

# Pregnancy doesn't 'cure' endometriosis, so where does this advice come from?

December 18 2017, by Mike Armour

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Women have long been told getting pregnant can help with endometriosis.  
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Many Australian women with endometriosis are [reporting](#) they're being advised a reliable treatment or even possible cure for their endometriosis is to "[go away and have a baby](#)". This message is consistent with what women from other countries are also being told by a wide range of [sources](#) from self-help books to web forums to [medical professionals](#).

Pregnancy as a natural cure for endometriosis [appears to date back](#) to the early 20th century. However, even into the 1950s and 1960s, when [pregnancy](#) was commonly recommended as a [treatment](#) for endometriosis, this evidence was based mostly on [case reports](#) of women whose endometriosis improved during pregnancy. Case reports are often unusual findings and don't necessarily reflect what happens to most people.

Pregnancy as a treatment for endometriosis does not appear in current international guidelines for the management of [endometriosis](#). It's also not mentioned as a treatment by Australian pelvic pain [specialists](#) and is classed as a "myth" by reputable endometriosis [support sites](#).

## **Endometriosis and the lack of a cure**

Endometriosis is the presence of tissue similar to the lining of the uterus outside the uterus itself. Accurate estimates of how many women in Australia have endometriosis are hard to find, but a common figure is [around one in ten women](#) during their reproductive years.

While [severe pain](#) during the period is a common symptom of endometriosis, it's so much more than just a "really bad period". There's almost [no area of women's lives](#) that is not negatively affected by the condition.

Current medical treatments, often using hormone therapy, are not always [effective](#). And the side effects of many of the hormonal treatments can be particularly unpleasant for women, leading them to [stop treatment](#).

Excision surgery, in which the endometrial lesions are cut away, is the most effective current treatment. But surgery is not something most women enter into lightly, given the cost and risk of undergoing surgery. Unfortunately, even surgery is not always successful with around [50% of](#)

[women](#) having symptoms reoccur after five years.

When we look at [women around the world](#), it looks like having children does decrease the amount of period pain women have. A significant problem with this is we don't know if these women had endometriosis, and these kinds of studies can't tell us for sure if getting pregnant was responsible for this reduction in period pain.

## **Pregnancy, pain and the brain**

Women with endometriosis, like other [chronic pain conditions](#), have changes in the way their brains [process pain](#). Nerves, especially in the pelvis, are also more sensitive than in women without chronic pain. The concept of "calming" these hyperactive pain pathways is an [important treatment strategy](#) in treating chronic endometriosis pain. Each time menstruation occurs it irritates these sensitive nerves and reinforces these pain pathways.

One way to prevent this reinforcement of pain pathways can be by stopping regular menstruation entirely. This is a key reason women with endometriosis are so often treated with continuous use of [hormonal contraceptives](#).

During pregnancy there's also a suppression of menstruation. So it's possible during pregnancy there will be a reduction in endometriosis-related pain. It's also just as possible pregnancy will make endometriosis-related pain worse, due to extra pressure on these sensitive pelvic nerves. We just don't have the research to be able to answer this.

After giving birth, it's quite possible the pain, if it had decreased, will return. This is especially true once women start having regular periods again, as there's no evidence pregnancy shrinks endometrial lesions or changes pain processing in the long term, both major drivers of

endometriosis pain.

## **Should pregnancy be recommended as a treatment?**

Pregnancy *might* help reduce endometriosis symptoms, if only temporarily. But women with endometriosis often rightly feel [upset and offended](#) when advised to have a baby as a treatment strategy.

There are also risks involved, as [women](#) with endometriosis are more likely to have [pre-term births, increased rates of caesarean sections and an increased risk of miscarriage](#).

Women shouldn't have to bring another human into the world to relieve the [pain](#) of endometriosis. This is why we need to prioritise understanding the cause of [endometriosis](#), finding effective treatments and eventually a cure.

This article was originally published on [The Conversation](#). Read the [original article](#).

Provided by The Conversation

Citation: Pregnancy doesn't 'cure' endometriosis, so where does this advice come from? (2017, December 18) retrieved 17 April 2023 from <https://medicalxpress.com/news/2017-12-pregnancy-doesnt-endometriosis-advice.html>

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