INTRODUCTION
Thyroid disorders are observed more frequently in women of fertile age and pregnancy often has a trigger role because of hormonal and metabolic changes.

AIM OF THE STUDY
The aim of our study was to assess thyroid function and the prevalence of emerging disorders in a sample of healthy women at delivery, two and six months later.

MATERIALS AND METHODS
We enrolled 55 women at 48 h postpartum and we evaluated signs of thyroid dysfunction, thyroid size by palpation, thyroid hormones and autoantibodies. We included 27 women because they have returned for the control at 8 weeks and divided them in three groups according to TSH level (>4 mcU/ml) (Group 1), serum antibodies positivity (Group 2), normal (group 3 Control).

RESULTS
Sociodemographic characteristics were similar in all women. At 48 h after delivery the first group, 8 patients (29.4%), had significantly higher mean TSH levels (4.66 ± 0.49). Of the 4 autoantibodies positive patients (14.8%), only one had high TSH level (5.60 mcU/ml); the other 3 had euthyroidism (mean TSH levels 2.20 ± 1.09). Serum free T4 and T3 values were not significantly different in the three groups. Two months later, all subclinical hypothyroid patients have normalized TSH (mean levels = 1.56), even the one patient anti-TPO antibodies positive (1.40 mcU/ml) and autoantibodies weren't remarkable. In the second group the other 3 women presented a suppressed TSH (mean values = 0.16 mcU/ml), and a raise in the autoantibodies titles. One woman was thyrotoxic, with high levels of fT3 (8.9 pg/ml) and fT4 (3.36 ng/dl) and mild signs and symptoms. fT3 and fT4 concentrations were normal in all other patients.

DISCUSSION
Our preliminary data show the importance to evaluate and to follow-up thyroid function at least in the first 6 months postpartum, particularly in patients with antibodies positivity, to early identify individuals that could require future treatment.