NEONATAL POSTNATAL CLINICAL GUIDELINES

NEONATAL MANAGEMENT FOR EXISTING MATERNAL CONDITIONS

6.1 QUICK REFERENCE GUIDE – MATERNAL THYROID DISEASE

Maternal Thyroid Disorder

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

Autoimmune thyroiditis

Hashimoto’s

Graves’ Disease

Most commonly: Inhibitory
TSH Rc Abs

Rarely: co-existent stimulatory
TSH Rc Abs

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

Maternal TSH Rc Ab titres
at 28-32 w gestation

Clinical evidence of
foetal / neonatal
thyrotoxicosis?

Maternal TSH Rc Ab titres
at 28-32 w gestation

Not done / Elevated

Normal

No

Yes

Elevated

Normal

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

Low Risk
Routine care
Guthrie / NST only

Risk of thyrotoxicosis
Perform cord blood / day 1:
TSH / FT4 (i.e. TFTs)
TSH Rc Ab titre if not done

Low Risk
Routine care
Guthrie / NST only

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.

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6.1 QRG Maternal thyroid disease
Neonatal Postnatal
Clinical Guidelines
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