



Thyroid problems in pregnancy

About this information

This information is for you if you have been told that you have a thyroid problem or if you have been offered testing for thyroid problems and you are pregnant or planning a pregnancy. It may also be helpful if you are a partner, friend or relative of someone who is in this situation.

The information here aims to help you better understand your health and your options for treatment and care. Your healthcare team is there to support you in making decisions that are right for you. They can help by discussing your situation with you and answering your questions.

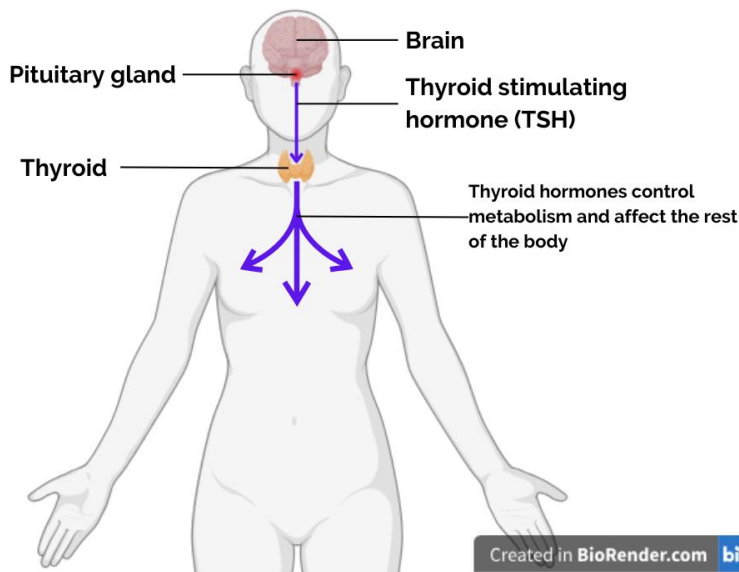
Within this leaflet we may use the terms 'woman' and 'women'. However, it is not only people who identify as women who may want to access this leaflet. Your care should be personalised, inclusive and sensitive to your needs whatever your gender identity.

A glossary of all medical terms is available on the RCOG website at: <https://www.rcog.org.uk/for-the-public/a-z-of-medical-terms/>

Key points

- Thyroid problems are common in women.
- Hypothyroidism is when your body does not make enough thyroid hormones. This can be safely treated with levothyroxine tablets.
- Hyperthyroidism is when your body makes too much thyroid hormones. Treatment will depend on the underlying cause, but during pregnancy this usually involves taking anti-thyroid tablets.
- Untreated thyroid problems may cause complications in pregnancy and can affect your baby's health.
- If your thyroid problems is appropriately treated, you are highly likely to have an uncomplicated pregnancy and to give birth to a healthy baby.

31 Where is your thyroid gland and what does it do?



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33 The thyroid gland is a butterfly shaped gland located in the front of your neck.

34 It makes [hormones](#) (commonly called thyroxine) which control your [metabolism](#) and affect
35 different organs including your heart, muscles and brain.

36 A second hormone called Thyroid Stimulating Hormone (TSH), helps your thyroid gland make
37 thyroxine. TSH is made by the pituitary gland in your brain.

38 When you are pregnant, your body usually makes more thyroxine to provide for both you and
39 your baby.

40 What causes thyroid problems?

41 You may get thyroid problems if you do not have enough iodine in your diet. This is more
42 important if you are pregnant, are planning a pregnancy or are breastfeeding. Iodine is found in
43 cow's milk and yoghurt, eggs, and in some fish such as cod or haddock. It is sometimes added
44 to table salt and is found in some pregnancy multivitamins.

45 The recommended daily amount of iodine when planning a pregnancy, while you are pregnant
46 and whilst breastfeeding is 200-250 micrograms. If you think that you may not have enough
47 iodine in your diet, speak to your healthcare professional about whether iodine supplements
48 may be helpful for you.

49 It is recommended to start taking pregnancy vitamin supplements 3 months before you become
50 pregnant if possible. Iodine (150 micrograms) is found in common multivitamins you can buy. It
51 is important not to take too much iodine as this can be harmful to you and your baby, so
52 you should avoid taking multiple different vitamin supplements.

53 Sometimes thyroid problems are caused by an [autoimmune](#) condition. This is where your own
54 immune system attacks different organs in your body. Your healthcare professional will arrange
55 a blood test for this type of problem if needed.

