

References

Iodine: Ministry of Health Statement (Oct. 2016)

Ross, Douglas “Overview of thyroid disease in pregnancy” www.uptodate.com January, 2017

Ross, Douglas “Diagnosis and treatment of hyperthyroidism during pregnancy” www.uptodate.com, January 2017.

Nelson-Piercy, C “Handbook of Obstetric Medicine” p103-120, 5th Ed, 2015.

Patient Code of Rights

YOUR Code of Rights

- Respect and Privacy
- Fair Treatment
- Dignity and Independence
- Proper Standards
- Effective Communication
- Information
- Your choice and Decisions
- Support
- Rights during teaching and research
- Your complaints taken seriously



Women's Health

Thyroid Disorders and Pregnancy

Hyper (overactive) thyroid



www.countiesmanukauhealth.org.nz

 COUNTIES MANUKAU HEALTH	Department: Women's Health Approved by: Director of Midwifery Owner: D.Miles, Specialist Midwife	Updated: March 2017 Review: March 2020
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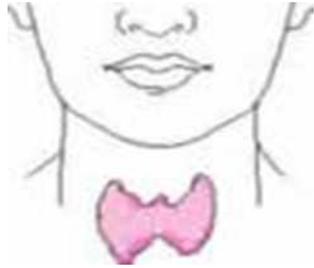
A guide for Women and Whaanau



Women's Health Division

Hyper (overactive) thyroid

The thyroid gland is a small but very important gland found in your neck.



It controls your metabolism, which affects appetite, weight, energy levels, how sensitive to hot or cold weather you are, and your mood.

Two thyroid problems can occur. Your thyroid can become underactive (hypo) or overactive (hyper).

An overactive (or hyper) thyroid affects around 1 in 500 pregnancies and is most often related to a condition called “Graves’ Disease” which is quite common in women aged 20-40. Alternatively, it can also develop from a nodule (growth) inside the thyroid.

Signs of hyperthyroidism can include an increased appetite without weight gain (or even weight loss), a fast heartbeat, feeling anxious, hand tremors (shaking), feeling very tired, and not tolerating hot weather. Sometimes the gland is noticeably bigger, causing a painless

swelling in your neck. You can also develop problems with your eyes.

It is very important for the health of your pregnancy and your developing baby, to have your thyroid under control.

If you have an overactive thyroid you are probably taking medication for it. It is very important to let your doctor know if you are planning a pregnancy or think you might be pregnant. There is a Specialist service available through the hospital that you can be referred to for help and advice.

Women who are hyperthyroid are usually seen by a specialist team at the Obstetric Medical Clinic (Counties Manukau Health) and may need pregnancy care through them. Ideally you should be seen before pregnancy or in early pregnancy to have your thyroid levels checked. Your medication may need to be changed for early pregnancy.

Often we find that as the pregnancy progresses you can reduce or even stop your medication, but your hormone levels need to be checked every 4 to 6 weeks.

The medication is safe to take during pregnancy and breastfeeding. If you are taking medication, do not take the iodine supplement “Neurokare”.

Do not stop taking your medication unless you have discussed this with your GP or Specialist.

Sometimes babies can be affected by your overactive thyroid, so you will need extra scans to check baby’s growth, and we will check baby’s heart rate at every visit. (A very fast heartrate can be a sign baby is being affected).

After birth, baby will need extra blood tests to check his/her thyroid is working normally, but it is rare for a baby to need treatment. You will not “pass on” your thyroid condition to your baby.

Many women who were able to stop their medication during pregnancy will need to restart it within six months of baby’s birth as symptoms can come back.

If you have any concerns or questions about your condition, your medication, or your baby, please talk to your midwife, Specialist or family doctor.