

## Action Points

### Hypothyroidism

**Assess thyroid status: Preferably prior to conception or at booking in the following situations**

Known hypothyroidism	Type 1, Type 2 diabetes
Previous history of thyroid disorder	Family history of thyroid disease
Features of thyroid disease	Other autoimmune thyroid disorder

**Hypothyroid patients should be offered an appointment with consultant obstetrician**

**Measure TRAbs in all patients with history of Graves' disease (irrespective of thyroid status)**

Patients with detectable TRAbs require special management. Inform Endocrinologist/Obstetrician as soon as possible.

**Patients with established hypothyroidism should have T4 dose increased by 25 micrograms as soon as a positive pregnancy test is found.** Further monitoring after 2 weeks and possible further changes in T4 dose may be required to ensure FT4 is 16-21 pmol/L; TSH <2.5 mU/L as quickly as possible.

**Further checks on thyroid function test should be made at least once in each trimester**

*If TFTs are not stable* contact consultant obstetrician, as a growth scan may be required.

**Cut back T4 dose to pre-pregnancy dose 2-6 weeks post-partum**

### Hyperthyroidism

**All women with hyperthyroidism in pregnancy should be seen by a Consultant Endocrinologist and a Consultant Obstetrician from early in pregnancy**

**Home delivery is not appropriate for women with hyperthyroidism**

**Measure TRAbs in all patients with Graves' disease at booking (irrespective of thyroid status).**

Patients with detectable TRAbs require special management, irrespective of their thyroid function test profile. Inform Endocrinologist and Obstetrician as soon as possible. If TRAbs are negative, they do not need to be rechecked.

**The aim is for good control of hyperthyroidism on the minimum dose of carbimazole (CBZ) / propylthiouracil (PTU) possible**

### Post-partum Thyroiditis

Post-partum patients should have thyroid function tests checked at 8 - 12 weeks if they have:-

- Symptoms of hyperthyroidism or hypothyroidism
- Goitre
- History of post-partum thyroiditis or thyroid disease
- Positive TPOAb

If a hyperthyroid profile is found (TSH <0.01 mU/L; FT4/FT3 raised) an endocrine opinion is warranted to differentiate post-partum thyroiditis from other causes of hyperthyroidism such as Graves' disease. A TRAbs measurement will be helpful for this.