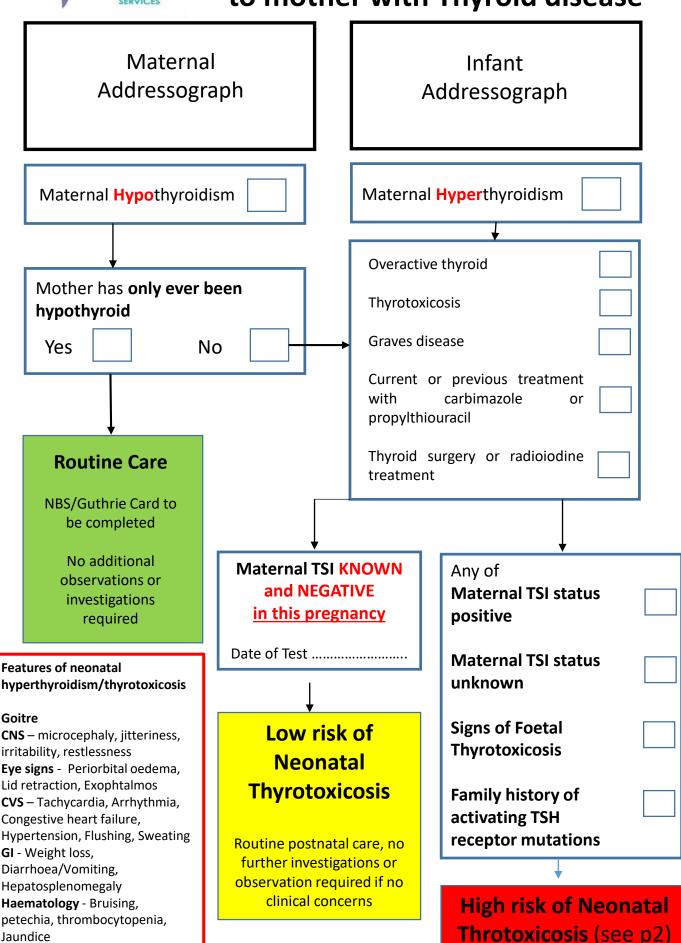


Postnatal Care of Infants born to mother with Thyroid disease



High risk of Neonatal Thyrotoxicosis pathway

Maternal TSI status positive Maternal TSI status unknown Signs of Foetal Thyrotoxicosis Neonatal team to be made aware of delivery	
Neonatal team to be made	
Signs of Footal Thurstonian aware of delivery	۱ ٦
Signs of Foetal Thyrotoxicosis	┛
Family history of neonatal hyperthyroidism (activating TSH receptor mutations)	
Perform TSI on cord blood OR on infant blood asap TSI sample sent as URGENT Observes for resistances 48 by	
following birth Cord blood Date and time of sample Observe for minimum 48 h OR until TSI results availabl Perform NIPE	
Infant sample Taken by	VA
Low risk infant, no furth follow up required	
Cord of illiant 131 Positive	
Inform consultant on call for SC/PNW	
Day 5 of life (or nearest working day): thyroid function tests and registrar / consultate clinical review If inpatient, this can be performed on ward review. If outpatient, arrange assessment in general consultant neonatal clinic OR registrar led clinic. Responsible consultant	int
Day 14 of life (or nearest working day): thyroid function tests and registrar / consultant clinical review	
If inpatient, this can be performed on ward review. If outpatient, arrange assessment in general consultant neonatal clinic OR registrar led clinic. Responsible consultant	

Thyroid function tests normal and clinically well

Consultant clinic at 4 – 6 weeks

Abnormal TFT or clinical concerns
Contact local / tertiary
endocrinologist for advice