

What are the signs that the thyroid medicine dose is too high?

Signs include:

- eating more but losing weight
- shaky, irritable
- fast heartbeat
- not sleeping well/restless
- diarrhea (not the same as the loose stools that breastfed babies normally have)
- warm to touch, maybe even sweaty

What are the signs that the thyroid medicine dose is too low?

Signs include:

- quiet, sleeps for long periods
- cool, mottled skin
- dry skin
- coarse hair
- poor feeding with poor weight gain

An older child might gain weight because he or she is not as active.

If your child has any or all of these symptoms of too much or too little thyroxin, the dose of the thyroxin may need to be changed. Call the endocrine clinic nurse. A blood test can be done to check if the dose of thyroxin is correct.

How often should my child see the doctor?

It is important that your baby seen regularly during the first few years of life. Your baby may be seen by a family doctor, pediatrician, or endocrine specialist. Your doctor will want to see your baby more often during the first year or two, when your baby is growing quickly. Your doctor can also tell you how often your baby should have a check-up.

At each visit, the doctor will check your baby's health, growth, development, and the level of thyroid hormone in the blood. This will help to make sure that your child is getting the correct dose of thyroxin.

Will my child always have it?

Sometimes, congenital hypothyroidism may be temporary. To find out, your doctor may suggest your child stops thyroxin treatment after his or her third birthday. A blood test 4 to 6 weeks later will tell if your child's thyroid gland is working properly or not. A normal test means that your child may not need to take thyroxin anymore. If the test is **not** normal, your child will **always** need to take thyroxin. Your doctor or endocrine clinic nurse will help you decide what is best for your child.

If you have questions, be sure to ask your doctor or clinic nurse.

With proper medical care and follow-up, children with congenital hypothyroidism can expect to grow and develop normally.

health information

Congenital Hypothyroidism

What is congenital hypothyroidism?

Congenital means that you are born with it. When the thyroid gland doesn't work you are hypothyroid.

Congenital hypothyroidism means that your baby was born with a thyroid gland that doesn't work as it should.

The thyroid gland is found in the neck. It produces two hormones, thyroxine (T4) and triiodothyronine (T3). Both control growth and development of the body, brain, and many chemical processes in the body.

What causes congenital hypothyroidism?

Congenital hypothyroidism usually results from a problem with how the thyroid gland was formed before birth. It can happen because:

- the thyroid gland is missing
- it grew in the wrong place (called an ectopic gland) and as a result does not work
- it did not grow properly during the pregnancy and does not release the hormones normally released by the thyroid gland
- an inborn error prevents the thyroid gland from making thyroid hormones

Nothing could have been done during your pregnancy to prevent congenital hypothyroidism in your baby.

How is congenital hypothyroidism diagnosed?

Congenital hypothyroidism is usually diagnosed by a blood test that babies have during the first few days of life. Babies with this disorder are usually diagnosed within 2 weeks of birth, long before signs or symptoms may be seen.

About 1 in 4,000 babies are born with this condition. It is more common in girls than boys.

The doctor may want your baby to have other tests that help find the cause of the hypothyroidism. A special x-ray using a dye may be needed to help find the location of the gland and check its function. An ultrasound may be done to see if the thyroid gland is present or not. Another x-ray may be used to look at the maturity of the bones.

Why is it important to treat it?

Congenital hypothyroidism is easy to treat, but if it is not treated, the results are quite serious.

- Your baby may be jaundice when newborn.
- The brain will not grow well and can cause mental retardation.
- Your baby will not grow.
- Your baby will be sleepy, which could prevent him or her response and learning from the environment.
- Your baby may feed poorly, which can cause poor weight gain.
- Your baby may have a problem with constipation because the digestive tract moves too slowly.

If treated early, babies with congenital hypothyroidism can expect to develop as they would have if they hadn't been born with this problem.

How is congenital hypothyroidism treated?

Congenital hypothyroidism is easily treated with a pill that is taken every day. A synthetic form of thyroxin hormone called thyroxin is given. It is a pill that is taken once a day, usually at about the same time of day.

Even in young babies, you can put the thyroxin pill about half way back on the tongue and by encouraging your baby to swallow. This could be done by giving your baby a soother, bottle, or having them latch onto your breast after the pill is placed on the tongue. Some people prefer to syringe a few drops of sterile water into the baby's mouth to help the baby swallow. If your baby has trouble swallowing the pill, the endocrine nurse can suggest other ways of giving the thyroxin.

Give the pill before a feed. Never mix it with an entire feed (solid or liquid) in case your baby does not eat or drink the entire feed, which means he or she won't get the full dose.

If your baby throws up within 30 minutes of taking thyroxin, give the entire dose again.

If your baby throws up more than 30 minutes after the dose, the dose is considered absorbed and does not need to be give again.

If your baby misses a dose of thyroxin, you can give it later that same day. If the dose cannot be made up later the same day, then give the dose as scheduled the following day.

Do not give double the dose if your baby missed a dose.

Regular blood tests will tell your doctor whether or not the dose of thyroxin is working for your baby. As your baby grows, the dose will need to be increased. Your doctor or endocrine clinic nurse can tell you how often your baby may need blood tests.