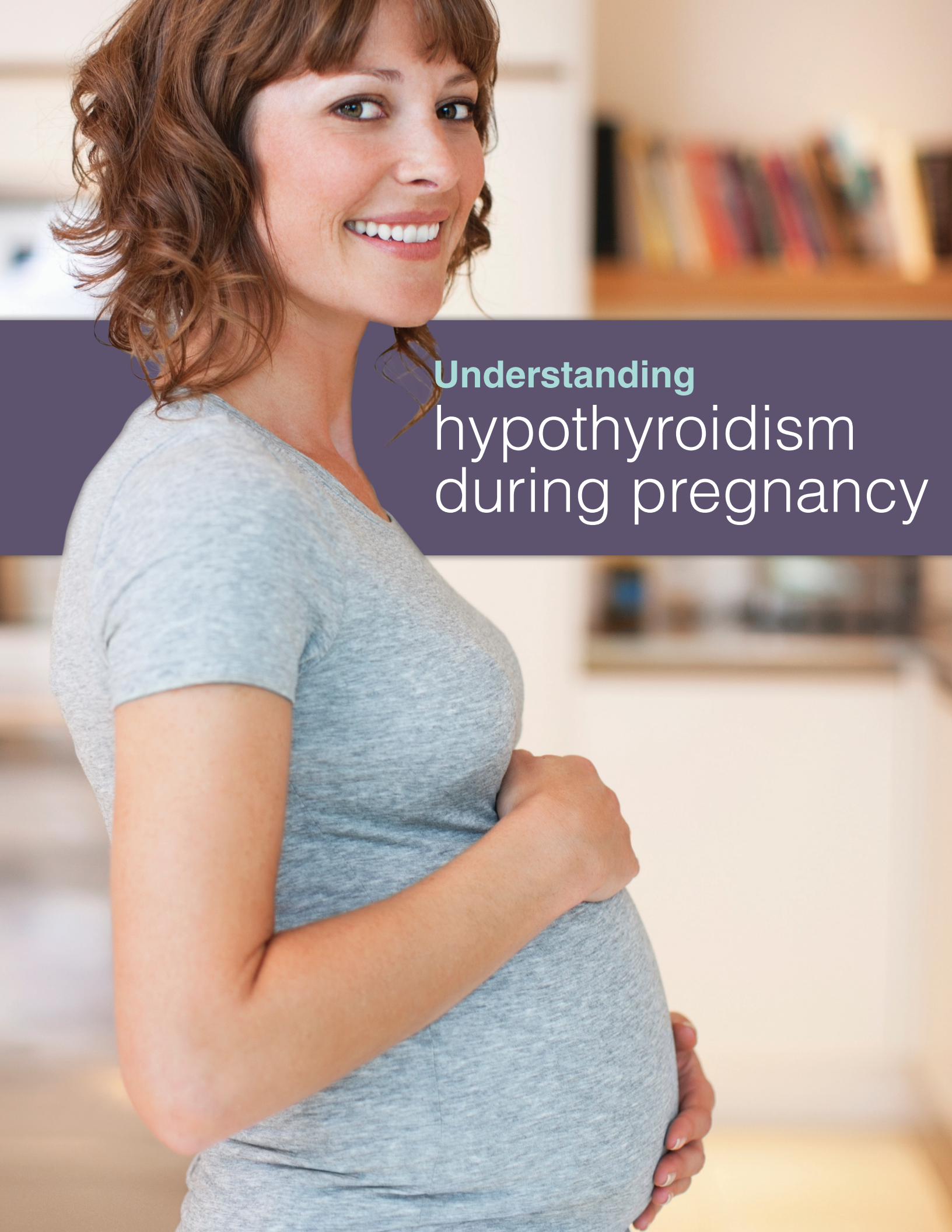

Understanding hypothyroidism during pregnancy

Having hypothyroidism during pregnancy does not mean you can't enjoy this exciting time in your life. This brochure will help you better understand hypothyroidism and pregnancy, and how hypothyroidism can be managed. You can use this information to have a more meaningful conversation with your doctor.

Quick facts about hypothyroidism and pregnancy

Hypothyroidism occurs when the body cannot produce enough of the thyroid hormone thyroxine. This is the opposite of hyperthyroidism, in which the body produces too much thyroxine. When the thyroid becomes inflamed or damaged, it is less able to produce the correct amount of this hormone.

Some women already have hypothyroidism when they become pregnant, and others develop it during pregnancy. While it's difficult to determine the exact incidence of hypothyroidism during pregnancy, recent reports estimate that about 1%–3% of pregnant women develop some degree of hypothyroidism.[1] If you develop hypothyroidism during pregnancy, it may return after delivery, so your doctor will monitor you for some time after you give birth to your son or daughter.[1,2]

What can cause hypothyroidism during pregnancy?

