Objective: To review our experiences with management of symptomatic ureteral calculi complicating pregnancy. Methods: Between January 2001 and December 2011, 57 pregnant women were treated for symptomatic ureteral stones. The medical records of these patients were reviewed retrospectively. Results: The mean patient age was 24 (range 17-37) years and gestational age at presentation was 26 weeks (range 12-38). Most of the cases (60%) occurred in the third trimester. Flank pain was the most common presenting symptom (90%). Ultrasonography was the initial test confirming diagnosis. With conservative management, spontaneous passing of stones was noted in 13 cases (22.8%). In 10 patients (17.5%), symptomatic relief occurred without spontaneous passing of stones until the end of pregnancy. Invasive management was required in 34 patients (59.6%) because of persistent pain and/or ureteral obstruction. In 29 patients, ureteral calculi were treated successfully by ureteroscopy. Stones were extracted by pneumatic lithotripsy or forceps. In 5 patients, only double-J stent was inserted during ureteroscopy as a result of unreachable or migrated stone. The majority of patients (58.8%) had lower ureteric calculi. The mean size of the stones retrieved was 7 mm (range 4-13 mm). Minor complications like ureteric edema, mild ureteric laceration, or bleeding were seen in 5 patients. Three patients had a urinary tract infection and 3 complained of stent-induced bladder irritation; uterine contraction was observed after the procedure in 1 patient, but no serious obstetric or urologic complications were observed in any case. Conclusion: When conservative treatment fails, ureteroscopy is an effective and safe therapeutic option in symptomatic ureteral calculi complicating pregnancy.