

Cancer and Pregnancy

PATIENT EDUCATION SERIES



Cancer is rare during pregnancy, affecting about 1 in 1,000 pregnancies. Among people under 30 years old, 10% to 20% of cancers are diagnosed during pregnancy or within a year after childbirth. As screening for cancer has improved and more people wait longer to have children, the number of cancer cases during pregnancy has increased.

How is cancer diagnosed during pregnancy?

Routine prenatal care may be the first time cancer is detected. An **ultrasound** exam or blood test might show something abnormal. In some cases, **prenatal genetic screening test** results, such as a **non-invasive prenatal test**, or **NIPT**, may detect gene changes linked to cancer.

Some cancer symptoms, like fatigue, nausea, back pain, and **anemia**, are also common in pregnancy. Physical changes like breast lumps may also be harder to notice or may be assumed to be pregnancy-related. For these reasons, cancer symptoms may be missed, and the diagnosis may be delayed.

Healthcare professionals may use ultrasound and **non-contrast MRI** to look for suspected cancer in a pregnant person. These techniques are safe for the fetus at every stage of pregnancy. **CT scans** and **PET scans** may be needed in specific cases. Steps such as shielding the belly can reduce the amount of radiation to the fetus. **Biopsies** can also be safely done during pregnancy to confirm a diagnosis.

What are the options for my pregnancy after a cancer diagnosis?

Your options depend on the type and stage of cancer, how far along your pregnancy is, and your personal preferences. You may be offered treatment during pregnancy, or you may be able to delay treatment until after the baby is born. In some cases, ending the pregnancy may be the safest option, especially if urgent treatment is needed or the pregnancy is very early.

Your care team, which may include **maternal-fetal medicine subspecialists**, **oncologists**, and other healthcare providers, will explain the recommended treatment options and how they may impact your pregnancy. They will also help weigh the risks and benefits of your options as you decide what is best for you and your family.

Can cancer be treated during pregnancy?

Yes, cancer can be treated during pregnancy. Treatment depends on the type and stage of cancer, **gestational age**, and whether you choose to continue your pregnancy. Surgery is generally considered safe at any stage of pregnancy with appropriate precautions. **Minimally invasive surgery** or **laparoscopic** approaches may be preferred, if possible. In nonurgent cases, your doctor may recommend scheduling surgery during the second trimester. This is done to avoid exposing the fetus to anesthetic agents or other medications early in pregnancy, when organs are developing. It can also make surgery easier before the uterus becomes too large in the third trimester and minimize the risk of preterm labor. Your medical team will discuss optimal timing based on your specific clinical situation.

Chemotherapy is often avoided in the first trimester, but many chemotherapy medications can be given safely after 12 weeks of pregnancy. Waiting until after 12 weeks, in many cases, does not significantly change how well the treatment works. Sometimes, though, it may be necessary to start treatment right away, even in early pregnancy. **Radiation therapy** is generally postponed until after delivery, but targeted treatments may be used in rare cases, usually for cancers outside the abdomen or pelvis.

How does cancer treatment affect the fetus?

Your healthcare team will take precautions to minimize effects on the fetus. Chemotherapy after the first trimester does not increase the risk of birth defects but has been linked to a higher risk of **preterm birth** and low birth weight. In some cases, these changes may be due to the cancer itself, rather than the chemotherapy. To monitor fetal growth and development, ultrasounds are recommended throughout pregnancy, with more frequent scans every 3-4 weeks starting around 24-28 weeks.

Most children exposed to chemotherapy after the first trimester have normal growth and development, but some may need specialized care. Over the long term, most children have normal thinking and physical development.

Babies exposed to chemotherapy close to delivery may have low white blood cell counts at birth, which can increase the risk of infections. Some chemotherapy drugs may also affect the baby's heart, but studies suggest that most children have normal heart function. Your baby may need special monitoring for a period after birth to ensure they stay healthy. Your child's pediatrician should also be informed of the medications you received during pregnancy.

Many new cancer treatments work differently from traditional chemotherapy. Some help your immune system find and attack cancer cells. Limited research suggests that these medications are safe during pregnancy. You may be able to join a registry of pregnant patients who use these medications to help build understanding of how they affect pregnancy.

How is delivery planned after cancer treatment?

Delivery is usually planned at term (37-39 weeks). If chemotherapy is part of the treatment plan, it is typically stopped around 34 weeks to allow for bone marrow recovery before birth. Vaginal birth is usually recommended unless there are other complications. Special precautions for pain control during labor, prevention of infections, and treatment of hemorrhage may be needed.

In rare cases, a preterm delivery may be recommended. This is done so that your treatment can begin without too much delay. Preterm delivery will be considered if it is thought to be the best option for both you and your baby.

How will I be monitored after delivery?

Cancer treatment may continue or be adjusted after you have your baby, depending on the type and stage of cancer. If you had a cesarean delivery, you may need to wait a few weeks before starting chemotherapy to allow healing. Sometimes, medications that were stopped during pregnancy are restarted.

Beyond medical care, postpartum recovery can be physically and emotionally challenging, particularly when managing

both a newborn and a cancer diagnosis. It is not uncommon to feel increased stress, fatigue, or emotional strain. Arranging support from mental health professionals, peer groups, or family members can help you manage these changes after delivery.

What birth control options can I use?

Birth control after pregnancy is an important part of cancer treatment. It can help you plan your next pregnancy at the optimal time for your health. Preventing pregnancy allows you to focus on cancer recovery.

