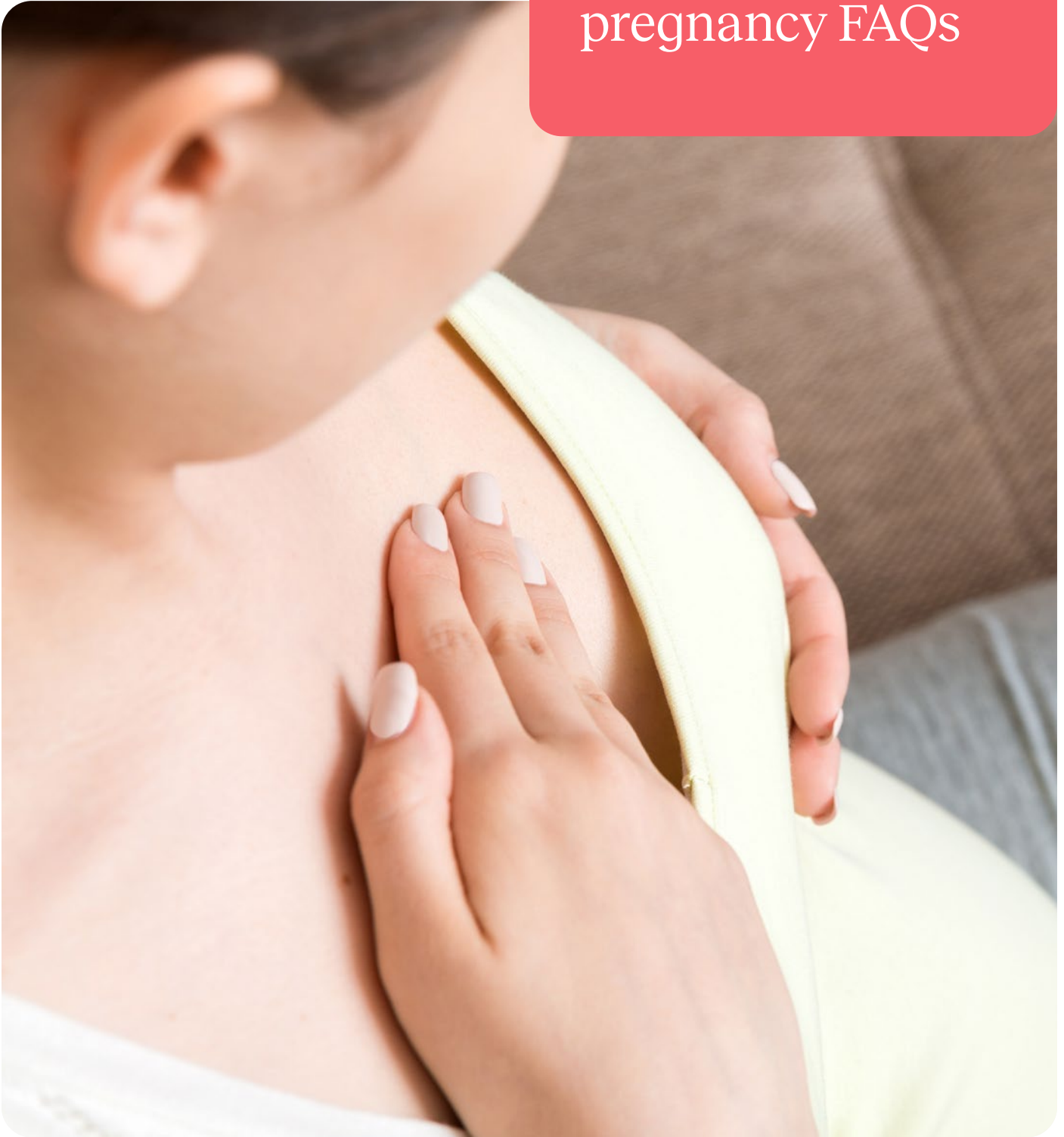


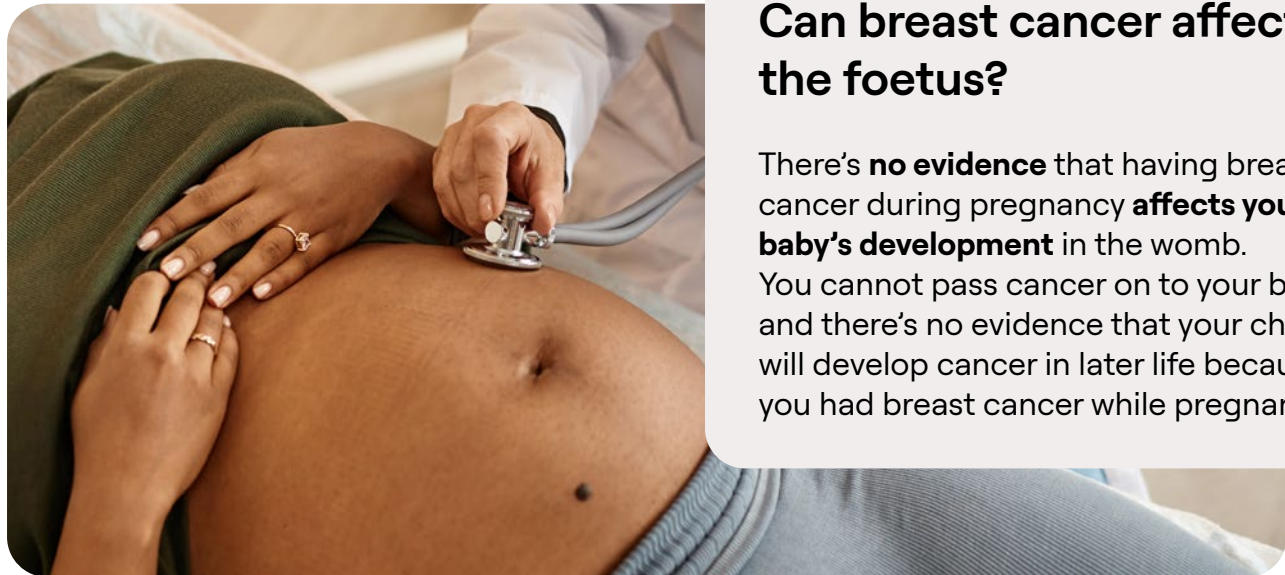
Breast cancer and pregnancy FAQs



Breast cancer is a disease that touches the lives of millions of people around the world. Let's look at how breast cancer can complicate pregnancy and **answer some typical questions** on the topic to give you peace of mind.

How rare is breast cancer in pregnant women?

Although rare, breast cancer is the most common cancer diagnosed during pregnancy, occurring in approximately **1 in 3,000 pregnancies**.



Can breast cancer affect the foetus?

There's **no evidence** that having breast cancer during pregnancy **affects your baby's development** in the womb. You cannot pass cancer on to your baby, and there's no evidence that your child will develop cancer in later life because you had breast cancer while pregnant.

Is it safe to continue a pregnancy if you have breast cancer?


Terminating a pregnancy isn't usually recommended when breast cancer is diagnosed. Most women continue their pregnancy while having breast cancer treatment, but some women choose not to. There's no evidence to suggest a termination will improve the outcome for women with breast cancer during pregnancy. However, **termination may be discussed if chemotherapy is recommended** during the first **12 weeks** (first trimester) of pregnancy, which might be the case if you've been diagnosed with secondary breast cancer (breast cancer that has spread to other parts of your body).

Does pregnancy make breast cancer symptoms harder to find?

Yes. Changes in hormone levels during pregnancy **cause the breasts to change**, where they can often become larger, lumpy, and/or tender, **making it harder for you or your doctor to notice a lump caused by cancer** until it gets quite large. Also, many women put off breast cancer screening with mammograms until *after* their pregnancy. However, when women do get mammograms, pregnancy and breastfeeding can make breast tissue denser, which again, make it harder to detect an early cancer.

Does pregnancy make breast cancer more aggressive?

No. There's **no conclusive evidence** that breast cancer during pregnancy is more aggressive than breast cancer at other times. However, given that it can be more difficult to detect breast cancer during pregnancy, **there could be a delay in diagnosis**, leading to the cancer being found later.

