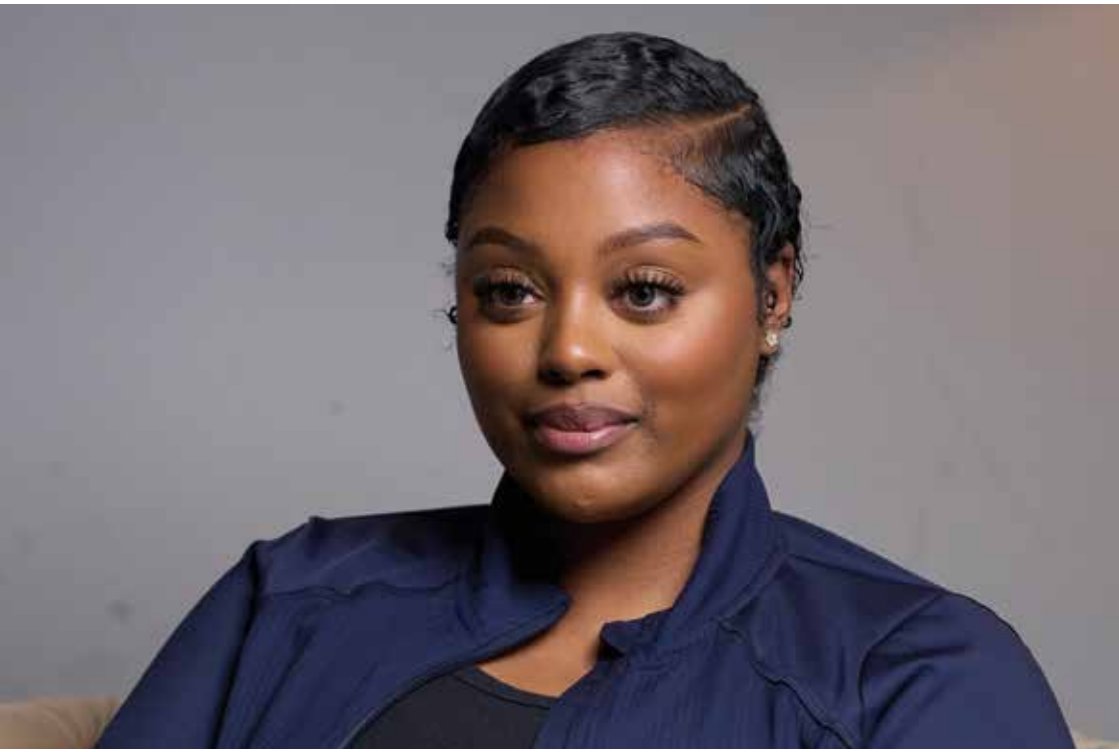
MACMILLAN CANCER SUPPORT

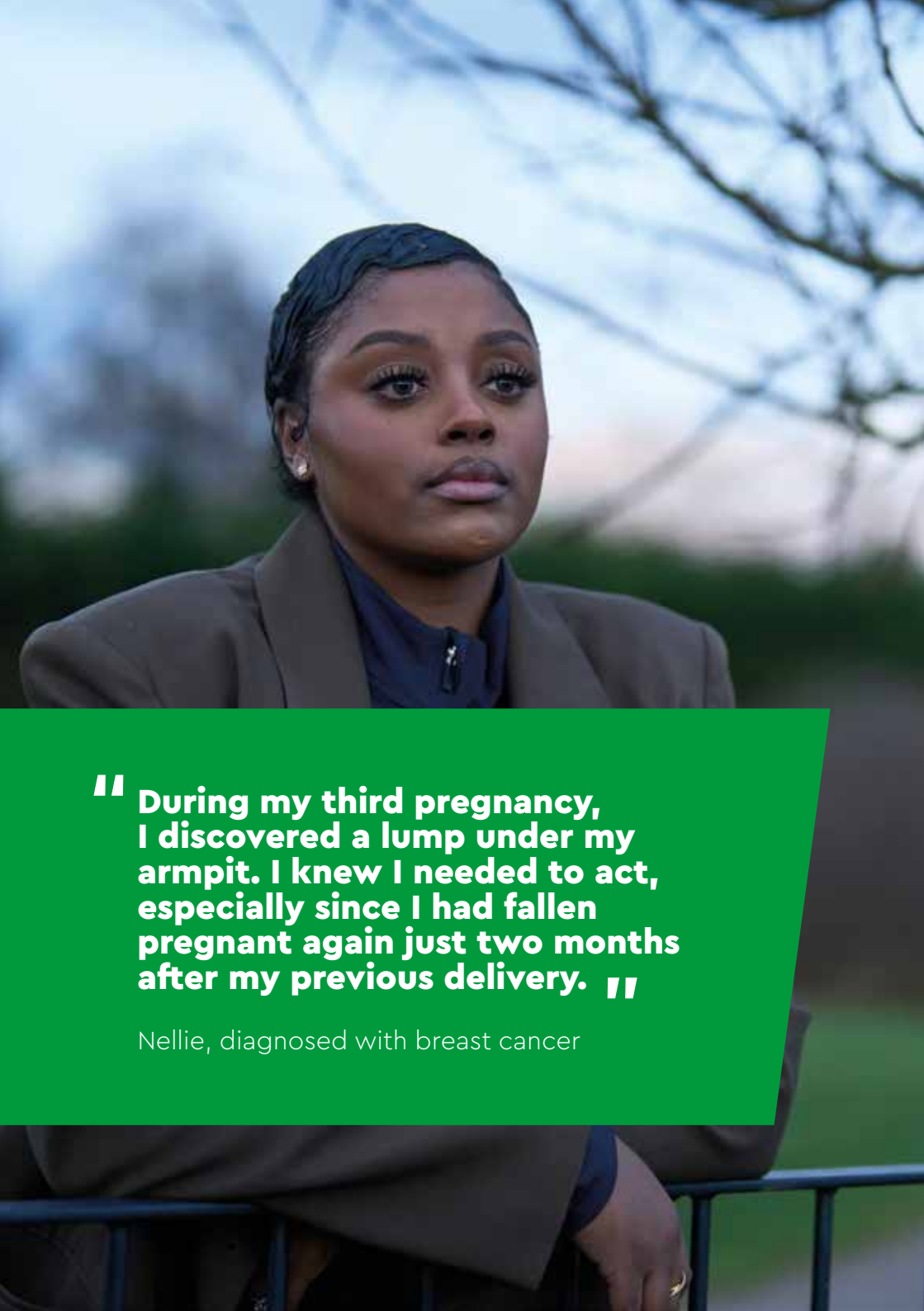
Cancer and pregnancy



Created in partnership with

mummys star

CANCER SUPPORT IN & AROUND
PREGNANCY | BIRTH | LOSS | BEYOND



"During my third pregnancy, I discovered a lump under my armpit. I knew I needed to act, especially since I had fallen pregnant again just two months after my previous delivery."

Nellie, diagnosed with breast cancer

About this booklet

This booklet is about cancer and pregnancy. It is for anyone who has been diagnosed with cancer during pregnancy. There is also information for carers, family members and friends.

The booklet explains the emotional and practical issues you may experience.

We have written this booklet in partnership with Mummy's Star, a charity that supports women and birthing people who are diagnosed with cancer during pregnancy (page 95).

We hope it helps you deal with some of the questions or feelings you may have.

We cannot give advice about the best treatment for you. You should talk to your doctor, who knows your medical history.

How to use this booklet

This booklet is split into sections to help you find what you need. You do not have to read it from start to finish. You can use the contents list on page 3 to help you.

It is fine to skip parts of the booklet. You can always come back to them when you feel ready.

On pages 95 to 108, there are details of other organisations that can help.

Quotes

In this booklet, we have included quotes from people who have had cancer while pregnant, which you may find helpful. This includes Nellie, who is on the cover of this booklet. These are from people who have chosen to share their story with us. To share your experience, visit **macmillan.org.uk/shareyourstory** The image on page 69 is taken from Nellie's Instragam **@nelliegbadebo**, reproduced here with Nellie's kind permission.

For more information

If you have more questions or would like to talk to someone, call the Macmillan Support Line free on **0808 808 00 00**, 7 days a week, 8am to 8pm, or visit **macmillan.org.uk**

If you would prefer to speak to us in another language, interpreters are available. Please tell us, in English, the language you want to use.

If you are deaf or hard of hearing, call us using Relay UK on **18001 0808 808 00 00**, or use the Relay UK app.

We have some information in different languages and formats, including audio, easy read, Braille, large print, interactive PDF and translations. To order these, visit **macmillan.org.uk/otherformats** or call **0808 808 00 00**.

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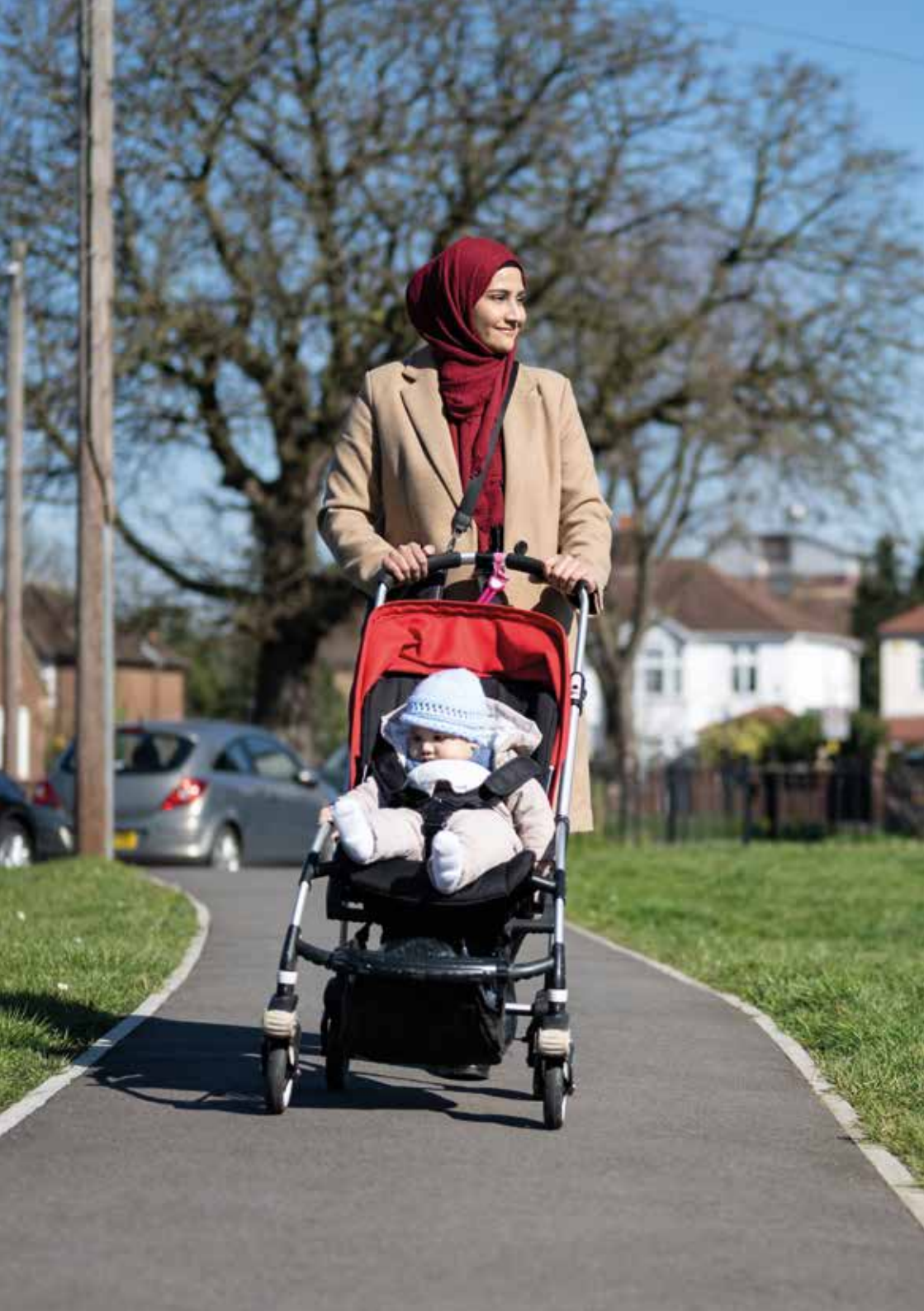
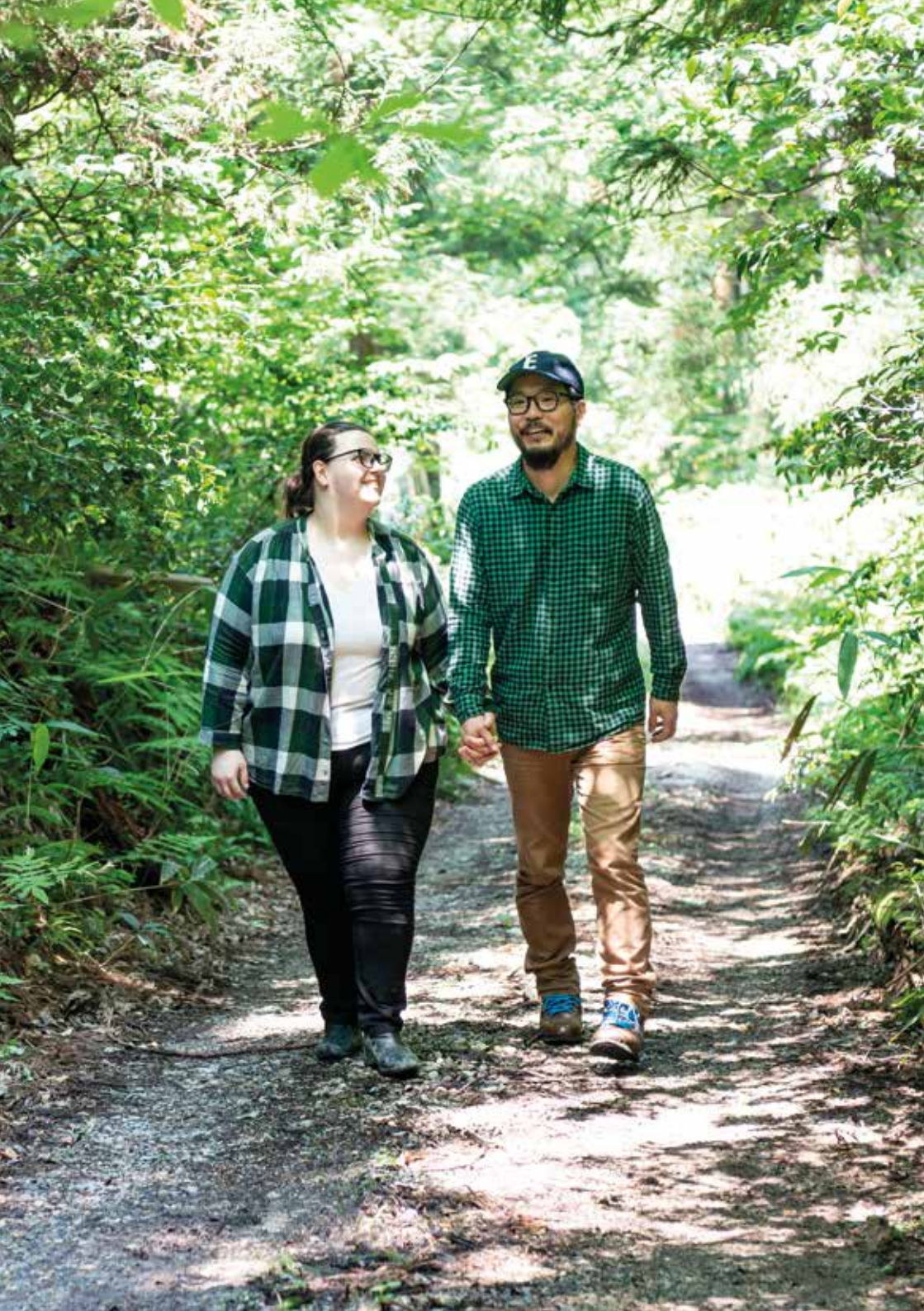


Cancer during pregnancy



About cancer during pregnancy

Finding out you have cancer is difficult and upsetting at any time. But when you are pregnant, it can be frightening and confusing. Having cancer during pregnancy is very rare. It only happens in about 1 in 1,000 pregnancies (0.1%). When we mention cancer, this includes blood cancers such as leukaemia.

