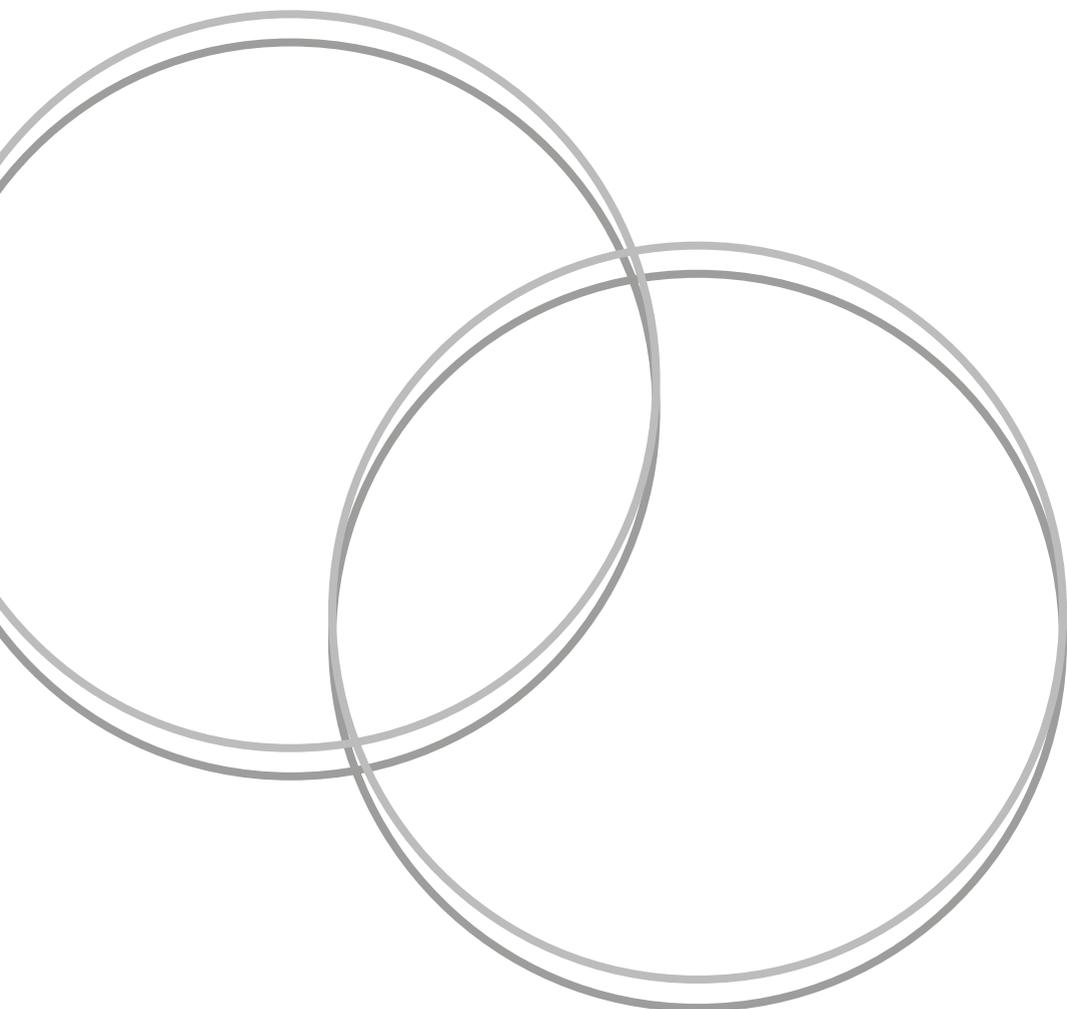




Oxford University Hospitals
NHS Foundation Trust

Hypothyroidism and Pregnancy

Information leaflet



This information leaflet is for people who are pregnant or are thinking of becoming pregnant and have been given a diagnosis of hypothyroidism.

What is your thyroid gland?

Your thyroid gland is in the middle of your neck and is important in producing thyroid hormones (called T3/triiodothyronine and T4/thyroxine). Your thyroid gland produces these hormones when triggered by a different hormone called thyroid stimulating hormone (TSH) that is produced by a small gland in your brain called the pituitary gland.

Thyroid hormones are important in regulating your metabolism, mood, digestion and brain development. When the thyroid hormones are low, the pituitary gland detects this and responds by producing more TSH. The pituitary gland produces less TSH when the thyroid hormones are high enough in the body. The correct functioning of these hormones relies on you having a good amount of iodine in your body, which you typically get from the food you eat. Iodine is a mineral naturally found in some foods.

What is hypothyroidism?

This is a condition where your thyroid does not produce enough of the thyroid hormones. This condition is commonly known as having an underactive thyroid gland.

You can feel unwell if this happens, with symptoms such as weight gain, constipation and hair loss. For the purposes of this leaflet, it will be described from now on as 'overt' hypothyroidism.

This is diagnosed with blood tests, which measure TSH and T4 levels. Overt hypothyroidism is diagnosed when the TSH is higher than normal and the T4 level is lower than normal.

If I am pregnant, does overt hypothyroidism affect my baby?

The baby relies on the mother's thyroid hormone in the first 12 weeks of pregnancy. If the mother's thyroid hormones are low, this can result in problems for the baby including with the development of their brain. If you have a diagnosis of overt hypothyroidism, it is really important that medication is continued in pregnancy and that you have regular blood tests to check your thyroid function (for example every 3 months, or more often if the dose of medication is changed).

What is subclinical hypothyroidism?

This is a condition where the thyroid produces a normal amount of thyroid hormones but is having to work harder to achieve production and needs more TSH to stimulate it. This diagnosis is made on a blood test when the TSH is higher than it should be (between 4.2 and 10 milliunits/L) but the thyroid hormones are normal. As the levels of thyroid hormones are normal, no symptoms occur which is why it is called 'subclinical'. This occurs in 2 to 3% of all pregnant people.

There is a chance that, over time subclinical hypothyroidism will worsen and develop into overt hypothyroidism.

If I am pregnant, does subclinical hypothyroidism affect my baby?

There is no evidence that subclinical hypothyroidism has long term consequences on the development of the baby. However, miscarriages may be a little more common in pregnant people with subclinical hypothyroidism and antibodies against the thyroid (thyroid peroxidase antibodies).

What is the treatment for this?

Our current treatment recommendations are:

Overt hypothyroidism Thyroid hormone replacement with levothyroxine	
Subclinical hypothyroidism (TSH 4.2 to 10.0 milliUnits/L)	
Antibody negative	No treatment, regular checks of thyroid function
Antibody positive	Levothyroxine treatment may be offered

If on treatment

The target level for TSH when on treatment is 2.5 milliunits/L or lower. This is the lower half of the normal range.

If not on treatment

If your TSH is between 2.5 and 4.2 milliunits/L you may previously have been advised to take levothyroxine treatment. Recent research suggests that this is not required as there is a chance of over-treatment.

What monitoring is needed?

In you have hypothyroidism or the presence of thyroid peroxidase antibodies, we recommend that your thyroid function should be checked every 3 months during pregnancy and at the 6-week GP appointment after you have given birth. It is also advisable to have your thyroid function checked 4 to 6 weeks after any change in dose of medication. This can be done at your GP surgery.

Where should I go if I have questions?

Please contact your GP or midwife if you have questions about your hypothyroidism or to arrange any blood tests. If complications arise, then you may also be reviewed by the Silver Star Team, but this is not always required.

Please contact your GP or midwife if you have any questions.

Notes

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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www.ouh.nhs.uk/information



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