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INTRODUCTION

The most recent *MBRACE report* has highlighted a significant increase in the number of deaths during, or up to a year after the end of pregnancy in the UK and Ireland in 2016-2018 (mortality rate 0.91 95% CI 0.57-1.38) compared to 2013-2015 (mortality rate 0.52 95% CI 0.28-0.8, RR 1.75) ¹. Of concern, was a more than doubling of the rate of Sudden Unexpected Death in Epilepsy (SUDEP) between these time periods (RR 2.33, 95% 0.96-6.19, p=0.04). These figures highlight the paramount importance of multidisciplinary and specialist input into the care of all women with epilepsy (WWE) in pregnancy in order to improve patient safety and outcomes.

METHODOLOGY

- A retrospective audit was conducted on the care of 28 WWE who had their pregnancy booked at RSCH, between June 2019 and March 2021.
- Data from electronic and paper patient’s record were collected onto *Excel* Spreadsheet. Univariate analysis was carried out using *Excel 2021*.
- One woman (4%) with a fetal abnormality ended her pregnancy before viability and was excluded from 2nd and 3rd trimester analysis.
- Audit standards were derived from the *RCOG Greentop guidelines*² and hospital policy³.

RESULTS

- Of these 28 WWE, 14 (50%) were diagnosed with generalised epilepsy, 7 (25%) with focal and 7 with other forms or unspecified (25%). Eight of these women (29%) had a seizure in the 12 months prior to conception.
- Seizures were recorded in 4 women (14%) in the antenatal period.
- All women were under consultant obstetric care with the median first consultation at 16 weeks and 4 days gestation. In the pregnancy, 21% consulted with a neurologist and 29% an anaesthetist.
- Over half (54%) were taking anti-epileptic drugs (AED). The dosage was increased antenatally in a third of women, and in one case the AED class was changed all together.

