

**\*EMBARGO UNTIL JANUARY 1, 2008\***

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## **Expectant and Pregnant Mothers: Get Your Neck Checked**

*An untreated and malfunctioning thyroid may lead to serious complications for mother and child alike*

**JACKSONVILLE, FL. – January 1, 2008** – Pregnancy can be an exciting, joyous and rewarding time for a woman. It is also the time a thyroid condition may surface or become more difficult to control in an expecting or pregnant mother.

January is Thyroid Awareness Month, and the American Association of Clinical Endocrinologists (AACE) are encouraging women who are considering pregnancy or are already pregnant to have their thyroid checked. Doing so can help ensure the safe delivery of a healthy child.

“Although many thyroid disorders that affect pregnancy can be treated easily, early detection is critical,” AACE President Richard Hellman MD, FACP, FACE said. “Even before conception, an untreated thyroid may encumber a woman’s ability become pregnant or even lead to a miscarriage.”

The thyroid is a small, butterfly-shaped gland that makes thyroid hormone which affects the function of many of the body’s organs including the heart, brain, liver, kidneys and skin. A malfunctioning thyroid that has gone unnoticed and untreated in a woman’s body can be dangerous for her and the child.

“It’s certainly something to consult with an endocrinologist about,” Hellman said. “As experts on the thyroid, we are able to treat women with a thyroid condition and help them to deliver a happy and healthy child.”

AACE, in observance of January’s Thyroid Awareness Month: “Treating Your Thyroid: It Deserves the Best Care,” has developed an important list of “Things Every Mother Should Know” that is critical for the health of a newborn child. More information is available at [www.thyroidawareness.com](http://www.thyroidawareness.com).

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- **Importance of adequate iodine intake in pregnancy**

- Thyroid hormone is necessary for normal brain development. In early pregnancy, babies get thyroid hormone from their mothers. Later on as the baby's thyroid develops it makes its own thyroid hormone. An adequate amount of iodine is needed to produce fetal and maternal thyroid hormone. *The best way to ensure adequate amounts of iodine reach the unborn child is for the mother to take a prenatal vitamin with a sufficient amount of iodine. Not all prenatal vitamins contain iodine, so be sure to check labels properly.*

- **Hyperthyroidism & pregnancy**

- Hyperthyroidism, if untreated, can lead to stillbirth, premature birth, or low birth weight for the baby. Sometimes it leads to fetal tachycardia, which is an abnormally fast pulse in the fetus. Women with Graves' disease have antibodies that stimulate their thyroid gland. These antibodies can cross the placenta and stimulate a baby's thyroid gland. If antibody levels are high enough, the baby could develop fetal hyperthyroidism, or neonatal hyperthyroidism.

A woman with hyperthyroidism while pregnant puts her at an increased risk for experiencing any of the signs and symptoms of hyperthyroidism. And unless the condition is mild, if it is not treated promptly a woman could miscarry during the first trimester; develop congestive heart failure, preeclampsia, or anemia; and, rarely, develop a severe form of hyperthyroidism called thyroid storm, which can be life threatening.

- **Hypothyroidism & pregnancy**

- Thyroid hormone is critical for the brain development of a fetus, because it depends solely on its mother for its thyroid hormone for most of the first trimester of pregnancy. When deprived of thyroid hormone, a baby is at an increased risk for neural development, which may lead to mental retardation.

Most women who develop hypothyroidism during pregnancy have mild disease and may experience only mild symptoms or sometimes no symptoms. However, having a mild, undiagnosed condition before becoming pregnant may worsen a woman's condition. A range of signs and symptoms may be experienced, but it is important to be aware that these can be easily written off as normal features of pregnancy. Untreated hypothyroidism, even a mild version, may contribute to pregnancy complications. *Treatment with sufficient amounts of thyroid hormone replacement significantly reduces the risk for developing pregnancy complications associated with hypothyroidism.*

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- **Miscarriage and thyroid disorders**
  - A woman with untreated hypothyroidism is at the greatest risk for a miscarriage during her first trimester. Unless the case is mild, women with untreated hyperthyroidism may miscarry during the first trimester.
  