Although pregnancy is often a positive time, a diagnosis of cancer is always upsetting. Coping with pregnancy and cancer at the same time can be very difficult. But there is lots of help and support for you. This includes the different healthcare professionals in your cancer or pregnancy team (pages 36 to 37).

Mummy's Star is a charity that supports women and birthing people who are diagnosed with cancer during pregnancy (page 95). It can help you meet or talk to others who have been in a similar situation.

Your doctors will try to keep your cancer treatment as close as possible to what you would have if you were not pregnant. But they need to balance your health with the safety of the baby.

Making decisions about cancer treatment when you are pregnant can be really hard. As well as worrying about your own health, you may worry about the baby's health. Your doctors and specialist nurses will give you all the information you need to help you make decisions.

Questions about pregnancy and cancer

You are likely to have some concerns and questions straight away when you are diagnosed with cancer. Having more information and being able to understand your own situation may help reassure you. It can also help you make decisions.

Here are some general questions and answers about cancer and pregnancy. Your cancer or pregnancy team will give you information about your individual situation (pages 34 to 35).

Can I have effective cancer treatment during pregnancy?

Research shows that if you have cancer and are pregnant, you can usually be treated as effectively as someone who is not pregnant. Doctors will try to make your treatment as similar as possible to that of someone with the same type and stage of cancer who is not pregnant. But because cancer in pregnancy is uncommon, there are not as many large trials to guide treatment options.

Sometimes you may have to avoid certain treatments or delay them until later in the pregnancy or after the birth. The right treatment for you depends on:

- the type of cancer you have (page 10)
- the stage of the cancer (pages 44 to 45)
- how many weeks pregnant you are (pages 42 to 43).

Your doctors and specialist nurses will give you all the information you need to help you make decisions about your treatment.

In certain situations, they may advise you to end the pregnancy. This is usually if the pregnancy is in its early stages and the cancer is growing very quickly. It may be essential for your health to start having a cancer treatment that is not safe for a developing baby.

Can pregnancy make the cancer grow faster?

Doctors have researched this in different types of cancer. There is no evidence that being pregnant can make a cancer grow faster.

Can cancer affect the baby?

It is extremely rare for cancer to affect the baby. If you are worried about this, talk to your cancer doctor or specialist nurse.

For cancer to affect a baby, the cells must pass through the barrier of the placenta. The placenta is attached to the womb during pregnancy. Oxygen and nutrients from your blood pass through the placenta to the baby. It is very rare for cancer cells to spread to the placenta and even rarer for cells to spread to the baby.

Your midwife and pregnancy doctor (obstetrician) work closely with the team treating the cancer. During pregnancy, you will have extra ultrasound scans of your baby to make sure there are no problems. If your doctor has any concerns after the baby is born, they will work with your cancer team so that the placenta is checked for cancer cells.

Types of cancer during pregnancy

Most types of cancer can happen during pregnancy, but some types are more likely to develop than others. These are usually cancers that are more common in younger people. But they can be cancers that are more likely to affect you as you get older. This is because more people are having families later in life. Cancer is more common as we get older.

The most common types of cancer diagnosed during pregnancy are:

- breast cancer
- cervical cancer
- melanoma
- lymphoma
- acute leukaemia.

Pregnancy itself does not increase the risk of developing cancer.

In this booklet, we explain the most common cancers during pregnancy and some of the possible treatments.

Cancer symptoms and pregnancy

Pregnancy does not change the symptoms of a cancer. The symptoms depend on the type of cancer. But the changes that happen to the body during pregnancy may delay a cancer diagnosis. This is because some cancer symptoms may be similar to changes that happen during pregnancy. The following list includes examples of some of these symptoms:

- Breast tissue changes during pregnancy. A lump or change in the breast can also be a symptom of breast cancer.
- Vaginal bleeding can happen during pregnancy. It can also be a symptom of cervical cancer.
- Lymphomas or blood cancers such as leukaemia may cause tiredness and breathlessness. Sometimes these symptoms happen during pregnancy.
- New moles can develop during pregnancy, or existing moles may get bigger. These changes can be symptoms of a skin cancer called melanoma.

Talk to your doctor

We have included the examples on page 10 as these are some of the more common cancer types that happen in younger people. But you should always talk to your GP or pregnancy team if you are worried about any symptoms that are:

- unusual for you
- unexplained
- ongoing.

To find the cause of your symptoms, you will have the same checks you would have if you were not pregnant.

You should also tell your GP or pregnancy team if you:

- have chest pain
- feel breathless
- have changes to your heartbeat.

The earlier cancer is diagnosed, the more successful treatment is. It is important to tell your GP or pregnancy team if you have:

- any pre-cancerous conditions
- had cancer in the past
- any family history of cancer.

Routine pregnancy checks can show if you need any other tests. A simple blood test during pregnancy can help diagnose leukaemia.

Always tell your midwife, pregnancy doctor (obstetrician) or GP about any new symptoms. If you think these symptoms need further checks, ask about the referral guidelines for suspected cancer and your symptoms.

For more information, visit:

- National Institute for Health and Care Excellence – **nice.org.uk/guidance/ng12**
- Scottish Referral Guidelines for Suspected Cancer – **cancerreferral.scot.nhs.uk**
- Suspected Cancer Pathway Wales – **executive.nhs.wales/functions/networks-and-planning/cancer/workstreams/suspected-cancer-pathway**
- Northern Ireland Cancer Network – **nican.hscni.net**

If you want to, you can ask for an appointment with another doctor or to be referred to a specialist for a second opinion.

We have more information about getting a second opinion on our website. Visit **macmillan.org.uk/second-opinion**

"I was pregnant and had no history of breast cancer, so I was not expecting it at all. It went from being about the size of a pea to a golf ball in just 8 weeks. When I told them about the lump everything moved so fast. I was told I shouldn't have waited. I was very lucky. "

Amanda, diagnosed with breast cancer

Your data and the cancer registry

When you are diagnosed with cancer, some information about you, your diagnosis and your treatment is collected in a cancer registry .

The information is used to help understand cancer in the UK better. This is important for planning and improving health and care services. It can be used to ensure that people living with cancer get the best possible care and support.

Hospitals automatically send information to the cancer registry. There are strict rules about how the information is stored, accessed and used. Information about health is sensitive, so by law it has to be kept under the highest levels of security.

If you have any questions, talk to your doctor or nurse. If you do not want your information included in the registry, you can contact the cancer registry in your country to opt out (page 108).

Diagnosing cancer in pregnancy

Tests for cancer during pregnancy

If your GP or pregnancy doctor (obstetrician) thinks there may be a link between your symptoms and cancer, they will refer you to a hospital specialist. The specialist you will meet depends on the symptoms you have. After the specialist has examined you, they will talk to you about the tests you need.

Making sure you are well is the most important thing for having a healthy baby. But it is important to find the cause of your symptoms.

You may worry that tests could put the baby's health at risk. Tests to diagnose cancer can usually be done without harming the baby. Your doctors will choose tests that do not risk exposing the baby to harmful amounts of radiation. They will try to avoid:

- bone scans
- PET scans
- CT scans.

If your doctors think you need a test they would usually avoid, they will talk to you about it. They will explain how they can reduce any possible risk to the baby.

If you have had tests and later find you are pregnant, talk to your doctors. With most tests there is no risk to the baby. If there is a risk, it is a very small risk.

Ultrasound scan

An ultrasound scan uses sound waves to build up a picture of the inside of your body. You may have already had an ultrasound during your pregnancy to check the baby's development. There is no risk to the baby.

You can usually have an ultrasound on most parts of the body. Where you have it depends on your symptoms. For example:

- if you have vaginal bleeding, you may have an ultrasound of your pelvis (the lower tummy area between your hips)
- if you have breast symptoms, you may have an ultrasound of your breast and armpit
- if you have digestive symptoms, you may have an ultrasound of the tummy or liver in the upper tummy area.

"At an early 7 week pregnancy scan, doctors found a 4cm mass in my bladder, and our journey with bladder cancer and pregnancy began."

Katherine, diagnosed with bladder cancer

X-rays

X-rays are used to take pictures of the inside of your body. Having an x-ray is not painful and only takes a few minutes.

You can have x-rays if the baby is not directly exposed to the rays. For example, you can have x-rays of your head, chest, arms and legs. The person taking the x-ray (radiographer) will place a lead shield over your tummy to protect the baby. Doctors sometimes call this pelvic shielding.

Mammogram

A mammogram is a low-dose x-ray of the breast tissue. It is safe to have a mammogram to check your breasts during pregnancy. The amount of radiation is very low and will not harm the baby. But the radiographer will shield your tummy area to protect the baby.

MRI scan

An MRI scan uses magnetism to build up a detailed picture of areas of the body. An MRI does not use x-rays, but you have it in the x-ray department of a hospital. The person who does the scan is a radiographer. They may give you an injection of a dye called a contrast. This helps show certain areas of the body more clearly. The dye may pass through the placenta. This may be harmful to the baby during the first trimester of pregnancy (the first 13 weeks or 3 months). For this reason, doctors try to avoid MRI scans during the first trimester (pages 42 and 43).

Biopsy

A biopsy is when doctors remove a small piece of tissue or a sample of cells from an area of the body. This is then sent to be checked under a microscope. This is how doctors find out whether an abnormal area or lump (tumour) is cancerous (malignant) or non-cancerous (benign).

You may need a biopsy to:

- check a lump
- remove or take a sample of a lymph node (gland)
- remove a mole or freckle on the skin.

Most biopsies in pregnancy use a local anaesthetic to numb the area. It is safe to have a local anaesthetic during pregnancy.

If you cannot have a biopsy using a local anaesthetic, you may need to have a general anaesthetic. If the pregnancy is at an early stage, your doctor may recommend waiting to have the biopsy until you are in the second trimester (over 14 weeks pregnant).

Bone marrow biopsy

Bone marrow is spongy material found in your bones. For a bone marrow biopsy, a small sample of bone marrow is taken from the back of the hip bone (pelvis). Rarely, the sample is taken from the breastbone (sternum). The sample is checked by a doctor who specialises in studying blood cells (haematologist). This test is safe during pregnancy.

Colposcopy and biopsy

This test uses a microscope called a colposcope to look closely at your cervix. The cervix is at the entrance to the womb.

It is safe to have a colposcopy while you are pregnant. The doctor or nurse will usually take a small sample of cells (a biopsy) from the cervix. They will send this to a laboratory to check for cancer cells.

You may have this test if you had a cervical screening test before you were pregnant and it showed abnormal cells on the cervix. We have more information about cervical screening tests on our website. Visit **macmillan.org.uk/cervical-screening**

You may have a cervical screening test if you have vaginal bleeding during pregnancy and other possible causes have been ruled out.

You will only have a biopsy of this area if it is necessary. If you are further along in your pregnancy, your specialist may recommend having the biopsy after the baby is born.

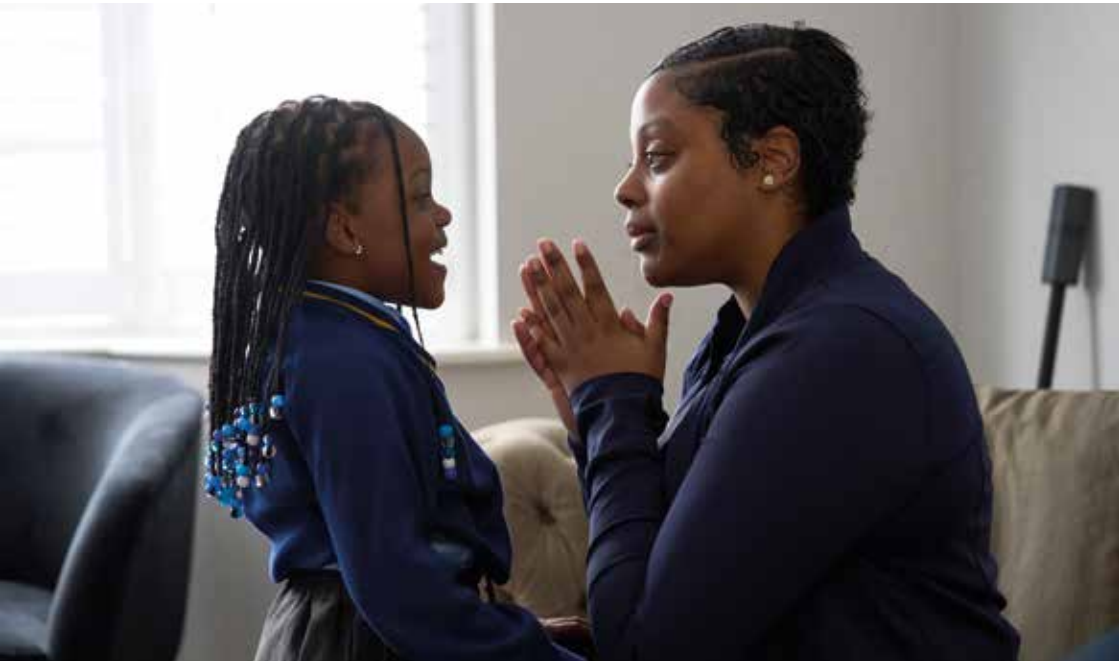
There is more risk of bleeding during this type of biopsy in pregnancy. Your doctors may do the biopsy in an operating theatre. They may recommend you have it under a general anaesthetic. They may also recommend waiting until the second trimester to have a general anaesthetic. This is because having a general anaesthetic in the first trimester can slightly increase the risk of miscarriage.

