Routine Thyroid Screening Not Recommended for Pregnant Women

Washington, DC -- In response to a debate over whether all pregnant women should be screened for subclinical hypothyroid disease, The American College of Obstetricians and Gynecologists (ACOG) today recommended against routine screening in a Committee Opinion in the October issue of Obstetrics & Gynecology. ACOG says there is no evidence that identifying and treating pregnant women with subclinical hypothyroidism improves either maternal or infant outcomes.

"The issue has been whether thyroid screening should be a routine test during prenatal care," said Sarah J. Kilpatrick, MD, PhD, chair of ACOG's Committee on Obstetric Practice, which issued the Committee Opinion. "Some groups argue that identifying and treating asymptomatic hypothyroidism (subclinical hypothyroidism) will improve outcomes for pregnant women and their infants. With the information we have at this time, there isn't any proven health benefit."

The thyroid, a small gland in the neck that produces hormones, controls key body functions such as heart rate, body temperature, blood pressure, weight, and energy level. Certain disorders cause the thyroid to release too much hormone (hyperthyroid) or too little (hypothyroid). Untreated symptomatic hypothyroidism can lead to preterm birth, low birth weight, and decreased mental ability in infants. For women, it can lead to preeclampsia or placental abruption (placenta separates from the uterine wall).

Thyroid hormones, specifically thyroxine, are essential for normal fetal brain development. During the first trimester when fetal brain development begins, the fetus is entirely dependent on maternal transfer of thyroid hormones. When pregnant women are truly clinically hypothyroid with both symptoms and abnormal thyroid tests, including both thyroxine and thyroid stimulating hormone (TSH) (from iodine deficiency or other cause), throughout pregnancy, it can have
a dramatic, negative impact on infant brain development.

A subset of women (estimated at 2%-5% of all women) have "subclinical" hypothyroidism. Subclinical hypothyroidism has no symptoms and while one test of thyroid function is mildly abnormal, the thyroxine level itself is still normal. Several studies have suggested a relationship between subclinical hypothyroidism and preterm delivery and impaired brain development in children, leading some to call for routine screening of pregnant women. However, the benefit of treatment to either mother or fetus has not yet been demonstrated in pregnant women with subclinical hypothyroidism.

The US Preventive Services Task Force says there must be demonstrated improvement in important health outcomes of those individuals identified through screening before recommending routine screening of asymptomatic people. "There just isn't any data that supports the routine screening of millions of pregnant women for subclinical hypothyroidism every year because the long-term effects are not certain and there is no evidence that any treatment would make a difference in the long run," said Dr. Kilpatrick.

According to ACOG, thyroid testing is not a routine part of prenatal care and should be limited to women with symptoms of thyroid disease and those with a history of thyroid disease or other medical conditions associated with it, such as diabetes. Pregnant women who have been diagnosed with overt thyroid disease should be treated throughout pregnancy and during the postpartum period.


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The American College of Obstetricians and Gynecologists is the national medical organization representing over 51,000 members who provide health care for women.