Most people with cancer should not use birth control with **estrogen** because it can increase the risk of blood clots and other complications. However, birth control methods that contain only **progesterone**, or do not have any hormones, are likely safe, such as intrauterine devices, the progesterone-only pill, the implant, injections, or barrier methods. Talk to your obstetrician to discuss which birth control options are right for you.

Can I breastfeed after cancer treatment?

Breastfeeding may or may not be possible, depending on the type of cancer treatment and when it was given. Decisions about breastfeeding are best made with the input of your healthcare team, who can help you weigh the risks and benefits for your situation.

If you are being treated with chemotherapy after you have your baby, breastfeeding is generally not recommended. These drugs are passed into breast milk and can affect your baby. If you underwent chemotherapy during pregnancy and it is no longer needed after delivery, a waiting period is recommended to allow the drugs to leave your body. Your healthcare professional can advise you about how long to wait.

If you had breast cancer and were treated with radiation therapy, breastfeeding from the unaffected breast is generally safe. If you need ongoing hormonal or immunotherapy, you may be able to breastfeed for a while before starting your treatment, at which time you should stop breastfeeding.

While breastfeeding has many benefits for babies, formula is also a safe and nutritious option. Donor milk may also be available.

If you need a PET or CT scan, it may be recommended that you avoid contact with the baby for a few hours to reduce radiation exposure. In some cases, you may be told to express and then discard breast milk before feeding your baby. Your healthcare team will have specific instructions depending on the imaging that is needed.

Will cancer treatment affect my ability to have children in the future?

If you are thinking about becoming pregnant after cancer treatment, talk to your healthcare professional about your pregnancy plans. You should receive regular checkups to ensure that you remain healthy and cancer-free before becoming pregnant again. Some cancer treatments, including chemotherapy, can impact fertility. Options such as egg or **embryo** freezing, **ovarian tissue preservation**, or **hormone therapy** may be available before treatment

begins. Ask your doctor if you should meet with a fertility specialist to discuss these options as you plan your cancer treatment. Many cancer survivors can have healthy pregnancies after treatment.

Support and Mental Health

A cancer diagnosis during pregnancy can also affect your mental health. It's common to feel stress, anxiety, or depression. Arranging care with mental health professionals, support groups, spiritual leaders, or loved ones can help you navigate this difficult time.

Support from mental health professionals, social workers, and patient networks can help you navigate the challenges of both cancer treatment and pregnancy. Organizations such as [*Hope for Two: The Pregnant with Cancer Network*](#) connect people facing similar experiences and provide guidance.

Quick Facts

- Cancer during pregnancy occurs in about 1 in 1,000 pregnancies, but cases have increased due to delayed childbearing and better screening.
- Ultrasounds and non-contrast MRIs are often used to diagnose suspected cancer in a pregnant person, but CT or PET scans may be used in some cases.
- Cancer treatment during pregnancy is possible and depends on the type and stage of cancer.
- Fetal health will be monitored closely during cancer treatment, with frequent ultrasounds to track growth.
- Delivery is typically planned at term (37-39 weeks) unless preterm delivery is necessary for the health of the pregnant person or the fetus.
- If you are thinking about becoming pregnant after cancer treatment, talk to your healthcare professional about your pregnancy plans to ensure the best time and outcomes.
- Cancer treatment can affect fertility, and options like egg or embryo freezing may help preserve future reproductive options.

Glossary

Biopsy – A procedure where a doctor takes a small tissue sample to check for disease under a microscope.

Chemotherapy – A type of cancer treatment that uses drugs to kill cancer cells or stop them from growing.

Cesarean delivery (C-section) – Surgery in which a baby is delivered through a cut (incision) in the mother’s uterus.

Embryo - The early stage of development after a sperm fertilizes an egg, lasting until about eight weeks of pregnancy.

Estrogen: A hormone made by the ovaries and other body tissues that regulates the female reproductive cycle.

Gestational age – The age of a pregnancy, usually given in weeks. A pregnancy is dated from the first day of the last menstrual period. The standard length of pregnancy is 40 weeks.

Hormone therapy – A treatment that blocks or lowers hormones to help manage certain conditions.

Maternal-fetal medicine subspecialist – An obstetrician with specialized training in caring for people with high-risk pregnancies.

Minimally invasive surgery: A type of surgery involving very small incisions or no incision at all, resulting in reduced tissue damage and scarring.

MRI (Magnetic Resonance Imaging) – A type of imaging exam that uses powerful magnets to show internal organs, bones, and other tissues of the body.

Oncologist – A doctor who specializes in diagnosing and treating cancer.

Ovarian tissue preservation – A procedure that removes and freezes ovarian tissue to help preserve fertility.

PET scan (Positron Emission Tomography) – A type of imaging test that helps doctors see how organs and tissues are working by using a small amount of radioactive material.

Prenatal Genetic Screening Tests: Tests done during pregnancy that assess the chance that a genetic disorder is present in the fetus.

Progesterone: A hormone that regulates the menstrual cycle and plays a role in pregnancy. It is also used as a medication.

Radiation therapy – A cancer treatment that uses high-energy radiation to kill cancer cells or shrink tumors.

Ultrasound – Use of sound waves to create images of internal organs or the fetus during pregnancy.

To find a maternal-fetal medicine subspecialist in your area, go to [Find an MFM - Society for Maternal-Fetal Medicine](#). The Society for Maternal-Fetal Medicine’s Patient Education Series reflects the content of current, published SMFM practice guidelines. Each series document has undergone extensive internal review prior to publication. Patient Education documents should not be used as a substitute for the advice and care of a medical professional.

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