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CANCER SUPPORT

A practical guide to understanding cancer

CANCER AND PREGNANCY



mummy's
star

Supporting pregnancy through cancer and beyond
www.mummystar.org

Together with Macmillan



‘When I finally got to hold him, it was incredible. Throughout the pregnancy, I hadn’t let myself imagine what it could be like. Now, here he was. Fully formed and perfect. He’d survived it all. My little miracle.’

Polly, diagnosed with breast cancer at 12 weeks pregnant

About this booklet

This booklet is for women who have been diagnosed with cancer during pregnancy. It explains the emotional and practical issues you may experience in this situation. It also talks about the treatment you may have and support that will be available to you.

We have written this booklet in partnership with Mummy's Star (see pages 2–3), a charity that supports women diagnosed with cancer during pregnancy or in the year after birth.

We hope this booklet answers some of your questions and helps you deal with the feelings you may have. We cannot advise about the best treatment for you. It is best to talk to your doctor, who knows your medical history.

Throughout this booklet, we have included quotes from women who have had cancer during pregnancy. They have chosen to share their stories with us. Some are from Polly, who is also on the cover of this booklet. We hope this helps you feel that there are other women who understand what you are going through.

We have also included photos of Polly and her family, and photos given with the kind permission of Mummy's Star.

We have included a list of useful organisations that provide support on pages 87–88.

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**, Monday to Friday, 9am to 8pm, or visit **macmillan.org.uk**

If you would prefer to speak to us in another language, interpreters are available. If you are deaf or hard of hearing, use textphone **0808 808 0121** or Text Relay.

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

How to use this booklet

To help you find the information you need, we have divided this booklet into sections. This is because not all of the information may be relevant to you. You can look at the contents page and choose the sections that you want to read. Or you can read it from start to finish.

Mummy's Star

Mummy's Star is the only charity in the UK and Ireland established specifically to offer support where a cancer diagnosis is received during pregnancy or within 12 months after a new birth. They offer peer support, financial help and advocacy, and work to raise awareness of cancer and pregnancy.

If you would like to get support from Mummy's Star, visit their website **mummysstar.org** or email **info@mummysstar.org**

'No mum should have to go through the trauma of being diagnosed with cancer in pregnancy. From my wife's experience, it was so isolating and many women feel they are the only one going through it. Mummy's Star was set up so women who find themselves in this situation have somewhere to turn to for support.'

**Pete Wallroth,
Founder and CEO of Mummy's Star**





'I can't believe Alfie is nearly four and I will be celebrating my 40th next month. One thing I have learnt along my journey is be grateful for the simple things in life.'

Polly

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Mair and baby Merlin Ray Wallroth, with permission from Pete Wallroth (Mummy's Star)

CANCER DURING PREGNANCY

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About cancer during pregnancy

Your feelings

Finding out you have cancer is difficult and upsetting at any time. When you are also pregnant, it can be more frightening and confusing. Cancer and pregnancy are major life events, and while pregnancy is often a positive time, a diagnosis of cancer is always distressing. This can make dealing with both things at once very hard.

You may be coping with difficult emotions and feel no one can understand what you are going through. But there is help and support for you. Mummy's Star (see pages 2–3) can put you in touch with other women who have been in a similar situation. There are also some other organisations that can provide information and support (see pages 87–88).

It is natural to have lots of different worries. Understanding more about your situation may help to reassure you.

Research

To begin with, you might worry that being pregnant may make the cancer grow faster. But doctors have researched this in different types of cancer and there is no evidence to support this.

Research also shows that pregnant women with cancer can be treated as effectively as women who are not pregnant. In general, doctors try as far as possible to treat you in the same way as a non-pregnant woman with the same cancer.

Because cancer in pregnancy is rare, there is less evidence available from large trials to guide treatment options.

The right treatment for you depends on the type of cancer you have, its stage and how many weeks pregnant you are. You may have to avoid certain treatments or delay them until after the baby is born.

Making decisions

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

Your doctors will try to balance your health with the safety of the baby. In certain situations, they may advise a woman to end the pregnancy. This is usually when the cancer is growing very quickly and the pregnancy is still early. It may be essential to immediately start a cancer treatment that is not safe during pregnancy.

We have more information on making decisions about your pregnancy and treatment on pages 41–49.

How you may feel

A cancer diagnosis often makes people feel anxious, sad, angry, frightened and worried about the future. When you are pregnant at the same time, your feelings can be even more complicated.

To begin with, you are likely to feel shocked or numb. It may be hard to accept that cancer and pregnancy can happen together.

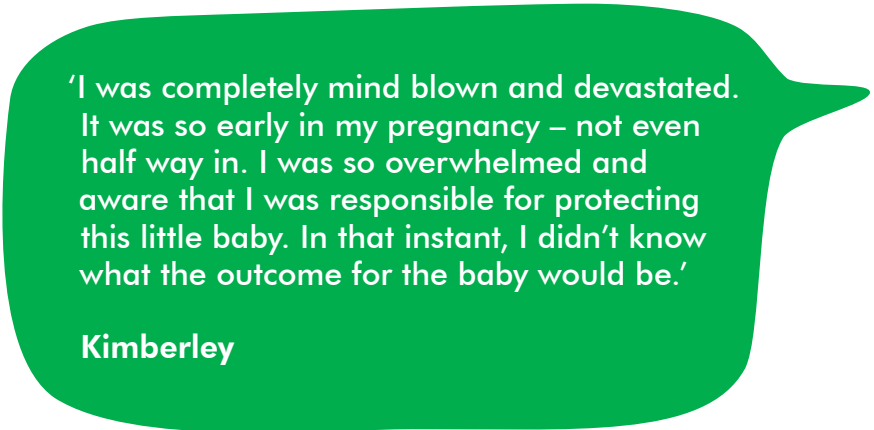
It is natural to feel angry or resentful. You may feel your normal healthy pregnancy has been taken away from you. It is common to feel a sense of loss because your experience of pregnancy is not what you had imagined.

