



Introduction

- Epi-Safe – structured risk assessment at booking to improve access to specialist epilepsy care early in pregnancy for high risk women
- 1 in 250 women who give birth in UK have epilepsy
- 1 in 10 women who die peripartum in UK have epilepsy
- 3rd most common cause of indirect maternal death

Causes: :

1. Lack of recognition of high-risk status of women by obstetricians
 - 2 .Medication non-adherence
- Regional audit will help in the development and design of NIHR funded Epi-safe program.

Aim

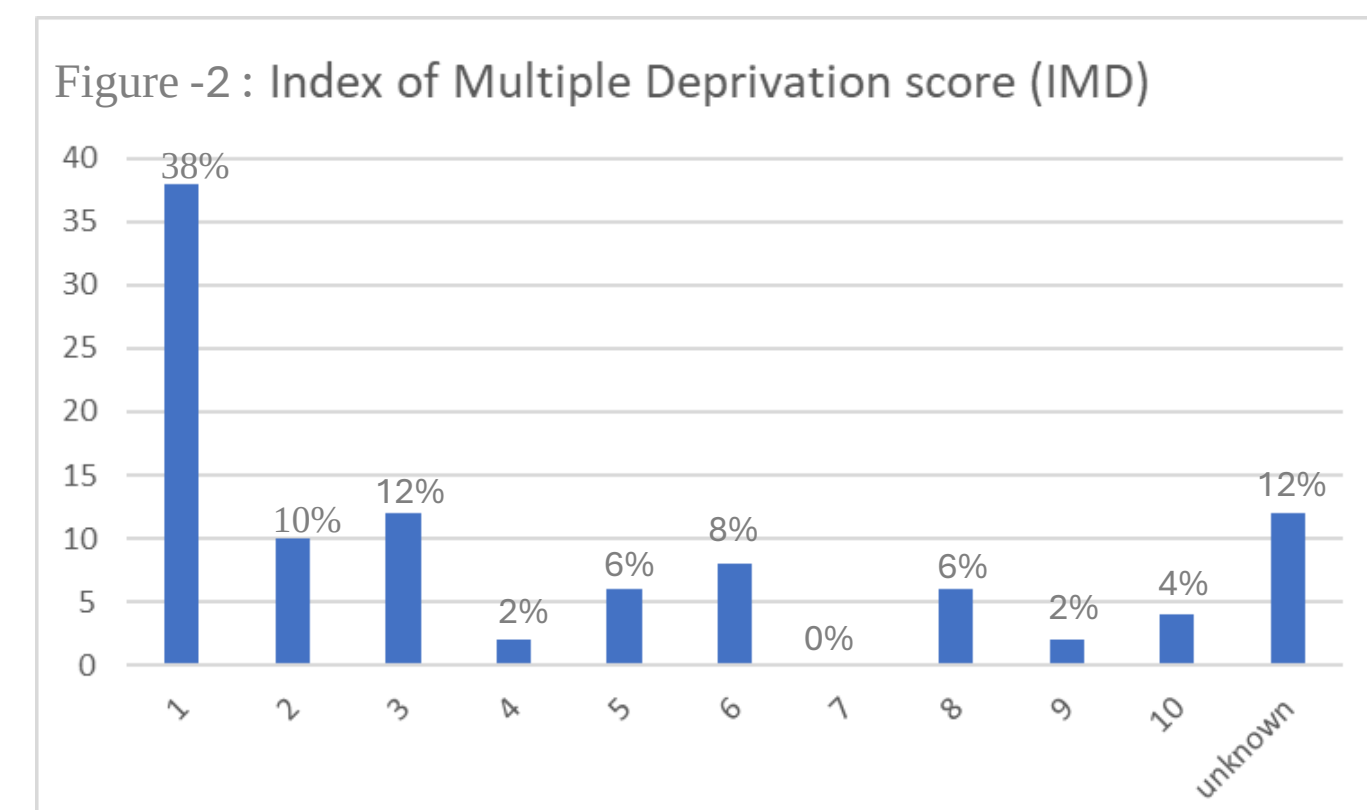
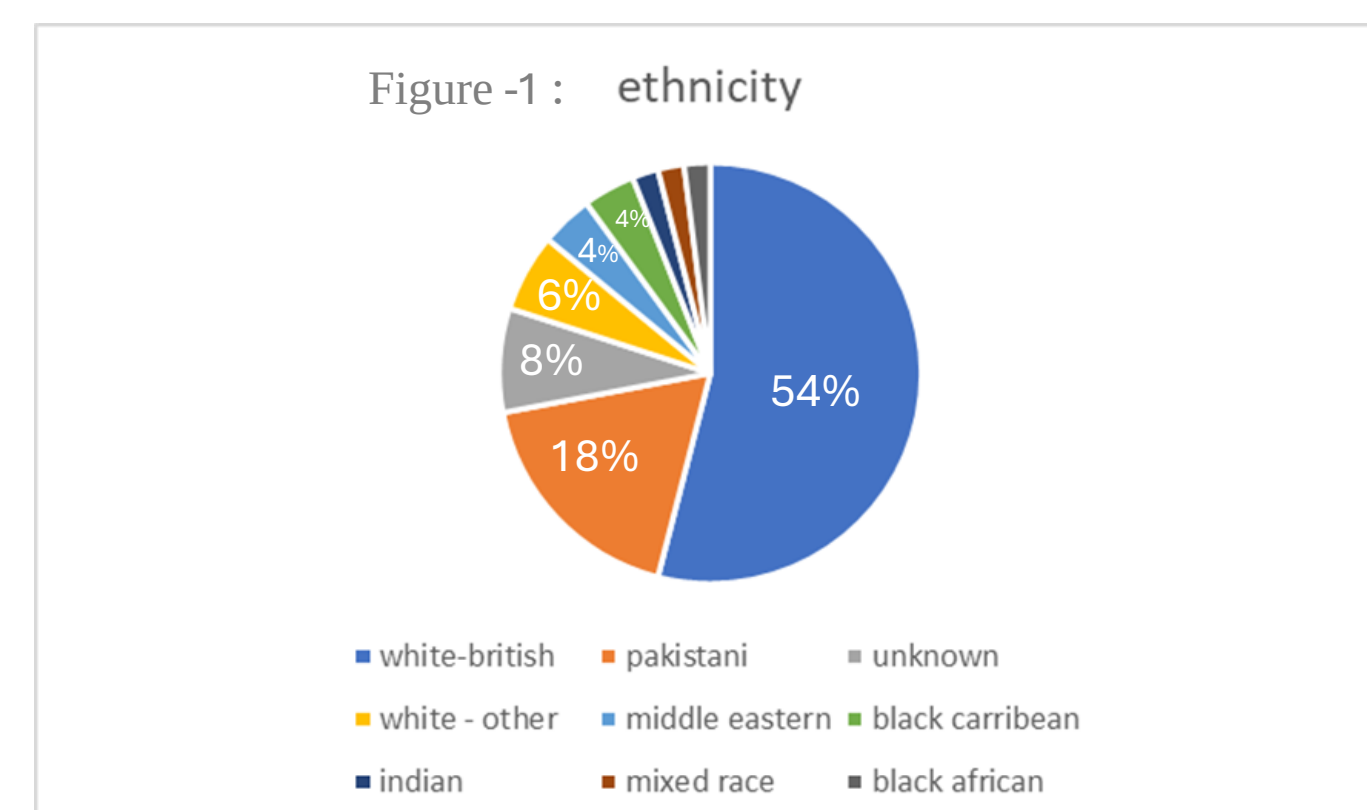
- Optimizing outcome in pregnant women with epilepsy and their babies
- This QI project will map the characteristics, outcome and types of care received by pregnant women with epilepsy against RCOG Green-top guideline no.68 on care of pregnant women with epilepsy

