Shalamar Hospital is striving to provide our patients quality health care, at lowest possible costs. Our hospital is continually active in pioneering new treatments and therapies to improve the lives of people in our community.

Here are some essential points to keep in mind:

- It's important to inform your doctor if you plan on getting pregnant.
- Having an overactive or underactive thyroid can make it difficult to conceive, but once your thyroid function returns to normal, pregnancy can happen quickly.
- If you have or have had a thyroid disorder, be sure to inform your midwife or obstetrician during your pregnancy.
- If you've been treated for Graves' disease, there is a slight chance that your baby may develop temporary hyperthyroidism, but this can be monitored and treated during and after the pregnancy.
- If you're taking levothyroxine, it's recommended to keep your TSH levels below 2.5mU/l before and during pregnancy.
- If you're being treated for hypothyroidism, you may need to double your dose of levothyroxine on two days per week or take an extra 25-50mcg per day after confirming your pregnancy.
- If you're taking antithyroid medication for hyperthyroidism, do not change your dose without consulting your doctor.
- Taking levothyroxine while breastfeeding is safe, and while taking antithyroid medication may also be safe, it's best to consult your doctor first.
- Postpartum thyroiditis is typically a temporary disorder that may resolve without treatment, but in some cases, you may need to take levothyroxine tablets.
- Postpartum thyroiditis may increase your risk of developing hypothyroidism in future pregnancies, so it's important to have a thyroid function test before and after each birth.
- Thyroid problems tend to run in families, so encourage family members who are unwell to discuss with their doctor whether thyroid testing is necessary.

ENDOCRINE SURGERY CLINIC

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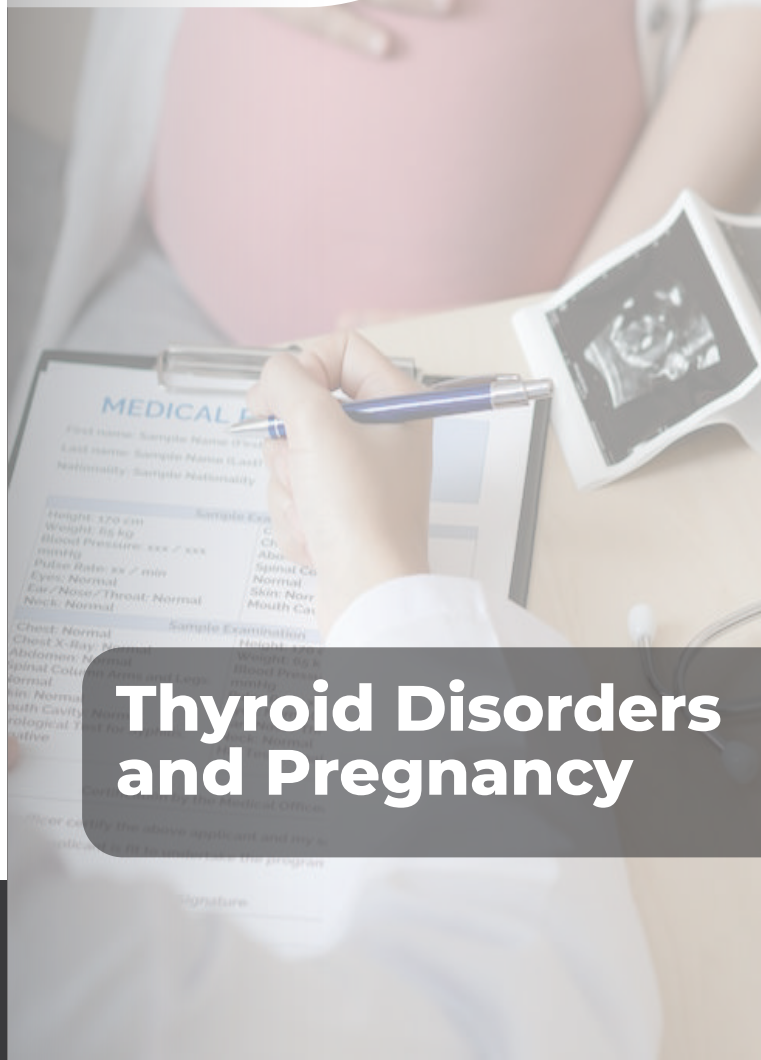

Thyroid Disorders and Pregnancy

If someone has a thyroid condition that has not been diagnosed, it may be challenging for them to become pregnant, and it can also lead to complications during pregnancy. Nevertheless, if the condition causing the thyroid to be overactive or underactive is treated, there is no reason why a healthy baby cannot be delivered, and the pregnancy can be successful.