‘During chemotherapy I switched off from being pregnant. I wouldn’t buy anything and envied other expectant mums. Emotionally, I felt robbed.’

Polly

You will also be coping with the physical and emotional changes that pregnancy brings, which can be stressful.

You will probably feel very anxious about your own health and the baby’s. Understanding how the cancer is treated in pregnancy may help you to feel a little more in control. It may also help to know how best to take care of yourself.



'I was completely mind blown and devastated. It was so early in my pregnancy – not even half way in. I was so overwhelmed and aware that I was responsible for protecting this little baby. In that instant, I didn't know what the outcome for the baby would be.'

Kimberley

Some women also wonder if they are somehow to blame. There is nothing to feel guilty about as you have not done anything wrong.

Focus on taking care of yourself and being kind to yourself (see pages 15–18). Get as much support as possible. Your healthcare team, family, friends and partner, if you have one, will give you lots of support to help you to cope. Don't be afraid to accept their help.

You may worry you are not bonding enough with the baby because your time and energy is taken up with treatment. It is important to remember that women who do not have an illness can also find it hard to bond with an unborn baby. It does not mean you won't feel a strong connection when the baby is born.

The most important thing you can do for the baby is to look after your own health. But there are still ways you can focus on your pregnancy too (see pages 21–25), despite what is going on.

Our booklet **Talking about cancer** has helpful advice on coping with your feelings and getting support.

Getting help and support

How you feel emotionally affects your well-being and how you cope with things. Getting all the support you need is important for you and your baby.

Talking things over can help you feel less anxious and realise that your fears and worries are normal. It may also help you to think more clearly about what is happening and to make decisions.

Partner, family and friends

Try to talk openly with your partner, if you have one, family or close friends about how you feel. They will want to support you as much as possible. You will probably want your partner or someone close to you to be with you when you talk to your doctors and nurses. They can give you support to help you make decisions about treatment and your pregnancy.

Sometimes they might not know what to do or say. It can help to tell them if you need them to listen, or just to be there with you, or if you want practical help.

Your partner and family will have their own feelings to cope with, but there is also support available for them. Our booklets **Cancer, you and your partner** and **Talking with someone who has cancer** may be helpful.

You may also have other 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 free copies of all our booklets at **be.macmillan.org.uk** or by calling **0808 808 00 00**.

Your healthcare team

Different health professionals will be involved in your care and the baby's care (see page 42).

Try to be honest with your doctor, nurse and other healthcare professionals about how you feel and what your concerns are. They can support you and often reassure you. They can also arrange for you to get expert help.

A counsellor or psychologist can help you find ways of coping with your feelings. Getting support early on may help you to cope with different challenges after the baby is born.

Your cancer nurse can tell you about local cancer support centres and support groups. You can also contact Mummy's Star for support. Visit **mummysstar.org** There is a list of other useful organisations on pages 87–88.



TAKING CARE OF YOURSELF

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How taking care of yourself can help

Taking good care of yourself helps 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 or problems sleeping. Your midwife will give you advice and support on caring for yourself during pregnancy. They will also explain the checks you and the baby will have (see page 22).

You may also have side effects of cancer treatment to cope with. Some women also have symptoms caused by the cancer. Your cancer doctor and specialist nurse will explain how these can be managed. They can prescribe medicines to help and give you advice on what you can do. We have more information on supportive treatments (see pages 68–69).

Managing tiredness

When you are pregnant, you need more rest. Having cancer treatment can also make you feel very tired. If you have other children to care for, this can use even more of your energy.

Think about the help you can get from family and friends. If you have a partner, talk about how best you can manage things. Accepting offers of help can make a big difference to how you feel. Remember that people would not offer if they did not want to help. It also means you have 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:

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

Keeping a diary about how you feel during treatment could give you an idea of the help you need. It may also help you to know when you are likely to be the most tired.

We have a booklet about **Coping with fatigue** which has tips on managing tiredness and information about childcare. You can order a free copy at be.macmillan.org.uk or by calling **0808 808 00 00**.

Your well-being

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

- taking some regular, light exercise, such as walking
- eating healthily
- getting enough sleep
- having a bath or doing yoga, to help you to relax.

Of course, it is hard enough to fit these things in while you are pregnant or have a newborn baby. Having cancer treatment makes it even more difficult. But if you can manage to do some of these things, it is likely to help you cope.

We have more information on our website about what you can do to help your well-being.

Things that make you feel good

During treatment there will be times when 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.

If you are thinking about trying any complementary therapies, always talk to your cancer doctor, nurse and midwife first to check it is safe. Some therapies, such as yoga or a gentle massage, may help you to relax. But you should avoid massaging your tummy or the area where the cancer is.





FOCUSING ON YOUR PREGNANCY

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Your pregnancy care

During your pregnancy, you will have regular check-ups with your midwife and pregnancy doctor (obstetrician). They will monitor your baby's development as well as your health, and work closely with the doctors treating you.

You will have the usual checks and care that all pregnant women have. But your midwife and doctor will see you more often and may do more checks to monitor the baby.

You should still have choices about the birth. Your midwife will talk to you about this and help you make a birth plan. Most women will go to full term (over 37 weeks) with their pregnancy and have a normal birth. But sometimes your doctors may advise you to have the baby delivered early.

If the baby needs to be delivered early, you will either have your labour started off (be induced) or have a Caesarean section. Sometimes the baby is delivered early because your natural labour starts sooner than it should.

Before you decide, it is important to talk things over with your doctors and nurses to make sure you understand the reasons for their advice.

Thinking about your baby

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

- Try to spend a few minutes every day thinking about your developing baby. You could do this at the same time as going for a walk or having a bath.
- You might also find it helpful to talk to the baby. As the baby develops, it may start to respond to your voice.
- Keeping a journal can also help you to focus on your pregnancy.
- If you have a scan picture, you could put it somewhere you can look at it, or use it as the wallpaper or lock screen image on your phone.