56 Who should be offered a test for thyroid problems in 57 pregnancy?

58 You will be offered a blood test in early pregnancy ([first trimester](#)) to check your thyroid
59 function if:

- 60 • you have had thyroid problems in the past

- 61 • you have had an operation on your thyroid gland
- 62 • you have a swelling in your thyroid gland
- 63 • you have another [autoimmune](#) disease such as [Type 1 diabetes](#), [systemic lupus](#)
- 64 [erythematosus](#) or [antiphospholipid syndrome](#).

65 You will also be offered a thyroid blood test if you have had a stillborn baby or [late miscarriage](#)
66 and haven't had the test before.

67 Hypothyroidism

68 Hypothyroidism is when your body does not make enough thyroxine. It is sometimes called
69 having an underactive thyroid.

70 Symptoms of hypothyroidism may include:

- 71 • tiredness
- 72 • increased awareness of cold
- 73 • dry skin and hair
- 74 • constipation
- 75 • heavy or irregular periods or fertility problems.

76 Hypothyroidism is confirmed by a blood test to check your thyroid function.

78 Sometimes, you may have normal thyroxine levels but a high TSH level (subclinical
79 hypothyroidism). Your healthcare professional will discuss with you as to whether this needs
80 treatment or not.

81 What does hypothyroidism mean for me, and my baby?

82 If your hypothyroidism is well treated it will not cause any harm to you or your baby.

83 Untreated hypothyroidism during pregnancy may be linked with a higher chance of:

- 84 • Miscarriage
- 85 • Premature birth
- 86 • Your baby having a low birthweight
- 87 • Your baby's brain development being affected.

88 How is hypothyroidism treated during pregnancy?

89 Hypothyroidism is treated using a tablet called Levothyroxine, which is safe to take during
90 pregnancy.

91 When you are pregnant, your body needs more thyroxine than usual. If you are already taking
92 Levothyroxine tablets before becoming pregnant, your healthcare professional will discuss
93 changing your dose when you become pregnant. You may be advised to increase the dose of
94 treatment yourself, by doubling the dose of your thyroxine on 2 days of each week, as soon as
95 you have a positive pregnancy test.

96 If you are diagnosed with hypothyroidism or severe sub clinical hypothyroidism during
97 pregnancy, you will be started on levothyroxine as soon as possible.

98 You will be offered thyroid blood tests at your first appointment with your midwife and regularly
99 throughout pregnancy to make sure you are on the right dose of Levothyroxine.

Will hypothyroidism affect how I give birth?

Having well controlled hypothyroidism will not change how or when you give birth. Your healthcare professional will support you in making a birth plan that is right for you.

Once your baby is born you can go back onto the dose of Levothyroxine you were taking before you became pregnant. If you were not on levothyroxine before becoming pregnant, you may be able to stop taking it all together.

Your thyroid blood tests should be checked again when your baby is 6 weeks old to make sure you are on the correct treatment.

Hyperthyroidism

Hyperthyroidism is when your body makes too much thyroxine. It is sometimes called having an overactive thyroid.

The most common cause for hyperthyroidism is Grave's disease. This is an [autoimmune](#) condition where there are thyroid [antibodies](#) in your blood that cause the thyroid gland to make more thyroxine than it needs to.

Symptoms of hyperthyroidism include:

- weight loss
- [heart palpitations](#)
- intolerance to heat
- shakiness
- mood swings
- enlarged thyroid gland
- very prominent eyes.

Hyperthyroidism is diagnosed by a blood test to check your thyroid function.

What does hyperthyroidism mean for me, and my baby?

If your hyperthyroidism is well treated, there is low chance of any harm to you or your baby. It is important to make sure that your hyperthyroidism is well controlled before becoming pregnant.

Poorly controlled hyperthyroidism during pregnancy may be linked with a higher chance of:

- [Pre-eclampsia](#) (See RCOG patient information [Pre-eclampsia](#))
- Premature birth
- Your baby having a low birthweight
- Stillbirth
- Your baby having additional learning needs, autism or ADHD (attention deficit hyperactivity disorder).

If you have Grave's disease and have high thyroid antibody levels there is a chance of your baby getting hyperthyroidism before or soon after they are born. In this situation, your baby will be monitored more closely before and after birth.

How is hyperthyroidism treated during pregnancy?

137 Hyperthyroidism during pregnancy is usually treated with anti-thyroid tablets, such as
138 propylthiouracil or carbimazole. Some of these tablets are safer for your baby's development
139 than others. The lowest possible dose of anti-thyroid tablets will be advised.

140 If you are planning to become pregnant, your healthcare professional will discuss your
141 treatment options with you.

