

Online Supplementary Material

US Preventive Services Task Force. Screening for congenital hypothyroidism: US Preventive Services Task Force reaffirmation recommendation statement. *Ann Fam Med.* 2008;6(2):166.

http://www.annfammed.org/cgi/content/full/6/2/166-a/DC1



Screening for Congenital Hypothyroidism: Clinical Summary of US Preventive Services Task Force Recommendation

Population	ALL NEWBORN INFANTS*
Recommendation	SCREEN
	Grade: A
Screening tests	Two methods of screening are used most frequently in the United States: Primary TSH with backup T4 Primary T4 with backup TSH
	Screening for congenital hypothyroidism (CH) is mandated in all 50 states and the District of Columbia.
	Clinicians should become familiar with the tests used in their area and the limitations of the screening strategies employed.
Timing of screening	Infants should be tested between 2 and 4 days of age. Infants discharged from hospitals before 48 hours of life should be tested immediately before discharge. Specimens obtained in the first 24-48 hours of age may be falsely elevated for TSH regardless of the screening method used.
Suggestions for practice	Infants with abnormal screens should receive confirmatory testing and begin appropriate treatment with thyroid hormone replacement within 2 weeks after birth.
	Children with positive confirmatory testing in whom no permanent cause of CH is found should undergo a 30-day trial of reduced or discontinued thyroid hormone replacement therapy to determine if the hypothyroidism is permanent or transient.
	This trial of reduced or discontinued therapy should take place at some time after the child reaches 3 years of age.
* This recommendation applies	atement and supporting documents please go to http://www.preventiveservices.ahrq.gov. to all infants born in the US. Premature, very low birth weight and ill infants may benefit from onditions are associated with decreased sensitivity and specificity of screening tests.