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

'A pregnant woman with cancer should be treated as a pregnant woman first and foremost.'

Mummy's Star



Can cancer affect the baby?

One of your main worries may be whether the baby is at any risk from the cancer. If you are worried about this, talk to your cancer doctor or specialist nurse. They will usually be able to reassure you.

Your midwife and pregnancy doctor (obstetrician) will work closely with the team treating the cancer. They will often arrange for you to have more ultrasound scans of the baby to make sure there are no problems.

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

Advanced melanoma (a type of skin cancer) is more likely to spread to the placenta than other cancers. But this is still very rare. Melanoma is usually diagnosed and treated early before it has the chance to spread to the blood stream.

If your doctor has any concerns, they will arrange to have the placenta examined after the baby is born. They can check to see whether it contains any cancer cells.



CANCER TYPES AND SYMPTOMS

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Types of cancer in pregnancy

Any type of cancer can happen during pregnancy, but some cancers are more likely than others. Some of these are the cancer types that are more common in younger people.

But cancers that are more likely in pregnancy may also include some that affect women as they get older. This is because more women are having families later in life, and cancer becomes more common as we get older.

The most common types of cancers diagnosed during pregnancy are:

- breast cancer
- cancer of the cervix
- melanoma
- lymphoma
- acute leukaemia.

Pregnancy itself does not increase the risk of developing cancer.

We cannot give detailed information on all the different cancers that can happen during pregnancy. But as well as general information, we have included information about the more common cancers that can happen in pregnancy and how they may be treated.

If you would like more information about the type of cancer you have, visit our website **[macmillan.org.uk/information-and-support](https://www.macmillan.org.uk/information-and-support)**



Cancer symptoms and pregnancy

Pregnancy does not change the symptoms of a cancer. They depend on the type of cancer you have. But the changes that happen to a woman's body during pregnancy may delay a cancer being diagnosed. This is because some cancer symptoms may be similar to changes that happen during pregnancy.

For example:

- A woman's breast tissue changes during pregnancy. Sometimes a lump or another breast symptom could be put down to this. Doctors may be less suspicious of breast changes in pregnant women.
- Women can have some vaginal bleeding during pregnancy. Vaginal bleeding can also be a symptom of cancer of the cervix.
- Cancers such as lymphoma or leukaemia can cause tiredness and breathlessness. Pregnant women also sometimes experience these symptoms.
- Sometimes women develop new moles during pregnancy, or some existing moles get bigger. These changes can also be symptoms of a skin cancer called melanoma.
- Bowel changes, such as constipation and haemorrhoids (piles), are more common during pregnancy. Constipation and bleeding from the back passage can also be symptoms of bowel cancer. Bowel cancer is uncommon in pregnancy, but it is important to have any possible symptoms checked.

Talk to your doctor

If you have any symptoms that could be linked to cancer, it is important to get them checked by your GP. You should have the same checks as if you were not pregnant. Ask your doctor what the guidelines are for checking your symptoms. Tell them if you have had any pre-cancerous conditions or cancer in the past. You should also let them know if you have any family history of cancer.

Cancer can also be diagnosed through routine pregnancy checks. Always tell your midwife or pregnancy doctor (obstetrician) about any new symptoms you have.

The earlier a cancer is diagnosed, the more successful treatment is. We can send you more information about cancer symptoms, or you can visit **[macmillan.org.uk/information-and-support](https://www.macmillan.org.uk/information-and-support)**

If you think your symptoms need to be checked further, talk to your doctor or midwife. You can ask to see another GP, or to be referred to a specialist.



DIAGNOSING CANCER IN PREGNANCY

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How the cancer is diagnosed

If you have symptoms that your GP or pregnancy doctor (obstetrician) thinks could be cancer, you will be referred to a hospital specialist for tests.

The type of specialist you see will depend on the symptoms you have. After they have examined you, they will talk to you about the tests you need.

It is important to find out the cause of your symptoms. The most important factor in having a healthy baby is making sure you are well. But it is natural to worry about whether any of the tests could harm the baby.

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 a possibly harmful amount of radiation. They usually try to avoid:

- bone scans
- CT (computerised tomography) scans
- PET (positron emission tomography) scans.

Sometimes your doctors might think it is important for you to have a test that should ideally be avoided in pregnancy. If this happens, they will discuss it with you and explain how they can reduce any risk to the baby.

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

Tests you may have

Ultrasound scans

An ultrasound uses sound waves, not x-rays, to build a picture of the area being scanned. You may already have had one done during pregnancy to check the baby's development. There is no risk to the baby.

An ultrasound can be done on most parts of the body depending on your symptoms.

For example:

- If you have gynaecological symptoms, you may have an ultrasound of your pelvis (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 area.

X-rays

You can usually have x-rays if they will not expose the baby directly to x-rays. This includes the head, chest and arms and legs (limbs). The person taking the x-ray (radiographer) will place a type of lead shield over your tummy to protect the baby. Doctors sometimes call this pelvic shielding.

Mammogram (breast x-ray)

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 radiologist will still shield (see page 35) your tummy area to protect the baby.

MRI (magnetic resonance imaging) scan

An MRI scan uses magnetism to build up cross-sectional pictures of your body. It does not use x-rays. Although there is no evidence that MRI scans are a risk to the baby, doctors try to avoid them in the first three months of pregnancy.

People usually have a contrast injection called gadolinium with an MRI scan. It helps give a better picture of the area being scanned. You will not be given this injection because it may pass through the placenta to the baby.

Biopsy

This is a common test to diagnose cancer. Your doctor takes a small sample of tissue or cells from the area to check for cancer cells.

