

Parenting Issues of Mothers with Epilepsy: A Case Study

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Epilepsy is the most frequent neurological disorder during pregnancy. Our interactions with Women With Epilepsy (WWE) attending the Kerala Registry of Epilepsy and pregnancy (KREP) revealed that they are facing several problems related to child rearing. We are reporting a case series with representative parenting problems from among the young mothers with epilepsy attending the KREP.

This study was conducted in the R. Madhavan Nayar Centre for Comprehensive Epilepsy Care, Sree Chitra Tirunal Institute for Medical Sciences and Technology, Trivandrum, Kerala. We enroll WWE in the KREP in the preconception period or during pregnancy. All women are followed up according to a standard protocol during pregnancy; postpartum period and afterwards. One of the authors interviewed the subjects at the time of their post partum visits to the registry. The interview was on a semi-structured format and focused on child rearing practices and parenting issues experienced by the subjects. The mothers' interactions with their babies were also observed. Case notes were written down simultaneously. Demographic and clinical data were extracted from the medical records.

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Case #1

Mrs. JS is a 19-year-old married woman with complex partial seizures (CPS) since three and half years of age. She used to get more than two seizures per month in spite of treatment with several Antiepileptic Drugs (AEDs). She was taking Tab. Carbamazepine 600mg tid and Tab. Primidone 250mg BD and Folic Acid 5mg OD during pregnancy. She and her husband were living with her mother. She had delivered a baby girl at term (Weight 3.75 kg, Length 53cm, head Cm, head Circumference 33cm). Apgar score was 8 at 1 min and 9 at 5 minutes. The baby had major congenital malformation in the form of a large sub aortic ventricular septal defect (VSD), severe pulmonary stenosis (PS) and a small Patent Ductus Arteriosus (PDA). She also had low set ears. Mrs. JS had retracted nipple that interfered with nursing. She had used a nipple shield with limited success and baby was on bottle feeds when seen at three months of age. Care of the baby was largely left to her parents as she had little initiative or interest in attending to her baby.

Case #2

Mrs. LK, married at the age of 24 years, was suffering from CPS from the age of 13 years. She had a love marriage, unlike the traditional marriages in India that are arranged by the parents of the couple. She was on Phenytoin 200 mg, Phenobarbitone 60 mg and Carbamazepine 200 mg daily and the latter was discontinued

from 8th month of pregnancy. At term she delivered a baby girl. The birth weight was 2.53 kg and Apgar score at 1 minute was 9. When interviewed at 11 months post partum, the baby had failure to thrive (weight 6 kg). She was breast-feeding and intended to continue it till 3 years. She was unsuccessful in introducing any complementary feeding. Her daughter had an accidental fall from cot at 9 months of age and had 2 episodes of diarrhea. She used to get occasional breakthrough seizures because of inadvertent non-compliance with medications. Her relationship with her mother in law was not cordial. She concluded the interview by a statement that it was a mistake to get married.

Case #3

Mrs. PK, was 28 years and was suffering from CPS from the age of 15 years. She had studied up to 10th standard. While on phenytoin 300 mg, phenobarbitone 30 mg and folic acid 5 mg daily, she conceived and delivered a normal male baby at term. The interview revealed that she had inverted nipple (left), which was not corrected. She was feeding her baby from right breast only, for the past 8 months and that resulted in grossly disproportionate breasts affecting her figure and she was embarrassed about it.

Case #4

Mrs. AJ, 23 years had studied up to 10th standard and was suffering from generalized epilepsy

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