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Maternal Thyroid Disease

CC: h/o thyroid disease

Updated: 8/11/2011

Physical Examination / Labs:

- Baseline BP, vitals, DTR
- Thyroid examination, r/o goiter, evaluate airway
- TSH, Free T4

Orders:

Diagnosis	Orders
New diagnosis: **Overt hypothyroidism**	❑ Baseline TSH. Free T4 ❑ Normalize TSH quickly ❑ Repeat TSH within 30-40 days and dose adjust ❑ Start at full replacement dose of 1.7 ucg/kg/day
Subclinical hypothyroidism **(Increased TSH, normal free T4)**	❑ Treat as overt hypothyroidism if +TPO ❑ Monitor for progression to overt hypothyroidism. TSH and free T4 q 4 weeks until 16 to 20 weeks' gestation and at least once between 26 and 32 weeks' gestation.
Previously diagnosed **On meds at start of pregnancy**	❑ Increase levothyroxine by 25-30% ❑ Repeat TSH within 30-40 days and dose adjust ❑ Ideal to have TSH <2.5 prior to conception
Gestational hyperthyroidism **(Low TSH)**	❑ r/o Graves disease (TRAb – thyroid receptor ab) ❑ Supportive treatment only ❑ Consider antithyroid meds if free T4>150% top normal
Graves disease or hyperfunctioning nodule **(Low TSH, elevated free T4 or T3, goiter, +TRAb)**	❑ PTU, starting dose 100 mg po q 8 h ❑ Methimazole, start 10 mg po q 8h ❑ Maintain levels of T4 in upper non-pregnant range ❑ Repeat TSH, free T4, free T3 q 3-4 weeks to dose adjust ❑ Taper antithyroid drugs as soon as T4/T3 normalize to avoid fetal goiter or hypothyroidism ❑ Fetal sonogram: r/o hydrops, IUGR, goiter, or cardiac failure

Screening TSH in following patients:

- H/oo thyroid disease or surgery
- +FH of thyroid disease
- Goiter or exophthalmos
- Known thyroid antibodies
- Clinical signs or symptoms (see above)
- Type I DM, or other autoimmune disease
- Infertility
- H/o head or neck radiation
- H/o miscarriage or preterm delivery or unexplained IUFD

References:

- http://www.thyroid.org/professionals/publications/documents/Exec_Sum_MngtThyDysfPreg.pdf, The Endocrine Society's Clinical Guidelines, Management of Thyroid Dysfunction during Pregnancy and Postpartum, 2007

History:

- known thyroid disease, h/o thyroid surgery
- complaints of constipation, fatigue, weight gain, anemia, hyponatremia, hypercholesterolemia
- Hyperemesis gravidarum

Necessary Documentation:

- Palpation of thyroid gland (ok to FHA nodules in pregnancy)
- Presence of exopthalmos

Notes:

- 10% of pregnant women in the first trimester will test serologically positive for thyroid peroxidase (TPO) or thyroglobulin antibody, and 16% of these women may go on to have hypothyroidism during pregnancy.