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Headaches in Pregnancy 727
Stephen D. Silberstein

Migraine and tension-type headache are primary headache disorders that occur commonly during pregnancy. Some disorders that produce headache, such as stroke, cerebral venous thrombosis, eclampsia, and subarachnoid hemorrhage, occur more frequently during pregnancy. Diagnostic testing excludes organic causes of headache, confirms the diagnosis, and establishes a baseline before treatment. Drugs commonly are used during pregnancy despite insufficient knowledge about their effects on the growing fetus. Most drugs are not teratogenic. Adverse effects depend on the dosage and route of administration and the timing of the exposure relative to the period of fetal development. Nonpharmacologic treatment is the ideal solution; however, analgesics can be used on a limited basis. Preventive therapy is a last resort.

Multiple Sclerosis and Pregnancy 757
Mary D. Hughes

As the average age of diagnosis for multiple sclerosis (MS) is in the late 20s, pregnancy and childbearing issues are prominent concerns. This article gives a brief overview of MS and then discusses the potential effects of pregnancy on MS, the effects of MS on the course of pregnancy, therapeutic options during pregnancy, and preconception counseling.

Myasthenia Gravis and Pregnancy 771
Emma Ciafaloni and Janice M. Massey

Treatment considerations for women who have myasthenia gravis (MG) and are of childbearing age are complicated. When possible,

before pregnancy, establishing a plan for therapy is ideal, recognizing the potential concerns for the patient and the fetus. Decisions about treatment during pregnancy must balance the potential complications for the fetus, the patient, and even the integrity of the pregnancy. Most women who have MG are able to complete pregnancy successfully and deliver a healthy baby; however, there always is some risk that neonatal MG may occur. Pregnant patients who have MG are served best at centers capable of providing coordinated expert care from neurologic, obstetric, and pediatric providers.

Movement Disorders in Pregnancy **783**
Marsha S.A. Smithand and Marian L. Evatt

This article summarizes published literature on movement disorders and pregnancy. The occurrence of movement disorders during pregnancy is a relatively rare phenomenon, with a few exceptions (restless legs syndrome and chorea gravidarum). This article discusses common and rare disorders that can occur during pregnancy, with special attention to fetal outcomes regarding the disease itself and teratogenic effects of commonly used medications.

Pregnancy in Women Who Have Epilepsy **799**
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Epilepsy is the most common neurologic disorder that requires continuous treatment during pregnancy, and antiepileptic drugs (AEDs) are one of the most frequent chronic teratogen exposures. Up to 10% of infants exposed to AEDs in utero will have features of the fetal anticonvulsant syndrome include minor anomalies, major congenital malformations, intrauterine growth retardation, cognitive dysfunction, microcephaly, and infant mortality. Seizure control is paramount, and most women who have epilepsy need to be maintained on an AED during pregnancy. Medications should be optimized by achieving AED monotherapy and beginning folic acid supplementation before conception. Careful planning and management of any pregnancy in a woman who has epilepsy is essential to minimize maternal and fetal risks.

Stroke in Pregnancy **821**
Tanya N. Turan and Barney J. Stern

Stroke during pregnancy and the postpartum period is an uncommon yet serious cause of maternal and fetal morbidity and mortality. The approach to the patient who has pregnancy-associated stroke should include the evaluation of general causes of stroke in the young, with the addition of the rare pregnancy-specific causes. Diagnostic testing should be guided by the clinical scenario, with consideration of the potential adverse effects unique to pregnancy. Management of the pregnant patient who has stroke must focus on supportive care and minimizing neuronal damage. Therapeutic decision making should be directed by stroke subtype and

be evidenced based when possible. Understanding the potential maternal and fetal risks of treatment is crucial to appropriate decision making when caring for the pregnant patient who has stroke.

Neurologic Aspects of Eclampsia 841
Peter W. Kaplan

Eclampsia is a significant cause of maternal and fetal death. Neurologists have a specific role to play in the diagnosis and management of patients who have eclampsia, especially those who have recurrent seizures, raised intracranial pressure, and coma. Postpartum patients may be admitted to a neurology service when they present to the emergency department with seizures. The cornerstone of treatment has been blood pressure control and magnesium sulfate with its antivasospastic effect. Should this fail, antiepileptic drugs, such as diazepam and phenytoin, can be used. Recent studies reveal genetic and mitochondrial defects in eclampsia, but further investigation is warranted to determine the complex underlying pathophysiologic interplay and the optimum prophylactic and therapeutic management.

Psychiatric Disorders in Pregnancy 863
Lori Levey, Kimberly Ragan, Amy Hower-Hartley, D. Jeffrey Newport, and Zachary N. Stowe

This article reviews the course and treatment of psychiatric illness during pregnancy with particular emphasis on the potential impact of psychiatric illness on obstetric outcome. The decision to initiate or continue psychopharmacological treatment during gestation can generate considerable anxiety as the clinician weighs the risk of intervention against those of untreated maternal illness.Treatment guidelines are proposed to minimize the potential for harmful fetal exposure, be it to psychotropic medication or untreated maternal psychiatric illness, during gestation.

Cumulative Index 895

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