American Thyroid Associationwww.thyroid.org/

Postpartum Thyroiditis



WHAT IS THE THYROID GLAND?

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The thyroid gland located in the neck produces thyroid hormones which help the body use energy, stay warm and keep the brain, heart, muscles, and other organs working normally.

1 OVERVIEW

What is postpartum thyroiditis?

Postpartum thyroiditis is an inflammation of the thyroid that occurs in women after the delivery of a baby.

2 CAUSES

What causes postpartum thyroiditis?

Postpartum thyroiditis is the result of rapid damage to the thyroid caused by cells of the body's own immune system (autoimmune inflammation).

3 RISK

What is the risk for developing postpartum thyroiditis?

In the United Status, postpartum thyroiditis occurs in approximately 5-10% of women. The incidence can be greater in certain high-risk populations, such as those with previous thyroid problems, a family history of thyroid, positive anti-thyroid antibodies, a previous episode of postpartum thyroiditis, or other autoimmune disorders.

4 SYMPTOMS

What is the clinical course of postpartum thyroiditis?

The classic description of postpartum thyroiditis includes thyrotoxicosis (too much thyroid hormone in the blood) followed by *hypothyroidism*. The thyrotoxicosis usually lasts for 1-3 months and is associated with symptoms including anxiety, insomnia, palpitations (fast heart rate), fatigue, weight loss, and irritability. The hypothyroid phase typically occurs 1-3 months after the thyrotoxic phase and may last up to 9 –12 months. Typical symptoms include fatigue, weight gain, constipation, dry skin, depression and poor exercise tolerance. Most patients (~80%) will have return of their thyroid function to normal within 12-18 months of the onset of symptoms.

5 TREATMENT

How is postpartum thyroiditis treated?

The thyrotoxic phase may be treated with beta blockers to decrease symptoms such as palpitations and tremors. As symptoms improve, the medication should be tapered and then stopped since the thyrotoxic phase is transient. Antithyroid medications (see *Hyperthyroid brochure*) are not used for the thyrotoxic phase since the thyroid is not overactive. The hypothyroid phase is often treated with thyroid hormone replacement (see *Thyroid Hormone Therapy brochure*). It is important to remember that an attempt to stop thyroid hormone may be made after 6-9 months, since 80% of patients will regain normal thyroid function and not require chronic therapy.



FURTHER READING

Further details on this and other thyroid-related topics are available in the patient information section on the American Thyroid Association® website at www.thyroid.org.

