

<b>Table 1. Thyroid screening guidelines.</b>				
	<b>American Congress of Obstetricians and Gynecologists (ACOG) [5]</b>	<b>The American Thyroid Association (ATA) [6**]</b>	<b>The Endocrine Society [7**]</b>	<b>American Association of Clinical Endocrinologists (AACE) [8]</b>
<b>Author (Year)</b>	Committee Opinion (2007)	Stagnaro-Green et al. (2011)	DeGroot et al. (2012)	Garber et al. (2012)
<b>Definition of normal TSH in first trimester</b>	Not defined	Trimester-specific ranges should be applied. If unavailable: 0.1-2.5 mIU/L.	0.1-2.5 mIU/L	Upper limit should be based on trimester-specific ranges. If unavailable, upper limit of 2.5 mIU/L.
<b>Universal Preconception Screening</b>	Not addressed	Not addressed	Not recommended	Not recommended
<b>High Risk Preconception Screening</b>	Not addressed	Insufficient evidence to recommend for or against	Recommended <sup>c</sup>	Recommended <sup>e</sup>
<b>Universal Screening During Pregnancy</b>	Not recommended	Insufficient evidence to recommend for or against	No consensus <sup>d</sup>	Not recommended
<b>High Risk Screening During Pregnancy</b>	Recommended <sup>a</sup>	Recommended <sup>b</sup>	Recommended <sup>c</sup>	Not addressed
<b>Screening for thyroid antibodies</b>	Not addressed	Insufficient evidence to recommend for or against screening all women for thyroid antibodies in the first trimester.	Not recommended to screen for TPOAb before or during pregnancy.	TPOAb should be considered when evaluating patients with subclinical hypothyroidism.

<sup>a</sup> High risk: Symptomatic women and those with a personal history of thyroid disease or other medical conditions associated with thyroid disease.

<sup>b</sup> High risk: History of thyroid dysfunction or prior thyroid surgery, age older than 30, symptoms of thyroid dysfunction or the presence of a goiter, TPOAb positive, Type 1 diabetes mellitus (DM) or other autoimmune disorders, history of miscarriage or preterm delivery, history of head or neck radiation, family history of thyroid dysfunction, BMI  $\geq 40$  kg/m<sup>2</sup>, use of amiodarone or lithium or recent administration of iodinated radiologic contrast, history of infertility, residing in an area of moderate to severe iodine insufficiency.

<sup>c</sup> High risk: Over age 30, family history of autoimmune thyroid disease or hypothyroidism, presence of goiter, thyroid antibodies, symptoms or signs of thyroid hypofunction, personal history of type 1 DM or autoimmune disorders, history of infertility, prior history of miscarriage or preterm delivery, history of prior therapeutic head or neck irradiation or prior thyroid surgery, currently receiving levothyroxine replacement, living in a region with presumed iodine deficiency.

<sup>d</sup> Some committee members recommend screening all pregnant women. Others recommend neither for nor against screening all pregnant women, but support screening high risk women at first visit.

<sup>e</sup> High risk: autoimmune disease including type 1 DM, pernicious anemia, a first-degree relative with autoimmune thyroid disease, history of neck radiation to the thyroid gland, prior history of thyroid surgery or dysfunction, abnormal thyroid examination, psychiatric disorders, taking amiodarone or lithium. Also women with the following diagnoses: adrenal insufficiency, alopecia, unspecified anemia, cardiac dysrhythmia, changes in skin texture, congestive heart failure, constipation, dementia, dysmenorrhea, hypercholesterolemia, hypertension, mixed hyperlipidemia, malaise and fatigue, unspecified myopathy, prolonged QT interval, vitiligo, weight gain.