How do you respond when a patient with epilepsy asks about the safety of pregnancy? The WEPOD study investigated pregnancy outcomes and deliveries.

Promising news for women of childbearing age with epilepsy was presented at the AAN 68th Annual Meeting in Vancouver April 18, 2016.

The research team of The Women with Epilepsy: Pregnancy Outcomes and Delivery (WEPOD) study shared their first major outcome presentation of this 20-year, multi-center, observational, prospective study. They had hypothesized that women with epilepsy would have lower than expected pregnancy and birth rates compared to healthy controls. But the outcome of this study provides encouraging evidence that women with epilepsy can safely become pregnant and give birth.

Up to now, clinicians have not been able to give women with epilepsy definitive answers to the questions their patients asked regarding the safety of getting pregnant and giving birth. It has been confusing, to put it mildly.

“When a patient goes to her clinician”, said award-winning presenter Page B. Pennell, MD “and says ‘what are my chances of getting pregnant’, chances are they’ll respond ‘Well, one study says this, another study says that.’ It’s been hard to know what to tell a woman.”

Previous studies have not been hopeful for women in this group to even get pregnant. One study shows such chances for women with epilepsy are only one-quarter to one-third of that compared to women without epilepsy. So it has been a cause for concern and something that women need to know.

However, we have to keep in mind there are many reasons for the birth rates to be low. For example:

- lower libido in both men and women with epilepsy
- sexual dysfunction
- lower marriage rates
- increased number of anovulatory cycles among this population

Another factor in low pregnancy and birth rates is self-decision about whether or not to risk pregnancy. A UK survey found that 33% of women with epilepsy were not even considering having children because of their epilepsy.

To remove the above factors, WEPOD looked at women aged 18-41 years who wanted to start a family. The central question was ‘What is the likelihood of them becoming pregnant within a year?’ Dr. Pennell stated the participants in WEPOD were enthusiastic, and using the technology the study relied on was a breeze. This was an APP designed exclusively for WEPOD. Participants could very easily and quickly input data. It simply involved tapping an icon to report details like:

- if and when they took medication
- if and when they had seizures
- if and when they had sexual intercourse
- if and when they’d had menstrual flow

The researchers followed their subjects (88 women with epilepsy and 109 controls of similar demographics) right up to the delivery of their babies to include data regarding their birth outcomes.

The primary outcomes examined were:

- women who achieved pregnancy
- the time to pregnancy after discontinuation of birth control
- the outcome, i.e., live birth, caesarian, etc.

The corresponding findings in women with epilepsy vs controls were:

- No significant difference existed between the two groups.
- A similar proportion of miscarriages occurred in the two groups (12.9% vs 19.7%, respectively).
- A similar rate of live births occurred across the groups (80.0% vs 80.3%, respectively).

In short, this is welcome news and provides clear answers not only for those women with epilepsy.

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