Health
Western Sydney
Local Health District

Women's & Newborn Health
Westmead Hospital

Fact Sheet

Graves' disease in pregnancy

womensnewbornhealth.com.au

Graves' disease

Graves' disease is an autoimmune condition that damages the thyroid gland in the neck. It is the most common cause of hyperthyroidism (an overactive thyroid gland). Treatment is usually with medication. If the Graves' disease is severe, surgery may be needed to remove the Thyroid gland.

Common symptoms include:

- weight loss,
- increased metabolism,
- tremor or shaky hands,
- difficulty sleeping
- tiredness,
- bulging and irritated eyes
- enlarged thyroid gland (goitre) and sometimes,
- irregular periods.

Graves' disease and pregnancy

Some women are diagnosed with Graves' disease before falling pregnant. However, Graves' disease can be diagnosed during pregnancy if a woman is experiencing symptoms.

Graves' disease that is not managed during pregnancy can lead to complications such as miscarriage, high blood pressure and. complications with the placenta. Your baby may also experience complications such as a fast heart rate, low birth weight and rarely birth defects.

Regular monitoring and treatment of you and baby help to avoid these problems

Care during pregnancy

During pregnancy your care will be provided by a team which includes obstetric(pregnancy) doctors, midwives and endocrine doctors.

You will need regular t blood tests to check your thyroid function throughout your pregnancy.

Women who develop hyperthyroidism during pregnancy may need a change in their medication. The two common medications used to treat hyperthyroidism are PTU and carbimazole. PTU is usually taken in early pregnancy and carbimazole in the later weeks. Graves' disease often improves as the pregnancy progresses and your medication dose may be reduced as a result.

It is safe to breastfeed baby while taking these medications- check with 'Mothersafe'- medications in pregnancy and lactation service if you have any concerns.

Women who have had treatment for Graves' disease may develop an underactive thyroid gland- a condition known as hypothyroid. In these cases, medication will be changed to one called Thyroxine.

When a pregnant woman has Graves' disease, she will have thyroid receptor antibodies in her blood called TRAB or TSI. The levels of these antibodies will be monitored during the pregnancy. Ultrasound scans will be used in the third trimester to monitor baby's growth.

After birth

- If you required treatment of Graves' disease in pregnancy or if your blood tests showed thyroid receptor antibodies, the paediatric doctors will assess your baby.

- Sometimes a baby can develop an overactive thyroid gland (neonatal thyroiditis) after birth. This is not permanent but may sometimes need extra monitoring or treatment. These babies will need to stay

in hospital longer following birth for observation.

- On the first day of life, the paediatric doctor will examine your baby for signs common to babies with hyperthyroidism. Blood tests may need to be collected from baby to check thyroid hormone levels.

- The NSW Newborn screening test program also tests baby for Thyroid conditions. This blood test is done when baby is around 2 days of age.

- Further thyroid blood tests are done on day 3-4 of the baby's life. The results are checked by the paediatric doctor before going home.

- After discharge from hospital, baby will need to follow up with a paediatric doctor. An appointment will be made for you with the **Newborn and Parent Support Service (NAPSs)**, Westmead Hospital or with a paediatric doctor of your choice.

- Follow-up is at **day 10-14** and then again at **1 month** of life. During this appointment your baby will be examined and have thyroid function blood tests collected.

- The Endocrinology doctors will discuss your medication before discharge home. Graves' disease may become more active after birth. If this is the case a thyroid function blood test will be collected at **6 to 8 weeks** after baby's birth by your local doctor.

Mothersafe:

Medications in Pregnancy and Lactation service on:
(02) 9382 6539
(Sydney metropolitan)
1800 647 848
(non-metropolitan area)
http://www.mothersafe.org.au

References:

Casey BM, Thom EA, Peaceman AM, Varner MW, et al; Eunice Kennedy Shriver National Institute of Child Health and Human Development Maternal-Fetal Medicine Units Network. Treatment of. Subclinical Hypothyroidism or Hypothyroxinemia in Pregnancy N Engl J Med. 2017 Mar 2;376(9):815-825.

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We welcome further feedback on this brochure as a way on continually improving our service.

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wslhd-wmdwnhwebsite@health.nsw.gov.au