

Contraception and epilepsy

Find out about different methods of contraception and how they may be affected by epilepsy or epilepsy medicines.

To find out which types of contraception may or may not work for you, turn to the pages for your epilepsy medicine.

- **Pages 2-4 are for you if you take any of the following medicines:**
 - Carbamazepine
 - Eslicarbazepine acetate
 - Oxcarbazepine
 - Perampanel (more than 12 mg daily)
 - Phenobarbital
 - Phenytoin
 - Primidone
 - Rufinamide
 - Topiramate

- **Page 5 is for you if you take:**
 - Sodium valproate

- **Pages 6-8 are for you if you take:**
 - Lamotrigine

- **Pages 9-10 are for you if you take any of the following medicines:**
 - Clobazam
 - Clonazepam
 - Ethosuximide
 - Gabapentin
 - Lacosamide
 - Levetiracetam
 - Perampanel (less than 12 mg daily)
 - Pregabalin
 - Tiagabine
 - Vigabatrin
 - Zonisamide

This information is for you if you take any of the following enzyme-inducing epilepsy medicines:

- Carbamazepine
- Eslicarbazepine acetate
- Oxcarbazepine
- Perampanel (more than 12 mg daily)
- Phenobarbital
- Phenytoin
- Primidone
- Rufinamide
- Topiramate

Types of planned contraception that may work well for you:

Barrier methods

Barrier methods are worn during sex to prevent the sperm reaching the egg. These barriers include:

- Cap (FemCap)
- Condom or sheath
- Diaphragm
- Femidom (Milex)

Hormonal contraception

Some methods of contraception use the hormones oestrogen and progestogen, and some use just progestogen. These hormones are similar to those that your own body produces to control your menstrual cycle (when each month your body prepares to have a baby).

- Combined oral contraceptive (the pill) but in combination with condoms. **See box below**
- Contraceptive injection (Depo-Provera)
- Contraceptive injection (Noristerat) (short term method of contraception only)
- Hormone releasing intrauterine system (IUS) (Mirena)

Combined oral contraceptive pill (the pill)

Your doctor might suggest you follow these steps, to make it work better:

- Take a version of the pill that contains at least 50 micrograms of oestrogen and
- Take the pill all the time, without the usual seven day break each month and
- Take a version of the pill which has at least twice the amount of

progestogen than usual

If you have bleeding during the time that you are taking the pill, this could be a sign that the pill is not working as well as it should. In this case, your doctor may increase the dose of oestrogen in steps of 10 micrograms, up to a maximum of 70 micrograms. Even if you take a higher dose of the pill, or have no bleeding, it still might not work very well. For this reason, your doctor may advise you to use condoms as well, until they can be sure that the pill would prevent you from getting pregnant. They can check if you are at risk of getting pregnant by giving you blood tests at certain times of the month. The blood tests show if the pill has stopped you from ovulating (releasing an egg). This means that you shouldn't get pregnant. Or, the doctor may advise you to change to a different type of contraception.

Intrauterine devices

- Copper intrauterine device (IUD) coil
- Hormone releasing intrauterine system (IUS) (Mirena)

These are small, T-shaped birth control devices that are inserted into a woman's uterus (womb) to prevent pregnancy. They provide [long-acting reversible contraception (LARC)].

Sterilisation

- Female sterilisation

This involves an operation to permanently prevent pregnancy. The fallopian tubes are blocked or sealed by applying a clip, ring or tying and cutting and removing a piece of each fallopian tube. This is to prevent eggs from reaching the sperm and becoming fertilised. It is usually carried out under local or general anaesthetic.

- Male sterilisation

This involves an operation to cut or seal the tubes that carry sperm from a man's testicles to the penis into the fluid that is ejaculated during sex. This is a permanent method of birth control and is usually carried out under local anaesthetic.

