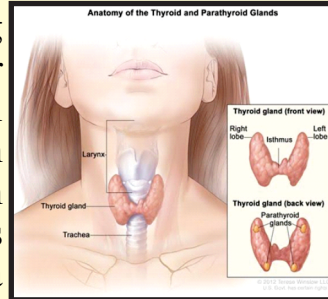


MATERNAL HYPOTHYROIDISM VISION THROUGH PERINATAL PRISM

Poster Presenter : Dr. Sana shaikh

INTRODUCTION

Introduction Hypothyroidism during pregnancy is a prevalent endocrine disorder that may adversely impact and neonatal outcomes. Hypothyroidism has been linked with an increase in preterm birth in some studies but the association remains contentious, with some studies showing a strong association and others concluding that there was none



OBJECTIVES

Primary objective- To derive correlation between hypothyroidism in pregnancy and gestational age at the time of delivery

Secondary objective -

To study association of hypothyroidism with preterm labour.
 To analyse maternal and fetal outcome related to hypothyroidism
 To evaluate effect of thyroid hormone therapy on fetal outcome.

METHODOLOGY

This is a retrospective study conducted in females delivering in a tertiary care hospital .Two groups one having 50 hypothyroid and other having 50 euthyroid females
 Outcome Variables like Mode of Delivery, weeks of gestation at the time of delivery, Baby weight and Neonatal unit admission were noted

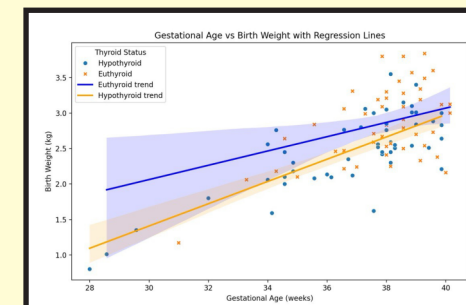
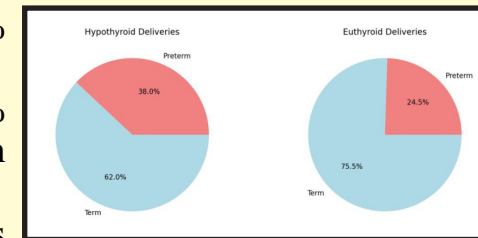
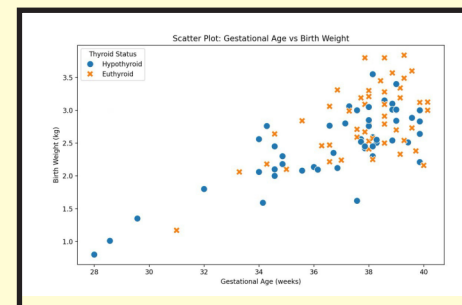
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Hypothyroid group: 38% preterm vs 62% term deliveries
 Euthyroid group: 24.5% preterm vs 75.5% term deliveries

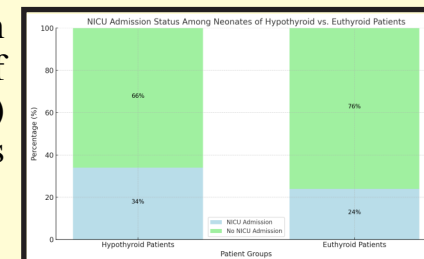
The odds ratio of 1.89 indicates that hypothyroid mothers are nearly twice as likely to have preterm deliveries compared to euthyroid mothers.

Mean birth weight for euthyroid group: 2.83 kg.
 Mean birth weight for hypothyroid group: 2.47 kg..
 The p-value (0.0015) indicates a statistically significant difference in birth weights between the two groups.
 Both groups show increasing birth weight with gestational age
 Hypothyroid group tends toward lower birth weights across gestational ages



RESULT

There was higher NICU admission rates among neonates of hypothyroid patients (34%) compared to euthyroid patients (24%)



In the hypothyroid group, patients with low birth weight (<2.5 kg) showed higher mean TSH values (5.57) compared to normal birth weight(4.09)

The cesarean section rates in hypothyroid group (49%) and in euthyroid group(41.67%) was comparable with no statistically significant difference

CONCLUSION

Hypothyroidism is associated with preterm labour and low birth weight
 Hypothyroidism is associated with higher neonatal intensive care unit admissions
 Patients on medication had neonatal birth weights closer to those seen in euthyroid pregnancies and fewer NICU admissions compared to those not on medication, indicating that managing hypothyroidism reduces adverse outcomes.

There are no conflicts of interest

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