No. HFW-H/NHM/GAM/2012
National Health Mission
Himachal Pradesh

To,

1. All the Chief Medical Officers,
   Himachal Pradesh
2. The Medical Superintendents,
   RH Bilaspur/ RH Chamba/ RH Hamirpur/
   ZH Dharamshala/ RH Kullu/ ZH Mandi/
   ZH Shimla/ RH Nahan/ RH Solan/ RH Una/
   CH Rohru/ MGMSC Khaneri, Shimla
3. The Principal,
   IGMC, Shimla / Dr. YS Parmar Med. College, Nahan/
   Dr.RPGMC, Tanda/RGRAH, Paprola, Kangra
   Pt. Jawahar Lal Nehru Govt.Med. College, Chamba/
   Sh. Lal Bahadur Shastri Govt. Med. College, Mandi

DIRECTORATE OF HEALTH SERVICES
31 OCT 2017
KASUMPTI, SHIMLA - 9

Dated Shimla-9, the

Subject: Guidelines for screening of Hypothyroidism during pregnancy.

Sir,

Untreated Hypothyroidism during pregnancy is associated with adverse effects for the mother and the baby. Hypothyroidism during pregnancy could result in Abortion (especially in early pregnancy), recurrent pregnancy loses, Anemia, Pre-Eclampsia, Gestational Diabetes, Abruption Placenta, Post-Partum Hemorrhage, increase rate of C-section due to fetal distress and in some cases Myopathy and Congestive Heart Failure. Hypothyroidism results in pre-term births, intra-uterine growth restriction, intra-uterine fetal demise, respiratory distress and increased Peri-natal mortality. It could lead to cognitive neurological and developmental impairment as the Thyroid hormone is critical for fetal brain development. In view of the above, Government of India had came up with the National Guidelines for Screening and treatment of Hypothyroidism during Pregnancy. The programme was to be implemented in two phases i.e. Phase-I in Medical Colleges and Phase-II in District Hospitals, CHCs, etc. The Phase-I was launched in 2015 in both the Medical Colleges where it was found that the prevalence of Sub-Clinical Hypothyroidism (SCH) is 11.3%.

Keeping in view that Himachal comes in the Iodine deficient belt and the high prevalence of sub-clinic hypothyroidism amongst pregnant women, it has been decided that we may implement the programme of screening and treatment of hypothyroidism at the FRU level (List of FRUs attached).

A copy of the National Guidelines is being provided to you as soft copy. However, the salient features of the programme are as given below:

1. **Target population**: All pregnant women reporting to FRUs are to be screened.
2. **Diagnostic criteria**:
   - SCH is defined as a serum TSH between 2.5 and 10mIU/L with normal FT4 concentration and Overt Hypothyroidism (OH) is defined as serum TSH>2.5-3mIU/L with low FT4 levels. TSH>10mIU/l irrespective of FT4 is OH.

- TSH and FT4 is to be done at the Government Lab at FRU or in SRL Lab. In case the test is done at SRL Lab nothing is to be charged from the patient and SRL lab may be subsequently reimbursed after following all codal formalities. The expenditure on account of the same may be booked under JSSK.

3. **Methodology for diagnosis**:
   - Sample collection: Venous blood to be taken with other ante-natal care investigations in a single sitting.
   - Equipment: Auto/ semi-auto analyzer.

