### Core Recommendations:

<table>
<thead>
<tr>
<th>NFA</th>
<th>Prolactinoma</th>
<th>Acromegaly</th>
<th>Cushing’s disease</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pre-conception</strong></td>
<td>In women with an NFA near the optic chiasma who are seeking pregnancy, surgery may be considered to reduce the risk of chiasmal compression and to enhance fertility</td>
<td>Aim for normalisation of even mild hyperprolactinaemia with cabergoline at the lowest possible dose to optimise chances to conceive</td>
<td>Consider surgery in active acromegaly before pregnancy</td>
</tr>
<tr>
<td><strong>Pregnancy</strong></td>
<td>Nonfunctioning microadenomas bear a low risk for growth during pregnancy, there is no need for routine monitoring</td>
<td>No indication for prolactin testing</td>
<td>No indication for GH and/or IGF-1 testing</td>
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<tr>
<td><strong>Post-pregnancy</strong></td>
<td>We recommend awaiting re-assessment of pituitary imaging and function until 3-6 months after delivery</td>
<td>A significant percentage of prolactinomas are biochemically in remission after pregnancy and lactation</td>
<td>Rebound of disease activity shortly after delivery is frequent</td>
</tr>
</tbody>
</table>

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### Abstract:

Pregnancies are rare in women with pituitary adenomas, which may relate to hormone excess from secretory subtypes such as prolactinomas or corticotroph adenomas. Decreased fertility may also result from pituitary hormone deficiencies due to compression of the gland by large tumours and/or surgical or radiation treatment of the lesion. Counselling premenopausal women with pituitary adenomas about their chance of conceiving spontaneously or with assisted reproductive technology, and the optimal pre-conception treatment, should start at the time of initial diagnosis. The normal physiological changes during pregnancy need to be considered when interpreting endocrine tests in women with pituitary adenomas. Dose adjustments in hormone substitution therapies may be needed across the trimesters. When medical therapy is used for pituitary hormone excess, consideration should be given to the known efficacy and safety data specific to pregnant women for each therapeutic option. In healthy women, pituitary gland size increases during pregnancy. Since some pituitary adenomas also enlarge during pregnancy, there is a risk of visual impairment, especially in women with macroadenomas or tumours near the optic chiasm. Pituitary apoplexy represents a rare acute complication of adenomas requiring surveillance, with surgical intervention needed in some cases. This guideline describes the choice and timing of diagnostic tests and treatments from the preconception stage until after delivery, taking into account adenoma size, location and endocrine activity. In most cases, pregnant women with pituitary adenomas should be managed by a multidisciplinary team in a centre specialised in the treatment of such tumours.