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Biography

Ovoke Egagifo is a Specialty Doctor in Obstetrics and Gynaecology at Somerset NHS Foundation Trust, United Kingdom. She has authored peer-reviewed publications and presented clinical, audit, and quality improvement work at local and regional meetings. Her professional interests include maternal medicine, complex pregnancy care, patient safety, and medical education. This presentation reflects her interest in uncommon medical disorders in pregnancy and multidisciplinary obstetric care.

Narcolepsy Type 1 With Cataplexy In Pregnancy: A Case Complicated By Fetal Growth Restriction And Preterm Delivery

Abstract

Background: Narcolepsy type 1 is a chronic neurological disorder characterised by excessive daytime sleepiness and cataplexy. Pregnancy in women with narcolepsy is uncommon, and evidence guiding antenatal management remains limited. Published data on obstetric outcomes in women with narcolepsy are also limited.

Case Presentation: A multiparous woman with narcolepsy type 1 and cataplexy was managed during pregnancy within a multidisciplinary framework. Historical records demonstrated longstanding excessive daytime somnolence and emotion-triggered episodes of muscle weakness consistent with cataplexy. Prior treatment had included stimulant therapy and fluoxetine. The pregnancy was complicated by persistent hyperemesis, inconsistent engagement with maternity services, and a lower respiratory tract infection requiring hospital assessment and treatment. Ongoing management involved obstetric, anaesthetic, neonatal, and specialist medical teams. Serial antenatal assessments subsequently raised concerns regarding fetal growth restriction. During the third trimester, the patient experienced recurrent presentations with worsening symptoms, abdominal pain, and progressive deterioration in wellbeing requiring repeated clinical reviews. Fetal surveillance later demonstrated concerning features prompting expedited delivery by category 2 caesarean section. A male infant weighing 1400 g was delivered and admitted for neonatal care.

Conclusion: This case highlights the challenges of managing narcolepsy with cataplexy during pregnancy and demonstrates the importance of early multidisciplinary planning, individualized risk assessment, and enhanced fetal surveillance. Given the limited evidence base, management often requires careful balancing of maternal neurological stability, medication considerations, and potential obstetric and neonatal risks. Increased awareness of narcolepsy in pregnancy may facilitate improved coordination of care and optimize maternal and neonatal outcomes.