

Thyroid Disorders During Pregnancy

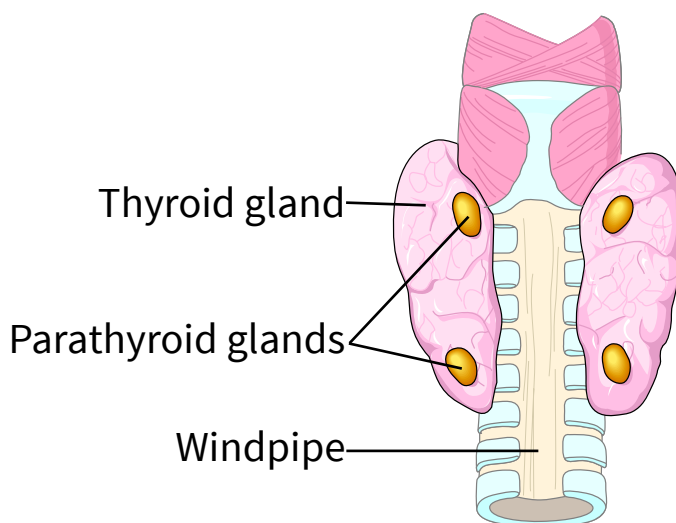
Thyroid Disorders During Pregnancy

- This pamphlet is for people who:
 - › are pregnant or are planning to get pregnant**and**
 - › are being tested for a thyroid disorder or have been diagnosed with a thyroid disorder.
- This pamphlet may also help your support person(s) to understand how to help you during your pregnancy.

Understanding your thyroid disorder can help you have a healthy pregnancy and baby.

What does the thyroid do?

- The thyroid is a small gland at the front of your neck.
- The thyroid makes hormones that:
 - › Regulate your metabolism (how fast your body uses up energy)
 - › Affect many of your organs (like the brain, heart, and muscles)
- The thyroid makes a hormone called **thyroxine (T4)**.
- The pituitary gland in your brain makes **TSH (thyroid-stimulating hormone)**. This controls the amount of hormones your thyroid makes.
- During pregnancy, your body makes more thyroid hormones to meet the needs of you and your baby.



(This view is from the back of the neck.)

What causes thyroid disorders?

A thyroid disorder may be caused by:

- **Not having enough iodine** (called **iodine deficiency**): Your body needs iodine to make hormones. **This is very important during pregnancy.**
 - › You can get iodine by eating dairy products, eggs, some fish, iodized salt, and taking a prenatal vitamin. If you are planning to get pregnant, are pregnant, or are breast feeding/chestfeeding, the World Health Organization (WHO) recommends getting 250 mcg (micrograms) of iodine each day.
 - › If you think you might not be getting enough iodine from the foods you eat, talk to your primary health care provider (family doctor or nurse practitioner) **before** taking any vitamins or supplements.
 - › About 3 months before you get pregnant, your primary health care provider may suggest that you start taking a prenatal vitamin with about 150 mcg of iodine. **Do not take more than 1 vitamin or supplement at a time. Taking too much iodine can hurt you and your baby.**
- **An autoimmune condition:** Most thyroid disorders are caused by an autoimmune condition. This is when your immune system attacks your own organs.
 - › Your primary health care provider can do a blood test to check if you have an autoimmune condition (like Hashimoto's or Graves' disease).

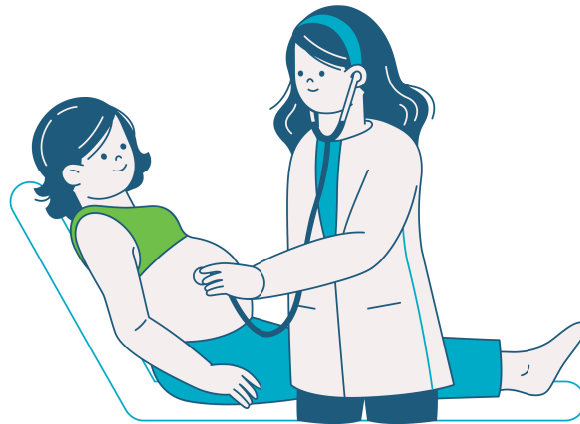
How common are thyroid disorders during pregnancy?

- At least 2 to 3% of pregnant people have a thyroid disorder.
- **Hyperthyroidism** (see page 3) happens in 0.2 to 0.4% of pregnant people.
- **Hypothyroidism** (see page 5) happens in 0.5 to 3.5% of pregnant people.

Who should be checked for thyroid disorders during pregnancy?

- You should be checked for thyroid disorders early in your pregnancy if you have:
 - › Had a thyroid disorder in the past
 - › Had surgery on your thyroid gland
 - › Swelling or a lump in your thyroid gland (called a **goiter**)
 - › An autoimmune condition (like type 1 diabetes, systemic lupus erythematosus, or antiphospholipid syndrome)
 - › Had a stillbirth or a late miscarriage in the past and have not been checked for a thyroid disorder

Finding and managing a thyroid disorder early in your pregnancy can help you and your baby stay healthy.



What is hyperthyroidism?

- Hyperthyroidism is when your thyroid gland makes too much thyroxine (T4). This is often called an **overactive thyroid**.
- The most common cause of hyperthyroidism is Graves' disease. This is an autoimmune condition where antibodies (proteins in your blood) cause your thyroid gland to make too much thyroxine (T4).
- **Symptoms of hyperthyroidism may include:**
 - › A goiter (see above)
 - › Heart palpitations (fast or irregular heartbeat)
 - › More sweating (get overheated quickly)
 - › Mood swings
 - › Bulging eyes (if you have Graves' disease)
 - › Shaking
 - › Weight loss

How is hyperthyroidism diagnosed?

- Your primary health care provider can do a blood test to check if you have hyperthyroidism.

What can happen if hyperthyroidism is not treated during pregnancy?

- The risks of not treating hyperthyroidism during pregnancy include:

For you:

- › **Pre-eclampsia:** This raises your risk of high blood pressure and protein in your urine (pee). **This is a medical emergency.**
- › **Heart problems:** Hyperthyroidism raises your heart rate. This can lead to arrhythmias (irregular heartbeats) or heart failure.
- › **Severe (very bad) fatigue (tiredness) and weakness:** Hyperthyroidism can make your overall health worse. This can lead to severe tiredness and muscle weakness.
- › **Thyroid storm:** This is rare. Your symptoms may get worse suddenly. They may include fever (temperature above 38 °C or 100.4 °C), fast heartbeat, confusion, and organ failure. **This is a medical emergency.**

For your baby:

- › **Preterm (early) birth:** Hyperthyroidism can raise the risk of premature labour and delivery.
- › **Low birth weight**
- › **Miscarriage**
- › **Developmental problems:** If your thyroid hormone levels are not controlled, this can affect your baby's brain and growth.
- › **Neonatal thyrotoxicosis:** Antibodies may cross the placenta (the organ that feeds your baby in your womb) and affect how well your baby's thyroid works. This is more common if you have Graves' disease.

If you are pregnant and have hyperthyroidism, it is very important to get treatment and be checked by your primary health care provider throughout your pregnancy to lower these risks.

What are the possible treatments?

- **If your hyperthyroidism is mild** (your thyroid hormone levels are only slightly high and your symptoms are not severe):
 - › You may not need treatment if you and your baby are healthy. You will need to be monitored by your primary health care provider during your pregnancy.
- **If your hyperthyroidism is worse:**
 - › You may be treated with anti-thyroid medications, like propylthiouracil (PTU).
- The goal of treatment is to keep your free T4 levels in the upper end of the normal range or slightly above it, using the lowest amount of medication.

If your thyroid hormone levels are too high or too low, it can hurt your baby. You will need to be monitored by your primary health care provider during your pregnancy (for example, you may have a TSH test each month and thyroid hormone assessments).

Can hyperthyroidism affect labour and delivery?

- If your hyperthyroidism is managed, it is not likely to affect when or how you deliver your baby. Your primary health care provider will help you make a birth plan that is right for you.
- **We recommend giving birth in a hospital if you have:**
 - › Graves' disease
 - › High thyroid antibodies
 - › Taken anti-thyroid medications during your pregnancyIn a hospital, your health care team can monitor your baby's heart rate during labour.
- About 6 weeks (1½ months) after your baby is born, your primary health care provider may ask you to have a blood test to check your thyroid hormone levels.
- If you have any of the conditions listed above, we will also test how well your baby's thyroid is working after they are born, and again in 7 to 14 days (1 to 2 weeks).

What is hypothyroidism?

- **Hypothyroidism** is when your thyroid gland does not make enough thyroxine (T4). This is often called an **underactive thyroid** or **low thyroid function**.
- **Symptoms of hypothyroidism may include:**
 - › Tiredness
 - › More sensitive to the cold
 - › Dry skin and/or hair
 - › Constipation (not being able to poop)
 - › Heavy or irregular periods

How is hypothyroidism diagnosed?

- Your health care provider can do a blood test to check your:
 - › Thyroxine (T4) hormone level
 - › Thyroid-stimulating hormone (TSH) level
- If your thyroxine (T4) level is normal, but your TSH level is high, this is called **subclinical hypothyroidism**. Your health care provider will talk with you about what treatment you may need.

What can happen if hypothyroidism is not treated during pregnancy?

- The risks of not treating hypothyroidism during pregnancy can include:
 - › **Preterm (early) birth:** Hypothyroidism can raise the risk of premature labour and delivery.
 - › **Low birth weight**
 - › **Miscarriage**
 - › **Developmental problems:** If your thyroid hormone levels are not controlled, this can affect your baby's brain and growth.

If you are pregnant and have hyperthyroidism, it is very important to get treatment and be monitored by your primary health care provider to lower these risks.

What are the possible treatments?

- The main treatment is a medication called **levothyroxine**. This is a synthetic (man-made) form of the hormone thyroxine. It is safe and commonly used during pregnancy.
- Take this medication 1 hour before eating breakfast.
- If you were taking levothyroxine before you got pregnant, your health care provider may change your dose (amount) early in your pregnancy.
 - › For example, you may need to take a double dose 2 days a week as soon as you know you are pregnant.
- If you have just been diagnosed with hypothyroidism or if your TSH levels are very high (called **severe subclinical hypothyroidism**), **you will need to start taking levothyroxine right away**.
- You will need to have blood tests during your pregnancy to check your thyroid hormone levels. Your primary health care provider may change your dose of levothyroxine as needed.



Can hypothyroidism affect labour and delivery?

- If your hypothyroidism is well managed, it is not likely to affect when or how you deliver your baby. Your health care provider will help you make a birth plan that is right for you.
- If you were taking levothyroxine before getting pregnant, you may go back to your pre-pregnancy dose. In some cases, you may be able to take a dose or stop taking the medication. You will have a test to check how well your thyroid is working about 6 weeks after your baby is born.



If I have hypothyroidism, could my baby develop it?

- If your hypothyroidism is well managed during pregnancy, the risk of your baby developing it is very low. Most babies born to people with a thyroid disorder have normal thyroid function.
- **If your hypothyroidism is not well managed during pregnancy, it may affect your baby's thyroid development.** This is why it is important to monitor and treat your thyroid disorder.
- All babies have a blood test after they are born to check how well their thyroid is working.

Is it safe to breastfeed/chestfeed if I have a thyroid disorder?

- Yes, it is safe to breastfeed if you have a thyroid disorder.
- Treatments for hyperthyroidism and hypothyroidism are considered safe during breastfeeding.
 - › If you are taking anti-thyroid medication for hyperthyroidism, your health care team will make sure you are taking the lowest dose that helps your symptoms. This will lower the amount of medication passed to your baby through your breast milk.

Whatever feeding method you choose, we are here to support you.

What if I need support?

- Managing a medical condition during pregnancy can cause stress and anxiety.
- If you feel worried or overwhelmed, talk to your primary health care provider. They can answer your questions and connect you with support services (like health care providers, community organizations, or other resources), as needed.
- **For more information, visit:**
 - › <https://accesswellness.lifeworks.com/nova-scotia-en>

Resources

Thyroid Disease in Pregnancy - American Thyroid Association

- › www.thyroid.org/thyroid-disease-pregnancy/

British Thyroid Foundation

- › www.btf-thyroid.org/pregnancy-and-fertility-in-thyroid-disorders

**What are your questions?
Please ask a member of your health care
team. We are here to help you.**

This pamphlet is for educational purposes only. It is not intended to replace the advice or professional judgment of a health care provider. The information may not apply to all situations. If you have any questions, please ask your health care provider.

Find all patient education resources here:
www.nshealth.ca/patient-education-resources

Connect with a registered nurse in Nova Scotia any time:
Call 811 or visit: <https://811.novascotia.ca>

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