Breastfeeding

If you are taking levothyroxine, you can breastfeed safely.

If you are taking antithyroid drugs then you should be on the lowest dose possible of carbimazole. If you are taking more than 20mg of carbimazole or more than 200mg propylthiouracil daily and breastfeeding, your baby may need to have monthly blood tests to monitor their thyroid function. If you are on propylthiouracil before you become pregnant and are not able to tolerate carbimazole, you will need to discuss this at your antenatal clinic appointment.

Contact us

If you are unable to attend an appointment or you would like to contact the service to discuss anything in this leaflet in more detail, please call **0121 371 6950** or email **EndocrineSecretaries@uhb.nhs.uk**

health talks

The Trust provides free monthly health talks on a variety of medical conditions and treatments. For more information visit www.uhb.nhs.uk/health-talks.htm or call 0121 371 4323.
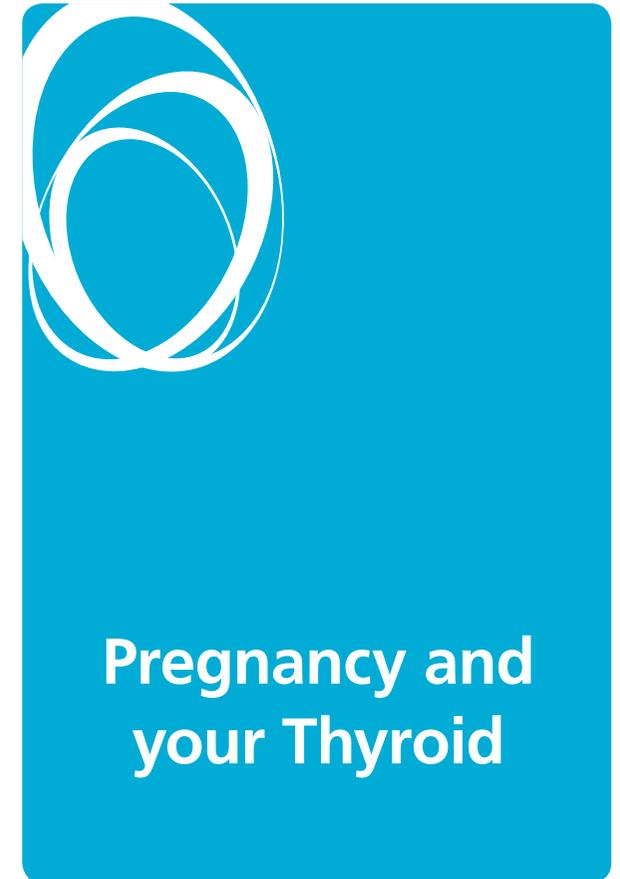
Endocrine
Queen Elizabeth Hospital Birmingham
Mindelsohn Way, Edgbaston
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NHS
University Hospitals Birmingham
NHS Foundation Trust

Pregnancy and your Thyroid

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To see all of our current patient information leaflets please visit www.uhb.nhs.uk/patient-information-leaflets.htm

This leaflet is for patients who have an overactive (hyperthyroidism) or underactive (hypothyroidism) thyroid and are thinking of conceiving a pregnancy, trying to conceive or are already pregnant.

Women with hyperthyroidism

Firstly, it is important to discuss trying for pregnancy at your clinic appointment as some changes to your medication will probably be required.

It is important to ensure your thyroid function is under control before trying to conceive since high levels of thyroid hormones increase the risk of stillbirth, miscarriage and prematurity, amongst other things.

When you become pregnant, your GP should refer you to the Joint Antenatal Endocrine Clinic at the Birmingham Women's Hospital for monitoring. This is also important if you have had treatment in the past for hyperthyroidism caused by Graves' disease, as it is still possible that you can pass stimulating antibodies to your unborn baby.

If you have received radioiodine treatment, you should not conceive or father a child until six months after treatment. Doing so may be harmful to your baby. You will also not be able to receive radioiodine treatment if you are pregnant or if you are breast feeding.

Treatment with antithyroid drugs during pregnancy

If you are taking carbimazole for your thyroid, this should be changed to another medication that works in the same way called propylthiouracil. You should be put on propylthiouracil ideally prior to conceiving or as soon as you know that you are pregnant, and continue for the first trimester as it is safer for your baby. Your medication will be changed back to carbimazole later in pregnancy or we may be able to stop the medication during pregnancy.

Thyroid function can improve during pregnancy but can worsen after giving birth so, make sure your thyroid function is checked after delivery.

Women on Levothyroxine with hypothyroidism

It is important that babies' brains get enough thyroid hormone, particularly during the first 20 weeks.

Even before trying for pregnancy, your thyroid function should be checked and your TSH (thyroid stimulating hormone) should be less than 2.5mU/L. If this is not the case, you will need a higher dose of levothyroxine.

When you get pregnant you will need to double your dose of levothyroxine for two days per week as soon as you have a positive pregnancy test. For example, if you are on 100mcg of levothyroxine once a day, when you get pregnant you should take 200mcg for two days and 100mcg a day for five days.

You will need to have a blood test after giving birth as it is likely that you will need to return to the dose of levothyroxine you were taking before pregnancy. This is usually done at your postnatal check-up.