

EFFECTS OF THYROID DISORDERS IN PREGNANCY

During pregnancy TSH should be 0.5-2.5 mIU/lit .**Hypothyroidism** usually leads to infertility & recurrent pregnancy losses. Depending upon severity of disease & /or adequacy of treatment maternal & foetal complications may arise. Pregnancy induced hypertension, foetal growth retardation, anaemia, placental separation, spontaneous miscarriage, low birth weight baby, still birth & postpartum haemorrhage can occur. Iodine deficiency can lead to increased infant mortality, neurological cretinism, mental deficiencies, squint, dwarfism can happen.

Hyperthyroidism in pregnancy leads to anaemia, infections, abortion, growth retardation ,preterm labour, pregnancy induced hypertension ,increased foetal & neonatal mortality. Thyrotoxicosis in late first or early 2nd trimester(ie between 10-16 weeks of pregnancy),or at time of delivery pain might lead to heart failure & thyroid storm. Hyperthyroidism treatment with **PROPYLTHIOURESIL** can lead to hepatic failure in pregnant.

So all females with symptoms suggesting thyroid dysfunctions should be tested with simple blood tests & treated to prevent complications.