Neurologic Disorders

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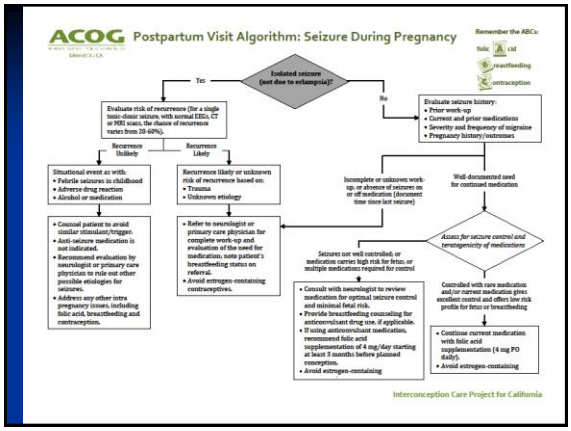


- Low recurrence risk
  - Childhood febrile seizures, drug or alcohol reactions, medication reactions.
- Management points
  - Counseling avoidance
  - Anti-seizure medications not indicated
  - Consider further evaluations as indicated
- Address other intra-conception issues

Isolated Seizure

- Likely or Unknown Recurrence Risk
  - Trauma, Unknown etiology
- Management points
  - Refer for complete work up and evaluation for need for medication.
  - If medication continued while awaiting work up, breastfeeding may be continued depending on medication used and neonate's ongoing evaluations
  - Avoid estrogen-containing contraceptives

Non-isolated seizures

Evaluate Seizure History:

- Prior work-up
- Current and prior medications
- Severity and frequency of seizures
- Pregnancy history/outcomes

Candidates for Referral

(Medication may or may not be needed)

- Incomplete or Unknown work up
- Absence of seizures with or without medication for prolonged periods

Medication Needed

Assess for seizure control, teratogenicity and breastfeeding compatibility of medications

Medication Changes Considered

Seizures not well controlled;

or

medication carries high risk for fetus/neonate;

or

multiple medications required for control

Consult with neurologist to optimize seizure control and minimize fetal risk.

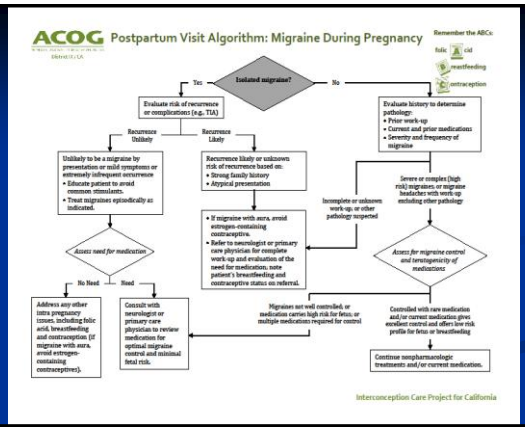
Provide breastfeeding counseling

Recommend folic acid of 4 mg/day starting at least 3 months before planned conception.

Continuing Current Medication

(Seizures well controlled, low risk for fetus/breastfeeding)

- Continue current medication with folic acid supplementation (4 mg PO daily).
- Avoid estrogen-containing contraception.



Isolated Migraine

- Low recurrence risk:
  - (Unlikely to be migraine by presentation or symptoms mild or extremely rare.)
  - Educate to avoid common triggers.
  - Treat episodically as needed.
    - Consider fetal and breastfeeding needs when choosing medication- remember pain itself will impact both.
  - Avoid estrogen if migraine with aura

Isolated, However with Recurrence Likely or High Risk

- Cases include patients with strong family history Or with atypical presentations
- Refer to neurologist or primary care physician for complete work-up and evaluation of the need for medication; note patient's breastfeeding and contraceptive status on referral

Recurrent Migraines

Evaluate History:

Prior work up

Current and prior medications

Severity and frequency of migraine.

If work up incomplete or other pathology suspected: referral for further evaluation is indicated.

Well established migraine headaches

- Well controlled with current medications: assess tratogenicity and breastfeeding compatibility.
- If medication is high risk for fetus or neonate or is ineffective, consider referral/consultation for medication change.
- Encourage non pharmacologic treatments when possible (stress reduction, diet modifications)