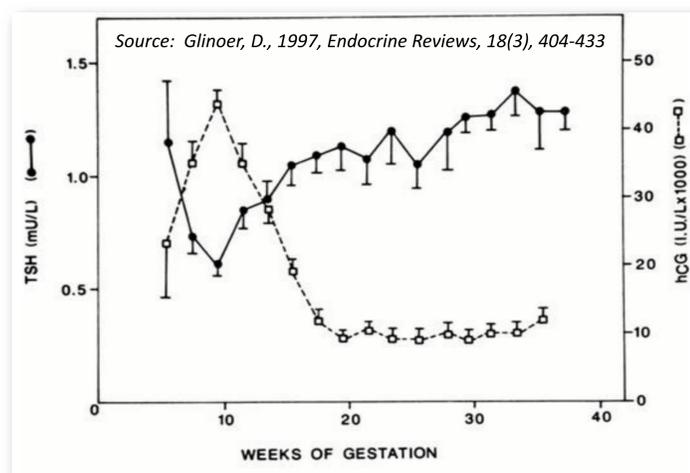


## PURPOSE

Help providers to become more aware of the changes in pregnancy & postpartum thyroid management using the 2017 American Thyroid Association Guidelines.<sup>1</sup>

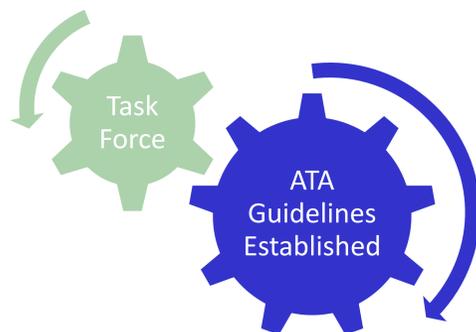
## BACKGROUND

TT4 increases by week 7 of gestation & peaks approximately at week 16. The hCG in the 1st trimester has a direct stimulatory effect on the TSH receptor. Subsequently, thyroid hormone production is increased with a reciprocal decrease in TSH.



## METHODS

Task Force: Adult and pediatric endocrinology, obstetrics, maternal-fetal medicine, endocrine surgery, iodine nutrition, & epidemiology.



## EDUCATION OF WOMEN

Counseling for thyroid disease in reproductive women is critical for mother and baby health. Treated hypothyroid women should be made aware of increased demand for LT4 in pregnancy.

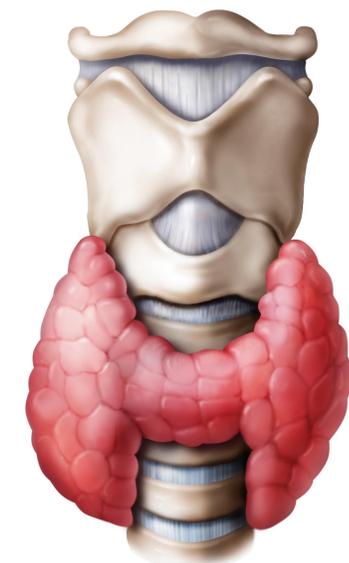


## RESULTS

- Overt maternal hypothyroidism above the pregnancy-specific TSH range and those with overt hypothyroidism seeking pregnancy should be treated with LT4.
- Evaluate TPOAb status in pregnant women with a TSH > 2.5mU/L. TPOAb-positive euthyroid women should have their TSH checked every 4 weeks through mid-pregnancy.
- Hyperthyroidism occurs in 0.2% of pregnancies with Grave's Disease accounting for 95%.<sup>2</sup>
- A three month pre-pregnancy 150mcg dose of iodine supplementation is recommended in the form of potassium iodide for those that do not require LT4.

## RECOMMENDATIONS

- Maternal hypothyroidism should be treated with LT4 only. Target maternal TSH < 2.5mU/L.
- LT4 dosage augmentation for hypothyroidism should occur as soon as pregnancy is suspected. Add an additional two tablets/week of current LT4 daily dosing. Therefore, 9 tablets/week in lieu of 7 tablets/week.
- Monitor overt/subclinical hypothyroidism and those women at risk for hypothyroidism every 4 weeks through mid-gestation and at least once near 30 weeks gestation.
- Differentiate gestational transient thyrotoxicosis from Grave's Disease.
- Following delivery, the LT4 dose is reduced to the preconception level. Thyroid function tests should be re-evaluated 6 weeks post-partum.



## REFERENCES

1. Alexander, E. K., et al.. (2017). 2017 Guidelines of the American Thyroid Association for the diagnosis and management of thyroid disease during pregnancy and the postpartum. *Thyroid*, 27(3), 315–397.
2. ACOG. (2015). Thyroid disease in pregnancy. *Obstetrics & Gynecology*, 125(4), 996-1005.