Effects of breast cancer on pregnancy [1]

Dear Alice,

My wife is 30-years-old. Her doctor found a lump in her breast; they are in the process of having it tested. What we (her and I) want to know is, depending on if it is cancer, since she has not had children yet, how will this affect having children and what can we expect to happen? What effect will the treatments have on her, when she does have children, or should she never try to have children after treatment?

Answer

Dear Reader,

First, it's good that your wife's breast lump has been identified and is undergoing further evaluation. To learn more about breast lumps, you and your wife can read the Related Q&As listed below.

Women of childbearing age who are diagnosed with breast cancer are understandably concerned about their fertility and ability to give birth while and after they undergo treatment. They are also concerned about how the disease and the treatments will affect the health of their offspring. Happily, babies born to survivors of breast cancer are as healthy as those born to women who have not had cancer. (Women whose biological mothers had breast cancer before the age of 50, however, have a higher risk of breast cancer later on in life.) And being pregnant and having a child does not adversely affect the health of women who have had breast cancer.

However, high levels of radiation and hormone therapy have a high risk for negatively affecting a developing fetus if administered shortly before or during pregnancy. If a pregnant woman's breast cancer is detected early, the lump and any other abnormal tissue is usually surgically removed. Removing part (breast-conserving surgery) or all (mastectomy) of the breast and taking out lymph-nodes poses only a small risk to the fetus in the form of the general anesthesia, with that risk varying based on the progression of the pregnancy. If the cancer is further along, chemotherapy is postponed until after the first trimester to reduce the chances of affecting the fetus, as certain types of chemotherapy have a lower risk associated with them after the first trimester and up to 3 weeks before birth.

If a woman has already been diagnosed with and treated for breast cancer, medical providers usually recommend waiting two years before attempting to conceive. That way, health care providers can determine whether or not the cancer is recurrent. If the cancer is recurrent, a
woman and her partner may wait a while longer before getting pregnant. Also, depending upon the health of the woman and age of the couple, they could explore the possibility of adopting a child or children.

Age is one of the most important factors when discussing cancer and pregnancy. Up to fifty percent of older women (those approaching menopause) who receive high levels of chemotherapy stop producing fertile egg cells. If a short course of chemotherapy is administered, younger women are less likely to experience a negative effect on their fertility. Before age 30, women have a better chance of being able to get pregnant after chemotherapy. Even if periods resume after being treated for breast cancer, they may not indicate fertility or fertility may be short lived. Female patients who receive chemotherapy might be at risk for premature menopause (significantly before the age of 51). If a woman is to undergo treatment that likely will affect her fertility, she has the option to have her eggs harvested and frozen for future use before treatment begins. Hormone therapy can also be used to for cancer treatment. The effects of hormone therapy on eggs are unknown, while radiation therapy can damage eggs and the ovaries. While a woman is on hormone therapy, it is not recommended that she get pregnant.

Breastfeeding is a common concern for women who have or have had breast cancer. Some women's cancer may have required them to have a partial or total mastectomy (breast removal procedure). Women who have not had mastectomies certainly can breastfeed their babies. Some women who have had radiation therapy on one (or both) breasts may find insufficient milk production in the treated breast(s). Often, in that case, the untreated breast produces enough milk for breastfeeding. La Leche League is a non-profit organization made up of women who assist other women in breastfeeding, offering practical information and support. Women currently undergoing radiation or chemotherapy are not to breastfeed until a few months after treatments have stopped. Health care providers need to test breast milk to be sure that no harmful chemicals are transmitted to the nursing child.

It is important for the two of you to talk with each other about concerns you both have about your wife's health, your sexuality, your feelings, and her ability to conceive and carry a child. By bringing your concerns to the table first with each other, and then with your oncologist, gynecologist, primary care provider, etc., you will get the information you need to help you make the best decisions for yourselves and your future family.

Alice!
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