Pregnancy and your thyroid

This leaflet is for patients who have an overactive thyroid (hyperthyroidism) now or in the past or have an underactive thyroid (hypothyroidism) 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 thyroid 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, prematurity and high blood pressure during pregnancy.

When you become pregnant, your GP should refer you immediately to the Joint Antenatal Endocrine Clinic at the Birmingham Women's Hospital or the antenatal clinics at Heartlands, Good Hope or Solihull hospitals. This is important if you have had treatment in the past for hyperthyroidism caused by Graves' disease, as it is possible that you can pass thyroid stimulating antibodies to your unborn child through the placenta. If you have high levels of these antibodies, they could make your baby's thyroid gland overactive during and/or after birth and this will require monitoring and potentially treatment.

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, we advise you to have your thyroid function checked four to six weeks after your 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 100 mcg of levothyroxine once a day, when you get pregnant you should take 200 mcg for two days and 100 mcg 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.

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:

Queen Elizabeth Hospital Birmingham Email (preferred method):
EndocrineNursesQEHB@uhb.nhs.uk
Phone: 0121 371 6950 (we will aim to return telephone call within 3–5 working days

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