A photograph showing a pregnant woman in a yellow t-shirt and a blue surgical cap looking at a tablet held by a healthcare professional in blue scrubs. The professional has glasses hanging from their neck. The scene is set in a clinical environment.

Does pregnancy give women with breast cancer a worse prognosis?

Studies suggest that the prognosis for pregnant women with breast cancer is **similar to non-pregnant women** when matched for age and stage.

Will breast cancer examinations affect my foetus?

The three most common breast examinations are **ultrasound scans, mammograms** (breast x-ray) and **MRI** (Magnetic Resonance Imaging) scans. Ultrasound scans are safe and will not affect your baby in any way; shielding can be used to protect your baby from radiation during mammograms, and MRI scans don't expose the body to x-ray radiation. The safety of using breast MRI during pregnancy has not been established, but small studies looking at MRI during pregnancy show it's safe, especially **after the first 12 weeks** (the first trimester). Other examination options include a **Core Biopsy** or **FNA** (fine needle aspiration), both of which are safe for the mother and baby.

Will breast cancer change the care I receive during pregnancy?

The teams looking after you and making your treatment plan will include **cancer doctors, obstetricians** and **midwives**. They will try to keep your treatment as close as possible to what someone who isn't pregnant would have, but if you're near the end of your pregnancy, they may delay treatment until after the birth. The type of treatment you receive will depend on your wishes, how many weeks pregnant you are (which trimester you are in), your type of breast cancer, and to which extent your cancer has spread. The aim will be to **balance treatment for your cancer, and to keep your baby safe and well**.



Will breast cancer treatment affect my foetus?

The typical treatments for breast cancer during pregnancy are **surgery** and **chemotherapy**. Surgery, e.g. mastectomy or lumpectomy, is most likely to be offered during the first trimester and is considered relatively safe during all trimesters.

Chemotherapy is **generally avoided during the first trimester** due to the risk of teratogenicity but can be administered in the second and third trimesters when it is generally safe. Anti-sickness and steroid treatments, used to control side effects of chemotherapy, are also considered safe for pregnant women. Most women treated during this time **go on to have healthy babies**, although there's some evidence to suggest they may be born early and have a slightly lower birth weight. Doctors don't recommend **hormone treatment, immunotherapy** or **targeted cancer drugs** for breast cancer until after you have given birth, as these treatments could harm the developing baby.

Will breast cancer affect my birth/delivery?

Many women diagnosed during pregnancy **complete the full term of their pregnancy** and don't have any problems during childbirth after their breast cancer treatment.

When you have your baby will depend on the treatment you need and your expected due date. If your baby is likely to be born early, you'll be offered a course of **steroid injections** to help your baby's lung development and reduce the chance of the baby developing breathing problems. Where possible, your treatment team will **avoid a caesarean section** as there can be complications.

A close-up photograph of a pregnant woman with dark skin, wearing a white textured sweater. She is gently holding her belly with both hands. She is wearing a gold watch on her left wrist and a gold ring on her left hand. The background is softly blurred.

Does pregnancy make breast cancer more likely to return?

Most studies have found that pregnancy after treatment for breast cancer **does not increase the risk** of cancer returning. However, most doctors advise women that it is best to **wait for two years after treatment** before trying for a pregnancy, as breast cancer is most likely to return within the first two years after you have been diagnosed.

Can I breastfeed during breast cancer treatment?

Doctors' advice will usually depend on where you are in your treatment plan. **Breastfeeding may be possible for some women** diagnosed during pregnancy after breast surgery, but not while having chemotherapy, radiotherapy, hormone or targeted therapy.



Can I breastfeed after breast cancer treatment?

You'll be advised **not to breastfeed during and for some time after chemotherapy**, as chemotherapy drugs can pass to your baby through the breast milk.

Breastfeeding from a breast that has been exposed to radiotherapy **can cause an infection** (mastitis), which can be difficult to treat. Breastfeeding from the other, non-treated breast may be possible if you are not having any drug treatments. Breastfeeding is not recommended while having targeted therapy or for at least **seven months after the last dose**, or while having hormone therapy.

Whether we're personally affected or know someone who is, we all have a role to play. Contact [HealthHero](#) today for more support and advice. We're with you every step of the way.
