**Thyroid disorders in Pregnancy and Preconception guidance**

Risks of hypothyroidism in pregnancy:

• If hypothyroidism is poorly controlled in the first and early second trimester, it can be associated with impaired fetal intellectual development

Preconception advice for women with hypothyroidism:

• Optimise treatment before pregnancy so that TSH < 2

• TFTs should be checked in women who are planning to conceive. If TFTs are not within the euthyroid range (with a TSH < 2), advise delaying conception until she is stabilised on the appropriate levothyroxine treatment

• Test TFTs as soon as a woman knows she is pregnant and increase levothyroxine dose by 25 micrograms

• If TSH > 2, increase levothyroxine dose and repeat TFTs in 10-14 days to ensure TSH < 2

• Repeat TFTs every 6-8 weeks during pregnancy

• If unsure, email the obstetric helpline ([huh-tr.obstetricquery@nhs.net](mailto:huh-tr.obstetricquery@nhs.net))

Refer to preconception clinic if:

• history of thyroid surgery

• history of radioiodine

• history of hyperthyroidism

How to refer

• GPs can refer by completing the referral form (available on the CCG website) and attaching this to an e-RS referral.

• Routine → Obstetrics → maternal medicine

Reviewed and updated by Dr Natalie Settle and Mr Ade Kojeku in December 2019

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