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Pregnancy demands a lot from the thyroid gland. If the organ cannot meet the higher hormone requirement, there is a risk of developmental disorders in the baby

Pregnant women are in a hormonal state of emergency.

The thyroid hormone reach the embryo directly via the placenta and promote its mental and physical development.

If the mechanism is disturbed, it can affect the development of the child.

Women's doctors therefore recommend taking iodine and selenium tablets for desire to have children, during pregnancy and breastfeeding, as the supply of the required daily dose through food is not always guaranteed.

There is a threat of developmental disorders in the baby. Studies have shown that underserved children can suffer from an intellectual disability, which manifests itself weakly in a reading, for example.

How is a thyroid disorder treated?

Treating hypofunction is pregnant the woman takes the missing hormones in tablet form. However, the must doctor check whether the prescribed dose is actually sufficient, as the need for thyroid hormones increases during pregnancy. The feedback on this is provided by the TSH value, which always behaves in opposite way to the concentration of thyroid hormones: If it falls off. there is too much T3 and T4 in the blood. If it rises, the hormone levels are too low.

Many physicians recommend giving hormones even in the case of a latent underfunction — i.e. when there are actually still enough T3 and T4 swimming in the blood — in order to relieve the thyroid gland and prevent its metabolic derailment.

Fewer miscarriages and premature births, less breastfeeding problems and less frequent depression after birth.

The success of the treatment can be seen in a lower rate of premature births and miscarriages. Breastfeeding is also less likely to cause problems with a well-adjusted thyroid. And: The sadness after birth ("baby blues" and "postnatal depression") occurs less often.

The treatment should therefore be continued beyond the birth and checked again 6 weeks after the birth.

after:

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