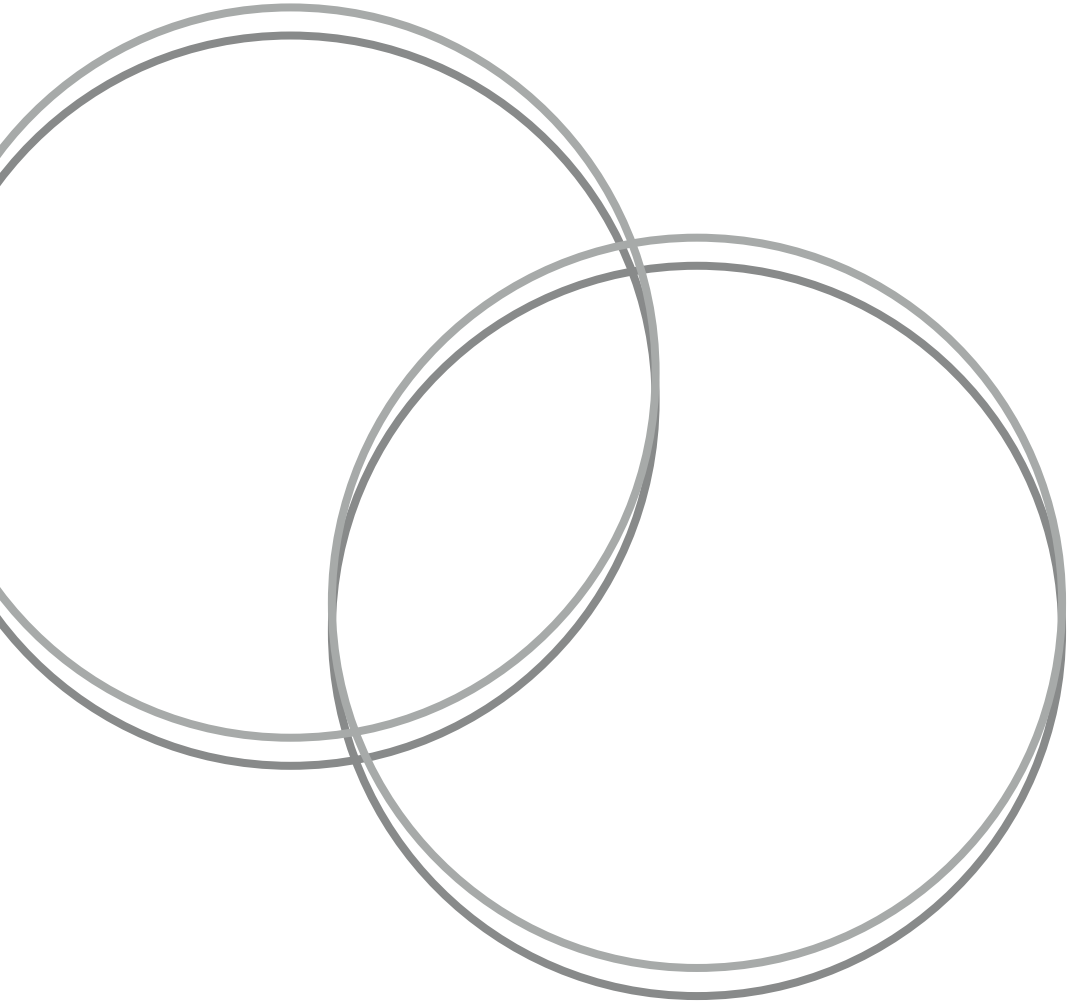
Oxford University Hospitals
NHS Foundation Trust

Information for mothers of babies at risk of hyperthyroidism

Information for patients



Neonatal hyperthyroidism (also called neonatal thyrotoxicosis) is rare but can be serious. It is different to adult hyperthyroid disease and is a temporary condition.

What causes neonatal hyperthyroidism?

In most women who have hyperthyroidism the disease is caused by antibodies which stimulate the thyroid gland to be overactive (usually called Grave's Disease). These antibodies can cross the placenta and can cause your baby's thyroid gland to be overactive or in rare cases, underactive. When the baby is born the number of this type of antibodies will slowly decrease as the baby is no longer getting more via the placenta. The majority of this type of antibody will be gone by a few weeks of age, however sometimes your baby may develop symptoms before this happens. Sometimes this can be serious and need short term treatment until these antibodies have gone away.

Which babies are at risk?

1. Mothers with strongly positive (or unknown) TSH-receptor antibodies in mid/late gestation.
2. Mothers with thyrotoxicosis in 3rd trimester or with a family history of activating TSH receptor mutations.
3. Mothers who have ever had hyperthyroidism (This includes mothers who now have hypothyroidism following treatment for hyperthyroidism e.g. taking medication, or previous surgery or radio-iodine therapy).

Babies born to mothers who have hypothyroidism, and who have never had hyperthyroidism, are not at risk; and do not need to be followed up.

What to look for in your baby?

- Weight loss/poor weight gain despite good appetite (however it is common for normal babies to lose some weight in the first week)
- Diarrhoea
- Sweating and flushing
- Jitteriness, restlessness and poor sleeping

What to do if you are concerned?

If your baby has any of the above features please speak to your community midwife or GP who will be able to contact us (the neonatal doctors) if they are concerned. If you (mother) are taking medication for hyperthyroidism, some medication will cross the placenta to your baby protecting them for a few days from hyperthyroidism. Once baby is born, the medicine takes a few days to be cleared from the body and hyperthyroidism can then develop in your baby, especially in the 2nd week of life.

What follow-up will happen?

Your baby will have a blood test by one of the neonatal doctors on the first day of life. This result will be chased, before a follow up appointment is provided. If the Day 1 test is reassuring (low-level of antibody) no follow up will be necessary. The follow up is usually in our Tuesday 'jaundice' clinic between Day 3 and 6. At the follow up clinic your baby will be assessed for features of neonatal hyperthyroidism and we will perform further blood tests. The blood test results will be telephoned to you on the same week that you attended clinic. If the results are normal, then we will not have to see the baby again. If baby has symptoms of hyperthyroidism or the blood tests are abnormal, then they will be admitted for further investigations and possibly treatment.

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.

Authors: Drs Claire Oclee-Brown, Mark Anthony, Fiona Ryan; 20/07/2010 (Version 1.0)
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