Methods

- Retrospective audit
- Audit proforma 61 questions
- All pregnant women with epilepsy who booked in their pregnancy between 1st March 2022 -31st August 2022 included.
- Data collected from electronic patient notes using Epilepsy questionnaire and submitted on secure database (Red Cap)
- Six categories of data has been collected:
 - demographic
 - antenatal clinic details
 - Seizure history
 - obstetric details
 - maternal outcomes
 - fetal outcomes

Demographic

- Age: Mean 30yrs at booking
- BMI: 28.1



Results

- Total 50 patients who booked in their pregnancy between 01/03/2022 – 31/08/2022
- 38% patients are from most deprived area with IMD score 1
- Only 12% patients received pre-conceptional counselling
- 12% patients has Diabetes, 4% chronic HTN and 22% other health condition
- 44% patients are seen at joint obst./Neuro clinic, 30% by obstetricians only, 10% by Neurologist only during pregnancy
- 76% patients did not have seizure during pregnancy, 98% no intrapartum seizure and only 10% cases have worsening seizure during pregnancy
- Maternal outcome found satisfactory with 90% had successful delivery, no reports of maternal death or admission into HDU or ICU.
- Foetal outcome - mean delivery at term 37/40 and average birth weight, SGA in 10 cases, NICU admission 4 cases, Stillbirth 2 cases and no Neonatal death.