Most biopsies in pregnancy are done using a local anaesthetic to numb the area. It is safe to have a local anaesthetic during pregnancy. You may have a biopsy to check a lump, or to remove a lymph node or a mole or freckle on the skin.

If a biopsy cannot be done with a local anaesthetic you may need to have a general anaesthetic (see page 57).

Bone marrow biopsy

A bone marrow biopsy takes a small sample of the bone marrow (where blood cells are made) from inside your bones for testing. The sample is usually taken from your hip bone. It can be done safely during pregnancy.

Colposcopy and biopsy

A colposcopy is a test to examine abnormal cells of the cervix. The cervix is at the entrance to the womb so you will only have a biopsy of this area if it is necessary. It is usually done in women who have abnormal cells on the cervix that are starting to turn into an invasive cancer. If you are further along in your pregnancy, your specialist may talk to you about having the biopsy after the baby is born.

Because there is more risk of bleeding in pregnancy, you may have it done in an operating theatre rather than as an outpatient. The doctor uses a small metal loop with an electric current to remove a small piece of the cervix. Your specialist may recommend you have it done under a general anaesthetic.

Our booklet **Understanding CIN (cervical intra-epithelial neoplasia)** explains how abnormal cells are treated.

You can read more general information about tests in our information on the type of cancer you have. Call us on **0808 808 00 00** to order a free information booklet.

Waiting for test results

Waiting for test results is a difficult time. It may take from a few days to a couple of weeks for the results of your tests to be ready. Try to talk with your partner, if you have one, family or a close friend about how you are feeling. Your specialist nurse or one of the organisations on pages 87–88 can also provide support.

You can also talk things over with our cancer information nurse specialists on **0808 808 00 00**.



‘When I fell pregnant, we were thrilled. Our daughter had been begging us for a brother or sister. But at 12 weeks I found a lump in my breast and my doctor sent me for tests. The results were devastating. I had cancer.’

Polly



DECISIONS ABOUT YOUR PREGNANCY AND CANCER TREATMENT

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Who will be involved in your care

A team of different specialists will look after you. It is called a multi-disciplinary team (MDT). You can read more about MDTs in our information on the type of cancer you have.

As well as cancer doctors and nurses, your team will include an expert doctor in pregnancy and childbirth (obstetrician) and your midwife. It may also include a psychologist, counsellor or social worker, a dietitian and a physiotherapist.

If your baby is going to be delivered early, your team will also include a doctor who is an expert in the care of new-born babies (neonatal doctor). They will monitor you during pregnancy and monitor the baby closely after the birth.

Your doctors and nurses work closely together to decide on the best possible care for you and the baby. This needs to be done with you to make sure your choices are respected. For example it is important that, when possible, treatment does not prevent you from choosing how you give birth.

The MDT will meet to discuss the best treatment for your situation. Your specialist doctor will explain your views about your pregnancy so everyone understands your position. Some women may ask to go along to the MDT meeting.

During treatment, you are cared for in a specialist centre by doctors who are experts in treating the type of cancer you have.

You will be given telephone numbers for your specialist nurse and a midwife who you can contact for more information and support.

Making treatment decisions

After the MDT meeting, your doctor and nurse will explain the treatment options to you. You will probably want your partner, if you have one, family or a close friend to be with you.

You and your doctors and nurses will need to talk things over carefully. As far as possible, doctors try to give the same treatment as they give women who are not pregnant. Sometimes certain treatments may need to be delayed because they are not safe for the baby.

You need to fully understand the risks and benefits of your treatment options before you decide. This may involve having several appointments with your cancer team. Your doctors and nurses know you will need 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 will need lots of support from your partner, if you have one, family, close friends and your doctors and nurses.

Unless you have a fast-growing cancer, you will not usually need to make a decision straightaway. You can usually take time to think about how you are feeling and which options feel right for you. Your doctors and nurses will give you advice and can help you make your decision. It may also help to see a psychologist or counsellor to talk things over.

Decisions about ending the pregnancy

Women can usually have effective treatment while pregnant. So most of the time it is not necessary to end the pregnancy.

However, in certain situations, your cancer specialist may advise you to end the pregnancy. This is usually only when there is a serious risk to your health. For example, if the pregnancy is early and the cancer is fast-growing and needs urgent treatment that would not be safe for the baby. Or it could be if you need an operation that cannot be done during pregnancy. It depends on the type of cancer, its stage and how far along the pregnancy is.

Ending a pregnancy does not improve the outlook (prognosis) for a cancer. But it may mean you can have the most effective treatment without doctors needing to change it to protect the baby. Your cancer doctor and nurse will explain things carefully to you. They will help you understand the risks to your health of continuing with the pregnancy.

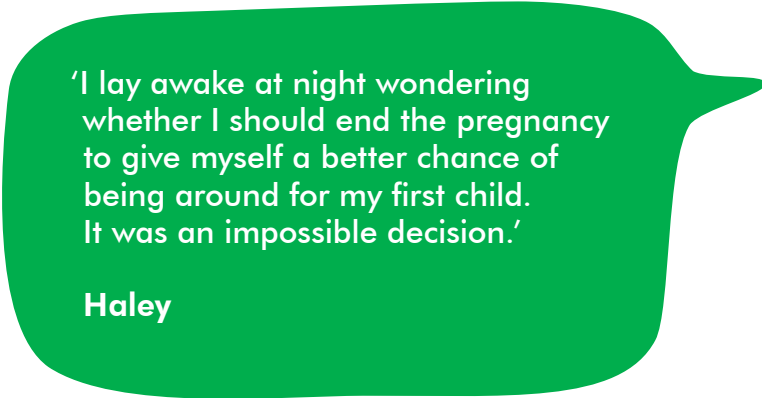
Having to think about ending a pregnancy is very distressing. It is a deeply personal decision that only you can make.

Some women may have been planning their pregnancy for a long time or struggled to become pregnant. It may even be the result of going through fertility treatment.