During pregnancy, a lot of things are happening that could lead to hypothyroidism. Your thyroid gland increases in size by 10%, and production of thyroxine and another thyroid hormone triiodothryronine increase by 50%. Add to that a 50% increase in daily iodine requirement.[2]

While not every woman will be screened for a thyroid-related disease during pregnancy, your physician will likely schedule tests if you have a family history of thyroid disease or hypothyroidism, show signs or symptoms of hypothyroidism, have type 1 diabetes, or if you have had a miscarriage or preterm delivery.[2]

Whether you have already been diagnosed or you develop hypothyroidism during pregnancy, ensuring proper treatment is important.

Signs and symptoms of hypothyroidism

Symptoms of hypothyroidism can vary from person to person. If you are pregnant, you may or may not experience signs and symptoms. Since some of these can seem like normal pregnancy symptoms, it is important to communicate any symptoms you may be experiencing to your healthcare provider.

Some of the most common signs and symptoms of hypothyroidism are[3–5]:

- Depression
- Inability to concentrate
- Puffy face
- Loss of hair or hair becoming coarse
- Voice becoming hoarse
- Muscular pain
- Brittle nails
- Feeling cold all over
- Abnormal cholesterol levels
- Fatigue

- Mental impairment
- Goiter
- Slow heartbeat
- Dry skin
- Infertility
- Irregular or heavy menstrual cycles
- Constipation
- Delayed reflexes
- Weight gain from fluid retention

Notify your healthcare provider right away if you are experiencing any of these symptoms.

How is hypothyroidism diagnosed during pregnancy?

In order to diagnose hypothyroidism, your healthcare provider will evaluate your symptoms and probably order a thyroid-stimulating hormone (TSH) test. This test is used regardless of whether or not you are pregnant. TSH is produced by the pituitary, a small gland in your brain. TSH is a hormone your body naturally produces if it senses that your thyroid is not releasing enough thyroxine. A healthy thyroid receives the message and responds by producing more thyroxine. This helps to keep your hormone levels within a normal range. A TSH test can help determine if your thyroid is underperforming, and if you may have hypothyroidism. It is recognized as the most reliable test of its kind.[6]

Depending on the ratio of TSH to thyroxine in your body, hypothyroidism can be diagnosed in two different severities, mild or overt.

- **Mild hypothyroidism** is when your TSH levels are elevated, but your thyroid is able to compensate. It just works harder than normal to produce more thyroxine.[5]
- **Overt hypothyroidism** is when your body is not able to produce enough thyroxine. This means your TSH levels continue to rise while your thyroxine levels fall below normal range.[5]

Treating hypothyroidism during pregnancy

If hypothyroidism is not treated properly during pregnancy, it could result in serious complications. You may experience anemia or preeclampsia, a potentially serious pregnancy condition characterized by high blood pressure and impaired kidney function. Untreated hypothyroidism also may cause abnormalities in the baby's brain, low birth weight, or even miscarriage or stillbirth.[7]

The good news is hypothyroidism can be effectively managed and treated during pregnancy. Your healthcare provider may prescribe a medication that replaces the thyroid hormones that your body needs but is not producing. If you were already being treated for hypothyroidism before becoming pregnant, your changing body and growing baby may require some changes in your dosage.[5]

Thyroid replacement therapy medications are narrow therapeutic index drugs, which means that if your dose is off even a little from what your body needs, it can change your TSH levels and possibly cause symptoms. This is why, once on treatment, it is important to remain consistent with taking your medication as prescribed by your healthcare provider.

To keep your thyroid in range, your healthcare provider will carefully monitor your TSH levels approximately every 4 weeks until the middle of your pregnancy and at least once near 30 weeks of your pregnancy. Your doctor will monitor your TSH levels even after your baby is born, and determine if your dosage strength needs to be adjusted.[2]

Keep in mind that it can take time for symptoms to improve.

5 tips for taking your medication

1. **Make your medication part of your daily routine.** Thyroid replacement medication must be taken at the same time every day, exactly as your doctor prescribed. By associating your pill with a part of your everyday routine, such as brushing your teeth or walking the dog, you are more likely to remember to take it on time.
2. **Refill your prescription early so you don't run out.** Plan ahead to ensure you don't miss a dose. Missing doses can cause changes in your thyroxine level.
3. **Continue to take your medication as your doctor prescribed, even if your symptoms go away.** Unless explicitly instructed by your doctor, it is important to consistently take your medicine as your doctor prescribes.
4. **Notify your healthcare provider if you start or stop any other medications.** Some thyroid hormone replacement treatments can interact with other drugs. Your doctor should always be informed if there is a change in any other medications you may be taking. This includes any over-the-counter medications or vitamin supplements.
5. **Check your pills at the pharmacy.** Always check your pills to be sure they are what your doctor prescribed.

The bottom line

Above all, remember that hypothyroidism can often be managed with one pill a day and regular visits to your doctor. By taking your medication consistently and seeing your doctor for close monitoring, you can focus on more important things, like preparing for the birth of your new son or daughter!

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