THYROID DISORDERS (344)

PARTICIPANT TYPE……..**ALL**
HIGH RISK……..**YES**

RISK DESCRIPTION:

Thyroid dysfunctions that occur in pregnant and postpartum women, during fetal development, and in childhood are caused by the abnormal secretion of thyroid hormones.

The medical conditions include, but are not limited to, the following:

Thyroid Dysfunction	Definition
Hyperthyroidism	Excessive thyroid hormone production (most commonly known as Graves' disease and toxic multinodular goiter).
Hypothyroidism	Low secretion levels of thyroid hormone (can be overt or mild/subclinical). Most commonly seen as chronic autoimmune thyroiditis (Hashimoto's thyroiditis or autoimmune thyroid disease). It can also be caused by severe iodine deficiency.
Congenital Hyperthyroidism	Excessive thyroid hormone levels at birth, either transient (due to maternal Grave's disease) or persistent (due to genetic mutation).
Congenital Hypothyroidism	Infants born with an under active thyroid gland and presumed to have had hypothyroidism in-utero.
Postpartum Thyroiditis	Transient or permanent thyroid dysfunction occurring in the first year after delivery based on an autoimmune inflammation of the thyroid. Frequently, the resolution is spontaneous.

Presence of thyroid disorders diagnosed by a physician as self-reported by applicant, participant, or caregiver; or as reported or documented by a physician, or someone working under physician's orders

Self-reporting of a diagnosis by a medical professional should not be confused with self-diagnosis, where a person simply claims to have or to have had a medical condition without any reference to professional diagnosis. A self-reported medical diagnosis should prompt the CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis.

Revised July 2012
Developed 2012 by the Iowa WIC Program

ASK ABOUT:

- Attitude and knowledge about condition and treatment plans including diet, physical activity, and medications
- Barriers to following treatment plan (e.g., health beliefs, religious or cultural practices, finances, access to follow-up health care)
- Dietary supplements including vitamins, minerals, herbal products and targeted nutrition therapy products
- Weight history and weight goals
- Food-medication interactions

NUTRITION COUNSELING/EDUCATION TOPICS:

- Identify the WIC foods that are consistent with the treatment plan.
- Individuals with hyperthyroidism can benefit from WIC foods and nutrition education due to the increased caloric needs of hypermetabolism.
- Individuals with hypothyroidism can benefit from nutrition education about the low-fat and lower calorie WIC foods to assist in weight management and normal growth and development.

POSSIBLE REFERRALS:

- If the participant is taking any non-prescribed vitamin or mineral supplements, herbal supplements, or targeted nutrition therapy products, advise discussing these with the primary care provider.
- If the participant does not have an ongoing source of health care, refer to primary care providers in the community or the local public health department.
- Depending on the type of thyroid disorder, you may be able to refer infants and children to the Children's Special Health Services program (http://www.ndhealth.gov/cshs/).