:
    - Poor suck
    - Poor weight gain
    - Drowsiness
    - Hyperexcitability