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Royal College of Obstetricians & Gynaecologists

Information for you

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Pregnancy and breast cancer

Who is this information for?

Being diagnosed with breast cancer is frightening. If you are pregnant, it will be a particularly worrying and distressing time for you and your family. The team of doctors, nurses and midwives looking after you will support you through your pregnancy and give you information about support that you might find helpful. This leaflet is meant to complement the support you will get.

This information may help if you are pregnant and have breast cancer or are worried that you may have. You may also find it helpful if you have had breast cancer and are thinking about having a baby. It may be useful too if you are a partner, relative or friend of someone who has been in this situation.

Key points

- Breast cancer is rare in pregnancy.
- Most women who become pregnant after treatment for breast cancer have healthy pregnancies and healthy babies.
- If you have breast cancer, you will be looked after by a specialist team who will discuss your treatment options with you.
- If you are diagnosed with breast cancer while you are pregnant, your treatment will usually begin straight away. Neither the medications used nor surgery will harm your baby. You may have further treatment after your baby is born.
- If you hope to have a baby in the future, your treatment plan can take your wishes into account.
- It is usually safe to breastfeed after breast cancer, although surgery and radiotherapy may make it difficult.
- If you have had treatment for breast cancer, you may be advised to wait for 2 years before becoming pregnant.

How common is breast cancer?

Breast cancer is the most common cancer in women. Although it is more common in older women, 1 in 7 cases are found in women aged under 45. Treatment success rates are good in the UK and are improving all the time. Increasing numbers of young women who have been treated for breast cancer are now going on to have babies.

Getting breast cancer during pregnancy only happens rarely, and being pregnant does not appear to affect how successful treatment is.

I am pregnant and think I have a lump in my breast. What should I do?

There are natural changes in your breast when you are pregnant or breastfeeding. However, if you notice a lump, it is important that you see your GP or obstetrician, who will refer you to a specialist breast team if needed. The team will offer you an ultrasound scan of your breast. Ultrasound is safe in pregnancy. Sometimes a special X-ray of your breast (mammogram) is needed. In this situation, your abdomen will be shielded to prevent the X-rays affecting your baby.

What happens if I have a lump?

A small sample (biopsy) of your lump will usually be taken. You will be given a local anaesthetic to numb the area. Your medical team will be able to tell from the results whether cancer is present. It is important to remember that most breast lumps are non-cancerous (benign).

What treatment might I have if cancer is confirmed?

The treatment you will be offered will depend on the type and extent of your breast cancer, the stage of your pregnancy and your individual circumstances. You will be able to talk about the various treatments available to you with your breast team. You will be given a key worker, often the breast specialist nurse, who will coordinate your care and keep in touch with you.

The three treatment options available to you are surgery, radiotherapy and drug treatment. Your breast team will discuss with you the best treatment in your situation.

Surgery

Surgery can be carried out at any stage in pregnancy. There are two forms:

- the most common is removal of the lump (lumpectomy); some of the lymph nodes in your axilla (armpit) may also be removed
- removal of the breast (mastectomy).

Your breast surgeon will discuss both options with you, so that you can make the best decision for you.

If a reconstructive operation is appropriate for you, it will not be done until after your baby is born. This is to give time for the hormonal changes in your breasts to settle down after pregnancy.

Radiotherapy

If required, radiotherapy is usually delayed until after your baby is born.

Drug treatment

Chemotherapy is not usually given during the first 13 weeks of pregnancy because it might cause abnormalities in your baby. After that, it is safe and you may be offered chemotherapy depending on your

type of breast cancer. The anti-sickness and steroid treatments that you may need to control the side effects are safe for pregnant women to take. They will not harm your baby.

Two commonly used drugs, tamoxifen and trastuzumab (Herceptin), are often given after the initial treatment to reduce the chance of the cancer recurring. However, it is not recommended to take these drugs in pregnancy and treatment with these drugs will be delayed until after your baby is born.

Will I be advised to end my pregnancy?

Most women choose to continue their pregnancy while they receive their treatment for breast cancer.