Types of planned contraception that are not recommended for you

Hormonal treatment

- Contraceptive implant (Nexplanon)
- Contraceptive patch (Ortho Evra)
- Progestogen-only pill (the mini pill)
- Vaginal ring (NuvaRing)

Natural birth control

- Persona contraception monitor
- Rhythm method
- Sympto-thermal method

Types of unplanned contraception that may work well for you:

- Copper intrauterine device (IUD) coil
- Morning-after pill
 - Levonorgestrel (Levonelle) – **but see box below**

Guidelines suggest that the intrauterine device (copper coil) could be better than levonorgestrel at reducing the risk of pregnancy.

Levonorgestrel (Levonelle)

A doctor will prescribe you a pill that contains 3 mg levonorgestrel, to take as soon as possible after sex. This is twice the amount of levonorgestrel that women who don't take epilepsy medicines usually take.

Types of unplanned contraception that are not recommended for you

- Morning-after pill
 - Ulipristal acetate (EllaOne)

This information is for you if you take:

- **Sodium valproate**

Valproate medicines (brand names: Epilim, Epilim Chrono, Epilim Chronosphere, Episenta, Epival, Depakote, Convulex, Kentlim, Syonell and Valpal) can seriously harm an unborn baby. You are advised to always use effective contraception during your treatment. You should be seen by an epilepsy specialist at least yearly to go through a risk acknowledgement form. If you are thinking about becoming pregnant, or you become pregnant, talk to your GP or specialist straight away.

If you do get pregnant unexpectedly, don't stop taking your epilepsy medicine. Instead, talk to your doctor as soon as possible, so that they can get you the help and advice you need.

If you are taking a valproate medicine, you are advised to use one of the following long acting reversible contraception (LARC)] to prevent pregnancy:

- Copper intrauterine device (IUD) coil
- Female sterilisation
- Hormone releasing intrauterine system (IUS) (Mirena)
- Progestogen only implant (Nexplanon)

This type of contraception is the most effective available. For every 100 women using this method only one would have an unplanned pregnancy.

Types of unplanned contraception that may work well for you:

- Copper intrauterine device (IUD) coil
- Morning-after pill
 - Levonorgestrel (Levonelle)
 - Ulipristal acetate (EllaOne)

This information is for you if you take:

- **Lamotrigine**

Types of planned contraception that may work well for you

Barrier methods

Barrier methods are worn during sex to prevent the sperm reaching the egg. These barriers include:

- Cap (FemCap)
- Condom or sheath
- Diaphragm
- Femidom (Milex)

Hormonal contraception

- Combined oral contraceptive (the pill) – **but see box below**
- Contraceptive implant (Nexplanon)
- Contraceptive injection (Depo-Provera)
- Contraceptive Injection (Noristerat) (short term method of contraception only)
- Contraceptive patch (Ortho Evra) – **but see box below**
- Hormone releasing intrauterine system (IUS) (Mirena)
- Progestogen-only pill (the mini pill) – **but see box below**
- Vaginal ring (NuvaRing)– **but see box below**

Combined oral contraceptive pill (the pill), contraceptive patch (Ortho Evra), and vaginal ring (NuvaRing)

Research on a small group of women has shown that the pill, contraceptive patches and vaginal rings may reduce the amount of lamotrigine in the bloodstream. This would make you more at risk of having seizures. If you want to use any of these forms of contraception, talk to your doctor or epilepsy specialist. They may need to increase your dosage of lamotrigine.

Lamotrigine may make the pill, contraceptive patches and vaginal ring work less well. This would make you more at risk of an unplanned pregnancy. For this reason, your doctor might advise you to use condoms as well, until they can be sure that the pill, patch or ring would prevent you from getting pregnant. They can check if you are at risk of getting pregnant by giving you blood tests at certain times of the month. The blood tests show if you have stopped ovulating (releasing an egg) This means that you shouldn't get pregnant. Or, the doctor may advise you to change to a different type of contraception.

