“Queens” Star Eve on Her Struggles With Fibroids and Pregnancy

“There are not enough doctors paying attention to women with pain,” said famed rapper Eve about her painful fibroid history.

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Actress and rapper Eve is taking a break from her hit TV series Queens, but that’s good news—she’s on maternity leave. Her first child is due next month. Eve’s pregnancy journey has been long, emotional and, at times, painful, she told TV journalist Tamron Hall on her eponymous show. (You can watch the video above.)

The celebrity had been trying to conceive a child for several years when a health specialist informed her that her challenges were due to uterine fibroids, tumors that are usually benign and grow in or on the wall of the uterus.

Eve told Hall that she and her husband, Maximillion Cooper, had previously tried in vitro fertilization [IVF] but that it hadn’t panned out. She had a feeling that “something was not right within my body,” she recalled, “and I ended up going to a specialist. They told me, ‘I don’t care: You can do 20 rounds [of IVF], you can have all the sex you want—you’re never going to get pregnant because you have so many fibroids that your uterus actually already thinks it’s already pregnant.’”

After her fibroids were surgically removed, Eve discovered that her menstrual cycles were no longer painful. She had simply accepted the fact that her cycles caused pain and didn’t question it, Eve told Hall. She was so happy with the turn of events that when she had her first pain-free cycle, she called her doctor and cried.

“There are not enough doctors paying attention to women with pain,” noted Eve, who broke out in the early 2000s with hip-hop smashes such as “Who’s That Girl” and “Let Me Blow Ya Mind.”

On the ABC hit series Queens, she, Brandy, Naturi Naughton and Nadine Velazquez play former hip-hop stars now in their 40s trying to recapture their ’90s fame.Though the series is filmed in Atlanta, for the time being, Eve will remain in England with her family.

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Eve is far from alone in her struggles with uterine fibroids. Earlier this month, a Real Health Focus highlighted the issue, featuring Cynthia Bailey, 54, formerly of The Real Housewives of Atlanta, on the cover, pictured above.

Other articles in the issue include "Suspect You Might Have Uterine Fibroids?" "Uterine Fibroid Treatment Depends on a Woman's Symptoms" and "Facts vs. Myths About Uterine Fibroids."

And on our website, the Real Health Basics includes a section on uterine fibroids. It describes the condition, symptoms and treatment options as:

> Uterine fibroids are noncancerous growths of the uterus (womb) that most often appear during a woman's childbearing years. They are also called fibromyomas, leiomyomas or myomas. About 20 percent to 80 percent of women develop fibroids by the time they reach age 50. African-American women, however, are three times more likely to develop uterine fibroids than Caucasian women. Most often, they occur in women ages 40 and older, but may also occur in women under age 35 and those in their early 20s. Ranging in sizes undetectable to the human eye to those grown large enough to give a woman the appearance of being pregnant. The growth of uterine fibroids may also distort the inside as well as the outside of the uterus. The fibroids develop from the smooth muscular tissue of the uterus and are caused by the repeated reproduction of a single cell. The single cell's repeated reproduction eventually forms a pale, rubbery mass called a fibroid.
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> Although most uterine fibroids cause no symptoms, and are often discovered during a routine pelvic examination, the following symptoms may indicate their presence.

- Heavy, prolonged monthly periods, sometimes with clots
- Anemia (fatigue due to low red blood cell count)
- Pain or pressure between the hip bones or in the back of the legs
- Pain during sexual intercourse
- Frequent need to urinate
- Constipation or bloating
- Palpable mass in the abdomen
- Feeling full when eating.

> Women who experience any of the above symptoms should see their doctor to confirm, through tests, whether they have fibroids.
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> Treatment options for uterine fibroids include watchful waiting (for those women with no or few symptoms); administration of medications that work to shrink fibroids, relieve fibroid

symptoms or help control menstrual bleeding without reducing fibroid size; minimally invasive, nonsurgical procedures, such as uterine fibroid embolization (UFE) and high intensity focused ultrasound (HIFU, a relatively new procedure with limited availability in the United States); and surgical procedures, such as endometrial ablation (removal of the lining of the uterus to reduce bleeding), myomectomy (removal of fibroids only) and hysterectomy (removal of the uterus and sometimes the ovaries).

Recently, the Food and Drug Administration approved a new combination oral medication to treat heavy menstrual bleeding related to uterine fibroids in premenopausal women.

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