Parent Information on Seizures in Infancy following Neonatal Seizures

Neonatal seizures often resolve within the first week, allowing most babies to go home without seizure medication.

Some infants may experience seizures again at home within their first year. Prompt recognition and treatment of these seizures are crucial to ensure your baby's development is not impacted.

Some seizures are obvious, causing a rhythmic jerking of a limb. Sometimes this is hard to distinguish from normal myoclonic jerks in sleep. Try holding the limb and repositioning it and seeing if that stops the jerking. In a seizure, eyes may jerk to one side rhythmically or deviate to one side and stay there.

Some seizures involve a sudden lapse into staring and becoming unresponsive. Since babies often daydream or appear tired, it can be difficult to tell the difference between typical behaviour and this kind of seizure. If your baby abruptly stops an activity and begins to stare, it could be important. Try touching or calling out to your baby; if they still don’t react, this may be a sign of a possible seizure.

There is a rare but serious kind of seizure called infantile spasms which is commonly misdiagnosed as colic or abdominal pain. Babies with infantile spasms will repeatedly stiffen forward, drawing their legs up and dropping their head for a few seconds, then relaxing, but then repeating the movement in a cluster. The baby is usually sleepy after a cluster.

If your baby shows unusual movements, record them on your phone; this makes it easier for your doctor to identify the cause.

If your baby has an abnormal movement you suspect is a seizure lasting 5 minutes or more, call an ambulance immediately. Also call if shorter suspected seizures occur in clusters without your baby returning to normal between them.

As VIPs from the NEOLEV3 study, you can contact Dr Sharpe with questions about non urgent questions at cynthias@adhb.govt.nz