Society for Maternal•Fetal Medicine
High-risk pregnancy experts

Patient Education Series
Expert advice to make the best health decisions.

Fibroids in Pregnancy: What You Need to Know

How common are fibroids in pregnancy?

Uterine fibroids are the most common benign (noncancerous) gynecologic tumors, and are found in 1–10% of women during pregnancy.

Can fibroids cause problems during pregnancy?

Yes, so your doctor will monitor you carefully. Women with fibroids are more likely to have pregnancies with complications such as fetal malpresentation (fetal body position that is not "head down"), preterm delivery, preterm premature rupture of membranes (PPROM), placenta previa, placental abruption, cesarean delivery, and severe postpartum hemorrhage. Babies born to women with fibroids may weigh less at birth than babies born to women without fibroids.

How does the size, number, and location of the fibroids influence the obstetric outcome?

In some studies, when fibroids are larger than 10 cm, adverse outcomes were more common. Those same studies found that the number of fibroids and their location within the uterus did not affect adverse outcomes.

Can fibroids change during pregnancy?

Yes. Approximately 60% of fibroids will grow or shrink by greater than 10% of their original size during pregnancy. Fibroids larger than 5 cm are more likely to grow during pregnancy. Most fibroid growth occurs in the first trimester. A considerable percentage of fibroids (approximately 40%) present in early pregnancy will have gone away and another 75% will be smaller by the time the baby is born.

What therapies are available for fibroid-related pain during pregnancy?

Fibroid-related pain occurs in 5-15% of patients, and is usually well controlled with indomethacin (Indocin). Indomethacin should resolve or considerably improve pain within 48 hours, with minimal risk to the fetus. Tell your doctor if pain has not improved after 48 hours of medical treatment.

Do women who have had a myomectomy need to be induced or have cesarean deliveries?

The major risk of pregnancy following myomectomy (surgical removal of fibroids) is uterine rupture either during or before labor. This risk will depend on the size of the uterine incision(s) and the size and number of fibroids removed. Because data are limited, it is difficult to make a clear recommendation regarding the appropriate route and timing of delivery for a pregnancy following prior myomectomy. Plans should be individualized based on the type and extent of the myomectomy surgery.

To find a maternal-fetal medicine subspecialist in your area, go to **https://www.smfm.org/members/search.**

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