

## A Parents' Guide to Understanding:

# The Care your Newborn Baby will receive in the case of Maternal Thyroid Disease

### What is the thyroid gland and what does it do?

The thyroid gland sits in the neck at the front of the windpipe, and produces two hormones called thyroxine and thyroid hormone (T3). These are essential for regulating metabolism and controlling many of your body's organs.

### What is thyroid disease?

Thyroid disease happens when your thyroid produces too few hormones (an underactive thyroid or hypothyroidism) or too many hormones (an overactive thyroid or hyperthyroidism)

Thyroid disease in pregnancy is quite common and will be treated by your doctor. Your condition may have an effect on your baby after birth which can mean some blood tests are necessary and occasionally treatment is needed for a few weeks.

### Hypothyroidism:

If you have an underactive thyroid and have only ever been treated with one medicine type, eg Thyroxine, your baby will have:

Routine bloodspot screening test at 5 – 8 days old to test for an underactive thyroid gland.

The risk of baby having hypothyroidism is very low.

### Hyperthyroidism:

If you have an overactive thyroid gland, and are now or have previously have been treated with more than one medicine, had thyroid surgery or radio iodine:

You will be given an appointment for your baby to come back to hospital within 10 – 14 days to be examined by a paediatrician and have a blood test to check thyroid function.

There is a medium level of risk of hyperthyroidism in baby

If you have an overactive thyroid, a family history of thyroid problems, experienced symptoms of hyper/hypothyroidism in the last 3 months of pregnancy, or whilst pregnant, your baby showed signs of hyper/hypothyroidism:

- Your baby will be examined by the Neonatal team while you are still in hospital.
- You will be given an appointment for your baby to come back to hospital within 5-7 days and again at 10 – 14 days to be examined by a paediatrician and have a blood test to check thyroid function.
- There is a higher level risk of hyperthyroidism in your baby.

### What symptoms will my baby have if the hormone levels are high (Thyrotoxicosis)?

You will be asked to watch your baby carefully for; poor feeding, panting for breath and unusual levels of wakefulness and being unsettled.

## What should I do if my baby has these symptoms?

You should make an appointment to see your GP straight away

## What treatment will my baby be given?

- Your baby may be admitted to hospital for a period of observation, monitoring and blood tests.
- Your baby may be referred to a Consultant who specialises in treating this condition (a Paediatric Endocrinologist)
- Your baby may need to have medicine, most commonly Carbimazole, sometimes for up to 8 – 12 weeks to control the activity of the thyroid gland and the symptoms
- Babies make a full recovery after this treatment has been completed.

## Who to contact if you have any more questions

Please feel free to discuss this with the nurse caring for your baby or the consultant on duty, who will answer any queries you might have.

The British Thyroid Foundation has a website that you may find helpful: <http://www.btf-thyroid.org/>

South West Neonatal Network

Email: [swneonatalnetwork@uhbristol.nhs.uk](mailto:swneonatalnetwork@uhbristol.nhs.uk)

Web: <http://swneonatalnetwork.co.uk>

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