You will need a lot of support from your partner, if you have one and close family and friends. Your healthcare team will also support you and respect the choices you make.

You may have strong protective feelings towards the developing baby. For some women, ending a pregnancy may not be acceptable.

You may decide for yourself to have a termination even if your specialist is not suggesting that you have one. This may be because you feel you cannot get on with having treatment and recovering while being pregnant. Or you may want to focus on getting well for the family you already have. Whatever the reasons, it is very upsetting to have to make the decision.



'I lay awake at night wondering whether I should end the pregnancy to give myself a better chance of being around for my first child. It was an impossible decision.'

Haley

It is natural to need extra support from an expert counsellor or a psychologist. They will have experience in supporting people going through a loss. There are details of organisations who can support you on pages 87–88.

What treatment depends on

Your doctors will look at a number of things before advising you about the best treatment options. These are:

- how many weeks pregnant you are
- the type of cancer and its stage
- how slowly or quickly the cancer is growing
- if 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 three months called trimesters. During each trimester, the baby goes through different stages of development.

First trimester is week 0 to 13 (month 0 to 3)

The baby is developing and its organs and limbs are forming. Because of this, doctors usually avoid giving chemotherapy. Some types of surgery may be delayed until later.

Second trimester is week 14 to 27 (month 4 to 6)

The baby is growing quickly and the lungs and other vital organs are developing. You can have chemotherapy any time from 14 weeks onwards. You can also have some operations.

At 24 weeks pregnant, the baby has a chance of survival if he or she is born.

Third trimester is week 28 onwards (month 7 to 9)

This is the final stage of growth when the baby moves into position for birth.

If you are diagnosed in the third trimester, it may be possible to delay treatment until after the baby is born. This depends on the type of cancer you have (see below). Or, you may have treatment to control the cancer until the baby is born. You can then start the main treatment. Another option may be for your baby to be delivered early if the neonatal doctors (experts in the care of new-born babies) think the baby can cope with this. This means you can start cancer treatment earlier.

The type of cancer

Doctors try to give the same treatment as they would give to a woman with the same cancer who is not pregnant. In some situations, treatment may need to be changed or delayed to protect the baby. Your doctor will talk all this over with you before you make decisions about your pregnancy and treatment.

It is also important to consider the stage of the cancer and if it is slow-growing or fast-growing.

Slow-growing cancers

With some slow-growing cancers, doctors may be able to monitor them during pregnancy (see page 49). If the cancer starts to grow, they usually advise that you start treatment.

If the cancer is diagnosed later in pregnancy, your doctor may advise delaying treatment. You can start it after the baby is born.

Fast-growing cancers

If the cancer is growing quickly, doctors usually advise you to start treatment straightaway.

If your pregnancy is early, they usually talk to you about ending the pregnancy. 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 to cope with this distressing situation.

If the cancer is diagnosed in the third trimester, doctors may advise an early delivery. This is usually if you have a certain type of leukaemia or lymphoma. You will start intensive chemotherapy straight after the baby is born.

Fertility

You may still have concerns about possible effects of treatment on your fertility, even though you are pregnant. If this is a concern for you, talk to your doctor before treatment starts. Certain ways of preserving fertility will not be possible during pregnancy. But there may be other things they can think about, such as the type of chemotherapy drugs you have.

We have more information about this in our booklet

Cancer treatment and fertility – information for women.

Visit **be.macmillan.org.uk** or call us on **0808 808 00 00**

to order a free copy.

Monitoring the cancer

With very early-stage or slow-growing cancers, doctors may suggest checking (monitoring) the cancer while you continue with the pregnancy. After the baby is born you can start treatment. Your specialist 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.

It is often easier to decide to monitor the cancer when you are further along in pregnancy. In early pregnancy, it may be too long a time to monitor the cancer until the baby is born.

Monitoring may be an option if you have:

- low-grade lymphoma
- stage 1 cancer of the cervix
- another low-grade cancer, such as some brain tumours.

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



TREATING CANCER IN PREGNANCY

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Pregnancy and chemotherapy

Chemotherapy is the most common treatment given during pregnancy. The drugs destroy cancer cells but also affect healthy cells.

The thought of having chemotherapy during pregnancy can seem frightening. It is natural to worry about the possible effects on the baby. But at the same time, you may feel you want to get on with treatment.

The results of research looking at babies whose mothers had chemotherapy after the first trimester are reassuring. There may be a small risk the baby will be born earlier or have a slightly lower birth weight. But there do not seem to be any other problems that are different to those of babies born to mothers who have not had chemotherapy. Their development compared with other children does not seem any different either.

Your doctor will avoid giving you certain chemotherapy drugs during pregnancy. This is because they are harmful to the baby. Or because there is not enough evidence to show that they are safe in pregnancy.

When chemotherapy is given

You will not usually have chemotherapy during the first trimester (see page 46). This is because it can increase the risk of a miscarriage or of the baby being born with a birth defect. The baby's organs are still forming at this early stage.

You can usually start chemotherapy after you are 14 weeks pregnant. At this stage, research shows that 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 can only pass through in very small amounts. Your cancer doctor and specialist nurse will explain this to you.

You may also want to talk to another woman who has been through chemotherapy while pregnant. Mummy's Star (see pages 2–3) may be able to arrange this for you. Your cancer doctor or nurse may also be able to help you do this.

'Less than a month after being diagnosed, I had a mastectomy. A few weeks later, I began chemotherapy. It made me tired and left me feeling down.'

Polly

Your doctors will talk to you about when you will stop chemotherapy. You will have a break between your last dose of chemotherapy and your expected delivery date. This is to try to avoid having the baby delivered when your blood cells are at a low level. Having a low number of blood cells is a temporary side effect of chemotherapy.

If your baby is delivered soon after you stop having chemotherapy, doctors can give you drugs to support your immune system while your blood cells are low.

