

GP REFERRAL LETTER

NEONATAL MANAGEMENT OF MATERNAL THYROID DISEASE

Date:...../...../.....



Dear Doctor.....,

Thank you for reviewing baby.....and family. This neonate has been identified as at risk for Hypo / Hyper -thyroidism (**circle correct option**) as a consequence of pre-existing maternal thyroid disease.

Maternal hypothyroidism

- In the case of mothers with a history of hypothyroidism (e.g. Hashimoto's thyroiditis, thyroid ablative therapy) who are clinically and biochemically euthyroid (with or without thyroxine treatment), the newborn infant does not require routine TFTs to be performed. A Guthrie / Newborn Screening Test is collected in all infants and abnormally raised TSH levels are reported to the PMH Endocrinology Department directly.

Maternal hyperthyroidism

- Infants of mothers with hyperthyroidism (e.g. secondary to Grave's disease, either treated or untreated) are at increased risk of hyperthyroidism / thyrotoxicosis. Infants of mothers who are not biochemically euthyroid, infants in whom thyrotoxicosis has been considered in utero and those in whom high titres of anti-thyroid receptor antibodies are detected should have thyroid function testing performed shortly after birth.

TFTs were / were not performed on this infant on (date).

The result was Normal Abnormal T4: TSH:

Comments / Follow-up required:

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Thank you for your ongoing care of this family,

Signature..... PRINT NAME.....

Designation: RMO / Reg / SR / Cons

Staff of the Neonatal Clinical Care Unit, KEMH