



Postnatal Care of Infants born to mother with Thyroid disease

Maternal Addressograph

Infant Addressograph

Maternal **Hypo**thyroidism

Maternal **Hyper**thyroidism

Mother has **only ever been hypothyroid**
Yes No

Overactive thyroid
Thyrotoxicosis
Graves disease
Current or previous treatment with carbimazole or propylthiouracil
Thyroid surgery or radioiodine treatment

Routine Care
NBS/Guthrie Card to be completed
No additional observations or investigations required

Maternal TSI KNOWN and NEGATIVE in this pregnancy
Date of Test

Any of **Maternal TSI status positive**
Maternal TSI status unknown
Signs of Foetal Thyrotoxicosis
Family history of activating TSH receptor mutations

Low risk of Neonatal Thyrotoxicosis
Routine postnatal care, no further investigations or observation required if no clinical concerns

High risk of Neonatal Thyrotoxicosis (see p2)

- Features of neonatal hyperthyroidism/thyrotoxicosis**
- Goitre**
 - CNS** – microcephaly, jitteriness, irritability, restlessness
 - Eye signs** - Periorbital oedema, Lid retraction, Exophthalmos
 - CVS** – Tachycardia, Arrhythmia, Congestive heart failure, Hypertension, Flushing, Sweating
 - GI** - Weight loss, Diarrhoea/Vomiting, Hepatosplenomegaly
 - Haematology** - Bruising, petechia, thrombocytopenia, Jaundice

High risk of Neonatal Thyrotoxicosis pathway

Maternal TSI status positive	<input type="checkbox"/>	Neonatal team to be made aware of delivery
Maternal TSI status unknown	<input type="checkbox"/>	
Signs of Foetal Thyrotoxicosis	<input type="checkbox"/>	
Family history of neonatal hyperthyroidism (activating TSH receptor mutations)	<input type="checkbox"/>	

Perform TSI on cord blood **OR** on infant blood asap following birth

Cord blood	<input type="checkbox"/>	Date and time of sample Taken by
Infant sample	<input type="checkbox"/>	

TSI sample sent as URGENT
Observe for minimum 48 hours
OR until TSI results available
 Perform NIPE

Cord / infant TSI negative
 Low risk infant, no further follow up required

Cord or infant TSI Positive

Inform consultant on call for SC/PNW

Day 5 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 > email to consultant and SBU.NeonatalSecretaries@wales.nhs.uk sent [sent by date.....]

Family provided with	(a) forms and time to attend for phlebotomy (if appropriate)	[]
	(b) time and arrangements for clinical review	[]
	(c) safety netting and parent information leaflet provided	[]

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Thyroid function tests normal and clinically well
 Consultant clinic at 4 – 6 weeks

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