

Fibroids in Pregnancy

For most women uterine fibroids are a minor problem solved with simple surgery. However, for pregnant women they bring risks that warrant extra attention.

Many women suffer from uterine fibroids at some point in their lifetime. For most they are benign and easily removed with surgery.

However, in some cases, fibroids are only detected with an ultrasound scan during a pregnancy checkup, bringing worries over how they will affect their unborn baby and whether they pose a risk during delivery.



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Different location brings different risks

Fibroids are masses of fibrous tissue which are commonly found in the area around the pelvic organs. Usually they are benign and affect around 20 per cent of women of child-bearing age.

However, they can be more problematic depending on where they are located. For instance, fibroids in the uterine wall or just below the lining of the uterus – called submucosal fibroids – may cause heavier and more painful menstruation.

Submucosal fibroids can also affect a woman's chance of becoming pregnant, or even increase the chance of miscarriage during pregnancy.

Genetic problems and oestrogen levels are the major causes of fibroids. They thrive on oestrogen, the female hormone which increases during pregnancy. As a result, during pregnancy, fibroids may increase in size and volume. They may even cause abdominal pain and uterine contractions as a result of embolization – obstruction of blood circulation.

Usually, the major worry for the mother-to-be is how the fibroids will affect her baby's development. The key factors here are the size, location, type and consequences of the fibroid.

During pregnancy, the increase in growth hormone secretion and increased pelvic congestion causes the fibroid to grow which if it continues, can lead to abdominal pain, vomiting, fever, uterine spasm or even premature birth, which can greatly affect the baby's health. In this event, a doctor may prescribe painkillers or uterine spasm medication to prevent premature birth.

How fibroids can affect pregnancy and labour

In most cases doctors will not remove fibroids during a pregnancy because of the miscarriage risk associated with such a procedure and the side-effects of the drugs required.

In late pregnancy, the increased uterine fibroids may lead to the baby being in the wrong position for birth, such as head up, hips down, or horizontal, which in turn may increase the need for a Caesarean section during delivery.

In addition, fibroids may affect the normal contraction of uterus during delivery, causing a longer labour and possibly postpartum hemorrhaging, or affecting the contraction of the uterus to its normal size after birth.

The most dangerous situation for both mother and baby is if the fibroid is located in the cervix or at the lower part of cervical canal, which will increase the chance of a blocking of the birth canal and a difficult birth (dystocia).

Therefore, it is important that any diagnosis of fibroids during pregnancy is followed with regular prenatal checkups so your doctor can determine the location of the fibroids and select the best delivery method to minimize the possible risk.

Another question which is often asked is: Should a woman with fibroids have them removed by surgery if she is planning a pregnancy? Usually it is not necessary unless the woman has had more than one previous abortion, the fibroids are the suspected major cause of infertility, or the fibroids have caused distortion of the endometrial cavity, the womb lining.

However, doctors may consider surgery for mucosal fibroids or if the endometrial cavity is already distorted to reduce risk of infertility or miscarriage.

For more information, please contact Hong Kong Adventist Hospital at 3651 8986 or visit our website www.hkah.org.hk.