Different cancers and chemotherapy

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

We have more information about chemotherapy in our booklet **Understanding chemotherapy**. You can order a free copy at **be.macmillan.org.uk** or by calling **0808 808 00 00**.

Breast cancer

You may have chemotherapy before or after an operation to remove the cancer (see pages 59–60). Doctors use the same drugs as in women with breast cancer who are not pregnant.

If you need further treatment, such as radiotherapy (see pages 65–66), trastuzumab (Herceptin®) or hormonal therapies, you will have these after the baby is born.

‘As my cancer wasn’t triggered by hormones, I had chemotherapy while pregnant and was told I could have further treatment once the baby was born.’

Polly

Cancer of the cervix

If you need chemotherapy, doctors will give you the same drugs they give to women who are not pregnant. You can have further treatment such as surgery (see pages 61–63) or radiotherapy (see page 66) after the baby is born. Some women may have more chemotherapy after the birth.

Non-Hodgkin lymphoma (NHL)

Chemotherapy can be used to treat fast growing NHL during pregnancy. CHOP is the standard combination of chemotherapy drugs used and can be given in pregnancy. It is made up of:

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

Rituximab is a targeted therapy drug (see pages 67–68) that is usually given with CHOP (R-CHOP). Doctors usually avoid giving it until after the baby is born.

Hodgkin lymphoma (HL)

You can have treatment with a combination of drugs called ABVD. This is a common treatment for Hodgkin lymphoma and it can be given in pregnancy. It is made up of:

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

Acute leukaemia

If you need induction chemotherapy for acute myeloid leukaemia (chemotherapy that aims to destroy all the cancer cells), you can have the chemotherapy drugs that are normally given. These are daunorubicin and cytarabine. We have more information about induction chemotherapy in our booklet **Understanding acute myeloid leukaemia (AML)**.

If you have a type of AML called acute promyelocytic leukaemia (APL), you will usually be given a drug called ATRA, also known as tretinoin (Vesanoid®).

ATRA is based on vitamin A and is not a chemotherapy drug. You cannot take it when you are under 12 weeks pregnant. After this, it is safe to have. But you will not have it at the same time as your chemotherapy. This is safer for the baby and works just as well.

Pregnancy and surgery

Most operations can be done safely during pregnancy. Some can be done under local anaesthetic, but others involve having a general anaesthetic.

Your cancer doctor and pregnancy doctor (obstetrician) will work together to decide the best timing for surgery. They may delay it until you are in your second trimester. This is because surgery (under general anaesthetic) during the first trimester may slightly increase the risk of miscarriage.

You will see your obstetrician and an anaesthetist to discuss the operation. They will explain how they keep a close check on you and the baby during surgery. Your obstetrician may want to monitor the baby's heart rate before and after surgery.

'After the operation I felt groggy and sore. But all that seemed irrelevant when the doctor arrived to check the baby's heartbeat. It was such a relief to hear.'

Polly

Possible complications

The risks and complications depend on the type of operation you are having. Your surgeon will talk to you about these. Surgery to your tummy area (abdomen) or to 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 very closely monitored 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 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. You will also be encouraged to get up and walk around soon after your operation. Some women may be given injections under the skin to help reduce the risk of getting a clot.

A clot can cause:

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

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

Different cancers and surgery

You can find out more about surgery in our information on the type of cancer you have. Call us on **0808 808 00 00** to order our free information booklets.

Breast cancer

Pregnant women with breast cancer are usually given a choice of operation. This is the same as for women 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 for surgery. They may ask you to decide between having only the area of the cancer removed or having your whole breast removed (mastectomy). They will talk to you about the best timing for surgery.

Removing only the cancer

Women who have only the area of the cancer removed need radiotherapy to the breast afterwards (breast conserving treatment). Radiotherapy reduces the risk of the cancer coming back in the breast.

You will not usually have radiotherapy during pregnancy. Your doctor will advise you if the delay between having surgery and radiotherapy (see pages 65–66) is safe for you. This depends on how far along your pregnancy is. But if chemotherapy is part of your treatment plan, you will have it before radiotherapy.

Removing a breast

Sometimes the surgeon may advise having the whole breast removed (mastectomy). This may be because the lump is too large or there is cancer in different parts of the breast.

A mastectomy can be done safely during pregnancy. You can have breast reconstruction after the baby is born and when treatment is over.

Some women may have chemotherapy before surgery to shrink a cancer. This means you may be able to avoid having a mastectomy. If this happens, surgery to remove only the cancer (breast-conserving surgery) may be done after the baby is born.

Sentinel lymph node biopsy (SLNB)

Some women have this done during their operation. Your surgeon will explain if it is suitable for you.

SLNB checks 1 to 3 lymph nodes in the armpit to see whether 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 for the baby. Usually with a SLNB you also have a blue dye injected into the breast to stain the lymph nodes. This is not usually given when you are pregnant.

Cancer of the cervix

One of the main treatments for cancer of the cervix is removing the womb (hysterectomy). If you continue with your pregnancy, surgery is done after the baby is born. Your doctor cannot be certain how delaying surgery may affect your outlook. They will explain the possible risks in your situation.

If you are diagnosed in early pregnancy, your doctor may think the delay in having surgery is too long. They may advise you to end the pregnancy so you can have a hysterectomy. This is a very distressing situation, especially as it means you can no longer get pregnant. It is important to talk to your doctor about concerns about your fertility (see page 48).

If the cancer is very early-stage, it may be possible to delay surgery and monitor the cancer until the baby is born.

If the cancer is not at the earliest stage, or if it starts to grow, you can have chemotherapy (see page 55) to control it. You can then have surgery after the baby is born.

Removing the pelvic lymph nodes

Depending on how far along your pregnancy is, you may have surgery to remove the lymph nodes in your pelvis. This is to check if they contain any cancer cells. Your surgeon may advise this so they can be certain the cancer is still early-stage. You can only have this done if you are under 18 to 22 weeks pregnant.

