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SPECIFIC CHARACTERISTICS OF THYROID DYSFUNCTION DURING PREGNANCY AND POSTPARTUM PERIOD

Summary: Specific characteristics of thyroid dysfunction during pregnancy and postpartum period

Over the past 15 years there has been reported a rapid expansion of knowledge regarding thyroid disease and pregnancy. Given the rapidity of advances, it is not surprising that controversy surrounds optimal detection and management in this field. Thyroid disease during pregnancy had certain characteristics that make writing protocols more complicated. The field is concerned with the management of pregnant women who may have the variety of known or undisclosed thyroid conditions, hypothyroidism or hyperthyroidism, the presence of thyroid autoantibodies, or nodules. Pregnancy may affect the course of thyroid disorders, and, conversely, thyroid disease may affect the course of pregnancy. So, thyroid disease and their management may affect both, the pregnant women and the developing fetus. Finally, the pregnant women may be under the care of multiple health care professionals, obstetricians, endocrinologists and primary care practitioners, making the development of unique protocols more critical.

Autoimmune thyroid disease is most common thyroid disease in pregnancy. Autoantibodies cross the placenta. The presence of antibodies to thyroid peroxidase or thyroglobulin is associated with a significant increment in miscarriages. According to some studies, treatment with T₄ during pregnancy may reverse this risk. Fetal hyperthyroidism does occur during pregnancies in which thyroid receptor antibodies are present. Fetal hypothyroidism may occur when the antithyroid drug is administered.

And, one of the major unsettled questions in this field is the advisability of universal screening of pregnant women for thyroid disease, through TSH testing and antibody testing.

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