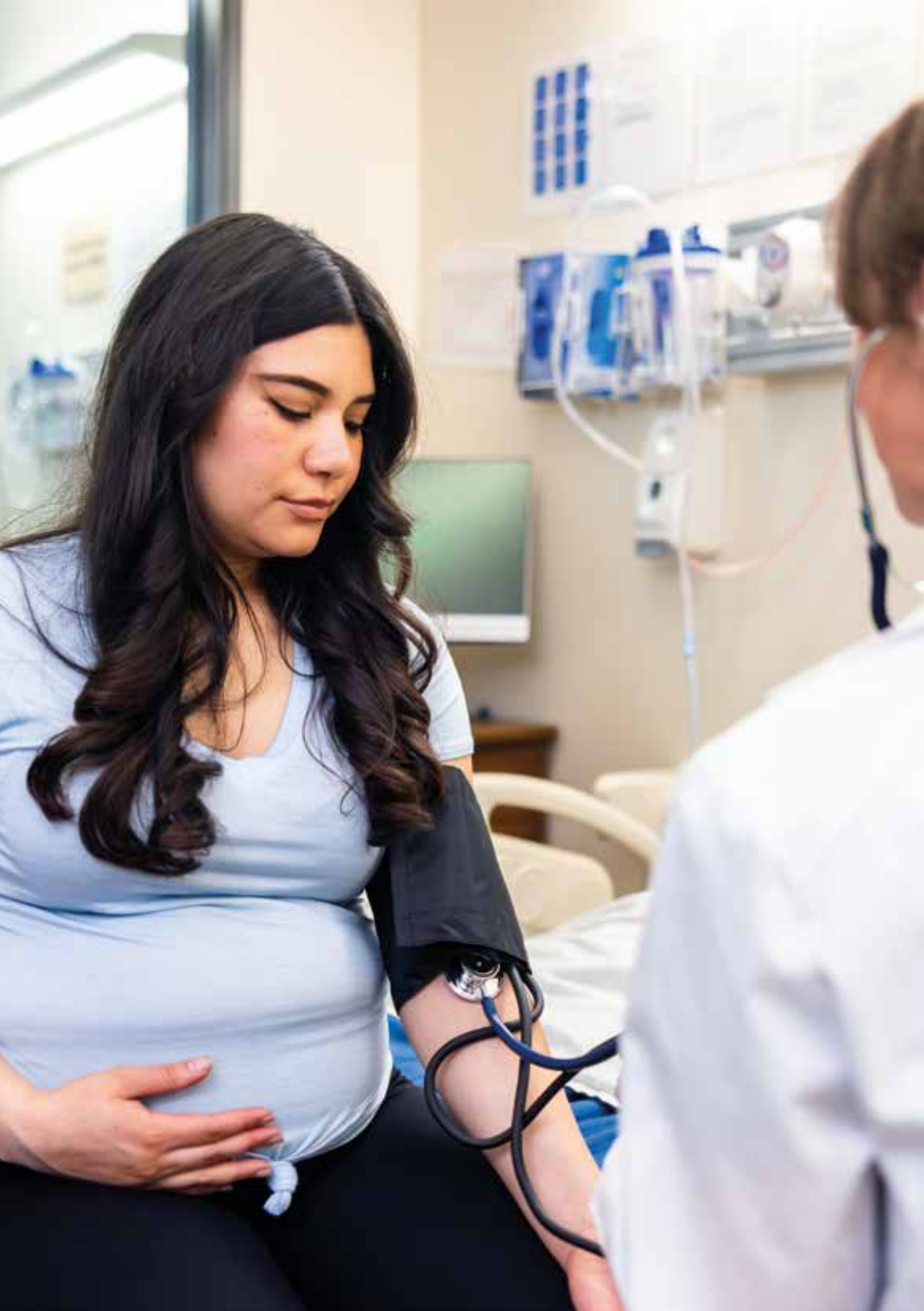
Surgery during the second or third trimester can increase the risk of going into labour early or having a late miscarriage. You may be offered drugs to reduce the risk of you having contractions and going into labour.

Waiting for test results

Waiting for test results can be a difficult time. It may take from a few days to a couple of weeks for the results of your tests to be ready. You may find it helpful to talk with your partner, your family or a close friend. Your specialist nurse, Mummy's Star or another cancer support organisation can also help (pages 94 to 95).

You may find it helpful to talk to one of our cancer information nurse specialists on **0808 808 00 00**.





Coping with cancer in pregnancy

Coping with cancer and getting support

A cancer diagnosis can make you feel:

- anxious
- sad
- angry
- frightened
- worried about your future.

When you are pregnant at the same time, your feelings can be more complex. You will also be coping with the physical and emotional changes of pregnancy. This can cause even more stress.

You may feel shocked or numb to begin with. It may be hard to accept that cancer and pregnancy can happen together.

You may feel angry or resentful that your normal healthy pregnancy has been taken from you. It is normal to feel a sense of loss because your experience of pregnancy is not what you imagined.

You may wonder if you are somehow to blame. There is nothing to feel guilty about. You have done nothing wrong.

You may feel anxious about your own health and the baby's health. It may help you feel more in control if you understand:

- how the cancer is treated in pregnancy
- how risks to your own health are managed
- how risks to the baby's health are managed.

You may worry that you are not bonding enough with the baby because your time and energy is taken up by the treatment. It can be hard to bond with an unborn baby even if you do not have cancer. It does not mean you will not feel a strong connection with your baby when it is born.

The most important thing you can do for the baby is to look after your own health. There are also ways you can focus on your pregnancy (pages 30 to 32).

Try to focus on taking care of yourself and being kind to yourself. How you feel affects your wellbeing and how you manage things.

Getting help and support

Getting the support you need is important for you and your baby. Talking things over can help you feel less anxious and help you understand your worries and fears. This may also help you think more clearly and make decisions.

Partner, family and friends

Try to talk openly with a partner if you have one, family members or close friends about how you feel. They will want to support you as much as possible. You may want your partner, or someone close to you, to be with you when you talk to your doctors and nurses. They can help you understand what is said and support you when making decisions about your pregnancy and treatment.

Sometimes they may not know what to do or say. It can help to tell different people what you need from them. This could be someone to listen to you or just to be with you. Or it could be something practical, or something to help distract you.

Your partner, if you have one, and family will have their own feelings to cope with. There is also support available for them. We have more information in our booklet **Talking with someone who has cancer**.

You may also have children to care for. You might worry about their feelings and reactions to your illness. We have more information in our booklet **Talking to children and teenagers when an adult has cancer**. You could also talk to a counsellor or a social worker at the hospital for advice and support.

You can order our booklets and leaflets for free.
Visit **orders.macmillan.org.uk** or call **0808 808 00 00**.

Your healthcare team

Different healthcare professionals will be involved in your care and the baby's care (pages 34 to 35).

Try to be honest with your doctor, nurse and other healthcare professionals about how you feel and what you are worried about. They can support and often reassure you. If you need more specialised help, they can usually arrange this for you.

A counsellor or psychologist can help you find ways of coping with your feelings. Getting support early on may help you cope with different challenges after the baby is born. Your specialist nurse can tell you about local cancer support centres and support groups.

Mummy's Star

Mummy's Star is the only charity in the UK and Ireland that supports families affected by cancer during or after pregnancy. They can also help you meet or talk to other families who have been in a similar situation.

Mummy's Star also provides advocacy support, financial help and education to raise awareness of cancer and pregnancy (page 95).

Support groups

There are different organisations that can offer you support depending on the type of cancer you have. There may also be local support groups in your area.

Macmillan's Online Community is a network of people affected by cancer. Anyone can join to get support from others at any time. It is anonymous and free to join. Visit **community.macmillan.org.uk**

Your pregnancy care

During your pregnancy, you will have regular check-ups with your midwife and pregnancy doctor (obstetrician). They will check your baby's development as well as your health. They will work closely with the cancer doctors treating you. This is so they can co-ordinate your pregnancy care alongside any tests or treatments for cancer.

You will have the usual checks and care that all pregnant women and birthing people have. But the pregnancy team will see you more often. They will do more checks, such as ultrasound scans to look at the baby (page 19).

You should still have choices about the birth. Your midwife will talk to you about this and help you make a birth plan. Most pregnancies will go to full term (over 37 weeks) and have a normal birth. Your pregnancy and cancer teams will work together to try and make sure your pregnancy goes to term. Your natural labour may start earlier than is planned. Sometimes labour may start earlier than you were expecting.

Sometimes your doctors may recommend delivering the baby early. This will depend on the type of cancer you have and treatment you are having. Your pregnancy and cancer teams will talk to you if they think this will help in your situation.

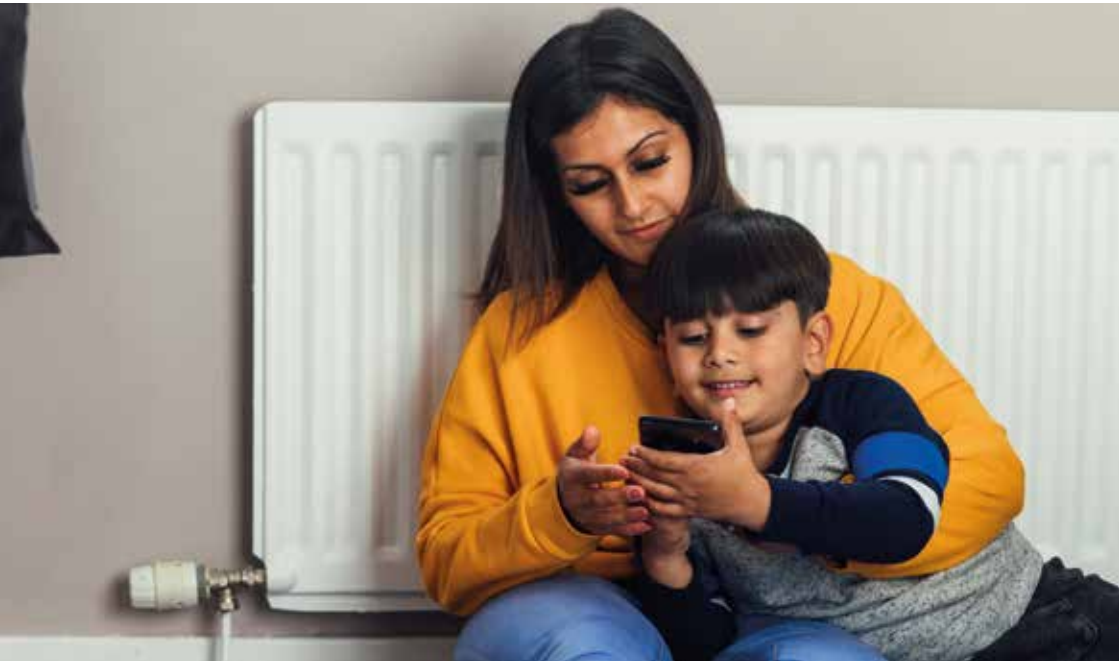
If the baby needs to be delivered early, you will either have your labour started (induced) or have a caesarean section (C-section).

Doctors may recommend you have your pregnancy care and give birth in the same hospital you have had your cancer treatment.

Babies born before full term are cared for in neonatal intensive care units (NICUs) or special care baby units (SCBUs). They are looked after by a team of specialist doctors and nurses.

Talk things through with your doctors and nurses before you decide to have your baby early. It is important to make sure you understand the reasons for their advice. This can be hard, but your doctors, nurses and midwives will support you.

There are also support organisations that can support you if you have a premature birth, including Tommy's and Bliss (pages 94 to 95).



Thinking about your baby

Sometimes it may feel as if the cancer and treatment are taking over from your pregnancy. Or you may just feel too tired to focus on being pregnant. There are simple things you can do that may help you focus on your pregnancy. They can also help you to bond with your baby.

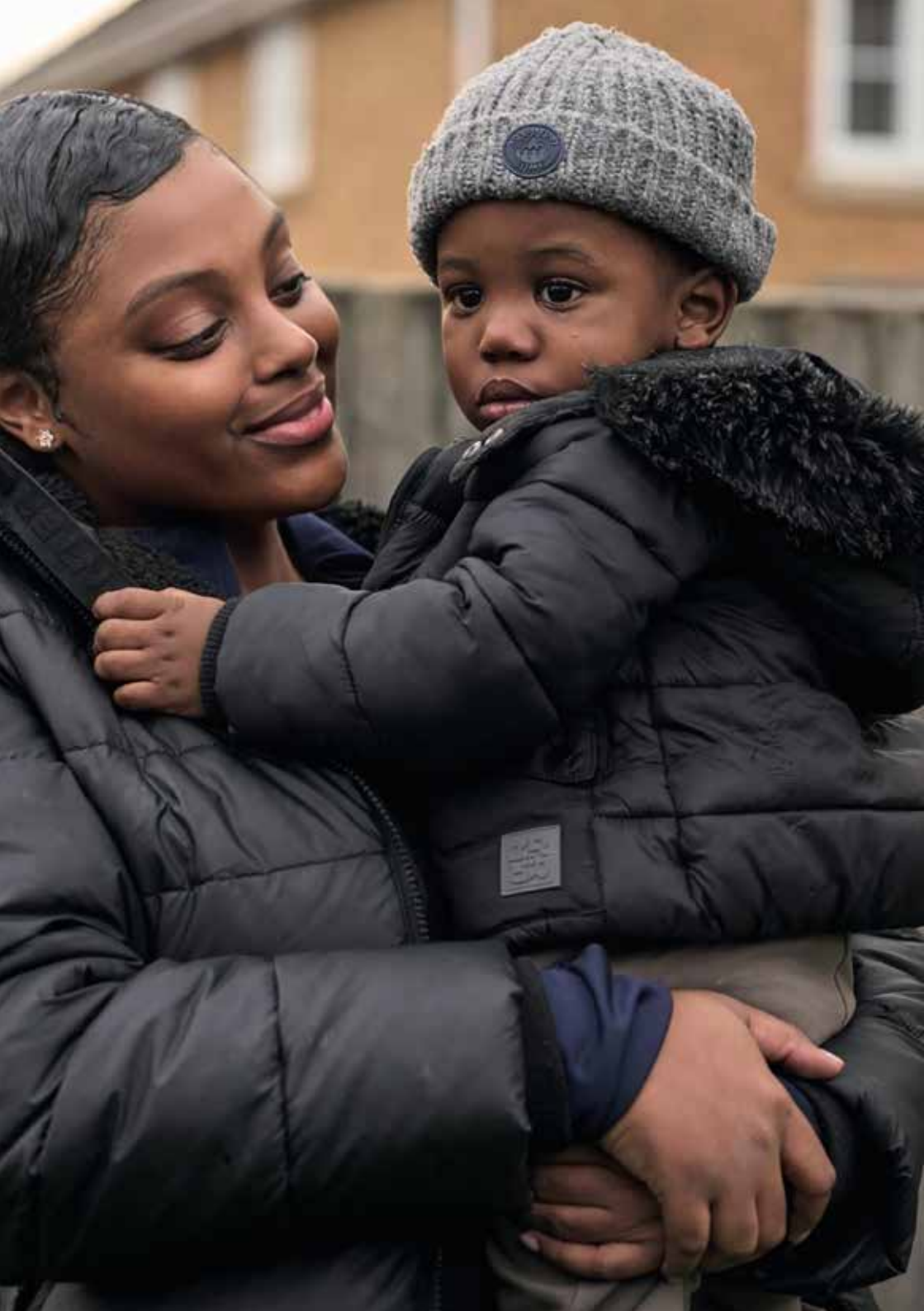
Spend a few minutes every day thinking about your baby. For example, think about your baby when you are out for a walk or having a bath. You can also try:

- talking to your baby – as the baby develops it may start to respond to your voice
- keeping a journal about your pregnancy
- putting a scan picture somewhere you can look at it, or setting it as the wallpaper or lock screen image on your phone.

Talk to your midwife about any concerns you have about your pregnancy. They can give you lots of helpful advice.

"As terrifying as it was to be pregnant through all of this I received the best possible care from so many doctors, nurses and midwives. Each one reassuring me in their own way that they were doing everything they could to ensure treatment would be as safe as possible for me and the baby. "

Katherine, diagnosed with bladder cancer



Treatment decisions and care

How your treatment is planned

After your test results, you and your doctor start to talk about your treatment.

Multidisciplinary team (MDT) meeting

A team of specialists meet to talk about the best treatment for you. They are called a multidisciplinary team (MDT).

The MDT looks at national treatment guidelines or the latest evidence for the type of cancer you have. If you have any treatment preferences, your doctor will tell them about this.

The MDT will usually include the following professionals:

- Specialist surgeon – a doctor who does operations (surgery).
- Oncologist – a doctor who treats people who have cancer.
- Haematologist – a doctor who diagnoses and treats blood disorders and cancers.
- Anaesthetist – a doctor who gives medicine to control pain before, during and after operations.
- Gynaecological cancer surgeon – a doctor who specialises in treating cancer in the female reproductive organs such as the womb or ovaries.
- Clinical nurse specialist (CNS) – a nurse who gives information about cancer, and support during treatment.
- Obstetrician – a doctor who cares for you during pregnancy and childbirth.

- Midwife – a specialist who helps you through labour, delivery and after the birth of a baby.
- Neonatologist – a doctor who is expert in caring for new-born babies if your baby is going to be delivered early.

