

Breast cancer occurs in about one in 3,000 pregnant women. It's most often diagnosed after a lump is found in the breast. It's the most common cancer in pregnant and postpartum women.

Breast cancer can be hard to find in pregnant, postpartum or breastfeeding women. This is due to the increased size and changes in the texture of the breasts.

Many women feel breast lumps [during pregnancy](#) and postpartum. Most of these lumps are not breast cancer. It can be hard to tell the difference between normal changes related to pregnancy and breast cancer.

What you may be thinking about

A breast cancer diagnosis during pregnancy is very upsetting. At a time when you're awaiting the birth of your child, you are now forced to confront cancer. It's normal to feel sadness, anger or fear. Some common concerns and questions are discussed below.

- **Your Health** – *Can the cancer be treated?* Yes. Many breast cancer treatments, including surgery, are safe during pregnancy. Prognosis (chances for survival) is similar to that of non-pregnant women, when age and cancer stage are taken into account. Ending a pregnancy does not improve prognosis.
- **Your baby's health** – *Will the cancer hurt my baby?* The breast cancer itself will not hurt the baby. You can't "pass on" cancer to your baby. However, some breast cancer treatments can be harmful, such as radiation or hormone therapy, so they aren't given during pregnancy. Your treatment is planned with the safety of you and your baby in mind.
- **Parenting** – *What if I'm too sick to care for my baby?* Talk with your doctor about your treatments and possible side effects. This can help you make plans should you need help after the baby is born.
- **Passing on the risk of breast cancer to your child** – *Will my child have a higher risk of getting breast cancer?* Most breast cancers are not inherited. About 5-10 percent of breast cancers are due to an inherited gene mutation (such as *BRCA1/BRCA2*). If you have a gene mutation, but the child's father does not, your baby has a 50 percent chance of getting the mutation. If you have concerns about passing on a gene mutation, talk to your doctor or a genetic counselor.

If you don't have an inherited gene mutation related to breast cancer, your child will have a somewhat higher risk of breast cancer compared to someone with no family history.
- **Breastfeeding** – *Will I be able to breastfeed after a breast cancer diagnosis?* If you wish to breastfeed, talk with your doctor. Breastfeeding should be avoided while being treated with radiation therapy, chemotherapy, hormone or HER2-targeted therapy. Surgery and radiation therapy may make it difficult to nurse from the treated breast.



BREAST CANCER

During Pregnancy

Resources

Susan G. Komen®

1-877 GO KOMEN
(1-877-465-6636)
komen.org/pregnancy

Hope for Two: Pregnant with Cancer Network

1-800-743-4471
hopefortwo.org

Young Survival Coalition

1-877-YCS-1011
youngsurvival.org

Related online resources:

- [Diet & Nutrition During Treatment](#)
- [Genetics & Breast Cancer](#)
- [How Hormones Affect Breast Cancer Risk](#)
- [Treatment Overview for Early Breast Cancer](#)
- [Support After A Breast Cancer Diagnosis](#)

Treatment options

Treatment is based on the stage of your cancer and how far along you are in the pregnancy. Talk with your doctor to choose the best options for you and your baby.

Treatment Options	Stages of Pregnancy	
Surgery	Trimester 1	Trimesters 2 and 3
	Mastectomy is most often recommended. Breast reconstruction should be delayed until after the baby is born. Lumpectomy (breast conserving surgery) is not recommended. Radiation therapy is needed with lumpectomy and radiation can harm the baby.	Mastectomy Lumpectomy may be an option. In these cases, radiation therapy is delayed until after the baby is born. This does not worsen prognosis.
Radiation therapy	Trimesters 1, 2 and 3	
	Radiation therapy will harm the baby, so it's not given until after the baby is born.	
Chemotherapy	Trimester 1	Trimesters 2 and 3
	Chemotherapy can harm the baby.	Some chemotherapy drugs can be used safely during the second and third trimesters. Some women may also have chemotherapy before surgery (called neoadjuvant therapy). Chemotherapy should not be given after week 35 of pregnancy or within 3 weeks of the due date (or planned delivery date). This gives a woman time to recover before delivery. It's not that it's dangerous for the baby. Women diagnosed in the third trimester often wait until after the baby is born to have chemotherapy.
Hormone therapies and HER2-targeted therapies	Trimesters 1, 2, and 3	
	Hormone therapies and HER2-targeted therapies can harm the baby, so they're not given until after the baby is born.	

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