

Treating Epilepsy in Infants and Toddlers (1 month to 3 years)

What parents and caregivers should know about new expert advice

A team of experts from the American Epilepsy Society looked at the research on the best ways to treat epilepsy in infants and toddlers. The team included doctors, nurses, pharmacists, dietitians, and parents. They wrote a guideline, which is a set of expert advice for health care providers. Doctors will use it to diagnose and treat epilepsy in infants and toddlers as early as possible. This summary explains what the advice means for your child.

Note: This guideline does not cover infantile spasms. Infantile spasms are a type of seizure where a baby suddenly bends forward or stiffens, often many times in a row. Doctors use a different guideline for them.

What is epilepsy?

A seizure is a sudden burst of electrical activity in the brain. It can change how a child moves, looks, or acts for a short time. Epilepsy means having more than 1 unprovoked seizure. An unprovoked seizure is one that is not caused by something else, like a high fever or low blood sugar. In babies, seizures can be hard to spot. A baby may stare, stiffen, jerk, or make odd eye or mouth movements. A baby's brain grows very fast in the first years of life. So it is important to find the cause and treat seizures early.

Your child's care path: the 4 main steps

- **1 GET TESTS**
Get tests early to find the type and cause of your child's seizures. Most children get an EEG. Some also need an MRI and genetic tests.
- **2 FIRST MEDICINE**
Your child starts 1 antiseizure medication. The doctor chooses it based on the type and cause of the seizures.
- **3 EPILEPSY CENTER**
If seizures continue after the first medicine, ask to be referred to a comprehensive pediatric epilepsy center.
- **4 MORE OPTIONS**
If 2 medicines do not work, ask about non-medicine options, like the ketogenic diet and surgery.

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Summary for Families

What tests will my child need?

Your child's doctor will likely order an EEG. The doctor may also order an MRI and genetic tests if your child needs them.

Test	What happens	How it helps
 EEG <i>brain wave test</i>	A technician places small sensors on your child's scalp. The sensors record the brain's electrical activity. It does not hurt.	Shows the type of seizures. Shows if the seizures start in one or more than one area of the brain.
 MRI <i>brain pictures</i>	A machine takes detailed pictures of the brain. Babies often get medicine to help them sleep during the test. This test does not use radiation.	Finds changes in how the brain formed or was hurt. Surgery can treat some of these.
 Genetic <i>test looks at genes</i>	A lab checks a small blood or saliva sample for changes in your child's genes.	Some gene causes have special treatments. The test can also show which medicines to avoid.

Ask your child's doctor if an MRI or genetic test is right for your child. Knowing the type and cause helps your doctor pick the best treatment for your child.

Which medicine will my child take first?

Most children start with an antiseizure medicine. This is a medicine that helps prevent seizures. The guideline suggests:

- **Levetiracetam (Keppra)** is a good first choice for many babies.
- Some seizures start in one part of the brain. Doctors call these focal seizures. For focal seizures, **oxcarbazepine (Trileptal)** may be a better first choice than levetiracetam (Keppra).
- The guideline favors **levetiracetam (Keppra)** over phenobarbital for this age group. **Phenobarbital** is usually sold under its generic name.
- Doctors usually avoid **valproate (Depakote, Depakene)** as a first medicine unless they know what is causing the seizures and that valproate would be safe. In some young children it can cause serious liver problems.
- **Lacosamide (Vimpat)** and **topiramate (Topamax)** are other good first choices. **Carbamazepine (Tegretol)** is another good choice for focal seizures. Your doctor may try **lamotrigine (Lamictal)** if the first medicine does not work.

What about side effects?

All medicines can have side effects. Some side effects can be serious. Your child's doctor thinks about the benefits and risks when choosing a medicine. If you have concerns about side effects, talk to your child's doctor.

Do not stop or change a seizure medicine without talking to your child's doctor first.

When should my child see a comprehensive pediatric epilepsy center?

A comprehensive pediatric epilepsy center is a clinic with a full team of experts in childhood epilepsy. (Pediatric means for children.) The guideline says your child should see one early if:

- Seizures keep happening after trying 1 medicine. You do not need to wait for a second medicine to fail.
- The MRI shows a change in the brain.
- Your child has a rare gene condition where the brain cannot get or use enough sugar for energy. Two examples are GLUT1 deficiency and PDH deficiency. For these children, a special diet is the best first treatment. Your child's doctor will tell you if this applies to your child.

How do I get a visit at an epilepsy center?

A comprehensive pediatric epilepsy center is a clinic with a full team of experts in childhood epilepsy. (Pediatric means for children.) The guideline says your child should see one early if:



1 ASK YOUR CHILD'S DOCTOR:

"Should my child be seen at a comprehensive pediatric epilepsy center?"



2 REQUEST A REFERRAL:

Ask the office to send a referral. Ask how long the wait will be.



3 FIND A CENTER NEAR YOU:

To find a center near you, go to naec-epilepsy.org/find-a-center and enter your ZIP code.



