

References

Ross, Douglas “Hypothyroidism during pregnancy: clinical manifestations, diagnosis and treatment”, www.uptodate.com. (Jan 2017)

Ross, Douglas “Overview of Thyroid Disease in Pregnancy”, www. Uptodate.com (Jan 2017)

Ministry of Health statement “Iodine” (Oct, 2016)

Nelson-Piercy, C “Handbook of Obstetric Medicine”, p 103-120, 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

Hypo (underactive) thyroid



www.countiesmanukauhealth.org.nz

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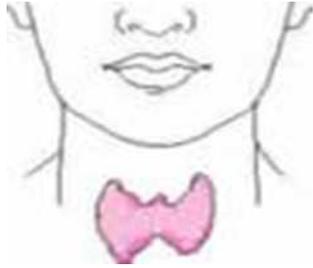
A guide for Women and Whaanau



Women's Health Division

Hypo (underactive) 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 underactive (or hypo) thyroid is the more common condition. This means your thyroid does not produce enough of the hormone Thyroxine and you probably need to take regular Thyroxine replacement in the form of tablets.

Symptoms of being low in Thyroxine may include gaining weight, feeling depressed, tired and not tolerating cold weather. Sometimes the gland gets bigger, causing a painless swelling in your neck.

This problem affects approximately 1 in 100 pregnancies. Thyroxine is important to help establish a healthy pregnancy and for baby's brain development, because babies depend on their mother's Thyroxine until around 18 weeks of pregnancy, when they are able to make their own.

If you have an underactive (hypo) thyroid, let your doctor know if you are planning a pregnancy or think you may be pregnant, so that your thyroid levels can be checked.

Most women need to increase their Thyroxine in early pregnancy to ensure enough is getting through to baby. There is a Specialist service available through Counties Manukau Health that can provide help and advice. Thyroxine should be taken on an empty stomach to work at its best.

Your hormone levels should be checked at least every three months while you are pregnant.

Thyroxine is safe to take during pregnancy and necessary for baby's normal brain development.

Most women who need Thyroxine should also take the iodine supplement "Neurokare"- check with your midwife or doctor. (Iodine helps the body make Thyroxine and New Zealand has only low levels in our soil).

Having an underactive thyroid does not usually cause any problems during labour or birth and you cannot pass the condition on to your baby. However, your baby could have short-term problems with their thyroid if your levels were not

well controlled. Having enough Thyroxine is important for successful breastfeeding also.

All babies have their thyroid checked via the "Guthrie" heel prick test which is done a few days after birth. Some babies may need extra blood tests to see how well their thyroid is working.

If your Thyroxine was increased during pregnancy, your levels should be checked after baby is born as it may need to be reduced back to your previous dose.

If you have any concerns or questions about your condition, your medication, or your baby, please talk to your LMC(Lead Maternity Carer), Specialist or family doctor.