

# Thyroid screening in pregnancy –preliminary data from our outpatient clinic



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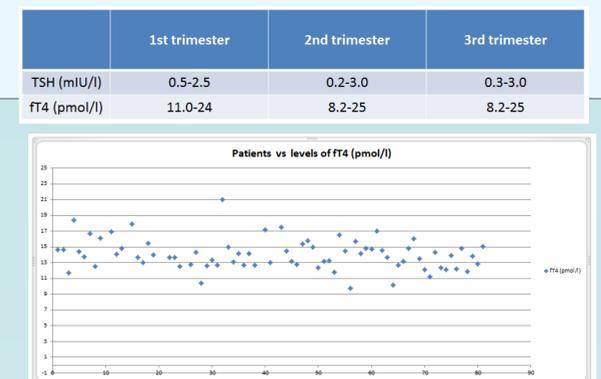
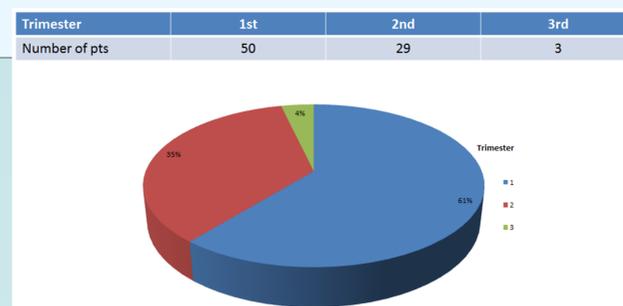
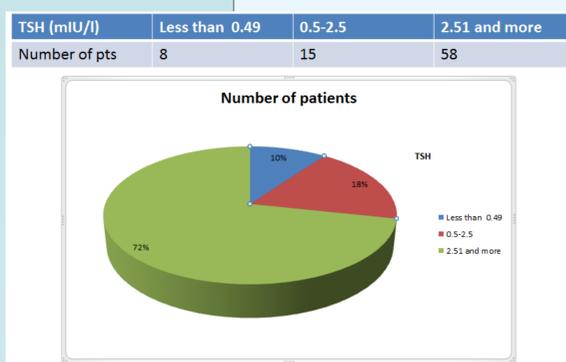
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## Objectives:

The adverse impact of overt hypothyroidism that complicates pregnancy outcomes is well-established. In order to eliminate these complications, there has been a discussion about the need for early detection of the disease of the thyroid gland in the population of women planning pregnancy, respectively in early pregnancy period. In Slovakia, this effort resulted in the approval of screening for thyroid diseases in pregnancy and has been enshrined in a legislative in 2009. Obligatory laboratory screening of pregnant women therefore includes also TSH examination. In the case of pathological range of TSH at gynaecologist, the patient is sent to endocrinologist. The aim of our study was to evaluate the implementation of screening of thyroid diseases in pregnant women.

## Methods:

We examined 81 pregnant women in a pilot study, with no history of thyroid disease, with a mean age of 32.7 years. They were sent to our outpatient clinic by gynaecologists for pathological results in laboratory screening (TSH, aTPO).



## Results:

The patients were examined on average, in the 13th gestational week. There were 50 patients examined during the first trimester, 29 patients in the 2nd trimester and 3 patients in the third trimester of pregnancy. A time from blood collection at the gynaecologist to the endocrinology examination ranged from 1-9 weeks. 35 patients were pregnant for the first time. TSH was in normal range only in 15 patients, 8 patients had suppressed TSH physiologically (suppressed by effect of HCG), the remaining 58 patients had hypothyroidism. Antibody positivity was found in 31 patients. FT4 values were in the range from 11 to 24 pmol/L (normal range) in 79 patients and in 2 patients below 11 pmol/L.

## Conclusions:

The results showed that despite the implementation of screening for thyroid diseases in early pregnancy, these women are sent to endocrinologist relatively late. This results to late diagnosis of hypothyroidism, although it is well known that only early treatment can prevent symptoms and complications in pregnant women and ensure the healthy development of the child.

## References:

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