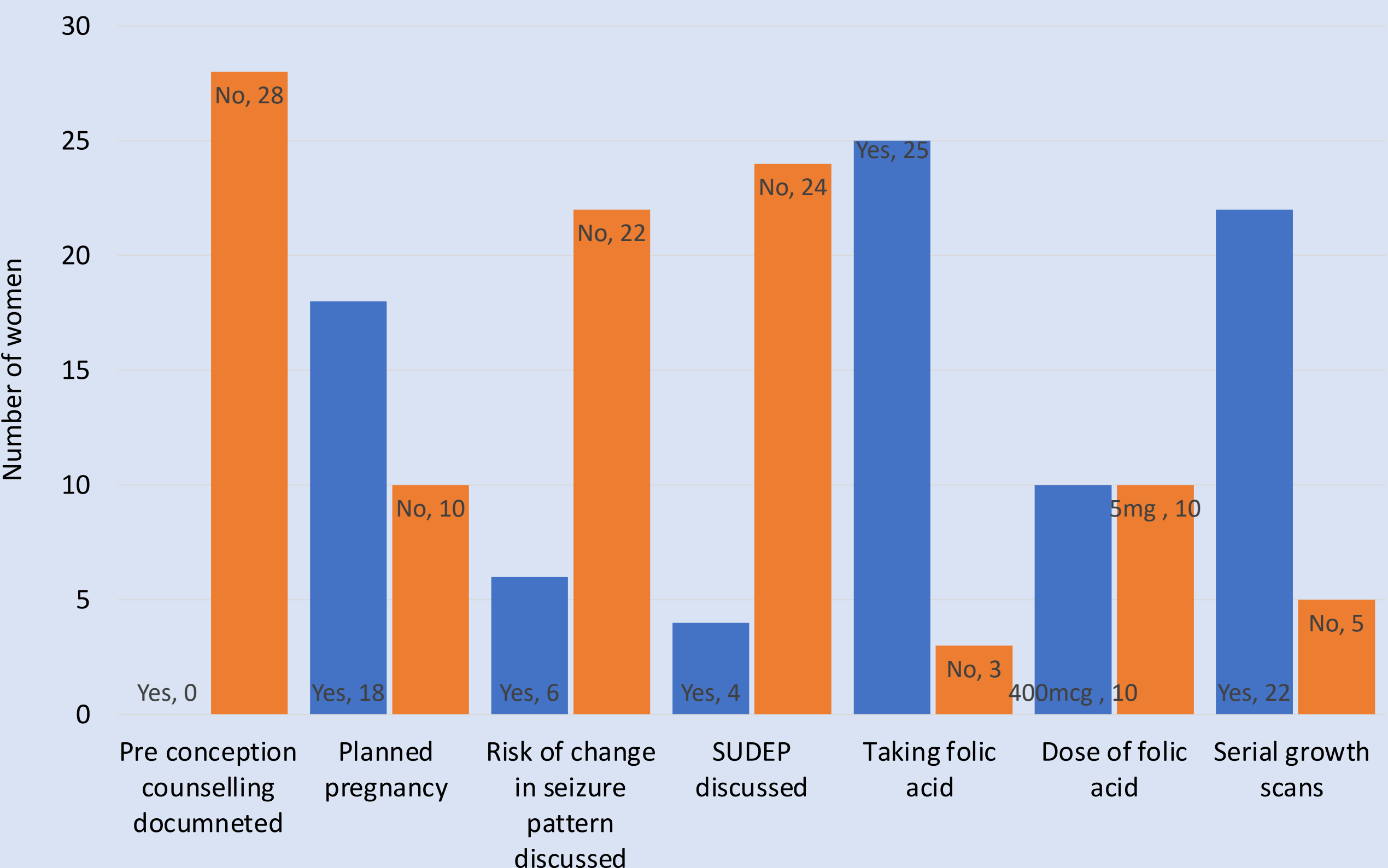


Fig 1. Preconceptional and antenatal care n=28

- Three women (11%) experienced a maternal complication including sepsis, post-partum haemorrhage and lung collapse.
- The average 5-minute APGAR score was 9.4 and two neonates were transferred out to a Level III neonatal intensive care unit. Four neonates (15%) had a birth weight of less than 2.5kg.

