Table 4. Pregnant women recommended early TSH screening.

- Thyroid dysfunction / surgery underwent (since hypothyroid development rate is 33% after lobectomy)
- Thyroid disease history in the family
- Goiter presence
- Thyroid antibody positivity, especially thyroid peroxidase auto-antibodies (TPOAb increases hypothyroidism risk, and the probability increased 40% in those with TPOAb positivity compared to TPOAb negativity)
- Presence of clinical hypothyroidism findings/symptoms
- Type I diabetes (since hypothyroidism rate increases to 16%)
- Miscarriage and preterm labor
- Presence of vitiligo, adrenal failure, hypoparathyroidism, atrophic gastritis, pernicious anemia, systemic sclerosis, SLE, Sjögren’s syndrome associated with autoimmune thyroid dysfunction
- Infertility presence (Although overt and subclinical hypothyroidism rates are as wide as 1–43%)
- Those who underwent head-neck irradiation (since hypothyroidism prevalence is 67% in the 8-year follow-up)
- Morbid obeses whose BMI (body mass index) is >40 (since hypothyroidism was found as 13–19.5%)
- Women over 35 years (The rate of Serum TSH value be ? 5 increases together with the age)
- Amiodarone treatment applications (14–18% hyperthyroidism-hypothyroidism)
- Lithium use (6–52 hypothyroidism)
- Exposure to iodized contrast agents (until 6 weeks before pregnancy, thyroid dysfunction in 20% cases)
- Living in regions with medium level of iodine insufficiency