MFM – LITE EPISODE 1

Optimizing Pre-conception and Early Pregnancy Care for those with Pre-existing Hypertension, Previous Pre-eclampsia/C-Section/Preterm Birth, and Thyroid Disease

PRE-EXISTING HYPERTENSION[4]

- Discontinue any ACEi or ARB
- Switch to a medication safe in pregnancy (Labetalol, Nifedipine ER, Methyldopa)
- Refer/Consult with OB
- BP Targets : SBP 130-155 & DBP 80-105
- ASA 162mg start between weeks 12 & 16

Remember to consider ASA start in other populations at risk for pre-eclampsia

- SLE, pregestational DM, BMI > 30, ART, antiphospholid antibody syndrome, multifetal pregnancy, AMA[4]

PRE-EXISTING THYROID DISEASE[1,2,7,8,9]

Ideally any patient with thyroid disease should be stable in their disease for at least 6 months prior to conception[2,9]

Risks of Untreated Thyroid Disaese

Hypothyroid : impaired neuropsychiatric development, low birth weight, SA, preeclampsia, PTB, abruption, stillbirth[1]

Hyperthyroid : PTB, low birthweight, SA, still birth, preeclampsia, HTN, heart failure, Afib, thyroid storm[1]

Primary Hypothyroidism on Synthroid	Hypothyroidism Secondary to Graves Disease	Hyperthyroidsim on anti-thyroid Medications
Measure TSH Q4 weeks for first half of pregnancy and then once per trimester[2,3]	Measure TSH[2] Measure TRAB[2]	Measure TSH[2] Measure Free T4[2] Measure TRAB[2]
Increase Levothyroxine dose at 25% at time of pregnancy diagnosis[1] unless preconception TSH < 1.2[9] Avoid taking medication with iron or calcium[9]	Increase Levothyroxine dose at 25% at time of pregnancy diagnosis[1] unless preconception TSH < 1.2[9] TRAB (+) = refer to OB [1,2] Delivery where pediatrics available[1]	OB/MFM/Endo referral[2] Methimazole is teratogenic in first trimester[1,2,9]

Additional Resource – Summary of Approach to Thyroid Disease in Pregnancy and Contains a Table of TSH and Thyroid Hormone Reference Ranges in Pregnancy : https://www.departmentofmedicine.com/endocrinology/endo-clinics/endo-endocrine-pathways/endo-thyroid-function-pregnancy/

Previous Pre-Term Birth[5]

1. Screen and Treat Bacterial Vaginosis
2. Review Substance Use
3. Eligible for vaginal progesterone?

PREVIOUS C-SECTION[6]

If TOLAC desired, counsel patients to have an interbirth interval of 18 months or greater

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