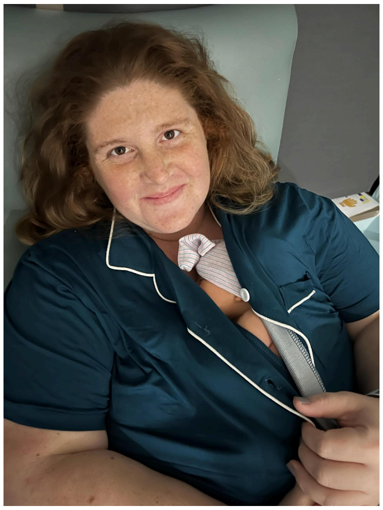
Natalie G.



Diagnosed at age 7 with Absence Seizures, now has tonic-clonic.
Olive is now two years old.

My Journey to Motherhood: The Power of Self-Advocacy with Epilepsy

For years, I let my epilepsy diagnosis define my body as a source of failure. My body, specifically my brain, had failed me, and a deeply painful comment from a former partner cemented this belief early on: he told me he never wanted children with me because he was worried, they would also have epilepsy, too, something he considered bad or shameful. This belief became a heavy weight I carried, a quiet resentment toward the very part of me that was meant to sustain life. When I met my husband, the desire for motherhood became real, but the fear resurfaced. I pursued genetic testing to understand the likelihood of passing on my epilepsy. The results were inconclusive, the decision remained ours. I also carried a deep resentment that, because of my condition and medication, I needed to take Folic Acid—a necessity to prevent a higher risk of neural tube defects like spina bifida. This felt like yet another failure I had to mitigate before even trying to conceive. When I finally conceived my daughter, Olive, I was immediately categorized as a high-risk pregnancy. Coupled with being at an advanced maternal age, and struggling with my weight due to seizure medication and polycystic ovarian syndrome (PCOS), I felt that familiar sense of bodily failure return.The anxiety was relentless. Having experienced a miscarriage the year before, every day of the pregnancy felt like waiting for the other shoe to drop. Mentally, I was struggling. Physically, I was struggling. Something as simple as brushing my teeth made me gag! I was constantly sick; I needed to eat every hour to stave off morning sickness. This put me in a constant, agonizing battle against a lifetime of diet culture and weight judgment, compounding my stress.

Finding My Voice at Work

My journey required me to shift from passive acceptance to active self-advocacy. The first major decision I made was to reassess my career. I was in volunteer and event management, which meant long days, heavy lifting, and irregular eating habits—a physical toll I couldn’t sustain during a high-risk pregnancy. I made the tough decision to switch roles within my company, moving into a position in executive communications. The transition itself was stressful, but my leadership was incredibly understanding. I was able to sleep as much as I needed, even during the day, and the work, while important, was a much lower physical and emotional lift than my previous role. This decision was a critical act of self-care; I proactively created an environment where my health came first. The true test of my advocacy came when preparing for Olive’s arrival. The company’s parental leave policy offered 16 weeks paid leave for the “primary” parent and only two weeks for the ”secondary” parent. Since my husband also worked there, we were distraught. Two weeks was simply not enough bonding time for him, and critically, it was not enough support for me. As a new mother with epilepsy and a high-risk birth, I needed his presence for my and Olive’s safety. Recognizing that this policy had not considered the unique needs of families like ours, I didn’t stay quiet. I emailed the EVP of HR to share my story, advocating not just for myself, but for every employee navigating complex health or family dynamics. It was a terrifying step, but a necessary one to ensure safety and equity.

Advocating for the Birth I Needed

My advocacy wasn’t just corporate; it was deeply personal, extending right into my healthcare. Giving birth is perhaps the most physically demanding event a woman will ever experience, and I needed a clear plan to protect myself from a seizure during labor. A month before my due date, my neurologist canceled my appointment fifteen minutes before, with no plan for the delivery itself. This was the third time in a row this had happened. I had to firmly advocate for myself and demand a detailed discussion about my birth plan, with another provider, what medication adjustments were necessary, what protocols the hospital should follow, and how I could navigate labor safely as a person with epilepsy. This entire journey, from that initial cruel comment to successfully holding Olive in my arms, was a forced awakening. I stopped resenting my brain for what it couldn’t do and started celebrating my voice for what it could do. I learned that my responsibility is not just to manage my condition, but to be an advocate for myself and for the countless other women with epilepsy who deserve safety, support, and the joy of motherhood. Even when Olive was born with a small, external sign—a tiny hole in a dimple with a tuft of hair on her lower back, a potential indicator of a tethered cord or spina bifida—the fear was immediate, but the realization was profound: my perfectly imperfect body, the one I had doubted for so long, knew exactly what it was doing all along when it brought Olive safely into the world.