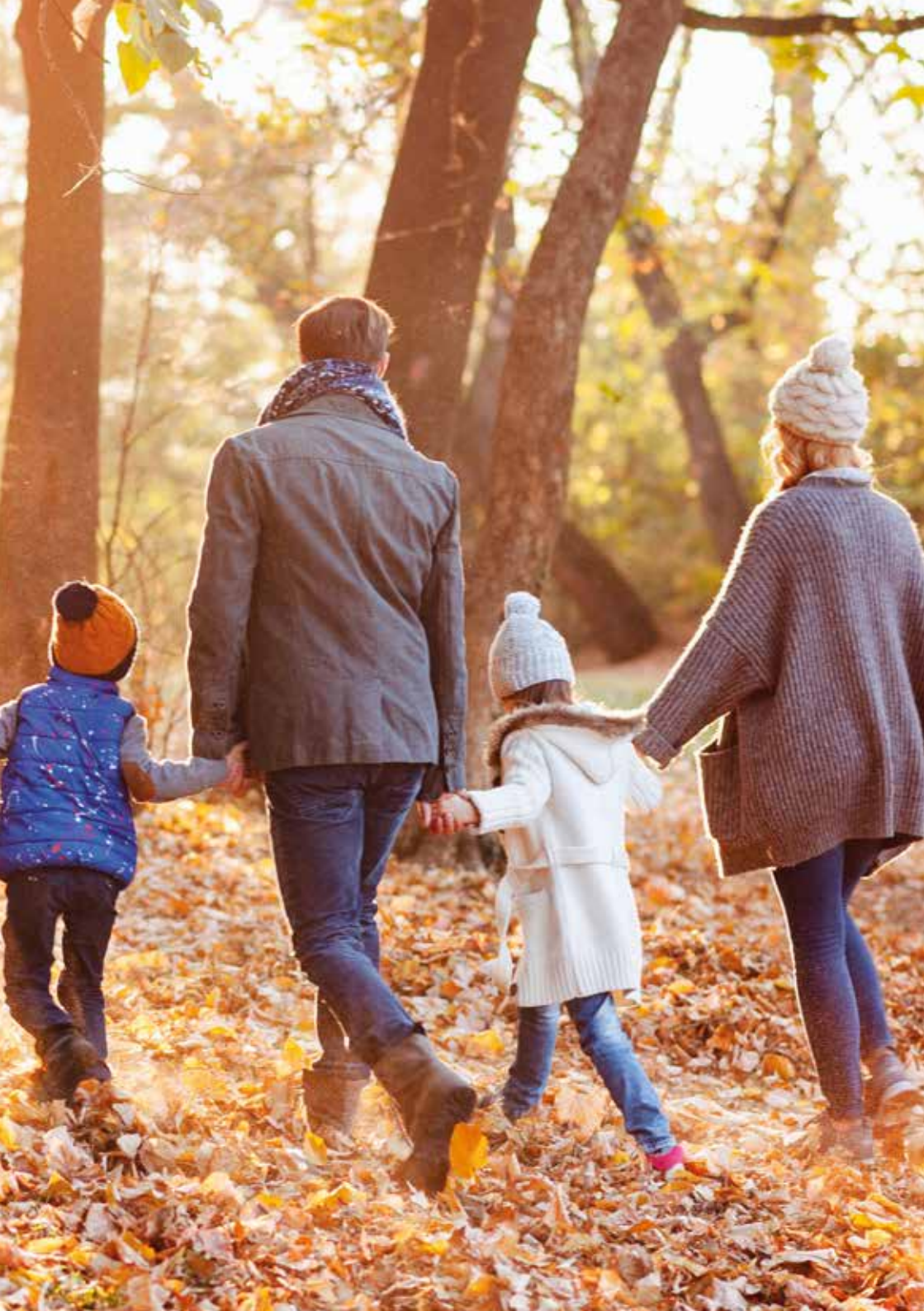
Depending on the type of cancer you have, the MDT may also include:

- a psychologist – someone who gives advice about managing feelings and behaviours
- a counsellor – someone who is trained to listen to people's problems and help them find ways to cope
- a social worker – someone who can help sort out practical and financial problems
- a dietitian – someone who gives information and advice about food and food supplements
- a physiotherapist – someone who gives advice about exercise and mobility.

Your cancer team works closely together to decide on the best possible care for you and your baby. You should be involved in decisions about your treatment and pregnancy. You can talk to your team about your preferences. For example, you could talk to them about how you would like to give birth.

The MDT meets to discuss the best treatment for your situation. Your cancer and pregnancy doctors will speak for you in this meeting. They will make sure everyone understands what you want and how you feel.

You usually have cancer treatment at a specialist cancer centre in a hospital. If possible, your doctors may also arrange for your pregnancy care to happen in the same hospital. They will give you phone numbers for your specialist nurse and a midwife. You can contact them for more information and support.



Making treatment decisions

After the MDT meeting, your doctors and nurses will explain the treatment options in more detail. It can help to have a partner, family member or close friend with you when you meet your doctor and nurse.

You and your doctors and nurses will need to talk things over carefully. As much as possible, doctors will try to give the same treatment as they would if you were not pregnant. Sometimes certain treatments are delayed because they are not safe for the baby.

You may have different treatment options. It is important to fully understand the risks and benefits of each option before you decide. This may involve several appointments with your cancer team. Your cancer team understands that you need to think through your options. You should make sure you take enough time to think about and understand the information they give you.

You may be making hard decisions that affect your own life and your pregnancy. You may also have other children to think about. You may need support from people that you are close to as well as your healthcare teams.

Unless you have a fast-growing cancer, you do not usually need to decide straight away. You can take time to think about how you feel and consider which options feel right for you. Your doctors and nurses will give you advice and help you with decisions. It may also help to see a psychologist or counsellor to talk things over (page 35).

Decisions about ending the pregnancy

It is not normally necessary to end the pregnancy. You can usually have effective treatment while pregnant.

In certain situations, your doctors may advise ending a pregnancy. This is usually only when there is a serious risk to your health. For example, they may suggest this if:

- the pregnancy is at an early stage and the cancer is fast-growing
- you need urgent treatment that would not be safe for the baby
- you need an operation that is not possible during pregnancy.

The advice to end the pregnancy will also depend on the type of cancer, its stage and how many weeks pregnant you are (pages 42 to 43).

Ending a pregnancy does not improve the outlook (prognosis) for a cancer. But it may mean you can have the most effective treatment. Continuing a pregnancy sometimes means delaying treatment. Or it may mean having less-effective treatment, to protect the baby.

Having to think about ending a pregnancy is very distressing. It is a deeply personal decision that only you can make. You may have been planning your pregnancy for a long time. This may feel especially hard if you have struggled to become pregnant or are pregnant after having fertility treatment.

You may need support from the people that you are close to. Your pregnancy and cancer teams will also support you. They will respect the choices you make. You may have strong, protective feelings towards the developing baby.

Deciding whether to end a pregnancy can be very difficult. Your cancer doctor and specialist nurse will explain everything to you. They will help you understand the risks to your health if you continue with the pregnancy.

You may decide to end the pregnancy for your own reasons, even if your doctors are not recommending this. You may feel you cannot get on with treatment and recovery while being pregnant. Or you may decide to focus on getting well for the family you already have. Whatever the reason, it is an upsetting decision to have to make.

You may need specialist support from a counsellor or a psychologist experienced in supporting people through a loss (page 29).

Mummy's Star has information on their website about ending a pregnancy. Visit **mummysstar.org** and search 'pregnancy loss and cancer' (page 95).

What treatment depends on

Your doctors consider many things before recommending the best treatment options for you. These are:

- how many weeks pregnant you are
- the type of cancer
- the stage of cancer – for example, how far it has grown or if it has spread
- if you have had treatment for cancer before
- how slowly or quickly the cancer is growing
- whether the aim of treatment is to cure the cancer or to control it.

How many weeks pregnant you are

How far along you are in your pregnancy is important when deciding about treatment. It affects the timing of different treatments, particularly chemotherapy.

A pregnancy usually lasts for about 40 weeks. It is divided into periods of around 3 months, called trimesters. During each trimester, the baby goes through different stages of development.

First trimester

Week 0 to week 13 (month 0 to month 3)

The baby is developing, and its organs and limbs are forming. Doctors usually avoid giving chemotherapy during this time. Some types of surgery may need to be delayed.

Second trimester

Week 14 to week 27 (month 4 to month 6)

The baby is growing quickly, and the lungs and other organs are developing. You can have chemotherapy any time from 14 weeks onwards. You can also have some types of surgery. At 24 weeks, the baby has a chance of surviving if it is born.

Third trimester

Week 28 onwards (month 7 to month 9)

This is the final stage of growth, when the baby moves into position for birth. If you are diagnosed with cancer during this time, it may be possible to:

- delay treatment until after the baby is born, depending on the type of cancer
- have treatment to control the cancer until the baby is born
- have the baby delivered early, if neonatal doctors think the baby can cope with this, and then start cancer treatment.

The type and stage of cancer

Doctors will try to give you the same treatment as they would give to someone with the same type of cancer who is not pregnant.

Depending on the treatment you need, doctors may recommend delaying or changing treatment to help protect the baby.

Your doctors will talk to you before you make any decisions about your pregnancy and treatment. They also look at the stage of the cancer. If the cancer is bigger, doctors may advise starting treatment as soon as possible. They also look to see whether the cancer is a type that is likely to grow slowly or more quickly. We have more information about cancer stages and grades on our website. Visit **macmillan.org.uk/staging-and-grading**

Slow-growing cancer

Doctors may be able to monitor a cancer that is growing slowly during pregnancy (page 46). If the cancer starts to grow more quickly, they usually recommend you start treatment. If you are diagnosed at a later stage of pregnancy, your doctor may advise delaying treatment until after the baby is born.

Fast-growing cancer

For fast-growing cancers, doctors usually recommend you start treatment straight away. If your pregnancy is at an early stage, they will usually talk to you about ending the pregnancy (pages 40 to 41). This is because the cancer is a serious risk to your health. They can then give you the best possible treatment for your situation. You will be given lots of support to help you cope with this distressing situation.

If you are diagnosed in your third trimester, doctors may advise that the baby is delivered early (page 43). This is usually if you have a certain type of leukaemia or lymphoma. You start intensive chemotherapy straight after the baby is born.

Future fertility

Even though you are already pregnant, you may worry about the effects of cancer treatment on your future fertility. If you are worried about this, talk to your cancer doctor before treatment starts. Some ways of protecting fertility will not be possible during pregnancy. But there may be other things your doctors can think about, such as the type of chemotherapy drugs you have. We have more information in our booklet **Cancer and fertility**.

You can order our booklets and leaflets for free.
Visit **orders.macmillan.org.uk** or call **0808 808 00 00**.