However, if the cancer is advanced when it is found or is diagnosed in the first 3 months of pregnancy, the team looking after you will discuss the option of ending the pregnancy to allow your treatment to start earlier. These are difficult choices to make and you will be given the support to make the best choice for you and your family.

What extra care might I be offered while I am pregnant?

A specialist team including a consultant obstetrician, midwife and the breast team will look after you throughout your pregnancy. Your GP will be kept informed.

Will breast cancer treatment affect the birth of my baby?

Most women who have been treated for breast cancer during pregnancy will carry their babies to full term and can expect a normal birth. If your baby is likely to be born early (premature birth) you will be offered a course of corticosteroid injections, usually over a 24–48 hour period, to help with your baby's development and reduce the chance of breathing problems caused by being born early. You can find out more about this from the RCOG patient information *Corticosteroids in pregnancy to reduce complications from being born prematurely: information for you*, which is available at: www.rcog.org.uk/womens-health/clinical-guidance/corticosteroids.

If you are having chemotherapy, the treatment will normally stop 2–3 weeks before a planned birth of your baby to allow your body to recover.

Can I breastfeed if I have been treated for breast cancer?

If you have had surgery or radiotherapy, you may not produce milk in that breast but the other breast will not be affected. If you wish to breastfeed, the midwives will encourage and support you. Breastfeeding will not increase the risk of your cancer coming back. It is perfectly safe to breastfeed if you have had chemotherapy in the past. However, you should not breastfeed if you are still receiving chemotherapy, tamoxifen or Herceptin.

What about contraception after my baby is born?

It is important to use reliable contraception during breast cancer treatment. You may be advised not to use hormonal contraception such as the pill or contraceptive implants. Non-hormonal contraceptives such as the coil (intrauterine contraceptive devices) may be a good choice for you. Talk to your breast team about the best contraception for you.

I am not pregnant now but I need treatment for breast cancer. How will this affect my chance of having a baby in future?

Your plans for future pregnancies should be taken into account when your medical team discusses the best treatment with you.

Wherever possible, your breast cancer specialist will choose chemotherapy drugs that are less likely to affect your fertility. Some drugs can affect your ovaries, which may reduce your chance of having a baby. As with all women, future fertility will also depend on your age. Other drugs (for example, tamoxifen and Herceptin) do not appear to affect fertility, but you should avoid becoming pregnant while taking them. Wait until the treatment has finished.

It may be possible in some cases to freeze your eggs or embryos before chemotherapy begins. You should be given written information about your options and have the opportunity to talk about your plans with the team, who can refer you to a fertility specialist.

You can find out more information at Breast Cancer Care: www2.breastcancercare.org.uk/publications/treatment-side-effects/fertility-issues-breast-cancer-treatment-bcc28.

I want to have a baby now that my treatment for breast cancer has finished. What must I think about?

Speak to your breast team before becoming pregnant. You will usually be advised to wait for at least 2 years after your treatment has finished before trying for a baby as it is during this time when breast cancer is most likely to come back. Talk to your breast team if you think you may want to be pregnant sooner.

If you are taking tamoxifen, discuss with your breast team when to stop taking it. Normally this would be 3 months before trying for a baby. Don't stop any treatment without first discussing it with the team looking after you.

Are there extra risks to me and my baby if I become pregnant?

If you have received certain chemotherapy drugs before you were pregnant, you should be offered a detailed scan of your heart (echocardiography). This is because there is a small risk of you developing heart problems during pregnancy with these drugs.

The rates of miscarriage, stillbirth or your baby having a birth defect appear to be the same as for anyone else. Pregnancy will not increase the chance of the cancer coming back.

