

### **Anti-Seizure Medication Tapering Schedule**

Ask the doctor treating your epilepsy to complete this tapering schedule at the end of your second trimester. Following this schedule will help ensure you return to the proper dosing for your anti-seizure medication (ASM) after delivery. Once you know the date of delivery, enter it into the sheet, and then you can make the tapering schedule easy to use.

**NOTE:** If you are taking more than one ASM, use the "ASM 2" columns.. If you're only taking one ASM, you can leave those columns blank. You may also need to print more than one schedule if your tapering goes longer than four weeks.

#### Remember to go get your levels checked around the same time of day each time.

## **Keeping You and Your Baby Safe**

- · Do not give baby baths alone
- · Avoid baby carriers that strap to you
- · Change baby on the floor
- Set up baby area on one floor to avoid trips up/downstairs
- · Baby should not sleep in bed with adult

# Warning Signs Your Tapering Schedule Should be Adjusted

Symptoms that your levels might not be correct include dizziness, vomiting, and blurry/double vision. If you experience any of these symptoms, immediately call your doctor. If symptoms are severe, call 911.

NOTE: Once your tapering has been completed, work with your neurologist to schedule periodic level checks.

#### **EXAMPLE:**

Postpartum	Date	ASM 1: Lamotrigine		ASM 2: Levetiracetam				
Day		AM Dose	PM Dose	AM Dose	PM Dose			
Pre-pregnancy		100 mg	100 mg	750 mg	750 mg			
Delivery		300 mg	300 mg	2000 mg	2000 mg			
Postpartum (Week One)								
Day 1		300 mg	300 mg	2000 mg	2000 mg			
Day 2		200 mg	300 mg	1500 mg	2000 mg			
Day 3		200 mg	300 mg	1500 mg	2000 mg			
Day 4		200 mg	300 mg	1500 mg	2000 mg			
Day 5		200 mg	300 mg	1500 mg	2000 mg			
Day 6		200 mg	300 mg	1500 mg	2000 mg			
Day 7		200 mg	200 mg	1500 mg	1500 mg			
Week Two								
Day 8		200 mg	200 mg	1500 mg	1500 mg			
Day 9		200 mg	200 mg	1500 mg	1500 mg			
Day 10		200 mg	200 mg	1500 mg	1500 mg			
Day 11		200 mg	200 mg	1500 mg	1500 mg			
Day 12		100 mg	200 mg	1000 mg	1500 mg			
Day 13		100 mg	200 mg	1000 mg	1500 mg			
Day 14		100 mg	200 mg	1000 mg	1500 mg			
Week Three								
Day 15		100 mg	200 mg	1000 mg	1500 mg			
Day 16		100 mg	200 mg	1000 mg	1500 mg			
Day 17		100 mg	150 mg	1000 mg	1000 mg			



Use this QR code to visit the Epilepsy & Pregnancy Medical Consortium website for additional tools and resources to help you and your doctors plan for a safe and healthy pregnancy.

**Lamotrigine postpartum goal by week 3:** Pre-pregnancy dose + 50 mg (reducing q 3-5 d)

**Levetiracetam postpartum goal by week 3:** Pre-pregnancy dose + 500 mg (reducing q 5-7 d)

Epilepsy and Pregnancy Initiative LLC ("EPI") does not engage in the practice of medicine. Consistent with EPI's mission, EPI has convened a panel of clinician researchers to develop a tool summarizing their research findings on best practice care regarding epilepsy and pregnancy, which EPI is making available as a public resource.



Postpartum Day	Date	ASM 1:		ASM 2:	ASM 2:	
		AM Dose	PM Dose	AM Dose	PM Dose	
Pre-pregnancy						
Delivery						
Postpartum (We	ek One)					
Day 1						
Day 2						
Day 3						
Day 4						
Day 5						
Day 6						
Day 7						
Week Two						
Day 8						
Day 9						
Day 10						
Day 11						
Day 12						
Day 13						
Day 14						
Week Three						
Day 15						
Day 16						
Day 17						
Day 18						
Day 19						
Day 20						
Day 21						
Week Four		<u> </u>				
Day 22						
Day 23						
Day 24						
Day 25						
Day 26						
Day 27						
Day 28						



Use this QR code to visit the Epilepsy & Pregnancy Medical Consortium website for additional tools and resources to help you and your doctors plan for a safe and healthy pregnancy.

**Note:** Once your tapering has been completed, work with your neurologist and gynecologist (GYN) to **schedule a level check at 6 weeks after delivery**, and aim to be on your pre-pregnancy dose by 3-6 months postpartum.

Epilepsy and Pregnancy Initiative LLC ("EPI") does not engage in the practice of medicine. Consistent with EPI's mission, EPI has convened a panel of clinician researchers to develop a tool summarizing their research findings on best practice care regarding epilepsy and pregnancy, which EPI is making available as a public resource.