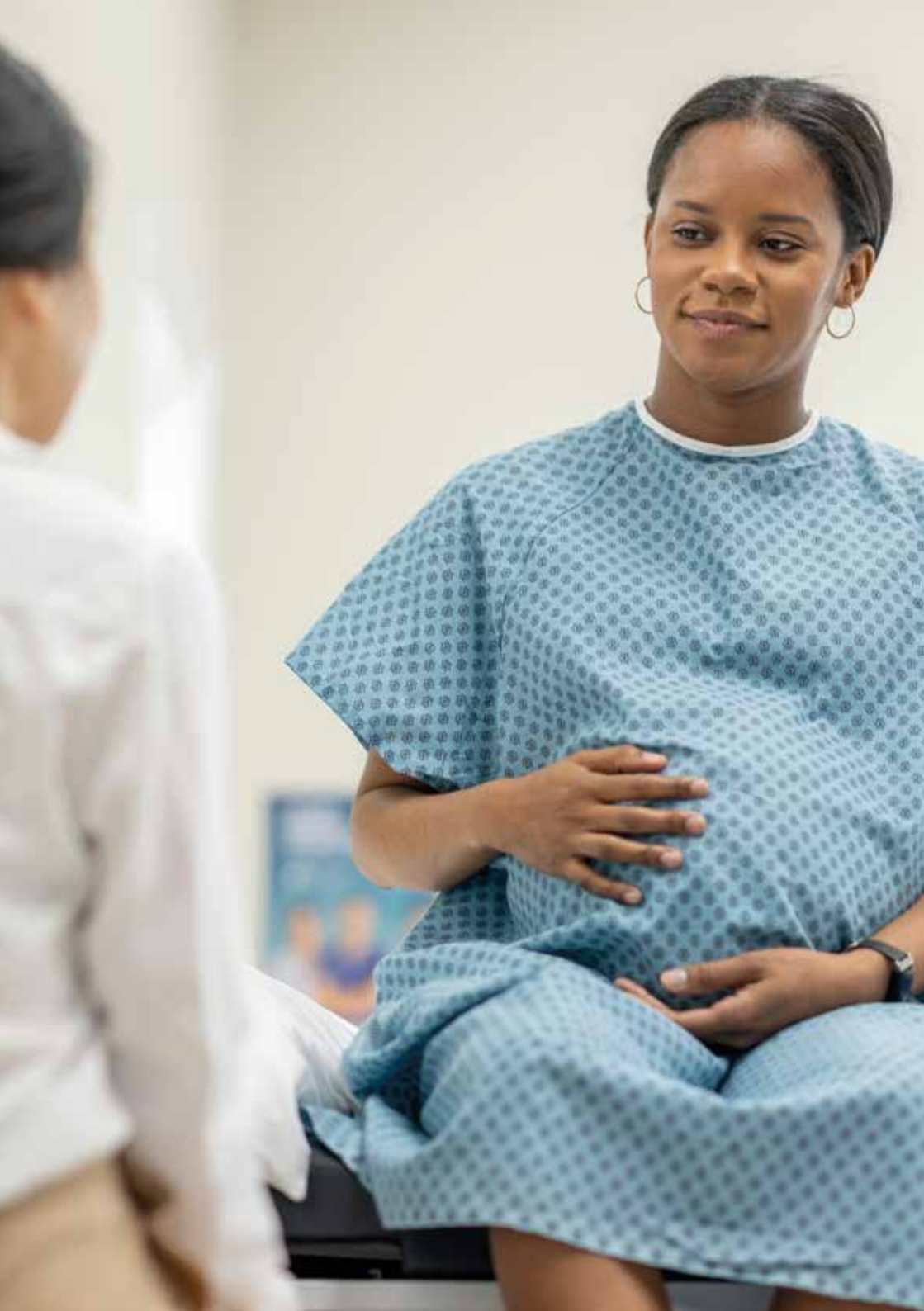
Monitoring the cancer

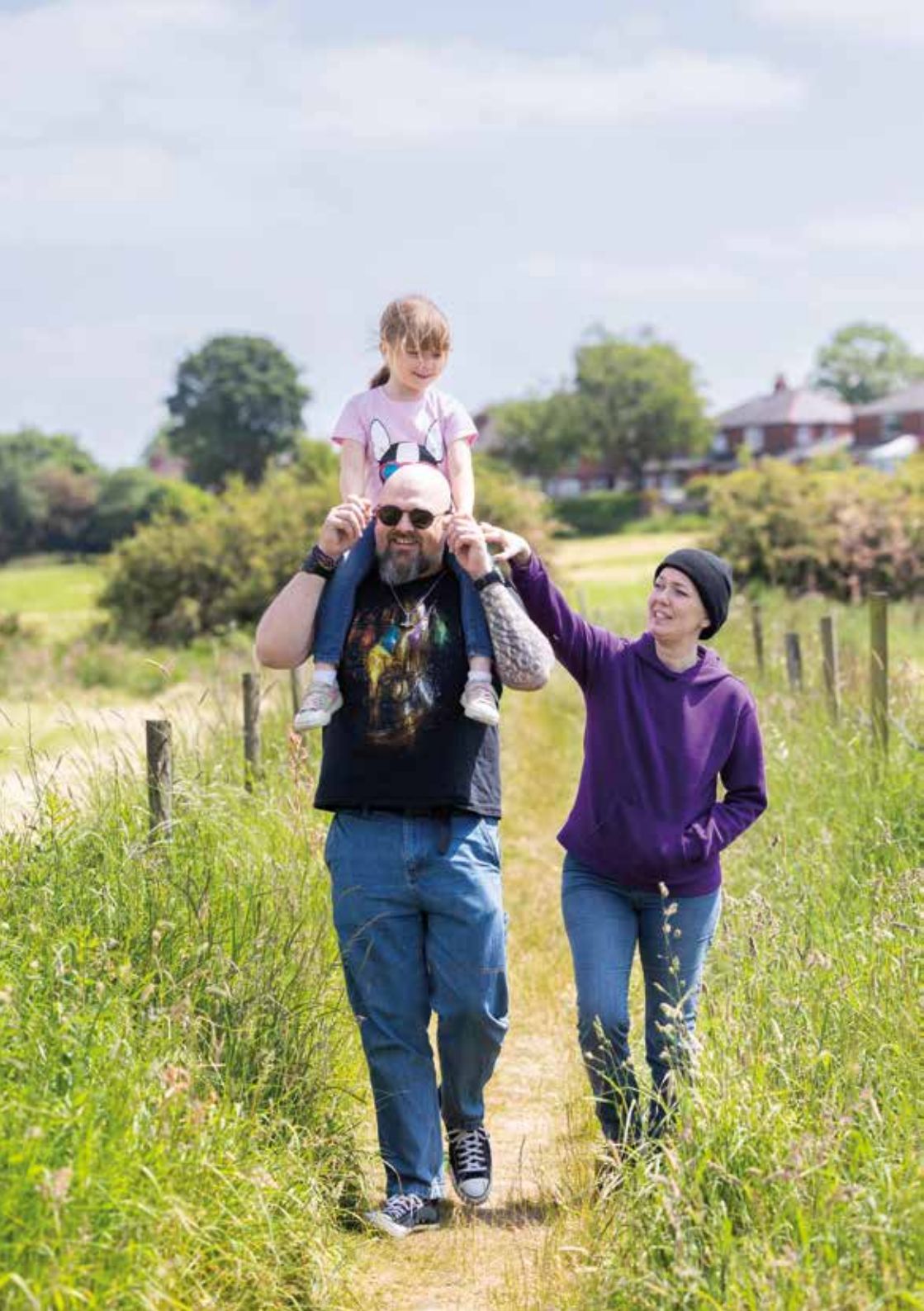
If you have a very early stage or slow growing cancer, your cancer doctor may advise checking (monitoring) the cancer during your pregnancy, rather than having treatment. After the baby is born, you can start treatment. Doctors may suggest this if the cancer is not likely to change much during the rest of your pregnancy. It depends on the type of cancer you have and how many weeks pregnant you are.

Monitoring may be an option if you have:

- low grade lymphoma or early Hodgkin lymphoma
- stage 1 cervical cancer
- chronic lymphocytic leukaemia (CLL).

If monitoring is an option, your cancer doctor and nurse will talk about it with you. They will explain the type of checks you will have.





Different cancers and treatments

Pregnancy and chemotherapy

Chemotherapy is the most common treatment used during pregnancy. The drugs destroy cancer cells, but they also affect healthy cells. It is natural to feel anxious about the possible effects of chemotherapy on the baby. But, at the same time, you may want to start treatment for the cancer.

If your doctors think you need chemotherapy, they may:

- delay chemotherapy until after the first trimester (page 43)
- avoid using a certain drug because it is harmful to the baby
- avoid using a certain drug because there is not enough evidence to show it is safe in pregnancy.

Studies have looked at babies whose mothers had chemotherapy after the first trimester. These studies are generally reassuring. Most women had healthy babies. Babies born after their mothers had chemotherapy do not seem to have different problems from other babies. So far, studies do not show any differences in the baby's development. But doctors are still studying the long term effects to find out more about any other possible risks.

There is some evidence to suggest chemotherapy may increase the risk of giving birth earlier and the baby having a lower birth weight. But doctors now have more experience giving chemotherapy during pregnancy. This means babies are less likely to be born early. If possible, your doctor will try to help your pregnancy go to full term (37 weeks).

Some women have a higher risk of early delivery. In this situation, doctors recommend they are cared for in hospitals with specialist baby units. These are called obstetric high dependency units (OHDUs).

"Chemotherapy was an intense 16-week process with fortnightly treatments. Physically, the chemotherapy was gruelling, but the emotional challenges were far greater."

Nellie

When chemotherapy is given

You do not usually have chemotherapy during the first trimester. This is because the baby's organs are still forming, and chemotherapy can increase the risk of a miscarriage or birth defect.

You can usually start chemotherapy after you are 14 weeks pregnant (in the second trimester) – page 43. At this stage, research shows most chemotherapy drugs will not harm the baby. The placenta acts as a barrier between you and the baby. Some drugs cannot pass through the placenta. Others only pass through in very small amounts. Your cancer doctor and specialist nurse will explain this to you.

It may be helpful to talk to someone who has also had chemotherapy during pregnancy. Mummy's Star may be able to arrange this for you (page 95). Your cancer team may also help with this.

Your doctors will talk to you about when you will stop chemotherapy. Chemotherapy is not usually given after you are 37 weeks pregnant. You will have a break between your last dose of chemotherapy and your expected delivery date. This is to avoid the baby being born when your blood cell levels are still low. Having a low level of blood cells is a temporary side effect of chemotherapy (page 77). It can increase your risk of serious infection and bleeding.

If your baby is born soon after your chemotherapy finishes, doctors can give you drugs to support your immune system. This helps you fight infections.

Different cancers and chemotherapy

You will usually have chemotherapy as an injection or a drip (infusion) into a vein, or as tablets. This is the same for someone who is not pregnant.

Breast cancer

You may have chemotherapy before or after surgery to remove breast cancer. Doctors will use the same chemotherapy drugs they would give to someone with breast cancer who is not pregnant.

Your doctor will usually give you a combination of:

- doxorubicin (Adriamycin®)
- cyclophosphamide
- epirubicin.

These drugs are used to treat breast cancer during pregnancy.

You might have a drug called docetaxel (Taxotere®) or paclitaxel (Taxol®). These are called taxanes. These drugs are less commonly used in pregnancy. You may have them nearer the end of your chemotherapy treatment. This often means you have them after the baby is born.

You might have other treatments after the baby is born. These include radiotherapy, hormonal therapy and targeted therapy.

Cervical cancer

Doctors will use the same chemotherapy drugs they would give to someone who is not pregnant.

They may use the drugs cisplatin or carboplatin along with other chemotherapy drugs.

In some situations, chemotherapy may be given so that surgery can be delayed until the baby has grown enough to be born. You may have further treatment, such as surgery or radiotherapy, after the baby is born. You may also have more chemotherapy after the baby is born.

Non-Hodgkin lymphoma

Chemotherapy can be used to treat fast growing non-Hodgkin lymphoma (NHL) during pregnancy. CHOP is the standard combination of chemotherapy drugs used. It can be given during pregnancy. It is made up of:

- C – cyclophosphamide
- H – doxorubicin (hydroxydaunomycin)
- O – vincristine (Oncovin®)
- P – prednisolone (a steroid).

Rituximab is a targeted therapy drug usually given with CHOP. This treatment is called R-CHOP. Doctors usually give it to you after the baby is born.

Hodgkin lymphoma

Hodgkin lymphoma (HL) is commonly treated using a combination of drugs called ABVD. It can be given during pregnancy. It is made up of:

- A – doxorubicin (Adriamycin®)
- B – bleomycin
- V – vinblastine (Velbe®)
- D – dacarbazine (DTIC).

We have more information about treatment in our booklet **Understanding Hodgkin lymphoma** (page 88).

Acute leukaemia

Chemotherapy is used to destroy all the cancer cells for acute myeloid leukaemia (AML). This is called induction chemotherapy. You can have the drugs that are usually given in this treatment. These are daunorubicin and cytarabine.

A rare type of AML called acute promyelocytic leukaemia (APL) is treated in a different way. The first treatment is a drug called ATRA, which is also called tretinoin or Vesanoid®. ATRA can reduce leukaemia symptoms very quickly. It is usually given with chemotherapy or a drug called arsenic trioxide. You cannot have ATRA during the first 14 weeks of pregnancy.

APL needs to be treated very quickly. There is a risk of having a serious bleed without treatment. Unless it is diagnosed later in pregnancy, doctors may recommend ending the pregnancy (pages 40 to 41). This is so you can have the most effective treatment. If you decide to continue with the pregnancy, ATRA is usually given on its own.

"They wanted to wait until it was after 12 weeks to do the surgery so I ended up waiting for a few weeks. I was awake during it – I thought it would be scary but it was nice to be awake and there was someone there the entire time talking to me about stuff. I had to stay at hospital overnight and I had to rest for 3 weeks. "

Katherine, diagnosed with bladder cancer

Pregnancy and surgery

Most operations are safe during pregnancy. But it depends on what type of surgery you need and how many weeks pregnant you are. Some operations use a local anaesthetic. Others may use a general anaesthetic. A regional anaesthetic, such as an epidural, numbs an area of the body. You may have this instead of a general anaesthetic.

Your cancer doctor and pregnancy doctor (obstetrician) will decide the best time for you to have surgery. They may recommend delaying it until you are in your second trimester (page 43). This is because having a general anaesthetic in the first trimester can slightly increase the risk of miscarriage. Surgery during the second or third trimester can increase the risk of going into labour early or having a late miscarriage. You may be offered drugs to reduce the risk of you having contractions and going into labour.

Your obstetrician and an anaesthetist will talk with you about the operation (page 36). They will explain how they check on you and the baby during surgery. Your obstetrician may want to check the baby's heart rate before and after surgery.

Possible complications

The risks and complications depend on the type of surgery you are having. Your surgeon will talk to you about them.

Surgery to your abdomen (tummy area) or your pelvis may have more risk of complications. This is because the area is so close to the womb and baby. There is more risk if you are more than 25 weeks pregnant.

If you need this type of surgery, you and the baby will be checked very closely during the operation. If you are later in your pregnancy, the obstetrician may be there. This is to make sure there is expert help available if there are any problems with the baby during surgery.

Blood clots

Pregnancy and surgery both increase the risk of a blood clot. Cancer itself can also increase the risk of a blood clot. Your surgeon and specialist nurse will give you advice about ways to reduce this risk.

They may ask you to wear compression stockings before your operation and for a few weeks after it. They will also encourage you to get up and walk about soon after your operation. You may have injections under the skin to help reduce the risk of getting a clot.

A clot can cause:

- pain, or warmth and swelling in your leg or arm
- breathlessness
- pain in your chest.

Contact your doctor straight away if you have any of these symptoms. A blood clot is serious. But doctors can treat it with drugs that thin the blood.

"I had a lumpectomy at 28 weeks. There was a chance this might kickstart labour, so there was a plan in place for if this happened. At 35 weeks, when the antenatal team were happy the baby was a good size, I was induced. "

Laura, diagnosed with breast cancer

Different cancers and surgery

The surgery you have will depend on the type of cancer you have.

Breast cancer

If you have breast cancer, you are usually given a choice of operations. This is the same for people who are not pregnant. You may have surgery to remove lymph nodes under your arm at the same time as breast surgery.

Your surgeon and breast care nurse will talk to you about your options. They may ask you to decide whether you want them to remove:

- only the area of cancer (breast-conserving surgery)
- the whole breast (mastectomy).

They will talk to you about the best timing for surgery. We have more information about surgery for breast cancer in our booklet **Understanding breast cancer** (page 88).

Removing only the cancer

You may have surgery to remove only the area of cancer. This is called breast-conserving surgery. You will need radiotherapy to the breast afterwards. Radiotherapy reduces the risk of the cancer coming back in the breast (pages 69 to 70).

You will not have radiotherapy while you are pregnant. Your doctors will tell you if having a delay between surgery and radiotherapy is safe for you. This depends on how many weeks pregnant you are. If chemotherapy is part of your treatment plan, you will have this before radiotherapy (pages 50 to 55).

Removing a breast

Sometimes the surgeon may recommend removing the whole breast. This is called a mastectomy. You may need this surgery because the lump is too large or because there is cancer in different parts of the breast.

It is safe to have a mastectomy during pregnancy. If you want breast reconstruction, you can usually have this after the baby is born and your cancer treatment has finished. We have more information in our booket **Understanding breast reconstruction** (page 88).

You may have chemotherapy to shrink the cancer before surgery. This means you may not need a mastectomy. You may have breast-conserving surgery after the baby is born.

Sentinel lymph node biopsy (SLNB)

Sometimes your cancer doctor will offer you a test called a sentinel lymph node biopsy (SLNB). You may have an SLNB during your operation. Your surgeon will explain if it is suitable for you.

An SLNB usually checks about 1 to 3 lymph nodes in the armpit to find out if they contain cancer cells. If there are no cancer cells, you will not need further surgery to remove more lymph nodes.

For the test, a small amount of radioactive liquid is injected into your breast. There is no evidence that this is harmful to the baby. Sometimes a blue dye is injected into the breast. This stains the nearby lymph nodes. The dye is not usually given during pregnancy.

Cervical cancer

Surgery for cervical cancer when you are pregnant will depend on:

- the stage of the cancer
- how many weeks pregnant you are
- your choices.

One of the main treatments for cervical cancer is to remove the womb. This is called a hysterectomy. But other types of surgery are sometimes used for very early stage cervical cancer. These may be possible during pregnancy.

Many cervical cancers diagnosed during pregnancy are at an early stage. If the cancer is in the very early stages, it may be possible to delay surgery and monitor the cancer until the baby is born (page 46). If there are signs the cancer is growing, your doctors can give you chemotherapy.

If you are in early pregnancy, your doctors cannot be sure how delaying surgery may affect the cancer. Sometimes they may advise ending the pregnancy so you can have a hysterectomy (pages 40 to 41). This is a hard decision to make, especially as the surgery means you can no longer get pregnant. Your doctors and nurses will give you a lot of support. It is important to talk to your doctors about any fertility worries you may have.

Your doctors will explain the risks of continuing with the pregnancy.

In some situations, you may have chemotherapy so that surgery can be delayed until the baby has grown enough to be born. You can then have the surgery after the baby is born. You will usually have a caesarean section (C-section) to deliver the baby. Surgery to remove the cancer can be done at the same time. Chemotherapy can only be given after you are 14 weeks pregnant. You may need more chemotherapy and radiotherapy after the birth.

Removing the pelvic lymph nodes

Your doctors may recommend an operation to remove the lymph nodes (glands) in your pelvis if:

- your cancer is at an early stage
- you are under 22 weeks pregnant.

This will check if the nodes contain any cancer cells. Your surgeon may advise this so they can be certain the cancer is at an early stage (pages 44 to 45).

If there are cancer cells in the lymph nodes you may be offered further treatment. Your doctors and nurses will talk about this with you and give you a lot of support.

The operation is done under a general anaesthetic using keyhole surgery (laparoscopically). The risk of complications or bleeding may be slightly higher when you are pregnant. Your doctors and nurses will monitor you closely. This means they can treat you quickly if any complications develop.

Trachelectomy

A trachelectomy removes most of the cervix and the upper part of the vagina. If the cancer is very small and at an early stage, it may be possible to do the surgery during pregnancy. This may happen if cancer is diagnosed early in the pregnancy and you want to continue with the pregnancy. Your doctors will usually advise removing the pelvic lymph nodes first. This is to check the cancer is at an early stage.

Sometimes the surgeon will put a stitch at the base of womb during the trachelectomy. This stitch helps keep the womb closed and reduces the risk of early birth.

Trachelectomy risks include bleeding and losing the baby after the operation. Doctors will talk to you to make sure you fully understand the risks involved and any other options.

