pregnancy, lamotrigine and levetiracetam are first-line monotherapies due to the wealth of safety data. The decision to change antiepileptic drugs (AEDs) for pregnancy should be individualized, with avoidance of valproate due to known risk of congenital malformations. Folic acid supplementation of 4 mg daily should be considered in women taking AEDs. Escalating doses of AEDs may be required due to increased clearance in pregnancy and guided by monthly monitoring of AED levels.

Patients with preexisting *multiple sclerosis* **(Chap. 444)** experience a gradual decrease in the risk of relapses as pregnancy progresses and, conversely, an increase in attack risk during the postpartum period. Disease-modifying agents should be withheld in pregnancy, and relapses should be treated with glucocorticoids. Finally, certain tumors, particularly pituitary adenoma and meningioma **(Chap. 380)**, may manifest during pregnancy because of accelerated growth, possibly driven by hormonal factors. Neuroimaging with noncontrast MRI may be required for women with a history of tumors to facilitate neuraxial analgesia.

## GASTROINTESTINAL AND LIVER DISEASE

Up to 90% of pregnant women experience nausea and vomiting during the first trimester of pregnancy. *Hyperemesis gravidarum* is a severe form that prevents adequate fluid and nutritional intake and may require hospitalization to prevent dehydration and malnutrition. Thiamine and folate supplementation and monitoring of electrolytes for evidence of refeeding syndrome should be considered in severe cases with evaluation for supplemental enteral nutrition in refractory disease.

Exacerbation of *inflammatory bowel disease* is common, and medical management of these conditions parallels the nonpregnant state **(Chap. 326)**. Pregnancy is a risk factor for development or worsening of gallbladder disease such as cholelithiasis. This aggravation may be due to pregnancy-induced alteration in the metabolism of bile and fatty acids. *Intrahepatic cholestasis of pregnancy* is generally a third-trimester event presenting with profound pruritis and confirmed with an elevated level of bile acids