

NO PRE-EXISTING THYROID DYSFUNCTION

Routine screening of TSH preconception in pregnancy in a patient with no history of thyroid dysfunction is not recommended

TSH is checked in pregnancy because of signs and symptoms of thyroid dysfunction or history of other autoimmune disease (e.g. Type 1 Diabetes or Celiac Disease)

PREGNANT

TSH < 0.1 mIU/L

TSH 0.1 – 5.0 mIU/L

TSH 5.1 – 10.0 mIU/L

TSH ≥ 10.0 mIU/L

Check free T4 & free T3

No further intervention or lab test is required

Repeat TSH in 2 weeks

Start levothyroxine 1.5 mcg/kg. Monitor TSH every 4 weeks until 20 weeks Gestation then once a trimester (e.g. 26 and 32 weeks)

If Free T4 and Free T3 in pregnancy specific reference ranges, repeat TSH in 1 month

If free T4 or Free T3 > gestation specific reference ranges (on website), refer to Endocrinology Central Access and Triage for phone or in-person consult or call Specialist LINK

Repeat TSH ≤ 5 mIU/L

Repeat TSH 5.1 – 10.0 mIU/L; Consider trajectory of change over 2 weeks and call Specialist LINK For assistance if required*

If in not within pregnancy specific reference ranges

If normal, no further investigation

*levothyroxine generally not required. If considered use low dose (i.e. 50mcg/day)

POSTPARTUM

Stop Levothyroxine immediately postpartum if started in pregnancy. Check TSH 6 weeks postpartum

Reduce dose of levothyroxine by 20% immediately postpartum. Check TSH 6 weeks postpartum.