



## Cumbria Advisory Thyroid Service

### INFORMATION SHEET



### THYROID / PREGNANCY

Thyroid problems during and after pregnancy are common. It is wise to be aware of this particularly if there is a family history of thyroid conditions. A condition known as *postpartum thyroiditis* is most common during and after pregnancy. It is not always permanent. It would be a good idea to be tested for this after every pregnancy. (It is gladly noted that all new born babies are now tested for thyroid problems).

If you are planning to get pregnant – one of the tests that must be requested is the TSH blood test. This way you minimize any possible risk to yourself or your baby from hypothyroidism during pregnancy. Excessive tiredness is a good reason to ask for this test also. It is important to make sure that your pregnancy symptoms are not masking a thyroid problem, and vice versa.

If you are being treated for hyperthyroidism with radioactive iodine, you should discourage a pregnancy for about six months. As a precaution, all doctors screen for pregnancy before radioactive iodine is administered.

If you are taking anti-thyroid medications and are planning to get pregnant, you may safely become pregnant while continuing to take them, as long as you are under the supervision of a doctor. This may protect the foetus from the effects of thyroid stimulating antibodies (TSA) which can cross from the mother to the foetus.

It is normal for a thyroid gland to enlarge slightly during pregnancy because the foetus takes iodine away from the mother. Also, the mother is likely to lose more iodine in her urine while pregnant. As a precaution, even a modestly enlarged thyroid gland or goitre should be checked.

If you are hypothyroid, taking the thyroid hormone replacement, thyroxine, is fine. Very little thyroxine will pass from mother to the foetus. In fact, it may be that you will require an increase in your dosage – ensuring that regular blood tests are taken.

If hypothyroidism is suspected while you are pregnant, your doctor will give you a TSH test, and treatment, as above, will be given.

Hyperthyroidism during pregnancy is unfortunately more complex. This needs careful supervision by a Consultant. Care must be taken by both patient and Consultant and assessment of treatment to ensure minimal risk to mother and baby.

Always fully discuss all aspects of your thyroid condition with your G.P. / Consultant and Obstetrician.

**C.A.T.S RECOMMENDS YOU ALWAYS SEEK YOUR DOCTORS ADVICE**

## **Disclaimer**

*The purpose of this information leaflet is to help those suffering with thyroid disease. Whilst every effort is made to provide accurate information, it is impossible to ensure that the information given is relevant to every individual. No responsibility is accepted by CATS and it is recommended and essential, that if in any doubt about your condition, that you should always contact your doctor, specialist physician or surgeon to seek medical advice.*