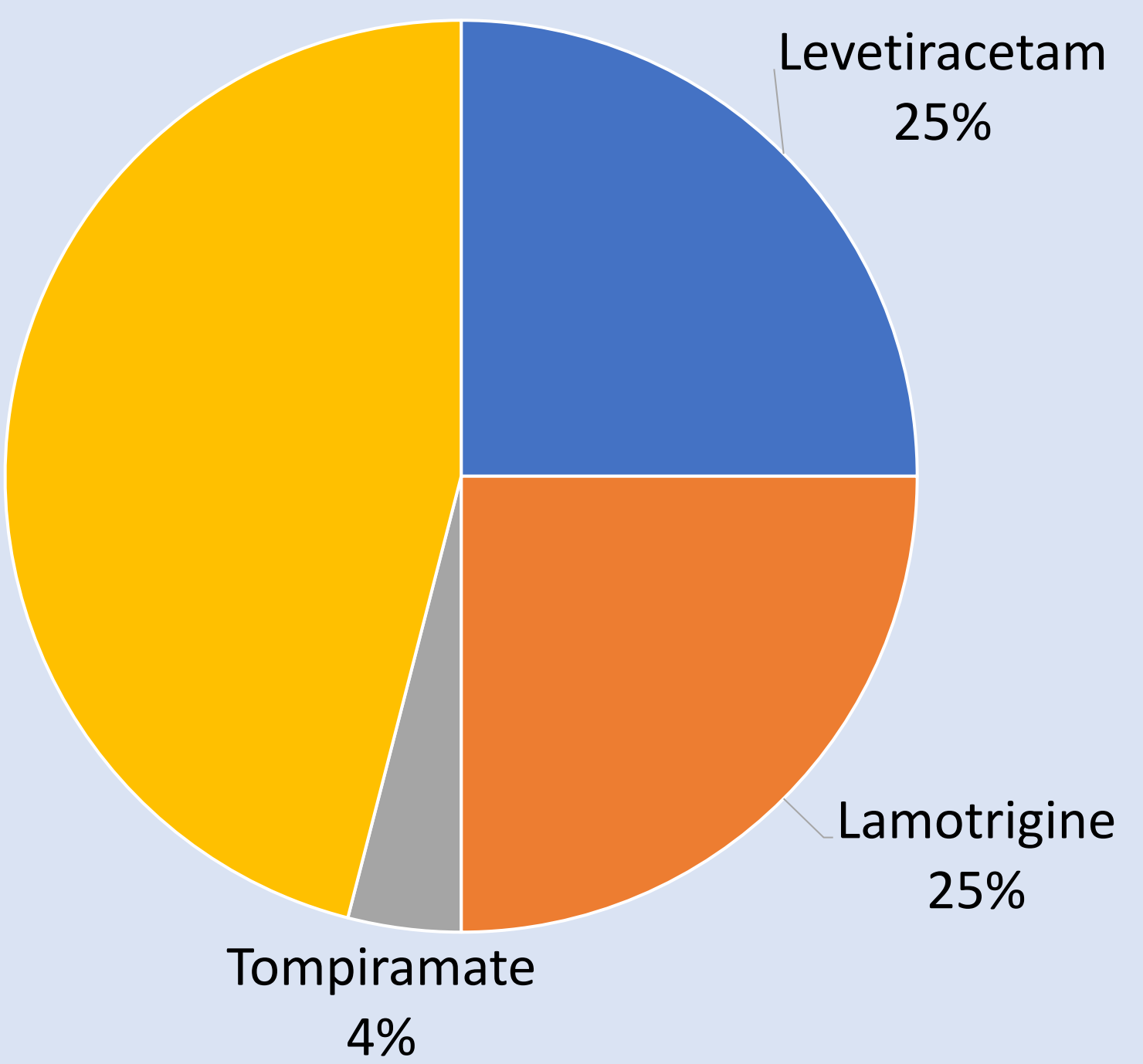


Fig. 2 Proportion of woman on AED antenatally n=28

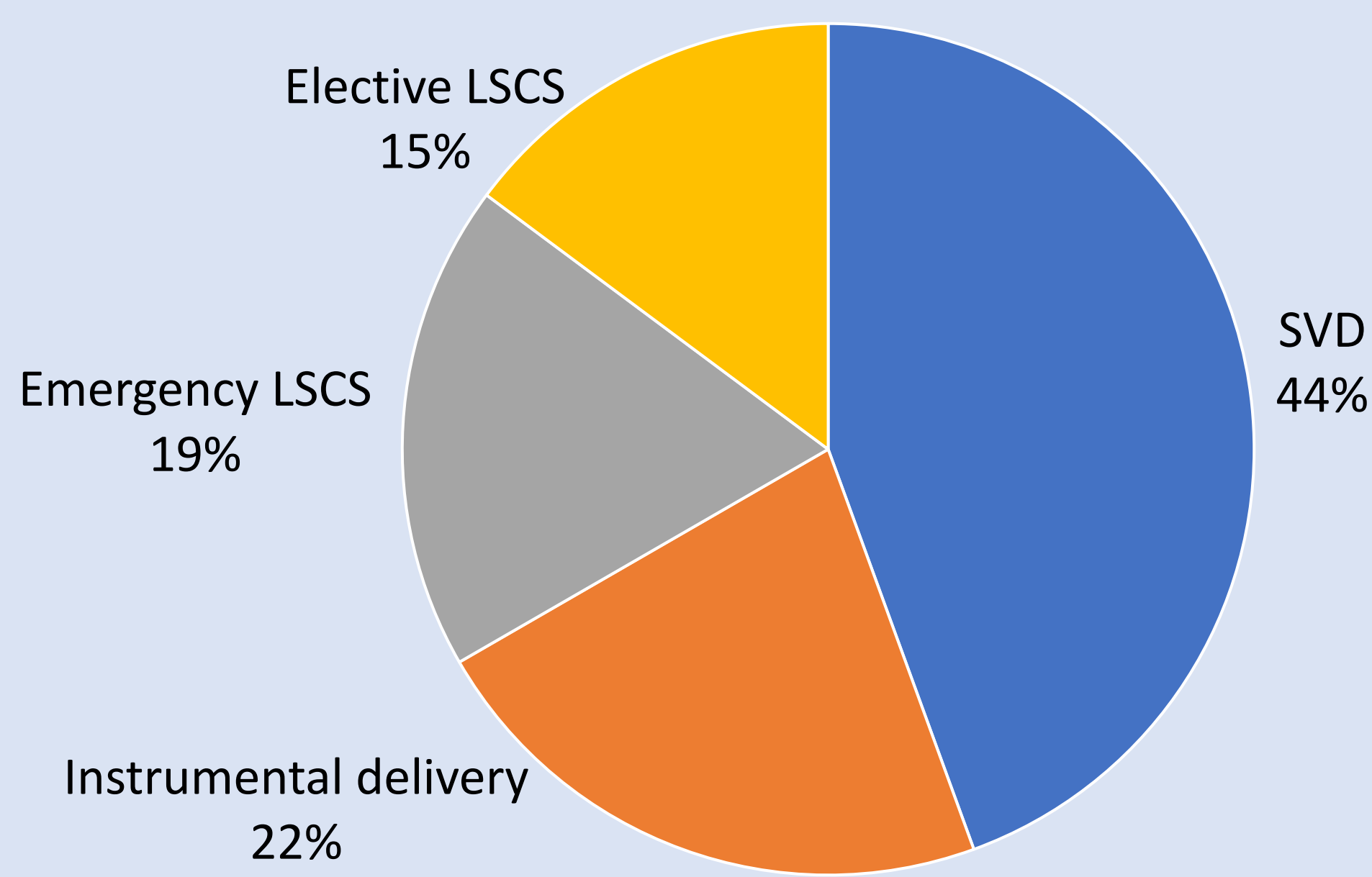


Fig 3. Mode of delivery n=27 . Of these, 48% had their labour induced

RECOMMENDATIONS

- This audit highlights the need for preconception counselling and early antenatal assessment of WWE. We recommend a patient leaflet to improve this.
- A standard protocol of care of WWE, based on up-to-date guidelines, should be accessible on a woman’s electronic notes (@Badgernet). This should emphasise SUDEP awareness, risk assessment and risk mitigation as standard care.
- There should be a clear pathway for the collaboration of all relevant specialist services.
- The use of AED must be continually reviewed with continuing avoidance of sodium valproate in WWE.

References: 1. Knight, M., et al., (2020). Saving Lives, Improving Mothers’ Care - Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2016-18. Oxford, National Perinatal Epidemiology Unit, University of Oxford. 2. Royal College of Obstetricians and Gynaecologists (2016b). Green-top Guideline 68: Epilepsy in Pregnancy. London, RCOG. 3. Guidelines for the Care of Pregnant Women with Epilepsy. Royal Surrey NHS Foundation Trust, Hospital policy June 2020.