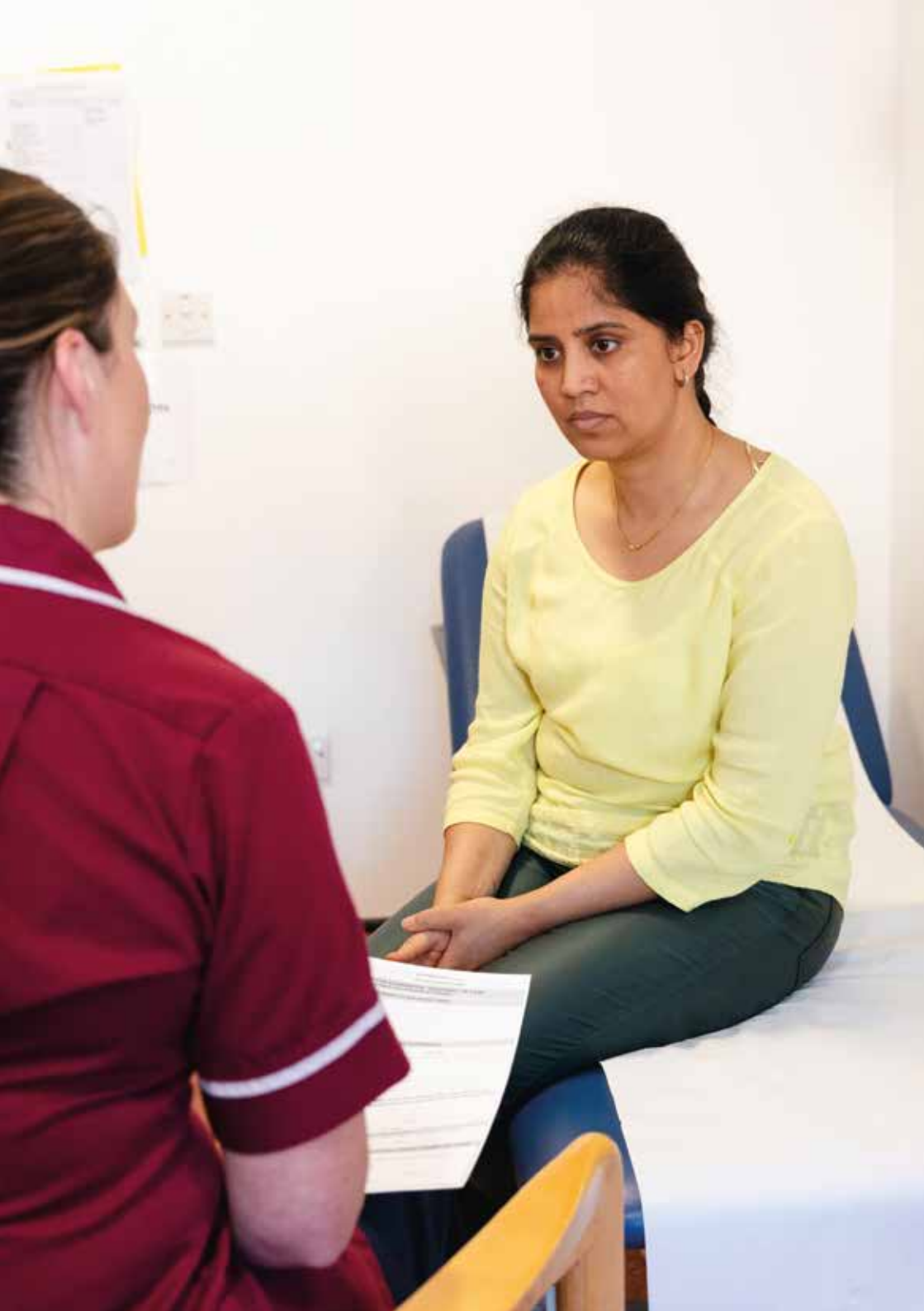
Having a trachelectomy during pregnancy is very rare. But some who do have it give birth to healthy babies. It is very specialised surgery. It is only done in certain hospitals by surgeons who are experts in this area.

Hysterectomy after the birth

You may need an operation to remove the womb (hysterectomy) after the birth. This may be at the same time as the C-section. Doctors do not advise a vaginal delivery, as there are possible risks of bleeding from the cancer.

An obstetrician will deliver your baby through a cut made in your tummy (C-section). A gynaecological cancer surgeon will do the hysterectomy.

Your doctors and nurses will talk with you before surgery so you understand what will happen.



Melanoma

Surgery is the main treatment for melanoma. Early-stage melanomas are usually cured with surgery. This surgery is safe during pregnancy. It is important not to delay surgery because you are pregnant. You can usually have the melanoma removed using a local anaesthetic.

Testing the lymph nodes

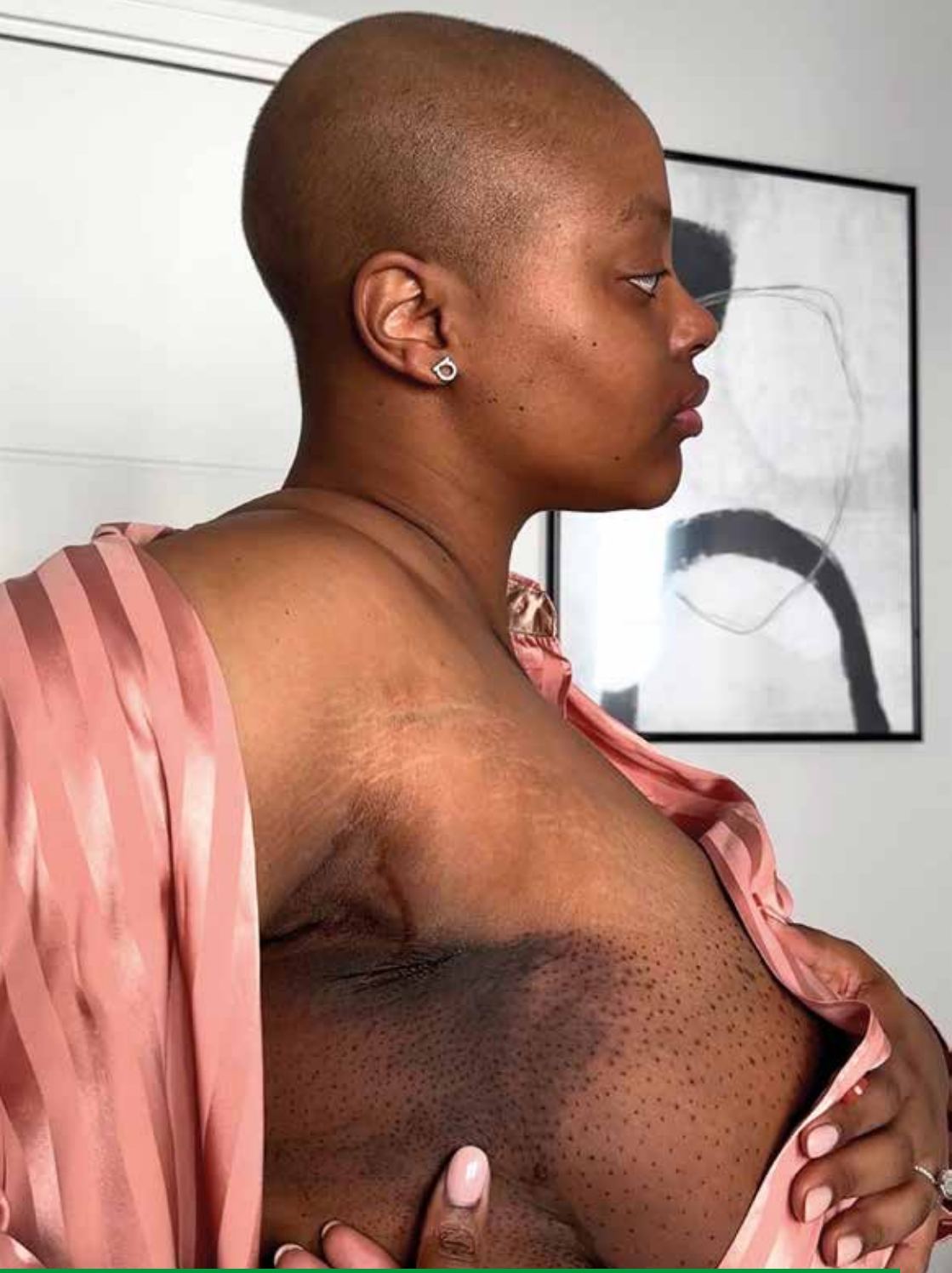
Sometimes your cancer doctor will offer you a test called a sentinel lymph node biopsy (SLNB). If you have early melanoma, you will not usually need this. An SLNB is not a treatment, but it can tell you and your doctors more about the stage of the melanoma

An SLNB checks if any melanoma cells have spread to nearby lymph nodes (glands). This is the most common place melanoma can spread to. You may have the test to see if you need treatment after surgery, to try to reduce the risk of melanoma coming back.

If you need further treatment after SLNB, you will usually have immunotherapy or targeted therapy drugs. You cannot have these drugs during pregnancy. But you must start them within a set period of time after the SLNB. This means you will have the SLNB in the third trimester of your pregnancy (page 43) or after the baby has been born. The drugs are as effective at reducing the risk of melanoma coming back when they are given in this way.

An SLNB removes the first lymph node or nodes called the sentinel nodes. You need a general anaesthetic to have it done. The doctor injects a small amount of radioactive liquid close to the lymph nodes. There is no evidence that this is harmful for the baby. Usually, you would also have a blue dye injected into the breast to stain the nearby lymph nodes. But this dye is not usually given during pregnancy.

If melanoma has spread to nearby lymph nodes or areas of skin, or to other parts of the body, your doctor may talk to you about targeted and immunotherapy drugs. Depending on the stage of the melanoma and how many weeks pregnant you are, your cancer team may talk to you about having the baby delivered early. We have more information about treatments in our booklets **Understanding melanoma** and **Understanding advanced melanoma** (page 88)



Nellie after treatment – radiotherapy can change skin colour

Pregnancy and radiotherapy

Radiotherapy uses high-energy rays to destroy cancer cells. It is not usually given during pregnancy, as even a low dose may harm the developing baby.

If radiotherapy is urgent, it may be given to a part of the body that is not close to the womb. For example, it mayb be used if a tumour in the brain is causing increased pressure. Usually, radiotherapy happens after the birth.

Breast cancer

Radiotherapy is usually recommended after an operation to remove only the area of the breast affected by the cancer. This is called breast-conserving surgery. Radiotherapy may also be given to the lymph nodes near the breast area.

You usually have radiotherapy 6 to 8 weeks after surgery. If your diagnosis happens later in your pregnancy, you may be able to delay radiotherapy until after the baby is born.

If you have breast cancer, you may also need chemotherapy (page 53). You may have chemotherapy before or after surgery. But it can take several months to finish the cycles of chemotherapy you need. This usually means that if you have chemotherapy before radiotherapy, you will have had your baby before it is time to start radiotherapy.

You may be diagnosed early in your pregnancy and not need to have chemotherapy. This may mean you have to wait more than 6 months after surgery before you have radiotherapy. This delay could increase the risk of the cancer coming back in the breast. In this situation, your surgeon may advise you to have the whole of the breast removed. This is called a mastectomy. We have more information about having a mastectomy that you might find helpful in our booklet **Understanding risk-reducing breast surgery** (page 88).

After a mastectomy, you may need radiotherapy to the chest.

Cervical cancer

Radiotherapy is never given to the pelvic area during pregnancy.

If you are not pregnant, the main treatment is radiotherapy with chemotherapy. This is called chemoradiation. It is given when:

- cervical cancer is larger
- it has spread into surrounding tissue.

Your doctors may advise that chemoradiation is the best treatment. If you are in early pregnancy, they may recommend that you think about ending the pregnancy (pages 40 to 41).

If you decide to continue with the pregnancy, you must wait until you are 14 weeks pregnant to have chemotherapy. You must wait until after the birth for radiotherapy. This may be a serious risk to your health. Your doctors and nurses will give you a lot of support to help you to cope.

If you are later in your pregnancy, you will start chemotherapy straight away. You then have radiotherapy after the baby is born.

Other cancer drugs and pregnancy

Other anti-cancer drugs are used to treat different cancers. Most of these cannot be given during pregnancy.

Hormonal therapy drugs

Hormonal therapy drugs are often used to treat breast cancer. But they are not given during pregnancy, as they have a high risk of causing birth defects. Your doctor will prescribe these after the baby is born.

Targeted therapy and immunotherapy drugs

You cannot take most of these drugs during pregnancy because they are harmful to the baby. Some drugs are still new, so there is not a lot of information about their effects during pregnancy. They are not usually used during a pregnancy.

If you have breast cancer and need trastuzumab, pertuzumab or pembrolizumab you can have it after the baby is born. During pregnancy, it can reduce the amount of fluid around the baby.

Rituximab is a targeted therapy drug used to treat lymphoma. Recent research found the treatment did not seem to cause any problems for the baby. Your specialist may still want to wait until after the baby is born.

Imatinib (Glivec®) is a drug used to treat chronic myeloid leukaemia (CML). It is usually avoided during pregnancy. Drugs similar to imatinib are also usually avoided.

Targeted therapy drugs for advanced melanoma

Targeted therapy drugs used to treat advanced melanoma are not given during pregnancy. These include:

- vemurafenib (Zelboraf®)
- dabrafenib (Tafinlar®)
- trametinib (Mekinist®).

Immunotherapy drugs for advanced melanoma

Immunotherapy drugs used to treat advanced melanoma are not given during pregnancy. These include:

- ipilimumab (Yervoy®)
- nivolumab (Opdivo®)
- pembrolizimab (Keytruda®).

Interferon alpha (IntronA®, Roferon-A®) is an immunotherapy drug that can be given during pregnancy. It can help treat advanced melanoma until after the baby is born. You can then have targeted therapy drugs.

Interferon may also be used during pregnancy to treat chronic myeloid leukaemia (CML).

Your cancer doctor can talk with you about what is known about any drugs or treatments that are offered and what this means for you and your baby.

Managing side effects and well being

Taking good care of yourself will help you cope during treatment. It will also prepare you for when the baby is born.

You will be experiencing the physical and hormonal effects of pregnancy. These can include mood changes and problems sleeping. Your midwife can give you advice and support on how to care for yourself during pregnancy. They will explain the checks you and the baby will have.

You may have treatment side effects to cope with. You might also have symptoms caused by the cancer. Your cancer doctor and specialist nurse will explain how to manage your symptoms. They can prescribe medicines to help and give you advice on what you can do. We have more information about supportive treatments on our website.
Visit **macmillan.org.uk/supportive-treatments**

Managing tiredness

Cancer treatments can make you feel tired. Pregnancy also makes you tired and you may have other children to care for. You will need plenty of rest.

Think about any help you can get from family and friends. If you have a partner, talk about the best ways to manage things. Accept offers of help from others, or ask for help. This may give you more time and energy to do the things you want to do. If you have children, it can mean spending more time with them.

You could ask for help with:

- getting to and from hospital
- looking after children
- taking children to and from school or activities
- shopping and preparing meals
- household tasks.

Keeping a diary can give you an idea of the help you need. It can also help if you know the times you are likely to be the most tired. We have more information in our booklet **Coping with fatigue (tiredness)**.

Reducing stress

There are things you can do to help you feel better and reduce stress. You probably know what works well for you. This could include:

- doing regular and light exercise, such as walking
- eating healthily
- getting enough sleep
- having a bath
- doing yoga.

It can be difficult to find time for these things during pregnancy or while looking after a new baby. When you are also cancer having treatment, it can be even harder. But if you can manage to do some of these things, you may find it helps you cope.

We have more information about what you can do to help your well being. Tommy's is an organisation that gives pregnancy health information (page 95). We have more information in our booklet **How are you feeling? The emotional effects of cancer**.

Things that make you feel good

During treatment, there will be times you feel well enough to enjoy time with family and friends. Think about what makes you feel good and plan to do these things regularly. You can work this around your treatment. Planning for the baby's arrival may be something to focus on that makes you feel good.