- **Care of a child with congenital hypothyroidism**
  - All newborns in the United States are routinely tested for congenital hypothyroidism. Children with this condition are deficient in thyroid hormone, which is critical for the development of the nervous system. Untreated, congenital hypothyroidism can lead to mental retardation and stunted growth. Thanks to testing, every child born with congenital hypothyroidism is promptly treated with thyroid hormone, allowing them to develop normally and go on to live a normal, healthy life.
  
- **For those taking thyroid hormone, what to do before becoming pregnant**
  - How much and which thyroid hormone to take before conception
    - Levothyroxine sodium pills are completely safe for use during pregnancy. They are prescribed in dosages aimed at replacing the thyroid hormone the thyroid isn't making. Once a woman begins taking this medication, she will be monitored to ensure TSH levels have normalized. After normalization, a doctor will want to check these levels every six to eight weeks until normalization and less frequently thereafter. They may also counsel women to take thyroid hormone pills at least one-half hour to one hour before or at least three hours after taking iron-containing prenatal vitamins or calcium supplements, which can interfere with the absorption of thyroid hormone.

High levels of thyroxine (T4) appear to be required for normal brain development early in the pregnancy. A combination of T4 and T3 (triiodothyronine) as well as desiccated thyroid hormone do not provide an adequate amount of T4 and therefore should be avoided in a woman planning pregnancy or a woman that is already pregnant.

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- How to achieve and maintain excellent control throughout pregnancy
  - For a woman being treated for hypothyroidism, it's imperative to have her thyroid checked as soon as the pregnancy is detected so that medication levels may be adjusted. TSH levels may be checked one to two weeks after the initial dose adjustment to be sure it's normalizing. Once the TSH levels drop, less frequent check-ups are necessary during the pregnancy they tend to stabilize by the middle of pregnancy. Although thyroid hormone requirements are likely to increase throughout the pregnancy they tend to eventually stabilize by the middle of pregnancy. The goal is to keep TSH levels within normal ranges which are somewhat different than proper levels in a non-pregnant woman. After giving birth, the doctor should adjust dosage to the preconception level.
- **Role of the endocrinologist**
  - An endocrinologist is a physician or medical scientist who researches and treats patients with diseases relating to the endocrine system. Their advanced and specialized training make them experts in the care of endocrine disease, such as thyroid disorders.

In an effort to educate expecting mothers and those that suspect they may suffer from a thyroid condition, AACE has developed ways for people to seek out additional information. The website, [www.thyroidawareness.com](http://www.thyroidawareness.com), is a resource dedicated entirely to good thyroid health. Patient handouts covering hypothyroidism, hyperthyroidism, Hashimoto's thyroiditis, thyroid nodules, thyroid cancer, radioiodine therapy, the thyroid, pregnancy and infancy are available in the offices of AACE endocrinologists.

For more information on the thyroid and the AACE Thyroid Awareness Month campaign, visit: [www.thyroidawareness.com](http://www.thyroidawareness.com).

#### About AACE

*AACE is a professional medical organization with nearly 6,000 members in the United States and 85 other countries. Founded in 1991, AACE is dedicated to the optimal care of patients with endocrine problems. AACE Clinical Endocrinologists advanced, specialized training enable them to be experts in the care of endocrine disease, such as diabetes, thyroid disorders, growth hormone deficiency, osteoporosis, cholesterol disorders, hypertension and obesity. For further information about AACE visit [www.aace.com](http://www.aace.com). For more information about the AACE Thyroid Awareness Month, visit [www.thyroidawareness.com](http://www.thyroidawareness.com).*

#### About ATA

*Founded in 1923, the ATA is a professional society of 900 U.S. and international physicians and scientists who specialize in the research and treatment of thyroid diseases. The ATA is the North American professional society for physicians and researchers specializing in diseases of the thyroid gland. The ATA promotes excellence and innovation in clinical care, research, education, and public advocacy.*

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