The thyroid gland influences numerous functions such as reproduction, energy balance, metabolism as well as skeletal and central nervous system development. Regarding the reproductive system, hypothyroidism can be responsible for obstetrical complications and congenital malformations. Because the fetal thyroid isn't fully functional before the 20th week of gestation, mother's euthyroidy is capital for the fetal development. A 34 years old pregnant woman presented to our prenatal care unit with dysthyroidism. Her medical history is marked by anemia and a multinodular goiter for which she received 50?g of levothyroxine. A thyroidectomy was decided in 2012 due to the aspect of one nodule suggesting an increased risk of malignant transformation. Pathological analysis revealed a papillary carcinoma in the left lobe. She became pregnant immediately after the surgery. Radiotherapy was thus delayed until the end of breastfeeding. The first routine laboratory test in our department showed a TSH>58.61?UI/ml. Despite increasing the levothyroxine dosage (up to 500 ?g daily), euthyroidism couldn't be reached. To check if that was the consequence of an inadequate therapy adherence or an absorption problem, we decided to test the levothyroxine absorption. Results showed that the latter was not optimal. She was advised to stop taking iron supplement and levothyroxine simultaneously and to stop drinking tea. The most recent test showed a TSH at 1,28 while taking 300 ?g of levothyroxine daily. Pregnancy can modify the available levothyroxine concentration. The medicine should ideally be given 30 minutes before eating. Some food, tea and medications such as iron preparation can decrease the absorption of the drug. Appropriate advice must be given to pregnant women treated with levothyroxine to avoid absorption deficiency, especially in such risky situation.