4 WHILE YOU WAIT

Keep giving the medicine and keep your seizure diary. Call your child's doctor if the seizures change or happen more often.

Scan to
find a center



What if medicines do not stop the seizures?

Sometimes seizures keep happening after your child has tried 2 medicines at the right doses for long enough. Doctors call this drug-resistant epilepsy. It is not your fault, and there are still good options. Your child's team may suggest more than one of these at the same time:

More medicines

Your doctor may try other medicines or combine them. The choice depends on your child's type of epilepsy and its cause.

Ketogenic diet

A medical diet that is very high in fat and very low in carbs. It gives the brain a different fuel. The guideline suggests it for drug-resistant epilepsy.

Surgery

If seizures start in one area or one side of the brain, surgery may stop them. When surgery is right for a child, it has the strongest evidence in the guideline.

What should I know about the ketogenic diet?

- Ask your child's team: "Could the ketogenic diet help my child?"
- Your child's doctor and a trained dietitian must guide the diet. Never start it on your own.
- For babies under 2, experts prefer the classic ketogenic diet. This is the strictest version, with carefully weighed meals.
- The team will teach you how to plan and measure your child's food. Your child will need regular check-ups and lab tests.
- For children with GLUT1 or PDH deficiency, the diet is the first treatment to try. Your child's doctor will tell you if this applies to your child.



What should I know about surgery?

Brain surgery on a baby can sound scary. But a young brain can adapt and form new connections. Research links surgery at a young age to better development later. The surgeon may remove or disconnect the small area where seizures start. Some problems affect one whole side of the brain, such as a stroke around the time of birth. Then the surgeon may disconnect that side of the brain.

1. Ask your child's team: "Could surgery help my child?"
2. If yes, the epilepsy center will do more tests first. These may include a longer EEG with video and a more detailed MRI.
3. While you plan for surgery, the diet or other medicines may help control seizures.

Do some gene conditions need special care?

Dravet syndrome is a rare genetic epilepsy that often starts in the first year of life. Some common seizure medicines can make seizures worse in Dravet syndrome. Your doctor will avoid them and use medicines that work better. Other rare epilepsies also have their own treatment plans. This is one more reason genetic testing matters. Your child's doctor will tell you if any of these conditions applies to your child.

How strong is the research behind this advice?

Only a few studies have tested epilepsy treatments in babies. So most of the advice in this guideline is a suggestion, not a firm rule. Your child's doctor may make a different choice based on your child's needs. The advice about surgery is the strongest. Experts need more research, and the advice may change as we learn more.

How can I get ready for my child's visits?



- ☐ If you can do it safely, **take a video of your child's seizure** on your phone. Start recording right away. Show your child's whole body and face.
- ☐ **Keep a seizure diary.** Use the chart on the last page.
- ☐ **Bring a copy of your child's medical records**, including EEG and brain MRI results.
- ☐ **Bring a list of all your child's medicines, vitamins, and doses.**
- ☐ **Bring this summary and a list of your questions.**
- ☐ **Bring a family member or friend who has seen the seizures**, if you can.

What should I ask my child's doctor?



Understanding the diagnosis

- ☐ **What type of epilepsy does my child have?**
Do we know the cause?



Exploring treatment

- ☐ **Why did you choose this medicine?**
What side effects should I watch for?
- ☐ **What should we do if the seizures do not stop?**
When should we go to an epilepsy center?
- ☐ **Could the ketogenic diet or surgery help my child?**



Planning for seizures

- ☐ **Can you give us a seizure action plan?**
This is a written plan that tells you what to do during a seizure.
- ☐ **Does my child need rescue medicine?**
Rescue medicine is a medicine you give at home to stop a long seizure. Your doctor will tell you if your child needs one.

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Summary for Families

What should I do during a seizure?



Stay with your child and time the seizure



Gently turn your child onto their side



Do not put anything in your child's mouth.



Do not hold your child down.



Call 911 immediately if:

- The seizure lasts more than 5 minutes.
- Your child has one seizure after another without waking up in between.
- Your child has trouble breathing or turns blue.

If you have a seizure action plan, follow it.

Where can I learn more?

These trusted groups have help for families of children with epilepsy:



aesnet.org



epilepsy.com



naec-epilepsy.org



childneurologyfoundation.org



Source: Freedman D, Babatunde I, Morgan RL, et al. American Epilepsy Society clinical practice guideline: infantile epilepsy. Epilepsy Currents. 2026. doi:10.1177/15357597261433266. The full guideline and tools for health care providers are at aesnet.org/infantile-epilepsy-guidelines.

We list brand names only to help families recognize medicines. They are not endorsements.

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Summary for Families

My child's seizure diary

After each seizure, fill in one row. Bring this page to every visit. You can print more copies. The first row shows an example.

Date	Time	How long?	What did it look like?	What happened before or after?	Rescue medicine given?
3/14	2:15 pm	1 minute	Stared, then right arm jerked	Woke from nap. Very sleepy after.	No