You may be thinking about trying complementary therapies. Check with your cancer doctor or nurse and your midwife first if a complementary therapy is safe for you.

Some therapies, such as yoga or a gentle massage, may help you to relax. But you should avoid having a massage on your tummy area or the area of the cancer. We have more information in our booklet **Cancer and complementary therapies**.

You can order our booklets and leaflets for free.
Visit **orders.macmillan.org.uk** or call **0808 808 00 00**.

Managing side effects or symptoms

You may need drugs to manage treatment side effects or any possible symptoms. There are certain drugs your doctor will not give you. But there are many other drugs that can work well. Always check before taking any medicines you buy over the counter. Ask your midwife, cancer team or GP for advice.

Feeling sick

Sickness is a common side effect of chemotherapy. It is treated with anti-sickness drugs. These are called anti-emetics. But not all anti-sickness drugs are safe to use in pregnancy.

Doctors often prescribe anti-sickness drugs called metoclopramide or ondansetron. Steroids can also treat sickness. Always contact the hospital if the anti-sickness drug you are taking is not working.

Infection

If you get an infection, you will be given antibiotics. Most antibiotics are safe to take during pregnancy. But your doctor will avoid certain drugs – for example, tetracyclines.

If you are having chemotherapy you will need to be careful about not getting an infection. Your nurse will explain more about this. A drug called G-CSF encourages the bone marrow to make white blood cells. This reduces the risk of infection. Doctors may recommend using it in pregnancy, but only if necessary. It does not seem to cause problems for the baby. But there is not a lot of information about its use during pregnancy.

Anaemia (low number of red blood cells)

Chemotherapy or losing blood during surgery may cause anaemia. Red blood cells carry oxygen around the body. If the number of red blood cells is low, you may be tired and breathless. Tell your doctor or nurse if you feel like this.

If you are very anaemic, you may need a drip to give you extra red blood cells. This is called a blood transfusion. You can have a blood transfusion while you are pregnant.

You may sometimes be offered an iron infusion. Your cancer team can tell you more about whether this is suitable for you.

Pain

You can take different painkillers during pregnancy. But you need to check with your doctor or midwife first. If you are in pain, tell your doctor or nurse so they can prescribe you the right drug.

Steroids may also be used to reduce swelling and control pain.

Tiredness

Feeling tired is a common side effect of chemotherapy. It is often worse towards the end of treatment and for some weeks after it has finished. Try not to do too much and plan your day so you have time to rest. Gentle exercise, like going for short walks, can give you more energy. If you feel sleepy, do not drive or operate machinery. We have more information in our booklet **Coping with fatigue (tiredness)** – page 88.

Baby, birth and breastfeeding

When you have your baby

Your pregnancy doctor (obstetrician), cancer doctor and midwife will talk to you about the best time to have your baby. They will also talk to you about the type of delivery. It may feel like cancer and its treatment have taken over your pregnancy. But this is about you and your baby.

You and your midwife will talk about your birth plan. It is important for you to be as involved as you can.

You may be able to have a full term pregnancy and birth in the same ways as someone without cancer. If you need to start treatment, the baby may be delivered earlier. You may need injections of drugs called steroids before the birth. This helps reduce the chance of the baby having breathing problems.

The further along you are in your pregnancy, the safer it is for your baby. Most babies born from 32 weeks do well and do not have any long term problems. They are cared for in neonatal intensive care units (NICUs) or special care baby units (SCBUs).

After the birth

You will still need support from your cancer team, midwives, and obstetrician after the baby is born. You may continue with treatment or start treatment. This can be difficult, especially with a new born baby to care for.

Family and friends can usually help support you. Tell people what kind of help and support would be best for you. You can then decide what you want to focus on. This may be spending time with your baby. Talking to a social worker may be helpful. They may be able to arrange extra support and help look after any other children.

Taking care of your well being is important. It can help you care for your baby and cope with treatment (pages 73 to 75).

> **"As a new mother, I felt immense guilt. I struggled to bond with my baby, and the sense of being an absent parent and partner weighed heavily on me."**
>
> Nellie

Breastfeeding

Your specialist doctor, nurse and midwife will give you advice about breastfeeding. It usually depends on the stage of your treatment. You can ask if there is an infant feeding co-ordinator available in your area. Infant feeding co-ordinators are usually midwives or health visitors who specialise in supporting you to breastfeed.

Breastfeeding co-ordinators, your health visitor or GP can also help if you are not able to breastfeed your baby and need to stop milk production.

The NHS has information about how to stop breastfeeding. Visit **nhs.uk/conditions/baby/breastfeeding-and-bottle-feeding/breastfeeding/how-to-stop**

Chemotherapy

If chemotherapy finishes a few weeks before your baby is born, you may be able to breastfeed straight away. Your midwife will give you lots of support and advice.

You may have to continue chemotherapy after the birth. In this situation, your doctor or nurse will recommend you do not breastfeed. This is because the drugs could be passed to your baby through breast milk.

If you are not having any other treatment after chemotherapy, you could think about expressing milk. You will not be able to keep this milk for your baby. But expressing milk means you will still be producing milk when chemotherapy finishes. After a few weeks you could then start to breastfeed.

Other drugs

Targeted therapy, immunotherapy or hormonal therapy drugs can be passed to your baby through breast milk. Your doctor will tell you not to breastfeed while you are having these drugs.

It can sometimes be hard to get information about which drugs can affect breast milk. You can ask your cancer team or GP to check on the UK breastfeeding medicines advice service.

The Breastfeeding Network also has some information on medicines that are safe to take while breastfeeding (page 94). If you have stopped breastfeeding because you are having treatment, you can ask your cancer team to check that any medicines you are taking will not affect this decision. Some anti-sickness drugs such as domperidone can encourage breast milk production.

Radiotherapy

If you have had radiotherapy to the breast or chest, you may not produce any milk in that breast. You can still breastfeed from the other (non-treated) breast.

It is usually safe to continue breastfeeding if you are having radiotherapy to other areas of the body that are away from your chest.

Surgery

Surgery to remove the cancer will not usually affect your milk supply or ability to breastfeed, unless you are having breast surgery. But you probably will not be able to breastfeed while you are in hospital.

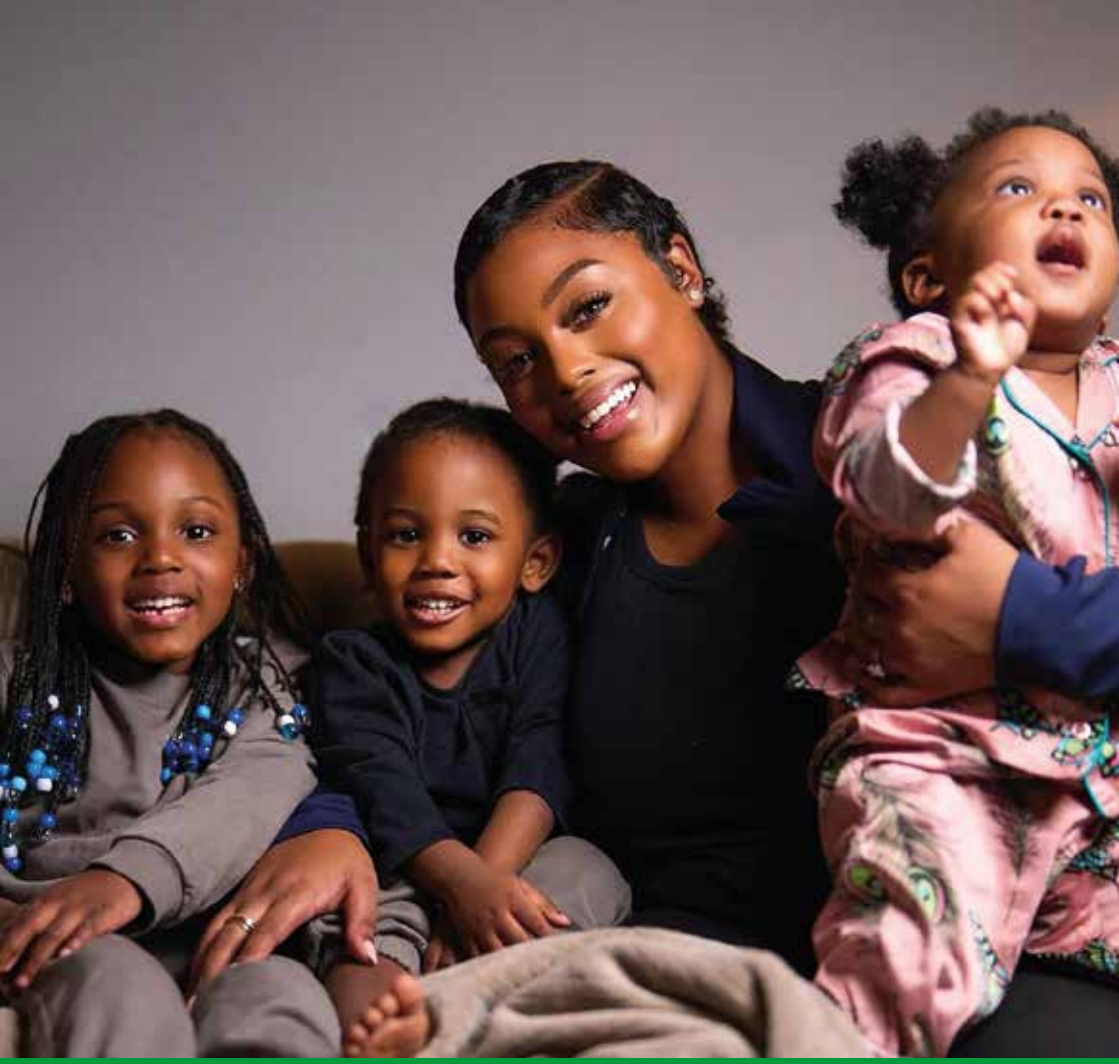
Before the operation, talk to the cancer team about whether your breast milk can be used after the operation. Medicines given during the operation may make your breast milk unsafe for your baby for a few days. But expressing the milk will maintain your supply so that you can keep breastfeeding when it is safe to do so.

If you are going to have a longer stay in hospital, you could ask the ward staff whether there is somewhere that expressed breast milk can be stored until it is ready to be used.

Donor breast milk

If the mother does not have enough of their own breast milk, some hospitals offer donated breast milk for babies born prematurely. The United Kingdom Association for Milk Banking (UKAMB) is a registered charity that supports milk banking in the UK – page 95. There are strict processes to make sure donor breast milk is safe.

Donor breast milk supplies are limited, so not all babies are eligible for donor breast milk from the NHS. Mummy's Star can help you access milk banks as well as offer some financial support (page 95).



" I found solace and support in an online community I connected with. I felt seen, heard, and understood in ways I hadn't before. It was a lifeline during some of the darkest moments of my journey. "

Nellie

Further information

About our information

We provide expert, up-to-date information about cancer. And all our information is free for everyone.

Our information has the PIF Tick quality mark for trusted health information. This means our information has been through a professional and strong production process.

Order what you need

You may want to order more booklets or leaflets like this one. Visit **orders.macmillan.org.uk** or call us on **0808 808 00 00**.

We have booklets about different cancer types, treatments and side effects. We also have information about work, financial issues, diet, life after cancer treatment and information for carers, family and friends.

Online information

All our information is also available online at **macmillan.org.uk/information-and-support** You can also find videos featuring stories from people affected by cancer, and information from health and social care professionals.

Other formats

We also provide information in different languages and formats, including:

- audiobooks
- Braille
- British Sign Language
- easy read booklets
- interactive PDFs
- large print
- translations.

Find out more at **macmillan.org.uk/otherformats**

If you would like us to produce information in a different format for you, email us at **informationproductionteam@macmillan.org.uk** or call us on **0808 808 00 00**.

The language we use

We want everyone affected by cancer to feel our information is written for them.

We want our information to be as clear as possible. To do this, we try to:

- use plain English
- explain medical words
- use short sentences
- use illustrations to explain text
- structure the information clearly
- make sure important points are clear.

We use gender-inclusive language and talk to our readers as 'you' so that everyone feels included. Where clinically necessary we use the terms 'men' and 'women' or 'male' and 'female'. For example, we do so when talking about parts of the body or mentioning statistics or research about who is affected.

To find out more about how we produce our information, visit **macmillan.org.uk/ourinfo**

Other ways we can help you

At Macmillan, we know how a cancer diagnosis can affect everything, and we are here to support you.

Talk to us

If you or someone you know is affected by cancer, talking about how you feel and sharing your concerns can really help.

Macmillan Support Line

Our support line is made up of specialist teams who can help you with:

- emotional and practical support if you or someone you know has been diagnosed with cancer
- clinical information from our specialist nurses about things like diagnosis and treatments
- welfare rights advice, for information about benefits and general money worries.

To contact any of our teams, call the Macmillan Support Line for free on **0808 808 00 00**. Or visit **macmillan.org.uk/support-line** to chat online and find the options and opening times.

Our trained cancer information advisers can listen and signpost you to further support.

Our cancer information nurse specialists can talk you through information about your diagnosis and treatment. They can help you understand what to expect from your diagnosis and provide information to help you manage symptoms and side effects.

If you are deaf or hard of hearing, call us using Relay UK on **18001 0808 808 00 00**, or use the Relay UK app.

You can also email us, or use the Macmillan Chat Service via our website. You can use the chat service to ask our advisers about anything that is worrying you. Tell them what you would like to talk about so they can direct your chat to the right person. Click on the 'Chat to us' button, which appears on pages across the website. Or go to **macmillan.org.uk/talktous**

If you would like to talk to someone in a language other than English, we also offer an interpreter service for our Macmillan Support Line. Call **0808 808 00 00** and say, in English, the language you want to use. Or send us a web chat message saying you would like an interpreter. Let us know the language you need and we'll arrange for an interpreter to contact you.

Macmillan Information and Support Centres

Our Information and Support Centres are based in hospitals, libraries and mobile centres. Visit one to get the information you need and speak with someone face to face. If you would like a private chat, most centres have a room where you can speak with someone confidentially.

Find your nearest centre at **macmillan.org.uk/informationcentres** or call us on **0808 808 00 00**.

Help with money worries

Having cancer can bring extra costs such as hospital parking, travel fares and higher heating bills. If you have been affected in this way, we can help. Please note the opening times may vary by service.

Financial advice

Our expert money advisers on the Macmillan Support Line can help you deal with money worries and recommend other useful organisations that can help.

Help accessing benefits

You can speak to our money advisers for more information. Call us free on **0808 808 00 00**. Visit **macmillan.org.uk/financialsupport** for more information about benefits.

Help with work and cancer

Whether you are an employee, a carer, an employer or are self-employed, we can provide information to help you manage cancer at work. Visit **macmillan.org.uk/work**

Talk to others

No one knows more about the impact cancer can have on your life than those who have been through it themselves. That is why we help bring people together in their communities and online.

Support groups

Whether you are someone living with cancer or a carer, family member or friend, we can help you find support in your local area, so you can speak face to face with people who understand. Find out about support groups in your area by calling us or by visiting **macmillan.org.uk/selfhelpandsupport**

Online Community

Thousands of people use our Online Community to make friends, blog about their experiences and join groups to meet other people going through the same things. You can access it any time of day or night. Share your experiences, ask questions, or just read through people's posts at **macmillan.org.uk/community**

You can also use our Ask an Expert service on the Online Community. You can ask a money adviser, cancer information nurse or an information and support adviser any questions you have.

Macmillan healthcare professionals

Our nurses, doctors and other health and social care professionals give expert care and support to individuals and their families. Call us or ask your GP, consultant, district nurse or hospital ward sister if there are any Macmillan professionals near you.

Other useful organisations

There are lots of other organisations that can give you information or support. Details correct at time of printing.

