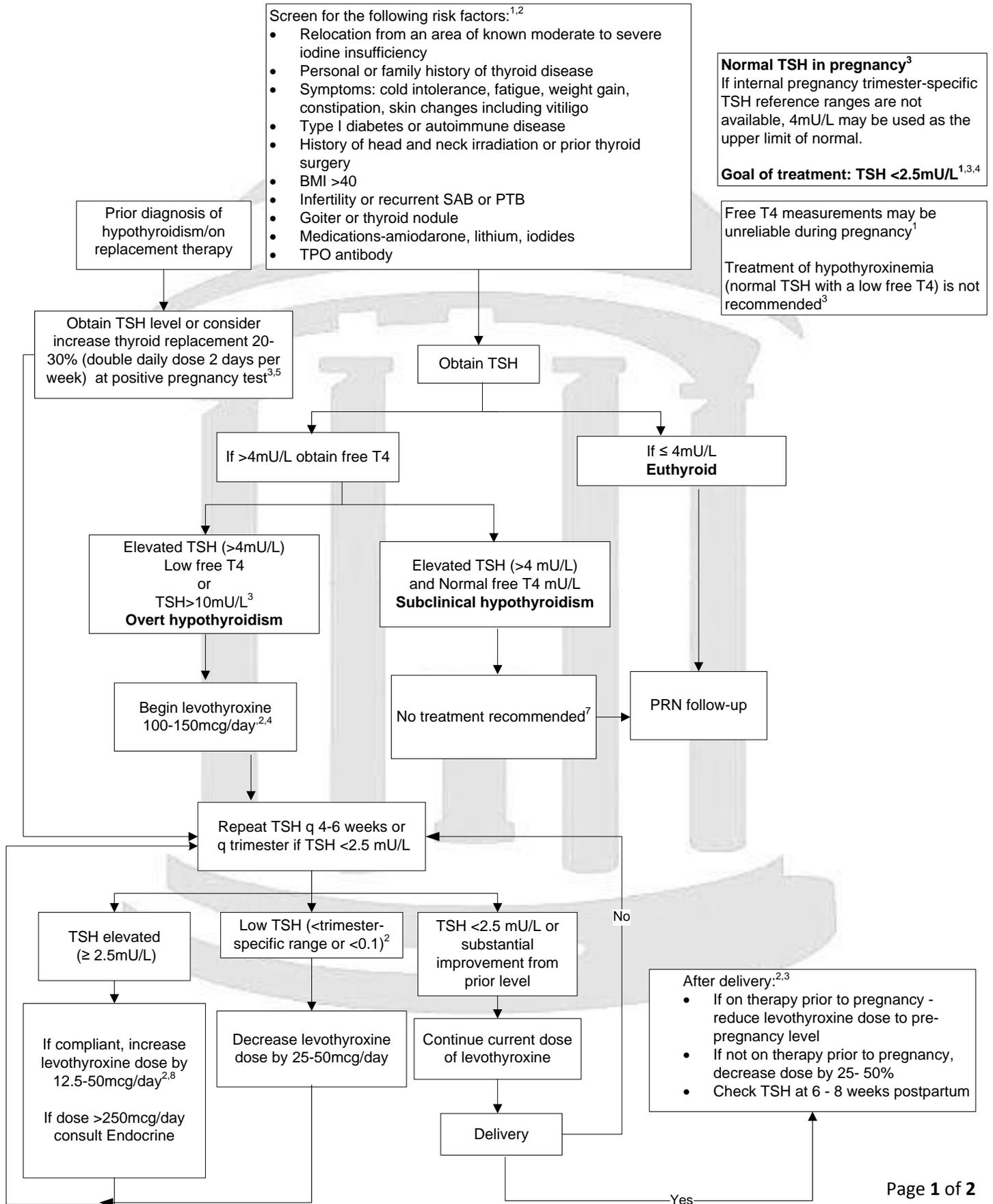


Hypothyroidism



References

1. De Groot, L., Abalovich, M., Alexander, E. K., Amino, N., Barbour, L., Cobin, R. H., . . . Sullivan, S. (2012). Management of Thyroid Dysfunction during Pregnancy and Postpartum: An Endocrine Society Clinical Practice Guideline. *The Journal of Clinical Endocrinology & Metabolism*, *97*(8), 2543-2565. doi:10.1210/jc.2011-2803
2. Douglas S. Ross, M. (2017). Hypothyroidism during pregnancy: Clinical manifestations, diagnosis and treatment. Retrieved from https://www.uptodate.com/contents/hypothyroidism-during-pregnancy-clinical-manifestations-diagnosis-and-treatment?search=hypothyroidism%20in%20pregnancy&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1
3. Alexander, E. K., Pearce, E. N., Brent, G. A., Brown, R. S., Chen, H., Dosiou, C., . . . Sullivan, S. (2017). 2017 Guidelines of the American Thyroid Association for the Diagnosis and Management of Thyroid Disease During Pregnancy and the Postpartum. *Thyroid*, *27*(3), 315-389.
4. Korevaar, T. I. M., Medici, M., Visser, T. J., & Peeters, R. P. (2017). Thyroid disease in pregnancy: new insights in diagnosis and clinical management. *Nat Rev Endocrinol*, *13*(10), 610-622. doi:10.1038/nrendo.2017.93
5. Yassa, L., Marqusee, E., Fawcett, R., & Alexander, E. K. (2010). Thyroid hormone early adjustment in pregnancy (the THERAPY) trial. *J Clin Endocrinol Metab*, *95*(7), 3234-3241. doi:10.1210/jc.2010-0013
6. Casey, B. M., Thom, E. A., Peaceman, A. M., Varner, M. W., Sorokin, Y., Hirtz, D. G., . . . VanDorsten, J. P. (2017). Treatment of Subclinical Hypothyroidism or Hypothyroxinemia in Pregnancy. *N Engl J Med*, *376*(9), 815-825. doi:10.1056/NEJMoa1606205
7. Practice Bulletin No. 148: Thyroid disease in pregnancy. (2015). *Obstet Gynecol*, *125*(4), 996-1005. doi:10.1097/01.aog.0000462945.27539.93
8. Casey, B. M., & Leveno, K. J. (2006). Thyroid disease in pregnancy. *Obstet Gynecol*, *108*(5), 1283-1292. doi:10.1097/01.AOG.0000244103.91597.c5

Revised April 2018 JG

These algorithms are designed to assist the primary care provider in the clinical management of a variety of problems that occur during pregnancy. They should not be interpreted as a standard of care, but instead represent guidelines for management. Variation in practices should take into account such factors as characteristics of the individual patient, health resources, and regional experience with diagnostic and therapeutic modalities.

The algorithms remain the intellectual property of the University of North Carolina at Chapel Hill School of Medicine. They cannot be reproduced in whole or in part without the expressed written permission of the school.

www.mombaby.org