The operation is done under a general anaesthetic using keyhole surgery (laparoscopically). The risk of complications or bleeding from this operation may be slightly higher in pregnant women. Your doctors and nurses will monitor you closely. If any complications develop, they can be treated quickly.

If there are cancer cells in the lymph nodes, your doctor may advise you to end the pregnancy. This is so you can have a hysterectomy straightaway. Your doctors and nurses will talk this over with you carefully and give you a lot of support. If you decide to continue with the pregnancy, you will be given chemotherapy. You can have a hysterectomy after the baby is born.

Trachelectomy

This operation removes most of the cervix and the upper part of the vagina. If the tumour is very small and early-stage, it may be possible to do it during pregnancy. But there is also a risk of bleeding and of losing the baby after the operation.

Very few women have had a trachelectomy during pregnancy. But some of these women have successfully given birth to healthy babies. This type of surgery is very specialised. It is only done in certain hospitals by surgeons who are experts in this area.

Hysterectomy after the birth

If you need a hysterectomy after the birth, it may be done at the same time as a Caesarean section (C-section) to deliver your baby. Your pregnancy doctor (obstetrician) will deliver your baby. They will talk this over with you very carefully to prepare you. You have a C-section through a cut made in your tummy. A gynaecological cancer surgeon will do the operation to remove your womb.

Melanoma

Surgery is the main treatment for melanoma and it can be done safely in pregnancy. Most early-stage melanomas are cured with surgery. So it is important that your operation is not delayed because you are pregnant. You may be able to have the melanoma removed using a local anaesthetic.

Lymph nodes

Sometimes your specialist may offer you a test called a sentinel lymph node biopsy (SLNB). This is to check whether any cancer cells have spread to the lymph nodes (glands) closest to the melanoma (sentinel nodes). It is a small operation that is done under a general anaesthetic.

You have it done in the same way as usual, except without the injection of blue dye. It is not usually given in pregnancy. We have more information in our booklet **Understanding melanoma – lymph node assessment and treatment**.

A SLNB can tell your doctors more about your situation but it is not a treatment. It is important to talk to your specialist about how helpful it may be for you.

If the results show cancer cells, any surgery to remove the rest of the lymph nodes is usually done after the baby is born.

Our booklet **Understanding melanoma – lymph node assessment and treatment** has more information. It explains the benefits and disadvantages of surgery to remove the lymph nodes. Call us on **0808 808 00 00** to order a free copy.

If melanoma has spread to organs inside the body, the specialist may ask you to think about having the baby delivered early (see page 72). This is because the immunotherapy drugs (see page 68) used to help control advanced melanoma are not safe for the baby.

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 it is needed urgently, it may be given to a part of the body that is not close to the womb. For example if a tumour is causing increased pressure in the brain. But usually if you need radiotherapy you will have it after the baby is born.

Different cancers and radiotherapy

You can find out more about radiotherapy in our information on the type of cancer you have. Call us on **0808 808 00 00** to order our free information booklets.

Breast cancer

Radiotherapy is usually given after an operation to remove only the area of the cancer. The delay between surgery and radiotherapy is usually 6 to 8 weeks. If you are diagnosed later in pregnancy, you may be able to delay radiotherapy until after the baby is born.

Many young women with breast cancer also need chemotherapy. You will have chemotherapy before or after surgery, and it can take up to several months to complete the cycles you need. This usually means you will have delivered your baby before radiotherapy starts.

If you are diagnosed in early pregnancy and do not need chemotherapy, it could be more than 6 months after surgery before you have radiotherapy. This delay could increase the risk of the cancer coming back in the breast. So your surgeon may advise you to have the whole of the breast removed (mastectomy). There is more information about this on page 60.

After a mastectomy, some women need radiotherapy to the chest. But this can be safely delayed until after the baby is born.

Cancer of the cervix

Radiotherapy given with chemotherapy (chemoradiation) is the main treatment for cancer of the cervix that is stage 1B2 and above.

If your pregnancy is early and the cancer is at this stage, your doctor may ask you to think about ending the pregnancy. Delaying radiotherapy until after the birth and waiting until you are 14 weeks pregnant to have chemotherapy may be a serious risk to your health.

If you decide to have chemoradiation, your doctor will advise you to end the pregnancy. This can be very distressing. You will be given a lot of support to help you to cope.

If you decide to continue with the pregnancy, your doctors will give you chemotherapy when you reach 14 weeks. If you are over 14 weeks pregnant, you can start chemotherapy straightaway. You can have radiotherapy after the baby is born, usually after a hysterectomy.

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. 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 therapies

These drugs are new so there is not a lot of information about their effects during pregnancy. Because of this they are not usually given to pregnant women.

Women with breast cancer who need trastuzumab 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 looking at pregnant women who had rituximab to treat lymphoma did not show that it caused problems for the baby. Your specialist may still advise waiting to have it until after the baby is born.

Imatinib (Glivec®) is a drug that is used to treat chronic myeloid leukaemia. It is usually avoided during pregnancy.

Targeted therapy drugs, such as: ipilimumab (Yervoy®), nivolumab (Opdivo®), pembrolizumab (Keytruda®), vemurafenib (Zelboraf®), dabrafenib (Tafinlar®) and trametinib (Mekinist®) are used to treat advanced melanoma. They are not given during pregnancy.

Immunotherapy drugs

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

Interferon may also be used during pregnancy to treat women with chronic myeloid leukaemia.

Supportive treatments

You will usually need drugs to help control side effects of treatment or any symptoms you may have. There are certain drugs your doctor will avoid. But there are others that can be given and that work well.

Sickness is a common side effect of chemotherapy. Doctors often prescribe drugs called metoclopramide or ondansetron. These can be given during pregnancy.

