

PREGNANCY AND THYROID DISORDERS

What is the ideal TSH level for pregnancy?

TSH levels should be maintained between 0.2- 2.5 mu/L in the first trimester of pregnancy and between 0.3-3 mu/L in the remaining trimesters.

Who should be treated for hypothyroidism during pregnancy?

- TPOab-positive (Thyroid peroxidase antibody) women with a TSH between 4 to 10 mu/L
- TPOab-negative women with TSH >10.0 mu/L.
- LT4 therapy is not recommended for TPOab-negative women with a normal TSH <4.0 mu/L

How early does the mother's thyroid status affect the unborn baby?

Before birth, the fetus is entirely dependent on the mother for thyroid hormone until the baby's thyroid gland starts to function. This usually does not occur until about 12 weeks of gestation

How should a woman with hypothyroidism be treated during pregnancy?

Levothyroxine requirements frequently increase during pregnancy by 25 to 50 percent. They should increase their dose by 20%-30% as soon as pregnancy is diagnosed. Thyroid function tests should be done every 4 weeks during the first half of pregnancy .

Pregnancy and hyperthyroidism

What are the risks of hyperthyroidism to the mother ?

Inadequately treated maternal hyperthyroidism can lead to early labor or pre-eclampsia . Graves' disease often improves during the third trimester and may worsen during the post partum period.

What are the risks of hyperthyroidism for the baby ?

It can cause fetal tachycardia , small for gestational age babies, prematurity, stillbirths and birth defects.

What are the treatment options for pregnant patients with hyperthyroidism?

Mild hyperthyroidism is monitored closely without therapy as long as both the mother and the baby are doing well. When hyperthyroidism is severe, anti-thyroid medications are treatment of choice. Surgical removal of the thyroid gland is safest in the second trimester if required. Radioiodine is contraindicated during pregnancy

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