Because the levels of both lamotrigine and hormonal contraception can be reduced when taken together, hormonal contraceptives may not be a good idea. This is

because they can interact, leaving you with more seizures and less contraceptive cover. In the pill-free weeks, your dose of lamotrigine could be too high for you, leading to side-effects. Your doctor could advise you to use a [long acting reversible contraception (LARC) instead]

Progestogen-only pill (the mini pill)

The mini pill only works well if you take it according to the instructions from your doctor. This usually means taking it at the same time each day. If you don't there is a risk that you will get pregnant.

Intrauterine devices

- Copper intrauterine device (IUD) coil
- Hormone releasing intrauterine system (IUS) (Mirena)

These are small, T-shaped birth control devices that are inserted into a woman's uterus (womb) to prevent pregnancy. They provide [long-acting reversible contraception (LARC)].

Sterilisation

- Female sterilisation

This involves an operation to permanently prevent pregnancy. The fallopian tubes are blocked or sealed by applying a clip, ring or tying and cutting and removing a piece of each fallopian tube. This is to prevent eggs from reaching the sperm and becoming fertilised. It is usually carried out under local or general anaesthetic.

- Male sterilisation

This involves an operation to cut or seal the tubes that carry sperm from a man's testicles to the penis into the fluid that is ejaculated during sex. This is a permanent method of birth control and is usually carried out under local anaesthetic.

Types of planned contraception that are not recommended for you

Natural birth control

- Persona contraception monitor
- Rhythm method
- Sympto-thermal method

Types of unplanned contraception that may work well for you

- Copper intrauterine device (IUD) coil
- Morning-after pill
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This information is for you if you take any of the following non-enzyme inducing epilepsy medicines:

- Clobazam
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Progestogen-only pill (the mini pill)

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Natural birth control

- Persona contraception monitor
 - Rhythm method
 - Sympto-thermal method

Types of unplanned contraception that may work well for you

Those that may work well for you:

- Morning-after pill
 - Levonorgestrel (Levonelle)
 - Ulipristal acetate (EllaOne)
- Copper intrauterine device (IUD) coil

How can I find out more about contraception?

Talk to your family doctor, epilepsy specialist nurse or your local contraception and sexual health clinic. They can help you choose a form of contraception that will work for you and

suit your lifestyle. It's important to be happy with your choice, and to know how to use it properly, if you don't want to become pregnant.

Further information is available from:

The NHS Website: nhs.uk

Family Planning Association Website: fpa.org.uk

Depo-Provera

If you have the progesterone-only injectable contraceptive (Depo-Provera) it is extremely important to have this every 3 months to reduce the risk of pregnancy

In all women, the benefits of using this form of contraception beyond 2 years should be evaluated against the risks.

Noristerat

Noristerat is intended for short-term contraception only and provides contraception for 8 weeks. It is usually intended as a one-off injection in circumstances such as:

- When a woman's partner has had a vasectomy (until they have negative sperm counts confirmed, or
- When a woman is being immunised against rubella

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About this information

This information is written by Epilepsy Action's advice and information team, with guidance and input from people living with epilepsy, and medical experts. If you would like to know where our information is from, or there is anything you would like to say about the information, please contact us at epilepsy.org.uk/feedback

Epilepsy Action makes every effort to ensure the accuracy of information but cannot be held liable for any actions taken based on this information.

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Your support

We hope you have found this information helpful. As a charity, we rely on donations to provide our advice and information. If you would like to make a donation, here are some ways you can do this:

- Call the Epilepsy Action fundraising team on 0113 210 8851
- Donate online at epilepsy.org.uk/donate
- Send a cheque payable to Epilepsy Action to the address below

Did you know you can also become a member of Epilepsy Action from as little as £1 a month? To find out more, visit epilepsy.org.uk/join or call 0113 210 8800.

Epilepsy Action Helpline

Freephone 0808 800 5050, text 0753 741 0044, email helpline@epilepsy.org.uk, tweet [@epilepsyadvice](https://twitter.com/epilepsyadvice)

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