

Abstract

Our universal screening revealed a relatively high prevalence of autoimmune thyroid disorders (AITD), namely Hashimoto's thyroiditis (HT) and postpartum thyroiditis (PPT), and incipient hypothyroidism in an unselected population of pregnant women from a chosen district, roughly similar to that in foreign studies. Most of the disorders recognized in this way were asymptomatic, and if only high-risk women, defined according to the recommended guidelines, were examined, a large proportion of pregnant women with thyroid disorders would be neither followed by an endocrinologist, nor treated. The universal screening for thyroid autoimmunity and dysfunction appears to be more beneficial for improving the care of pregnant and postpartum women and their children than limiting the testing on women with risk factors only.

For the evaluation of TSH levels in pregnant women in the first trimester of pregnancy, the range 0.15-3.5 mIU/l appeared to be the most appropriate one with respect to the method used. On the basis of the results obtained, we believe that the use of the screening target of 3.5 mIU/l and the treatment target of 2.5 mIU/l in women identified as having HT brings satisfactory outcomes. Pregnant women who were treated properly and in time showed a lower occurrence of complications in pregnancy. Many of these women had PPT in spite of adequate treatment but – thanks to regular monitoring in the endocrine clinic – their treatment was adjusted to their hormonal fluctuations.

The evaluation of pregnancies and deliveries seems to suggest that untreated women with AITD have more spontaneous abortions. In women with TPO-Ab positivity during pregnancy or with HT, PPT after birth or abortion was observed more frequently than in similar foreign groups.

With regard to the fact that during early pregnancy fetal development is entirely dependent on maternal fT4, it seems necessary to examine and (if need be) treat pregnant women as soon as possible.

Based on our experience and published data, we have proposed recommendations for screening, further evaluation, and treatment of pregnant women, with respect to AITD.