



STUDY OF EPILEPSY IN PREGNANCY

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KEYWORDS :

INTRODUCTION

Epilepsy is the second most common serious neurological disorder complicating pregnancy. Incidence of seizure disorder in women during pregnancy is estimated to be 0.15-10%. In studies on pregnant women with epilepsy a variety number of complications have been reported including preterm labor, small-for gestational age (SGA), low birth weight (LBW)^{1,3}. Maternal complications included spontaneous miscarriage, anemia, seizure during pregnancy⁵, high rate of cesarean section (CS), gestational diabetes, congenital malformation, incidence of pregnancy induced hypertension (PIH), need to labor induction and also high rate of fetal complications⁶. The risk of seizure during the pregnancy was 50% to 70% less if the pre-pregnancy year was seizure free and decreased relatively little more with longer periods of pre pregnancy seizure control. Decrease or arbitrary discontinuation of drugs during pregnancy will increase the risk of seizure¹⁵. An increased risk of intrauterine fetal growth retardation was observed¹⁵. Ideally, preconception planning should be done to minimize risks to both the mother and fetus during pregnancy.

AIMS & OBJECTIVES

The aim of the present study is to analyze the maternal and perinatal outcome in women with epilepsy complicating pregnancy.

MATERIALS AND METHODOLOGY:

It was retrospective study done in department of obstetrics and gynaecology at Mamata General Hospital, Khammam from 2018-2019. Demographic and other relevant data was collected from previous records and analysed.

Minimum of 30 antenatal women with epilepsy were taken in this study.

RESULTS

Table 1: Absolute And Relative Frequency Of Fetal Complications Among Epileptic Women

FETAL COMPLICATIONS	NUMBER	PERCENTAGE
IUGR	3	10 %
FETAL DISTRESS	7	23.3 %
PRETERM LABOUR	3	10%
Fetal deaths	2	6.6%
None	15	50%

Table:2 Absolute And Relative Frequency Of Maternal Complications Among Epileptic Women

MATERNAL COMPLICATIONS	NUMBER	PERCENTAGE
PIH	4	13.3%
PROM	4	13.3%
PPROM	1	3.3%
BLEEDING PER VAGINUM	1	3.3%
Anemia	12	40%
None	8	26.6%
Total	30	100%

Table 3: Incidence of type of seizure activity and gestational age

Type of seizures	GA	Number	Percentage
GTCS	36 WEEKS	2	6.6%
PARTIAL	32 WEEKS	1	3.3%
NONE	-----	27	90.1%
TOTAL		30	100%

Table 4: Active Use Of Antiepileptics

Antiepileptics	Number	Percentage
Monotherapy	1	3.3%
Polytherapy	0	0
None	29	96.6
Total	30	100%

Table 5: Mode of delivery related to gestational age and indications

Mode of delivery	GA	Indication	Number	Percentage
Elective lscs	Preterm	-----	0	0
	Fullterm	PIH with IUGR with Prev LSCS	1	3.3%
		Prev LSCS	10	33.3%
Emergency lscs	Preterm	Bleeding per vaginum	1	3.3%
	Fullterm	Non cooperation of the patient for labour with fetal distress	1	3.3%
		PIH with fetal distress with IUGR	1	3.3%
		Fetal distress	6	20%
		NVD	Preterm	PPROM
Fullterm	-----	8	26.6%	
	Induced NVD	Preterm	PIH with IUGR	1
Fullterm	-----			
	Total		30	100

Table 6. Fetal Outcome With Respect To Pregnancies Associated Complications

Few of the pregnancies ended with bad fetal outcome with need for NICU admissions

	Number	Percentage
NICU admissions	12	40%
No NICU admission	18	60%
Total	30	100%

CONCLUSION

- The most common maternal complication was anemia (40%) f/b PROM (13.3%), and PIH (13.3%), 8 cases (26%) showed no maternal complications. In (50%) cases no fetal complication was recorded. The most common fetal complication was fetal distress in 7 cases (23.3%), followed by IUGR in 3 cases (10.0%). In 10% of women who underwent C/S and 26% of women with NVD no fetal complication was found. No significant relation was found between fetal complications and using folic acid supplementation. A significant relation was confirmed between maternal complications and kind of labor and also patients with prenatal complications mostly had NVD. It seemed that preterm labor is more common during pregnancy². It was found that consumption of anti-epileptic drugs during pregnancy can reduce complications³. With the rate of maternal, fetal and obstetrical complications being relatively high among them, which implies the necessity of targeted plans to reduce such complications. Since it is not possible to definitely comment about outcome of pregnancy in epileptic women, they should be closely followed during pregnancy^{2,3}.