4. **Protocol for management of Hypothyroidism**:
   - Treat if TSH value is above the defined upper limit for the specific trimester (2.5mIU/l for second and third trimesters)
   - Levothyroxine is the drug of choice which is to be taken orally in the morning empty stomach.
   - Levothyroxine 25 mcg/day for TSH between upper limit and 10mIU/l and 50 mcg/day for TSH>10mIU/l
   - Repeat TSH after 4-6 weeks to assess response
   - Specialist referral required only for women with associated complications
   - Postpartum treatment to continue in women with TSH>10mIU/l.
   - Levothyroxine Sodium belongs to category-A for used during pregnancy and can be used safely during pregnancy and lactation without any adverse effect to the mother and the child. Further details may be seen in the guidelines.
   - The strength required for this programme is 25/50/100mcg. These have been made a part of Essential Drug List under Free Drug Policy of Himachal Pradesh.
5. **Community linkages**: ASHAs and ANMs are the key persons connecting PW in the community with health facilities, and therefore, they have an important role in detection and follow up of PW diagnosed with hypothyroidism.
6. **Orientation/ training**: All concerned health personnels need to be oriented in the programme and a stand alone training is not required and the orientation can be done during existing Review meeting at district/block/ circle level.
7. **Records and reporting**: The MS / In-charge of FRU will submit a monthly report on the format for FRU (Annexure-'A'). The district will send a monthly report on the format for district (Annexure-'B') as part of Comprehensive Reporting Format.

Mission Director
National Health Mission
Himachal Pradesh
Email: md-hp-nrhm@nic.in

DIRECTORATE OF HEALTH SERVICES
31 OCT 2017
KASUMPTI, SHIMLA-9

Endst.No. HFW-H/NHM/GAM/2012 Dated Shimla-9, the

Copy to:

1. The Principal Secretary (Health) to the Government of Himachal Pradesh for information please.
2. The Joint Secretary (RCH), GoI, Nirman Bhawan, New Delhi-110011 for information please.
3. The Deputy Commissioner, Maternal Health, Room No. 505-A, Nirman Bhawan, New Delhi-110011, GoI for information please.
4. The Director Health Services, Himachal Pradesh for information please.

5. The Director, Ayurveda, Himachal Pradesh for information please.
6. All the Deputy Commissioners, Hiamchal Pradesh for information please.
7. The Principal, IGMC, Shimla/ Dr.RPGMC Tanda, Kangra/ RGRAH, Paprola, Kangra/ Dr. Y.S.Parmar Medical College, Nahan/ Pt. Jawahar Lal Nehru Govt. Medical College, Chambal/ Sh. Lal Bahadur Shastri Govt. Medical College, Mandi for information please.
8. Dr. Shailja Puri, Lab Head, SRL Limited, IGMC, Shimla-171001 with a request to send the information to other SRL labs.
9. All the State Programme Officers, NHM for information please.
10. The Joint Controller (F&A), National Health Mission for information please.
11. The SPO (IEC), NHM with the directions to prepare IEC material for screening and treatment of Hypothyroidism.
12. The Consultant (HMIS), NHM with the direction to upload the guidelines on NHM portal.

Mission Director
National Health Mission
Himachal Pradesh

Annexure-'A'

Monthly Reporting Format for FRU for Screening and treatment of Hypothyroidism

Name of FRU:_____ Month & Year:

Obstetric OPD	ANC conducted	Number tested for TSH	Number tested for FT4	Number of women diagnosed as sub-clinical hypothyroidism (SCH)	Number of women diagnosed as Overt hypothyroidism (OH)	Number of women initiated on treatment in current month	Number of women initiated on treatment with Levothyroxine	Number of Follow-up TSH done after six months of initiation or treatment	Pregnancy Outcome		Number of women continued on treatment after delivery
									Maternal	Child	

Whether adequate supply of levothyroxine availble throughout the month

Whether facility for testing of TSH and FT4 is availble or not

Annexure-'B'

Monthly Reporting Format for Screening and treatment of Hypothyroidism

Name of District:_____ Month & Year:

Obstetric OPD	ANC conducted	Number tested for TSH	Number tested for FT4	Number of women diagnosed as sub-clinical hypothyroidism (SCH)	Number of women diagnosed as Overt hypothyroidism (OH)	Number of women initiated on treatment in current month	Number of women initiated on treatment with Levothyroxine	Number of Follow-up TSH done after six months of initiation or treatment	Pregnancy Outcome		Number of women continued on treatment after delivery
									Maternal	Child	

Whether adequate supply of levothyroxine availble throughout the month

Whether facility for testing of TSH and FT4 is availble or not