

# Thyroid disease – What every new mother should know

## ***Did you know?***

- In mothers, problems of the thyroid may be more common than you might think.
- Couples having infertility problems and pregnant women should speak to their doctor about thyroid testing.
- Iodine is vital for fertility and a healthy body: expectant mums and breast feeding women should take a nutritional supplement containing iodine every day in countries where there is a risk of iodine deficiencies.

## ***What is the thyroid and what does it do?***

The thyroid is a butterfly-shaped gland which sits at the base of the neck in front of the windpipe. The thyroid controls metabolism and plays an important role in female reproduction and fertility.<sup>3</sup>

## ***When problems occur ...***

Women most frequently suffer from either an underactive thyroid (hypothyroidism) where the body produces too little thyroid hormone slowing down metabolism, or an overactive thyroid (hyperthyroidism), where the body produces too much thyroid hormone causing metabolism to speed up.<sup>4,5</sup>

## ***The thyroid and conception***

Many women are not aware that their thyroid has an important role to play in female reproduction because of the effect of thyroid hormone on the ovaries. Couples having infertility problems should speak to their doctor about thyroid testing and their required iodine intake.

## ***Iodine – know the facts***

- Iodine is vital for a fertile and healthy body; too little iodine in your diet can result in your thyroid becoming underactive.<sup>2</sup>
- Iodine can be found in food products such as sea fish/food, bread, cheese, cow's milk, eggs, yoghurt.<sup>2</sup>
- Women of childbearing age should consume 150 micrograms of iodine a day.<sup>6</sup>
- Pregnant women and breast feeding women should consume 250 micrograms of iodine a day to ensure their baby's thyroid develops properly.<sup>6</sup>

## ***Thyroid disease and pregnancy***

If undetected and untreated, both an underactive and overactive thyroid can have a devastating impact on both you and your baby. Thyroid disease increases the risk of premature or still birth, as well as learning and development problems and placental abruption, a potentially fatal condition for mother and child where the placenta loosens from the inner wall of the uterus before the baby is born.<sup>7,8,9</sup>

Pregnant women should ideally have their thyroid checked at least once at the beginning of their pregnancy. If you are already being treated for a thyroid disorder and pregnant it is advisable to have your thyroid checked every six to eight weeks. It will ensure it is working normally and both you and your baby are well.<sup>7</sup>



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## What to look for?

Thyroid problems, during and after pregnancy, can be easily dismissed as just normal changes to the body. Mothers should listen to their bodies and seek help if they experience, or are worried about, any of the symptoms below.

### Key symptoms of an underactive thyroid:<sup>4,10</sup>

- Fatigue
- Depression
- Joint or muscle pain
- Impaired memory
- Cold intolerance

### Key symptoms of an overactive thyroid:<sup>5,11</sup>

- Weight loss or no weight increase at pregnancy
- Irritability and anxiety
- High heart rate
- Trembling hands
- Staring eyes

## Advice for new mothers

Some new mothers who have not previously been diagnosed with any form of thyroid problem can develop thyroid disease within the first year after giving birth. This is called postpartum thyroiditis (PPT).<sup>6</sup> Although frightening, PPT is not always a long term condition and most women find the problem resolves itself within a year of giving birth.<sup>6</sup>

Women experiencing prolonged changes to their health or well being after giving birth should contact their doctor for further advice.

## Help is at hand

Treating thyroid problems during pregnancy is essential for the health of both mother and baby. Be assured that treatment is straight forward, well-established and highly effective.

### An underactive thyroid

- **Hypothyroidism** is treated by replacing the missing hormone with a medication – commonly using levothyroxine. This well established treatment is taken orally and can be used pre, during and after pregnancy.<sup>7</sup>

- Pregnant women with hypothyroidism will require a higher levothyroxine dose than before becoming pregnant<sup>7</sup> and more frequent check-ups to make sure their dosing is correct.

### An overactive thyroid

- Women with **hyperthyroidism** are treated to reduce the amount of thyroid hormone present in their blood stream.
- Pregnant women with mild hyperthyroidism will usually be monitored without treatment, assuming both mother and baby are doing well.<sup>7</sup>
- Expectant and new mothers with severe hyperthyroidism may be treated with anti-thyroid medication or, in some cases, surgery to partially remove the thyroid gland<sup>7</sup> but irradiation should not be used.

## References

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## For further information

If you would like any further information on thyroid problems, please visit the following websites:

[www.thyroidweek.com](http://www.thyroidweek.com) [www.thyroid-fed.org](http://www.thyroid-fed.org)

The information in this Booklet is not intended as a substitute for informed medical advice. You must consult a suitable qualified healthcare professional on any problem or matter which is covered by any information in this booklet before taking any action.

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