**CASE 1**. 21-year-old woman is newly diagnosed with focal epilepsy of unknown etiology. Brain MRI is normal and EEG reveals sporadic right temporal sharp waves. She has no current plans to get pregnant but thinks she may want to have a family at some point in the future.

**Question 1**:

Do you recommend folic acid supplementation for this patient?

Yes

No

**Question 2**:

If yes, what dosage?

0.4 mg

0.8 mg

2 mg

4 mg

8 mg

Free text

**Question 3**: Which antiepileptic medication would you prescribe first?

Brivaracetam

Carbamazepine

Clobazam

Clonazepam

Diazepam

Eslicarbazepine

Ethosuximide

Ezogabine

Felbamate

Gabapentin

Lacosamide

Lamotrigine

Levetiracetam

Lorazepam

Oxcarbazepine

Perampanel

Phenobarbital

Phenytoin

Pregabalin

Primidone

Rufinamide

Tiagabine

Topiramate

Valproate

Vigabatrin

Zonisamide

Several years later, after continuously taking anti-epileptics and remaining seizure-free for 24 months, the patient returns to your office and states she is interested in becoming pregnant but is concerned about becoming pregnant while on anti-epileptics.

**Question 4**: What is your foremost concern regarding AEDs and pregnancy?

1) Obstetric complications

2) Teratogenicity

3) Seizure control

4) Breastfeeding

**Question 5**: Do you change how frequently you monitor levels in pregnant patients?

1)    No

2)    Yes, for the following medications (list of AEDs)

**Question 6**: If answering yes to the previous question, how frequently do you monitor levels?

1)    Once a trimester

2)    Bimonthly

3)    Monthly

4)    Other frequency (free text)

**CASE 2**. 24-year-old woman with juvenile myoclonic epilepsy (JME) well-controlled on valproic acid 750mg q12 and lamotrigine 200 mg q12 returns for follow up after finding out she is in her first trimester of pregnancy. She has been seizure-free for years and her EEG does not have atypical features. She takes an increased folic acid supplementation of 4 mg and does not smoke. She has no family history of congenital malformations.

**Question 7**: Would you recommend changing the medications?

Yes

No

**Question 8**: If yes, what medication changes would you recommend? (can choose more than one option)

1. Stop valproic acid
2. Stop lamotrigine
3. Stop both valproic acid and lamotrigine
4. Reduce valproic acid dosage
5. Reduce lamotrigine dosage
6. Reduce both valproic acid and lamotrigine dosage
7. Free text

**Question 9**: based on the decision you made above, is there any other antiepileptic drug you would like to start the patient on?

No

Yes (please choose one of the following):

Brivaracetam

Carbamazepine

Clobazam

Clonazepam

Diazepam

Eslicarbazepine

Ethosuximide

Ezogabine

Felbamate

Gabapentin

Lacosamide

Lamotrigine

Levetiracetam

Lorazepam

Oxcarbazepine

Perampanel

Phenobarbital

Phenytoin

Pregabalin

Primidone

Rufinamide

Tiagabine

Topiramate

Valproate

Vigabatrin

Zonisamide