

Direct Line: 01623 672232
Our Ref: 832
E-mail: sfh-tr.foi.requests@nhs.net

King's Mill Hospital
Mansfield Road
Sutton in Ashfield
Nottinghamshire
NG17 4JL

22nd July 2025

Tel: 01623 622515
Join today: www.sfh-tr.nhs.uk

[REDACTED]

Dear Sir/Madam

Freedom of Information Act (FOI) 2000 - Request for Information Reference: Epilepsy
in Pregnancy Services

I am writing in response to your request for information under the FOI 2000.

I can confirm in accordance with Section 1 (1) of the Freedom of Information Act 2000 that we do hold the information you have requested. A response to each part of your request is provided below. Please accept our sincere apologies for the delay.

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FOI Request / Question	Question Response	Is there an exemption?	Exemption	Exemption Details
<p>Pre-pregnancy planning in women with epilepsy</p> <p>1a - Do women with epilepsy have access to a pre-pregnancy counselling clinic in your centre?</p> <p>1b - If pre-pregnancy counselling is available in your centre, who delivers this/these services?</p> <ul style="list-style-type: none"> • A neurologist/ epilepsy specialist doctor • A neurology specialist nurse/ epilepsy specialty nurse • An obstetrician with an interest in neurology/ a maternal-fetal medicine obstetrician • An obstetrician physician • An epilepsy specialist midwife <p>1c - If you have selected more than one practitioner in question 1b do they work separately or as part of a joint clinic?</p> <ul style="list-style-type: none"> • They work separately • They work together in a joint clinic <p>1d - How are patients transferred into the pre-pregnancy clinic?</p>	<p>1a - yes if GP or neurologist refers</p> <p>1b - obstetrician (any)/ neurologist</p> <p>1c - Separately</p> <p>1d - We do not have a specific pre-pregnancy clinic. Referrals would be from GP or neurologist.</p>			

<ul style="list-style-type: none"> • From their General Practitioner (GP) • From their secondary care epilepsy service • Other – please state: 				
<p>Antenatal management</p> <p>2. Do your patients have access to written information on the management of epilepsy in pregnancy?</p> <p>3a - Do women with epilepsy in your centre have access to regular planned antenatal care with a designated epilepsy care team?</p> <p>3b - If yes, which of the following healthcare professionals deliver the service?</p> <ul style="list-style-type: none"> • A neurologist/ epilepsy specialist doctor • A neurology specialist nurse/ epilepsy specialty nurse • An obstetrician with an interest in neurology/ a maternal-fetal medicine obstetrician • An obstetrician physician • An epilepsy specialist midwife <p>3c - If you have selected more than one practitioner in questions 3b do they work separately or as part of a joint clinic?</p> <ul style="list-style-type: none"> • They work separately 	<p>2. No</p> <p>3a - No. Separate clinics</p> <p>3b – N/A</p> <p>3c – N/A</p>			

<ul style="list-style-type: none"> • They work together in a joint clinic <p>3d - How do women with epilepsy enter the service?</p> <ul style="list-style-type: none"> • Identified at their booking appointment • From their General Practitioner (GP) • From their secondary care epilepsy service • Other – please state: <p>3e - If yes, how often are they reviewed in your epilepsy pregnancy clinic?</p> <ul style="list-style-type: none"> • Fortnight • Monthly • Bimonthly • Once per trimester • Other – please state: <p>4a - Are women with epilepsy risk stratified in your antenatal service?</p> <p>4b - If yes, how is the risk assessment done?</p> <ul style="list-style-type: none"> • Using a risk stratification tool : please state which • Other – please state: 	<p>3d - Other – please state: Identified at their booking and referred from GPs.</p> <p>3e - Monthly from 28/40</p> <p>4a - All women are risk assessed. No specific tool for women with epilepsy.</p> <p>4b – N/A</p>			
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4c - If so do those women considered 'higher risk' have a different care pathway to those considered 'lower risk' If yes, please detail how these pathways differ?	4c - We do not differentiate.			
<p>Medication management</p> <p>5 - How does your service manage folic acid use in women with epilepsy?</p> <ul style="list-style-type: none"> • Recommend 5mg folic acid for three months prior to pregnancy and throughout pregnancy • Recommend 5mg folic acid for three months prior to pregnancy and for the first trimester of pregnancy, then drop to 400mcg for the remainder of the pregnancy • Recommend 400mcg for three months prior to pregnancy and for the first trimester of pregnancy • Recommend 400mcg for three months prior to pregnancy and throughout pregnancy • Other – please state <p>6 - How does your service manage titration of antiseizure medications in pregnancy?</p> <ul style="list-style-type: none"> • Using drug levels • Using clinical symptoms • Using both drugs levels and clinical symptoms • Other – please state: 	<p>5 - 5mg prescribed by CMW at booking. Recommended 5mg 3/12 prior and continue in T1, then continue 400mcg for the remainder.</p> <p>6 - Using drug levels and clinical symptoms.</p>			

<p>7 - Does your centre routinely measure drug levels in women with epilepsy?</p> <p>8a - Do you use long-acting benzodiazepines, such as clobazam, in the peripartum period for women with 'high risk' of seizures during this period?</p> <ul style="list-style-type: none"> • If yes, what is your routine drug/dose/regimen • If yes, what are the criteria for women being considered 'high risk'? 	<p>7 - The neurologist do.</p> <p>8a - No. This would be guided by the neurologist</p>			
<p>Postpartum follow up for women with epilepsy</p> <p>9 - How are women with epilepsy in your service followed up postpartum?</p> <ul style="list-style-type: none"> • In a postpartum pregnancy clinic • In their usual epilepsy clinic • By their GP • There is no routine follow-up 	<p>9 - In their usual epilepsy clinic</p>			

I trust this information answers your request. Should you have any further enquiries or queries about this response please do not hesitate to contact me. However, if you are unhappy with the way in which your request has been handled, you have the right to ask for an internal review. Internal review requests should be submitted within two months of the date of receipt of the response to your original letter and should be addressed to: Sally Brook Shanahan, Director of Corporate Affairs, King's Mill Hospital, Mansfield Road, Sutton in Ashfield, Nottinghamshire, NG17 4JL or email sally.brookshanahan@nhs.net.

If you are dissatisfied with the outcome of the internal review, you can apply to the Information Commissioner's Office, who will consider whether we have complied with our obligations under the Act and can require us to remedy any problems. Generally, the Information Commissioner's Office cannot decide unless you have exhausted the internal review procedure. You can find out more about how to do this, and about the Act in general, on the Information Commissioner's Office website at: <https://ico.org.uk/your-data-matters/official-information/>.

Complaints to the Information Commissioner's Office should be sent to FOI/EIR Complaints Resolution, Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF. Telephone 0303 1231113, email casework@ico.org.uk.

If you would like this letter or information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know. You can call us on 01623 672232 or email sfh-tr.foi.requests@nhs.net.

Yours faithfully

Information Governance Team

All information we have provided is subject to the provisions of the Re-use of Public Sector Information Regulations 2015. Accordingly, if the information has been made available for re-use under the [Open Government Licence](#) (OGL) a request to re-use is not required, but the licence conditions must be met. You must not re-use any previously unreleased information without having the consent from Sherwood Forest Hospitals NHS Foundation Trust. Should you wish to re-use previously unreleased information then you must make your request in writing. All requests for re-use will be responded to within 20 working days of receipt.

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