142 If you become pregnant unexpectedly while taking anti-thyroid tablets, it is recommended that
143 you tell your health care professional straight away so that a personalised plan of care can be
144 made.

145 You will be offered regular blood tests in pregnancy to check your thyroid function and your
146 thyroid antibody levels. The type and the dose of your medication may change depending on
147 your blood tests. You may be offered regular scans to check your baby's growth.

148 **Will hyperthyroidism affect how I give birth?**

149 If your hyperthyroidism is well controlled, it should not affect how or when you give birth and
150 your healthcare professional will support you in making a birth plan that is right for you.

151 You will usually be advised to give birth in the labour ward with your baby's heartbeat checked
152 continuously during labour if:

- 153 • You have Grave's disease
- 154 • You have high thyroid antibodies
- 155 • You have been taking anti-thyroid medication during pregnancy.

156 You will be offered blood tests 6 weeks after giving birth to check your hormone levels.

157 Your baby will also have thyroid blood tests taken soon after birth and again when they are 1-2
158 weeks old if:

- 159 • You have Grave's disease
- 160 • You have high thyroid antibodies
- 161 • You have been taking anti-thyroid medication during pregnancy.

162 **Can I breastfeed if I have thyroid problems?**

163 Medications to treat hypothyroidism or hyperthyroidism are safe to take while breast feeding.

164 If you are on anti-thyroid medication for hyperthyroidism your health care team will support you to
165 take the lowest safe dose for you, so that the amount of the medication that passes into your
166 breast milk is as low as possible.

167 You will be supported in however you choose to feed your baby.

168 **Uncommon thyroid problems**

169 **Gestational Transient Thyrotoxicosis**

170 This type of hyperthyroidism happens in the first half of pregnancy, when the level of the
171 pregnancy hormone [hCG](#) is high. This sometimes causes the thyroid gland make more
172 thyroxine than it needs to.

173 This condition usually settles by itself and does not affect your pregnancy or your baby's health.
174 The treatment depends on your symptoms and you are unlikely to need to take anti-thyroid
175 tablets.

176 **Thyroid nodules and Thyroid cancer**

177 Swelling in a part of the thyroid gland is called a thyroid nodule. Most thyroid nodules are
178 harmless and do not need treatment. If you notice a swelling on your neck during pregnancy,
179 you should tell your healthcare professional. You may be referred to a specialist for further
180 assessment and treatment.

181 You may also be referred to an [anaesthetist](#) who will make sure the nodule is not affecting your
182 breathing. Rarely, you may need a [biopsy](#) of the thyroid gland to rule out cancer. Thyroid cancer
183 developing during pregnancy is very rare, happening in less than 1 case in 10,000 births.

184 **Postpartum thyroiditis**

185 This is an [autoimmune](#) inflammation of your thyroid gland that can happen in the 12 months
186 after you have given birth. Sometimes you may not have any symptoms.

187 If you have symptoms of hyperthyroidism, hypothyroidism or develop severe [postnatal](#)
188 [depression](#), your thyroid function should be checked. Postpartum thyroiditis is more common if
189 you have other autoimmune conditions or a family history of thyroid problems.

190 Treatment depends on your symptoms and you may not need anti-thyroid tablets. Postpartum
191 thyroiditis usually gets better by itself, but you might develop hypothyroidism in the future. Your
192 thyroid function checked every year and at the start of any future pregnancies.

193 **Emotional Support**

194 Having any medical condition while you are pregnant can be stressful. If you are feeling anxious
195 or worried in any way, please speak to your healthcare team who can answer your questions and
196 help you get support. The support may come from healthcare professionals, voluntary
197 organisations or other services. Further information and resources are available on the NHS
198 website:

199 <https://www.nhs.uk/conditions/stress-anxiety-depression/>

201 **Further information**

203 **Support groups**

204 British Thyroid foundation: <https://www.btf-thyroid.org/>

205 <https://www.btf-thyroid.org/pregnancy-and-fertility-in-thyroid-disorders>

206 The UK Iodine group: <https://www.ukiodine.org/>

208 **Making a choice**

Making a choice

Ask 3 Questions

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.



1. What are my options?
2. How do I get support to help me make a decision that is right for me?
3. What are the pros and cons of each option for me?

*Ask 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial. *Patient Education and Counselling*, 2011;84: 379-85

<http://aqua.nhs.uk/resources/shared-decision-making-case-studies/>

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Sources and acknowledgements

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This information has been developed by the RCOG Patient Information Committee. It is based on the RCOG guideline Thyroid disease in pregnancy (Published XXX). The guideline contains a full list of the sources of evidence we have used. You can find it online at: