Maternal Thyroid Disorder
Quick Reference Guide

Other causes of maternal thyroid dysfunction to consider
1° Hypothyroidism (↑TSH)
   - Ectopia / Dysplasia
   - Dysshoromogenesis
2° Hypothyroidism (↓↑TSH)
   - Hypothalamo-Pit disorders

Autoimmune thyroiditis

Hashimoto’s
Most commonly:
Inhibitory
TSH Rc Abs

Maternal TSH Rc Ab titles at 28-32 w gestation

Not done / Elevated

Risk of 1° hypothyroidism
Guthrie / Newborn Screen will detect cases with ↑TSH. This is usually sufficient.

Low Risk
Routine care
Guthrie / NST only

Clinical evidence of foetal / neonatal thyrotoxicosis?

No
Normal

Yes
Elevated

Risk of thyrotoxicosis
Perform cord blood / day 1:
TSH / fT4 (i.e. TFTs)
TSH Rc Ab title if not done

Low Risk
Routine care
Guthrie / NST only

Graves’ Disease
Stimulatory
TSH Rc Abs
Note: Abs may persist despite ablation / Rx

Maternal TSH Rc Ab titles at 28-32 w gestation

Elevated

Normal

GP Letter
A GP letter template is found in ‘Forms’. The letter should be completed according to the relevant scenario and given to the mother to take to the GP at next visit. It is not a medical record document but provides GPs with a brief summary of inpatient management.