HYPERTHYROIDISM AND PREGNANCY

Pre-Pregnancy: The leading cause of hyperthyroidism is Graves' disease, which can cause irregular periods and difficulties in conceiving. Once treated, it's important to check thyroid function before planning a pregnancy. If not planning to conceive, contraceptive use is necessary during and after treatment, as fertility can return quickly.

Pregnancy:

If pregnant or previously diagnosed with Graves' disease, inform the obstetrician and thyroid doctor immediately. Graves' antibodies can still be present even if thyroid function has normalized or if levothyroxine is being taken for hypothyroidism, which could impact the mother or baby. Regular check-ups during pregnancy are essential.

Men with hyperthyroidism may experience reduced fertility due to low sperm count, which should normalize with treatment. Antithyroid drug treatment poses no risks to fathering a child.

If you have hyperthyroidism during pregnancy, you will need to continue taking antithyroid drugs. However, the lowest possible dose will be prescribed to minimize any potential harm to the baby since these drugs can cross the placenta. Women who are taking Carbimazole (CMZ) before conception should switch to Propylthiouracil (PTU) during pregnancy, as it has been associated with fewer and less severe birth defects. While taking antithyroid drugs, there is a slight risk of developmental abnormalities in the baby, but it is uncommon. Therefore, some women may choose to have definitive treatment for Graves' disease, such as radioactive iodine or surgery, before trying to conceive.

If the dosage of antithyroid drugs is too high, the baby's thyroid may become underactive and develop a goiter. However, it is essential to continue taking antithyroid medication during pregnancy since the risks associated with untreated hyperthyroidism are more significant than the risks of taking antithyroid drugs.

Hyperthyroidism can also cause complications during pregnancy, such as an increased risk of miscarriage, high blood pressure, poor growth of the baby, and premature delivery. Therefore, pregnant women with hyperthyroidism should undergo regular thyroid function tests to ensure they are taking the correct dosage.

If you have been treated for Graves' disease with radioactive iodine or surgery in the past or need antithyroid drugs during pregnancy, you may have Graves' antibodies that can cross the placenta. On rare occasions, these antibodies can cause temporary hyperthyroidism in the baby during pregnancy and after birth, but this is treatable. If you have high levels of antibodies, you and your baby may require closer monitoring. Thyroid surgery is generally not required during pregnancy, and radioactive iodine should never be used to treat hyperthyroidism during pregnancy.

After Pregnancy:

After childbirth, women who have had Graves' disease in the past are at an increased risk of relapse, especially in the first year. Therefore, it is recommended to get a blood test about three months after delivery and at regular intervals afterwards. If you notice any signs of hyperthyroidism and have stopped taking antithyroid drugs during pregnancy, you should consult with your doctor.

The amount of antithyroid drugs that can cross into breast milk is small. If you are taking antithyroid drugs, you can breastfeed as long as the dose is low, but it is important to check with your doctor first. It is best to take the antithyroid drugs in smaller doses two or three times a day after feeding. If you need higher doses of antithyroid drugs to control hyperthyroidism, your baby can undergo a blood test to check if its thyroid is being affected.

Mothers with Graves' disease who are not taking antithyroid drugs can safely breastfeed.

HYPOTHYROIDISM & PREGNANCY

Hypothyroidism can make it more difficult to conceive and can affect both men and women's fertility. Levothyroxine tablets can improve chances of conception and should be taken before planning a pregnancy. Subclinical hypothyroidism may require levothyroxine replacement during pregnancy. Women with positive TPO antibodies are at increased risk of miscarriage, but giving levothyroxine has shown no benefit.

During pregnancy, higher doses of levothyroxine may be required, especially during the first 20 weeks, to supply thyroid hormones to the baby. The dose should be increased by 25-50 mcg daily or by doubling the dose on two days of the week. Regular blood tests should be taken throughout pregnancy to adjust doses if necessary. Supplements containing iron, calcium, or Gaviscon should be taken several hours before or after levothyroxine.

After the baby is born, the dose of levothyroxine should be returned to pre-pregnancy levels and a blood test should be taken to check thyroid hormone levels. Breastfeeding is safe while taking levothyroxine. Postpartum thyroiditis may occur in 5-10% of pregnancies and typically develops in women with thyroid auto-antibodies. Symptoms may include rapid weight loss and heat intolerance, which can develop into hypothyroidism. Most women recover within six to twelve months, but some may develop permanent hypothyroidism and require long-term levothyroxine treatment. Women who have had postpartum thyroiditis should have their thyroid function checked before trying to conceive again and at the start of their next pregnancy. There is a high risk of recurrence in subsequent pregnancies, especially for women with type 1 Diabetes Mellitus.