

mhGAP-Humanitarian Intervention Guide (mhGAP-HIG) Addendum: Use of valproic acid (sodium valproate) in women and girls of childbearing potential

January 2023

The [mhGAP Humanitarian Intervention Guide \(mhGAP-HIG\)](#) (WHO & UNHCR, 2015) is based on WHO's [mhGAP guidelines](#), which are updated regularly. Prior to the next update, this addendum is being published to ensure that the current mhGAP-HIG reflects available evidence and good practice on the use of valproic acid (sodium valproate) in women and girls of childbearing potential.

Which mhGAP-HIG modules does this addendum apply to?

This addendum applies to all instances where use of valproic acid (sodium valproate) is mentioned. This includes:

- Moderate-severe Depressive Disorder (DEP) p.25
- Psychosis (PSY) p.33
- Epilepsy/Seizures (EPI) p.38-39

What is being advised in this addendum?

In women and girls of childbearing potential, **lamotrigine or levetiracetam** should be offered as first line monotherapy for both generalized onset seizures and focal onset seizures.



DO NOT USE valproic acid (sodium valproate) in **women and girls of childbearing potential** because of the high risk of birth defects and developmental disorders in children exposed to valproic acid (sodium valproate) in the womb.



Women and girls of childbearing potential who are prescribed valproic acid (sodium valproate) should be **advised to use effective contraception¹, without interruption**, during the entire duration of treatment. They must be **provided with information** on risks associated with valproic acid (sodium valproate) use during pregnancy, pregnancy prevention and referred for **contraceptive advice** if they are not using effective contraception. Individual circumstances should be evaluated in each case when choosing the contraception method, and **involving the woman in the discussion** to promote her engagement and compliance with the chosen measures.



If a woman is **planning to become pregnant**, a person trained in the management of epilepsy/bipolar disorder in pregnant women should **consider alternative** treatment options. Women should be informed to consult their physician **as soon as they are planning pregnancy** and to **urgently consult their physician in case of pregnancy**.



Every effort should be made to **switch to appropriate alternative treatment prior to conception**. If switching is not possible, the woman should receive further **counselling** regarding the **risks** of valproic acid (sodium valproate) for the unborn child to support her informed decision-making.



A specialist should **periodically review** whether valproic acid (sodium valproate) is the most suitable treatment for the person.

1. See <https://www.who.int/news-room/fact-sheets/detail/family-planning-contraception>