More information and support can be obtained from:

Breast Cancer Care

Helpline: 0808 800 6000
Website: www.breastcancercare.org.uk
Breast cancer during pregnancy – Factsheet: www2.breastcancercare.org.uk/publications/diagnosed-breast-cancer/breast-cancer-during-pregnancy-bcc25

Macmillan Cancer Support

General enquiries: 020 7840 7840
Helpline: 0808 808 0000
Website: www.macmillan.org.uk

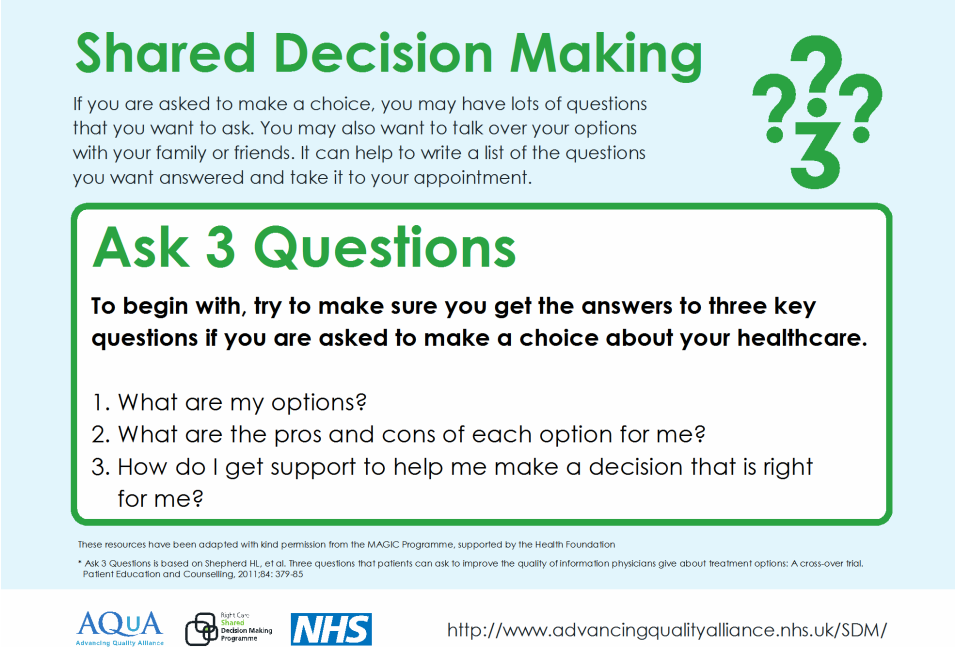
Breakthrough Breast Cancer

Website: www.breakthrough.org.uk

Cancer Research UK

Website: www.cancerresearchuk.org/about-cancer/type/breast-cancer/living/pregnancy-and-breast-cancer
Helpline (staffed by specialist cancer information nurses): 0808 800 4040
Email: www.cancerresearchuk.org/about-cancer/utilities/contact-us/send-a-question/?secure=true

Making a choice



Sources and acknowledgements

This information has been developed by the RCOG Patient Information Committee. It is based on the RCOG Green-top guideline *Pregnancy and Breast Cancer* (March 2011), which is available at: www.rcog.org.uk/en/guidelines-research-services/guidelines/gtg12. The guideline contains a full list of the sources of evidence we have used.

The RCOG produces guidelines as an educational aid to good clinical practice. They present recognised methods and techniques of clinical practice, based on published evidence, for consideration by obstetricians and gynaecologists and other relevant health professionals. This means that RCOG guidelines are unlike protocols or guidelines issued by employers, as they are not intended to be prescriptive directions defining a single course of management.

This information has been reviewed before publication by the RCOG Women's Network, Breast Cancer Care and Cancer Research UK.

A glossary of all medical terms is available on the RCOG website at: www.rcog.org.uk/womens-health/patient-information/medical-terms-explained.

A final note

The Royal College of Obstetricians and Gynaecologists produces patient information for the public. The ultimate judgement regarding a particular clinical procedure or treatment plan must be made by the doctor or other attendant in the light of the clinical data presented and the diagnostic and treatment options available. Departure from the local prescriptive protocols or guidelines should be fully documented in the patient's case notes at the time the relevant decision is taken.

All RCOG guidelines are subject to review and both minor and major amendments on an ongoing basis. Please always visit www.rcog.org.uk for the most up-to-date version of this guideline.