

Breast Cancer in Pregnancy

When breast cancer occurs during pregnancy

Breast cancer during pregnancy is very rare. It occurs in about one out of every 3,000 pregnant women. Still, it is the most common cancer in pregnant women. Breast cancer during pregnancy is most often diagnosed after a woman or her doctor finds a lump in the breast. It can be hard for pregnant women to detect a

lump, because the breasts become larger and more tender during pregnancy. For this reason, it is important to have a doctor perform routine breast exams during pregnancy. This may allow a lump to be found sooner, when it is easier to treat.

What you may be thinking about

Finding breast cancer during pregnancy can be especially hard. At a time when you're waiting for the birth of your child, you may be forced to confront the chance of death. It is normal for women to feel many emotions: sad, angry, determined, scared. Some of the most common concerns and questions are discussed below.

- **Your health** – *Am I going to die? Can the cancer be treated?* The stage of your cancer is the biggest factor that affects your prognosis. Many pregnant women who have breast cancer are treated, have healthy babies and go on to lead healthy lives.
- **Your baby's health** – *Will the cancer hurt my baby?* The breast cancer itself will not hurt the baby and the cancer cannot be “passed on” to the baby. However, certain breast cancer treatments can hurt the baby. You and your doctor will go over your treatment options to find the safest ones.
- **Parenting** – *What if I'm too sick to care for my baby? What if I die while my child is young?* Sadly, this may be a possibility for some women with breast cancer. Talk to your doctor about your prognosis so that you can make plans for after the baby arrives. You may never need to put your plans into practice but it will bring peace of mind to know that you have them.
- **Your partner** – *How will my partner raise our children without me? What if my partner doesn't want to raise a baby alone?* This is a hard time for your partner, too. Share your concerns with each other and talk about what might happen. Make a plan with your partner about your child's care.
- **Passing on the risk of breast cancer to your baby** – *Will my baby be at higher risk of having breast cancer?* Most women with breast cancer do not carry a genetic mutation (BRCA1 or BRCA2 gene mutation). If that is true for you, then you will not pass that mutation on to your child. About 5 to 10 percent of women with breast cancer have a mutated breast cancer gene that places them at high risk of breast cancer. If a woman has these genes but her baby's father does not, their baby has a 50 percent chance of getting this gene and being at high risk of breast cancer. Think about talking to a genetic counselor if you have more questions.

Treatment options

Treatment is based on the stage of your cancer and the stage of fetal development. Talk with your doctor to decide the best option for you and your baby.

Treatment Options	Stages of Pregnancy	
Surgery	Trimesters 1 and 2	Trimester 3
	Mastectomy is most often recommended. Breast conserving surgery is not recommended because the radiation therapy given afterwards can harm the baby.	Can have lumpectomy (breast conserving surgery) if you wait to have radiation therapy until after the baby is born.
Radiation therapy	Trimesters 1 and 2	Trimester 3
	Will harm the baby.	Can have lumpectomy in the third trimester and then wait to have radiation therapy until after the baby is born. This does not affect prognosis.
Chemotherapy	Trimester 1	Trimesters 2 and 3
	Will harm the baby.	Can be safely used during the second and third trimesters, but the baby may be at risk for low birth weight or premature birth. Women who are in the third trimester often wait until after birth before having chemotherapy.
Tamoxifen	Trimesters 1, 2, and 3	
	Not given to pregnant women because it can harm the baby.	

Good news for hopeful moms-to-be

Being pregnant after treatment for breast cancer does not seem to lower rates of survival. There is some concern, though, that the high levels of hormones in the body that occur during pregnancy can cause cancer to return. Most doctors suggest that women wait 2-5 years after diagnosis before trying to get pregnant.

Getting pregnant can be hard for women who go through early menopause as a result of chemotherapy. If a woman is close to her natural menopause, it is more likely that chemotherapy will cause early menopause to occur. If you think that you might want to have more children after being treated for breast cancer, talk to your doctor or fertility specialist about treatment options. You may be able to store embryos before treatment begins or use a drug during your treatment to help protect the ovaries from damage.

Resources

Susan G. Komen for the Cure®
1-877 GO KOMEN (1-877-465-6636),
www.komen.org

Fertile Hope
1-888-994-HOPE, www.fertilehope.org

Pregnant with Cancer Network
1-800-743-4471, www.pregnantwithcancer.org

Young Survival Coalition
1-877-YCS-1011, www.youngsurvival.org

Related fact sheets in this series:

- Diet and Nutrition During Treatment
- Genetics and Breast Cancer
- Getting the Support You Need
- How Hormones Affect Breast Cancer
- Making Treatment Decisions
- Young Women & Breast Cancer

The above list of resources is only a suggested resource and is not a complete listing of breast health and breast cancer materials or information. The information contained herein is not meant to be used for self-diagnosis or to replace the services of a medical professional. Komen for the Cure does not endorse, recommend or make any warranties or representations regarding the accuracy, completeness, timeliness, quality or non-infringement of any of the materials, products or information provided by the organizations referenced herein.

Developed in collaboration with the Health Communication Research Laboratory at Saint Louis University. ©2008 Susan G. Komen for the Cure. Item No. 806-03750a 7/09