Cancer and pregnancy support

Bliss

www.bliss.org.uk
Gives emotional and practical support to families who have a premature or sick baby. Supports families with information about caring for premature and full term sick babies in hospital and when they go home.

The Breastfeeding Network

www.breastfeedingnetwork.org.uk
National Breastfeeding Helpline: **0300 100 0212**
The Breastfeeding Network (BfN) is an independent source of support and information for breastfeeding women and others. Informs, educates and supports families in feeding and nurturing babies and young children. Promotes the mental and physical wellbeing of mothers and babies through supporting breastfeeding.

Fruitfly Collective

www.fruitflycollective.com
Provides support from experts who are are either living with cancer or providing cancer care or parenting support

Mummy's Star

www.mummysstar.org
Mummy's Star is the only charity in the UK and Ireland dedicated to women and birthing people affected by cancer during pregnancy and beyond. They support those diagnosed with cancer in pregnancy and within a year of a birth.

Parenting with

The Pregnancy & Medicine Initiative

www.pregnancyandmedicine.org
The Pregnancy & Medicine Initiative aims to raise awareness and help address the lack of information about the use of medicines and medical treatment in pregnancy.

Tommy's

www.tommys.org
Tommy's funds vital research into complications during pregnancy as well as providing support and information to families across the UK.

United Kingdom Association for Milk Banking (UKAMB)

www.ukamb.org
UKAMB works for the provision of safe, screened donor breastmilk for all babies who need it.

Referral guidelines for suspected cancer in pregnancy

England

National Institute for Health and Care Excellence (NICE)
www.nice.org.uk/guidance/ng12
Produces guidance for the NHS and wider health and care system.

Scotland

Scottish Referral Guidelines for Suspected Cancer
www.cancerreferral.scot.nhs.uk
The Scottish Referral Guidelines for Suspected Cancer (SRG) are recommendations to support GPs and the wider primary care team. It helps them to manage patients who present with possible symptoms of cancer, and help with appropriate referral to secondary care.

Wales

Suspected Cancer Pathway Wales
www. executive.nhs.wales/functions/networks-and-planning/cancer/workstreams/suspected-cancer-pathway
Welsh Government targets for diagnosing cancer and starting treatment more quickly. It also indicates where information and support should be provided across the pathway.

Northern Ireland

Northern Ireland Cancer Network
nican.hscni.net
The Northern Ireland Cancer Network (NICaN) is a strategic clinical network that brings together those who use, provide and commission services to make improvements in patient pathways using an integrated, whole system approach.

General cancer support organisations

Breast Cancer Now

www.breastcancernow.org
Helpline **0800 800 6000**
Provides information, practical help and emotional support for anyone affected by breast cancer. Does research into breast cancer. Specialist breast care nurses run the helpline. Offers a peer support service.

Black Women Rising

www.blackwomenrisinguk.org
Aims to educate, inspire and bring opportunities for women from the BAME community. Shares stories and supports Black cancer patients and survivors through treatment and remission.

Lymphoma Action

www.lymphoma-action.org.uk
Helpline **0808 808 5555**
Gives information and support on Hodgkin and non-Hodgkin lymphoma. Has support groups and offer a Buddy service.

Melanoma UK

www.melanomauk.org.uk
Tel **0808 171 2455** free phone line run by volunteers.
Offers support and guidance to anyone affected by melanoma.

Cancer Black Care

Tel **0734 047 1970**
www.cancerblackcare.org.uk
Provides support for all those living with and affected by cancer, with an emphasis on Black people and people of colour.

Cancer Focus Northern Ireland

Helpline **0800 783 3339**
www.cancerfocusni.org
Offers a variety of services to people affected by cancer in Northern Ireland.

Cancer Research UK

Helpline **0808 800 4040**
www.cancerresearchuk.org
A UK-wide organisation that has patient information on all types of cancer. Also has a clinical trials database.

Macmillan Cancer Voices

www.macmillan.org.uk/cancervoices
A UK-wide network that enables people who have or have had cancer, and those close to them such as family and carers, to speak out about their experience of cancer.

Maggie's

Tel **0300 123 1801**
www.maggies.org
Has a network of centres in many locations throughout the UK. Provides free information about cancer and financial benefits. Also offers emotional and social support to people with cancer, their family, and friends.

Penny Brohn UK

Helpline **0303 3000 118**
www.pennybrohn.org.uk
Offers physical, emotional and spiritual support across the UK, using complementary therapies and self-help techniques.

Tenovus

Helpline **0808 808 1010**
www.tenovuscancercare.org.uk
Aims to help everyone in the UK get equal access to cancer treatment and support. Funds research and provides support such as mobile cancer support units, a free helpline, benefits advice and an online 'Ask the nurse' service.

General health information

Drinkaware

www.drinkaware.co.uk
Provides independent alcohol advice, information and tools to help people make better choices about their drinking. Also has a web chat, for anyone concerned about their own drinking, or someone else's.

Health and Social Care in Northern Ireland

www.northerntrust.hscni.net
Provides information about health and social care services in Northern Ireland.

NHS.UK

www.nhs.uk
The UK's biggest health information website. Has service information for England.

NHS 111 Wales

111.wales.nhs.uk
NHS health information site for Wales.

NHS Inform

Helpline **0800 22 44 88**
www.nhsinform.scot
NHS health information site for Scotland.

Patient

www.patient.info
Provides people in the UK with information about health and disease. Includes evidence-based information leaflets on a wide variety of medical and health topics. Also reviews and links to many health-related and illness-related websites.

Stop smoking services

NHS Smokefree Helpline (England)

Tel **0300 123 1044**
www.nhs.uk/better-health/quit-smoking
Offers information, advice and support to people who want to stop smoking or have already stopped and do not want to start again.

Quit Your Way (Scotland)

Tel **0800 84 84 84**
www.nhsinform.scot/quit-your-way-scotland
Scotland's national stop smoking support service. Offers advice and information about how to stop smoking. You can also chat online to an adviser.

Help Me Quit (Wales)

Tel **0800 085 2219**
Text 'HMQ' to **80818**
www.helpmequit.wales
Offers information, advice and support for stopping smoking in English and Welsh.

Stop Smoking NI (Northern Ireland)

www.stopsmokingni.info
Has information and advice about stopping smoking. Also links to other support organisations for people in Northern Ireland who want to give up smoking.

Counselling

British Association for Counselling and Psychotherapy (BACP)

Tel **0145 588 3300**
www.bacp.co.uk
Promotes awareness of counselling and signposts people to appropriate services across the UK. You can also search for a qualified counsellor on the 'Therapist directory' page.

UK Council for Psychotherapy (UKCP)

Tel **0207 014 9955**
www.psychotherapy.org.uk
Holds the national register of psychotherapists and psychotherapeutic counsellors, listing practitioners who meet exacting standards and training requirements.

Emotional and mental health support

Mind

Helpline **0300 123 3393**
www.mind.org.uk
Provides information, advice and support to anyone with a mental health problem through its helpline and website.

Samaritans

Helpline **116 123**
Email **jo@samaritans.org**
www.samaritans.org
Provides confidential and non-judgemental emotional support, 24 hours a day, 365 days a year, for people experiencing feelings of distress or despair.

Financial support or legal advice and information

Advice NI

Helpline **0800 915 4604**
adviceni.net
Provides advice on a variety of issues including financial, legal, housing and employment issues.

Carer's Allowance Unit

Tel **0800 731 0297**
Textphone **0800 731 0317**
www.gov.uk/carers-allowance
Manages state benefits in England, Scotland and Wales. You can apply for benefits and find information online or through its helplines.

Citizens Advice

Provides advice on a variety of issues including financial, legal, housing and employment issues. Use its online webchat or find details for your local office by contacting:

England

Helpline **0800 144 8848**
www.citizensadvice.org.uk

Scotland

Helpline **0800 028 1456**
www.cas.org.uk

Wales

Helpline **0800 702 2020**
www.citizensadvice.org.uk/wales

Civil Legal Advice

Helpline **0345 345 4345**
Textphone **0345 609 6677**
www.gov.uk/civil-legal-advice
Has a list of legal advice centres in England and Wales and solicitors that take legal aid cases. Offers a free translation service if English is not your first language.

Disability and Carers Service

Tel **0800 587 0912**
Textphone **0800 012 1574**
www.nidirect.gov.uk/contacts/disability-and-carers-service
Manages Disability Living Allowance, Attendance Allowance, Carer's Allowance and Carer's Credit in Northern Ireland. You can apply for these benefits and find information online or through its helplines.

GOV.UK

www.gov.uk
Has information about social security benefits and public services in England, Scotland and Wales.

Jobs and Benefits Office Enquiry Line Northern Ireland

Helpline **0800 022 4250**
Textphone **0800 587 1297**
www.nidirect.gov.uk/money-tax-and-benefits
Provides information and advice about disability benefits and carers' benefits in Northern Ireland.

Law Centres Network

www.lawcentres.org.uk
Local law centres provide advice and legal assistance. They specialise in social welfare issues including disability and discrimination.

Macmillan Benefits Advice Service (Northern Ireland)

Tel **0300 1233 233**

Money Advice Scotland

www.moneyadvicescotland.org.uk
Use the website to find qualified financial advisers in Scotland.

NI Direct

Make the Call helpline **0800 232 1271**
Text ADVICE to **0798 440 5248**
www.nidirect.gov.uk
www.nidirect.gov.uk/make-the-call
Has information about benefits and public services in Northern Ireland. You can also use the Make the Call service to check if you or someone you care for may be entitled to extra benefits.

Northern Ireland Housing Executive

Tel **0344 892 0902**
www.nihe.gov.uk
Offers help to people living in socially rented, privately rented and owner-occupied accommodation.

LGBT-specific support

LGBT Foundation

Tel **0345 330 3030**
lgbt.foundation
Provides a range of services to the LGBT community, including a helpline, email advice and counselling. The website has information on various topics including sexual health, relationships, mental health, community groups and events.

OUTpatients

www.outpatients.org.uk
A safe space for anybody who identifies as part of the queer spectrum and has had an experience with any kind of cancer at any stage. Also produces resources about LGBT cancer experiences. OUTpatients runs a peer support group with Maggie's Barts.

Support for carers

Carers Trust

Tel **0300 772 9600**
www.carers.org
Provides support, information, advice and services for people caring at home for a family member or friend. You can find details for UK offices and search for local support on the website.

Carers UK

Helpline **0808 808 7777**
www.carersuk.org
Offers information and support to carers across the UK. Has an online forum and can put people in contact with local support groups for carers.

Cancer registries

The cancer registry is a national database that collects information on cancer diagnoses and treatment. This information helps the NHS and other organisations plan and improve health and care services.

There is a cancer registry in each country in the UK. They are run by the following organisations:

England – National Disease Registration Service (NDRS)

digital.nhs.uk/ndrs/patients

Scotland – Public Health Scotland (PHS)

publichealthscotland.scot/our-areas-of-work/conditions-and-diseases/cancer/scottish-cancer-registry-and-intelligence-service-scris/overview

Wales – Welsh Cancer Intelligence and Surveillance Unit (WCISU)

Tel **0292 010 4278**
phw.nhs.wales/wcisu

Northern Ireland – Northern Ireland Cancer Registry (NICR)

Tel **0289 097 6028**
qub.ac.uk/research-centres/nicr/AboutUs/Registry

Disclaimer

We make every effort to ensure that the information we provide is accurate and up to date but it should not be relied upon as a substitute for specialist professional advice tailored to your situation. So far as is permitted by law, Macmillan does not accept liability in relation to the use of any information contained in this publication, or third-party information or websites included or referred to in it. Some photos are of models. The views and opinions of the Storytellers we have used in this booklet are their own, and are not necessarily shared by Macmillan. Macmillan does not sponsor or endorse the content posted on their social media accounts.

Thanks

This booklet has been written, revised and edited by Macmillan Cancer Support's Cancer Information Development team. It has been approved by Dr Rebecca Roylance, Consultant Medical Oncologist.

With thanks to:

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Thanks also to the people affected by cancer who reviewed this edition, and those who shared their stories. We welcome feedback on our information. If you have any, please contact **informationproductionteam@macmillan.org.uk**

Sources

Below is a sample of the sources used in our cancer and pregnancy information. If you would like more information about the sources we use, please contact us at **informationproductionteam@macmillan.org.uk**

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Wolters V, Heimovaara J, Maggen C, et al. Management of pregnancy in cancer Int J Gynecol Cancer 2021;31:314–322. [Accessed October 2023].

Can you do something to help?

We hope this booklet has been useful to you. It is just one of our many publications that are available free to anyone affected by cancer. They are produced by our cancer information specialists who, along with our nurses, money advisers, campaigners and volunteers, are part of the Macmillan team. When people are facing the toughest fight of their lives, we are here to support them every step of the way.

We want to make sure no one has to go through cancer alone, so we need more people to help us. When the time is right for you, here are some ways in which you can become a part of our team.

5 ways you can help someone with cancer

1. **Share your cancer experience**
   Support people living with cancer by telling your story, online, in the media or face to face.

2. **Campaign for change**
   We need your help to make sure everyone gets the right support. Take an action, big or small, for better cancer care.

3. **Help someone in your community**
   A lift to an appointment. Help with the shopping. Or just a cup of tea and a chat. Could you lend a hand?

4. **Raise money**
   Whatever you like doing you can raise money to help. Take part in one of our events or create your own.

5. **Give money**
   Big or small, every penny helps.
   To make a one-off donation see over.

Please fill in your personal details

Mr/Mrs/Miss/Other

Name

Surname

Address

Postcode

Phone

Email

Please accept my gift of £
(Please delete as appropriate)

I enclose a cheque / postal order / Charity Voucher made payable to Macmillan Cancer Support
OR debit my:
Visa / MasterCard / CAF Charity Card / Switch / Maestro

Card number

Valid from

Expiry date

Issue no

Security number

Signature

Date / /

Do not let the taxman keep your money

Do you pay tax? If so, your gift will be worth 25% more to us – at no extra cost to you. All you have to do is tick the box below, and the tax office will give 25p for every pound you give.

☐ I am a UK tax payer and I would like Macmillan Cancer Support to treat all donations I make or have made to Macmillan Cancer Support in the last 4 years as Gift Aid donations, until I notify you otherwise.

I understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference. I understand Macmillan Cancer Support will reclaim 25p of tax on every £1 that I give.

Macmillan Cancer Support and our trading companies would like to hold your details in order to contact you about our fundraising, campaigning and services for people affected by cancer. If you would prefer us not to use your details in this way please tick this box. ☐

In order to carry out our work we may need to pass your details to agents or partners who act on our behalf.

If you would rather donate online go to **macmillan.org.uk/donate**

Registered with FUNDRAISING REGULATOR

Please cut out this form and return it in an envelope (no stamp required) to: Supporter Donations, Freepost RUCY-XGCA-XTHU, Macmillan Cancer Support, PO Box 791, York House, York YO1 0NJ

MACMILLAN CANCER SUPPORT

This booklet is for anyone who has been diagnosed with cancer during pregnancy.

The booklet talks about the possible signs and symptoms of cancer during pregnancy. It explains how it is diagnosed and how it may be treated. There is also information about practical and emotional issues.

At Macmillan we know cancer can disrupt your whole life. We'll do whatever it takes to help everyone living with cancer in the UK get the support they need right now, and transform cancer care for the future.

For information, support or just someone to talk to, call **0808 808 00 00** or visit **macmillan.org.uk**

Would you prefer to speak to us in another language? Interpreters are available. Please tell us in English the language you would like to use. Are you deaf or hard of hearing? Call us using Relay UK on **18001 0808 808 00 00**, or use the Relay UK app.

Need information in different languages or formats? We produce information in audio, interactive PDFs, easy read, Braille, large print and translations. To order these, visit **macmillan.org.uk/otherformats** or call our support line.

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