

Fact sheet

Uterine fibroids – pregnancy and fertility

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UTERINE FIBROIDS IN PREGNANCY

How common are fibroids in pregnancy?

We are not sure how common fibroids are in pregnancy, but given how often they occur in general, they are probably present in over 10% of pregnancies when women are 30 years or older.

Do fibroids grow in pregnancy?

The effect of pregnancy on the size of fibroids is different between women.

- About two-thirds of fibroids have little or no change in size in pregnancy. One-third do increase in size but generally not by much – they only get about 25% bigger
- In this group most growth happens in the first 3 months. Interestingly, in the last 3 months of pregnancy, many fibroids actually become a bit smaller
- After the pregnancy some fibroids shrink a little, but most don't change much.



Can fibroids cause pain in pregnancy?

Yes, this occurs in about 10% of women with fibroids and is most common with large subserosal fibroids (fibroids outside the womb).

- The pain usually occurs in the middle of pregnancy or later
- The pain is thought to be due to less blood flow at the centre of the fibroid or injury inside the fibroid releasing chemicals. This is a bit like a 'stitch' you experience in your side if you go for a long run
- The pain is usually located exactly over the site of the fibroid; when you press on the fibroid it will be tender
- This sort of pain responds well to simple pain killers and usually settles over a few days
- It does not harm the baby
- Once the pain episode is over, the fibroid usually does not cause any further problems in the pregnancy.

Can fibroids cause bleeding in Pregnancy?

Most of the time, the placenta is implanted (located) well away from the fibroids and there is little or no increase in bleeding. Less commonly, the placenta is implanted over or near a fibroid. In those cases, bleeding in both early and late pregnancy can be more common. Even if this happens, most of these pregnancies will do well.

What about my baby's growth and delivery?

Most babies have no problems growing normally in a uterus that contains fibroids since the baby is much bigger than the fibroids and still gets the nourishment it needs. Sometimes labour begins earlier in a fibroid uterus but most pregnancies go the full distance.

This written information is for guidance only and does not replace consultation and advice by your health care provider.

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Will I be able to have a normal labour and birth?

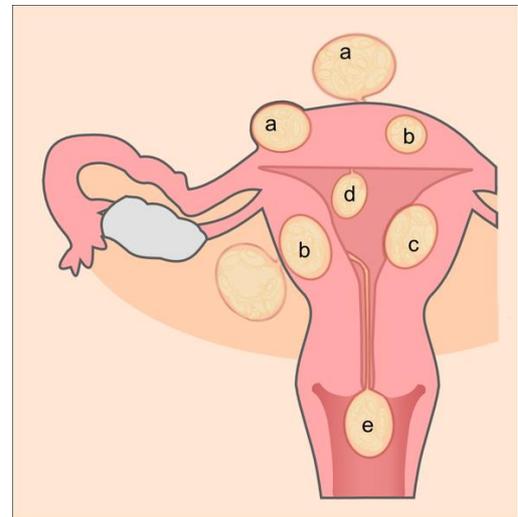
Most pregnant women with fibroids have a normal labour and birth, but caesarean birth can be more common in women with fibroids. Reasons for this include the fibroid being low in the uterus and blocking the baby's way out or the labour not progressing due to the fibroid uterus.

It is normal to be concerned if you are pregnant and have a fibroid uterus. Please discuss any worries you may have with your midwife or doctor. Remember that generally things go well and it is uncommon for fibroids to cause serious problems with pregnancy.



FERTILITY AND MISCARRIAGE IN WOMEN WITH FIBROIDS

Most women with fibroids have normal fertility and pregnancy outcomes. However, women with fibroids can have higher rates of infertility and miscarriage. The size, number and location of fibroids seem to be important with respect to these problems.



- A – Subserous fibroids
- B – Intramural fibroids
- C – Submucous fibroid
- D – Submucous fibroid with a short stalk
- E – Submucous fibroid with a long stalk

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Subserosal fibroids and infertility/miscarriage

Fibroids near the outer surface of the uterus are well away from the uterine cavity and do not play a role in fertility and miscarriage. They generally do not need to be removed.

Submucosal fibroids and infertility/miscarriage

Fibroids that grow into the cavity may affect fertility and can cause miscarriage. Outcomes are probably better if these fibroids are removed.

Intramural fibroids and infertility/miscarriage

This is the trickiest group and the role of intramural fibroids in fertility problems and miscarriage is less certain. That means it is often not clear whether removing them will help or not. We know this uncertainty can be very frustrating for women and their families. Fibroids that bulge into or change the shape of the uterine cavity are more likely to play a role in infertility and pregnancy loss than those that don't.

Every woman who has fibroids and fertility or miscarriage issues requires an individual care assessment and plan. Because many fibroids cause no problems and surgery can carry risks, each woman needs to discuss with her doctor whether in her case it would be better to leave the fibroids or remove them.

Also see fact sheets on
Uterine fibroids – general information
Uterine fibroids – treatment options.

We welcome further feedback on this brochure as a way of continually improving our service.

Send your feedback to:

WSLHD-Get_Involved@health.nsw.gov.au