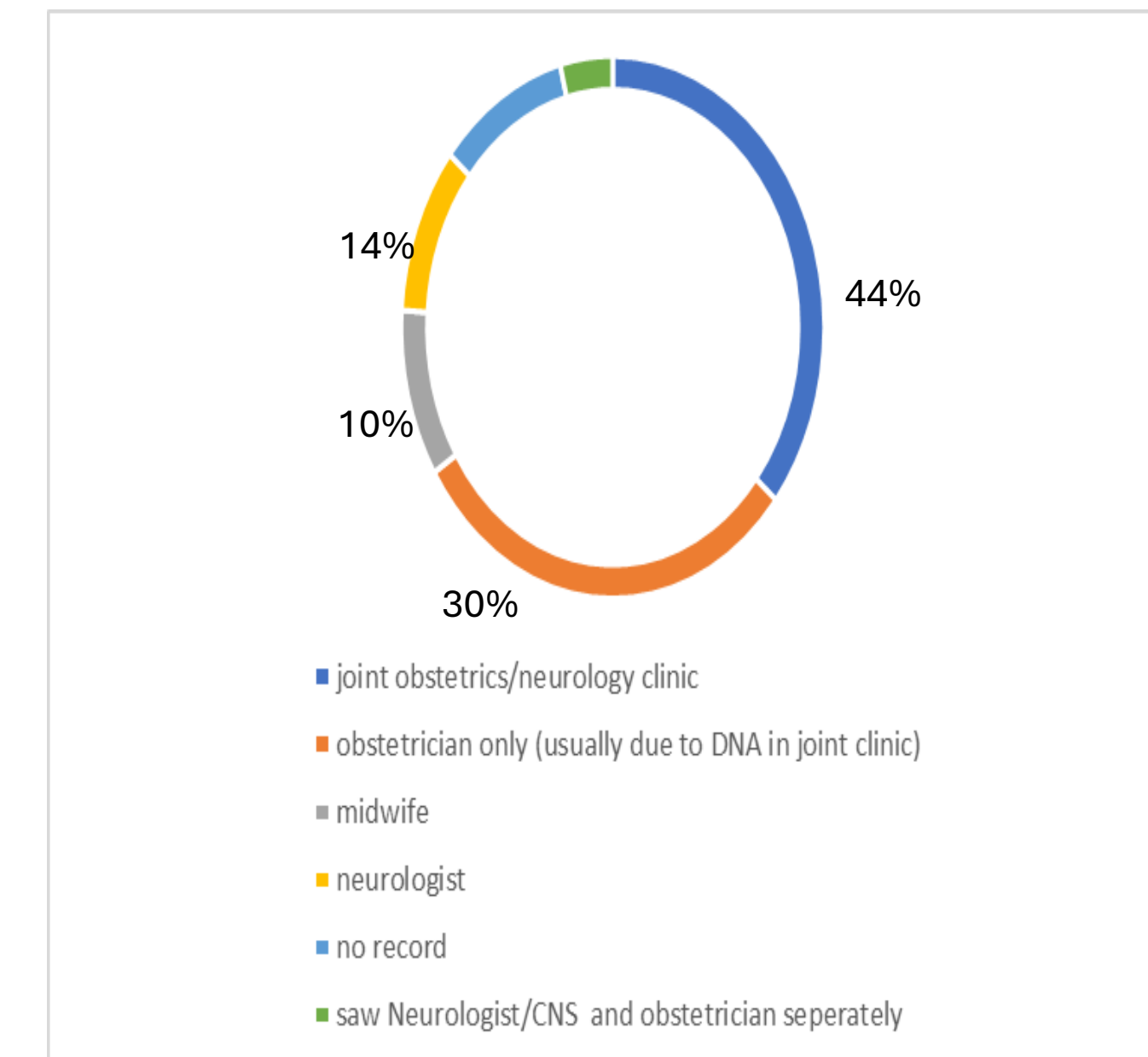


Figure-3: Types of clinic

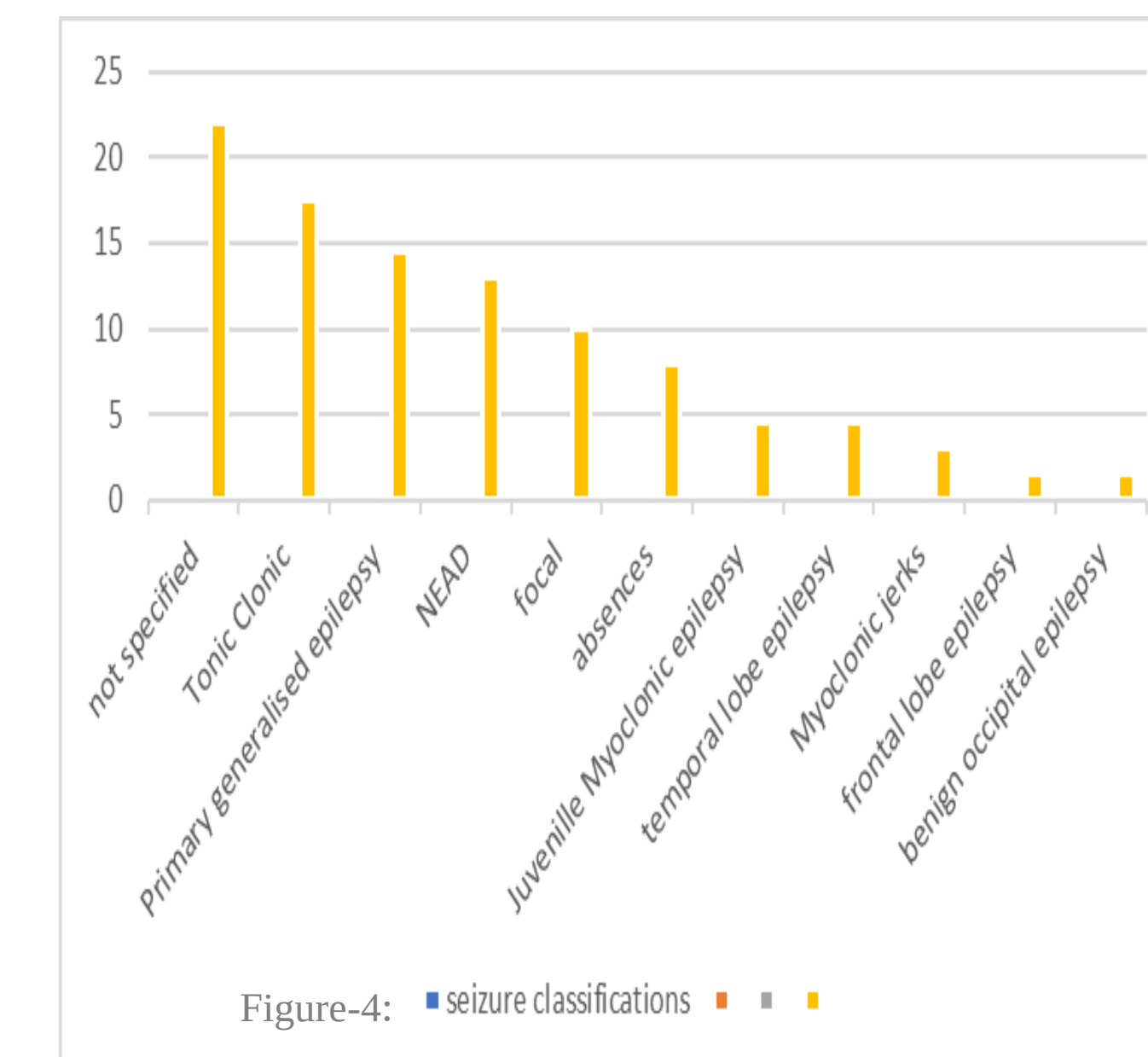


Figure-4: seizure classifications

Figure 5 : AED at booking

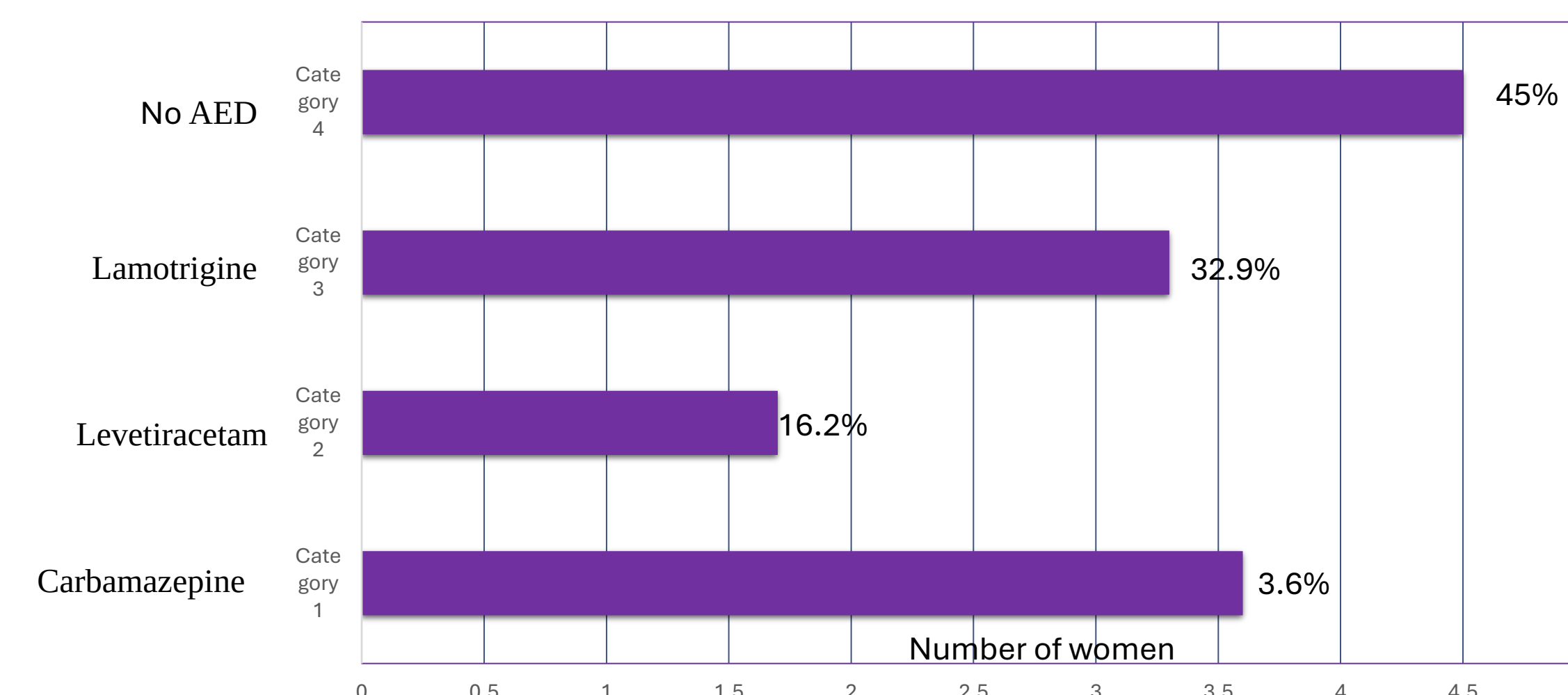


Figure 6: Comparison of outcome with Regional audit on other maternity units across West midlands

Outcomes	UHB NHS Trust	Regional study
No. of Patients	50	233
Pre-conceptional counselling	12%	11%
Joint ANC	44%	34%
No AED	45%	80%
Seizure during Pregnancy	22%	20%
Maternal & Neonatal death	No	0.5%
SGA	20%	13.4%
Admission to NICU	8%	8.5%
Structural abnormality	No	2.5%

Take-away points

- Pre-conceptional counselling is poor, Nearly 50% of the women are not taking AED during pregnancy due to concerns on long term effects on baby.
- Overall maternal and Foetal outcome is satisfactory.
- All women who are planning pregnancies should have pre-pregnancy counselling and be referred to appropriate specialist centers of expertise where both care for their medical condition and their obstetric care can be planned
- Achievement of regional maternal medicine network. National audit underway.