If you get an infection, you will be given antibiotics. Most antibiotics can be given safely but your doctor will avoid certain drugs, for example tetracyclines.

Steroids can also be given during pregnancy. They can be used to treat sickness, reduce swelling and control pain.

There are different painkillers you can take during pregnancy. You need to check with your doctor or midwife first. Let them know if you are in pain so they can prescribe you the right drug.

Always check before taking any medicines you buy over the counter. Ask your midwife, nurse, or doctor for advice.



Justine and baby Verity, with permission
from Pete Wallroth (Mummy's Star)

HAVING YOUR BABY

When you will have your baby

72

When you will have your baby

Your pregnancy doctor (obstetrician) and cancer doctor will talk to you about the best time to have your baby and the type of delivery. It may feel as if the cancer and its treatment have overtaken 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.

Many women carry their baby to full term and have a normal birth. In some situations, the baby may be delivered earlier to allow you to start treatment. If you need an early delivery, you may need injections of drugs called steroids before the birth. This helps reduce the chance of the baby having breathing problems.

'I managed to deliver our baby girl naturally. She weighed just 4lb9oz but she's perfect. We named her Darcey. She went straight to neonatal and needed oxygen support.'

Kimberley

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 specialised neonatal units by expert nurses and doctors.



'When I finally got to hold him, it was incredible. Throughout the pregnancy, I hadn't let myself imagine what it could be like. Now, here he was. Fully formed and perfect. He'd survived it all. My little miracle.'

Polly



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Breastfeeding

Your cancer doctor, nurse and midwife will give you advice about breastfeeding. It usually depends on where you are with your treatment plan.

Chemotherapy

If chemotherapy stops some weeks before your baby is born and you do not need other treatment, you may be able to breastfeed straightaway. Your midwife will give you lots of support and advice.

If you are still having chemotherapy, your doctor or nurse will advise you not to breastfeed. This is because the drugs could be passed to your baby through breast milk. If you are not having other treatment after chemotherapy, you could think about expressing milk. You will not be able to keep it for your baby, but expressing milk means you will still be producing milk when chemotherapy finishes. You can then start to breastfeed.

Other drugs

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

Radiotherapy

If you have had radiotherapy to the breast or chest you may not produce enough 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 away from your chest.

Donor breast milk

Some hospitals provide donated breast milk for babies born prematurely if the mother does not have enough of their own breast milk. The United Kingdom Association for Milk Banking (UKAMB) is a registered charity that supports milk banking in the UK. See page 87 for their contact details. There are strict procedures to make sure donor breastmilk is safe.



After the birth

You will still need support from your cancer team, midwives, and pregnancy doctor (obstetrician) after the baby is born. You may be continuing with treatment or starting a new treatment. There are lots of demands at this time, not least having a newborn baby to care for.

Family, friends and your partner, if you have one, can often offer a lot of support. Tell people what kind of help and support would be best for you. You can decide what you want to focus on. This may be spending time being with your baby. Talking to a social worker may be helpful as they may be able to arrange extra support, especially if you have other children.

Taking care of your well-being (see page 18) is important to help you to cope with caring for your baby and your treatment.

We hope the information in this booklet has been helpful. On pages 82–88 we have included some information about Macmillan's services and other organisations that can provide support.



'Two weeks after my baby was born I continued chemotherapy. It was hard looking after a young baby during treatment, but my mum was a great help. My daughter also loves helping me look after him.'

Polly

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About our information

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

Order what you need

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

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

All of our information is also available online at **macmillan.org.uk/cancerinformation**. There you'll also find videos featuring real-life 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
- ebooks
- large print
- translations.

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

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

Help us improve our information

We know that the people who use our information are the real experts. That's why we always involve them in our work. If you've been affected by cancer, you can help us improve our information.

We give you the chance to comment on a variety of information including booklets, leaflets and fact sheets.

If you'd like to hear more about becoming a reviewer, email **reviewing@macmillan.org.uk** You can get involved from home whenever you like, and we don't ask for any special skills – just an interest in our cancer information.



Other ways we can help you

At Macmillan, we know how a cancer diagnosis can affect everything, and we're here to support you. No one should face cancer alone.

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 free, confidential phone line is open Monday–Friday, 9am–8pm. Our cancer support specialists can:

- help with any medical questions you have about your cancer or treatment
- help you access benefits and give you financial guidance
- be there to listen if you need someone to talk to
- tell you about services that can help you in your area.

Call us on **0808 808 00 00** or email us via our website, **macmillan.org.uk/talktous**

Information centres

Our information and support centres are based in hospitals, libraries and mobile centres. There, you can speak with someone face to face. Visit one to get the information you need, or if you'd like a private chat, most centres have a room where you can speak with someone alone and in confidence.

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

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's why we help to bring people together in their communities and online.

Support groups

Whether you are someone living with cancer or a carer, 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**

The Macmillan healthcare team

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.

'Everyone is so supportive on the online community, they know exactly what you're going through. It can be fun too. It's not all just chats about cancer.'

Mal

Help with money worries

Having cancer can bring extra costs such as hospital parking, travel fares and higher heating bills. If you've been affected in this way, we can help.

Financial guidance

Our financial team can give you guidance on mortgages, pensions, insurance, borrowing and savings.

Help accessing benefits

Our benefits advisers can offer advice and information on benefits, tax credits, grants and loans. They can help you work out what financial help you could be entitled to. They can also help you complete your forms and apply for benefits.

Macmillan Grants

Macmillan offers one-off payments to people with cancer. A grant can be for anything from heating bills or extra clothing to a much-needed break.

Call us on **0808 808 00 00** to speak to a financial guide or benefits adviser, or to find out more about Macmillan Grants. We can also tell you about benefits advisers in your area. Visit **[macmillan.org.uk/financialsupport](https://www.macmillan.org.uk/financialsupport)** to find out more about how we can help you with your finances.

Help with work and cancer

Whether you're an employee, a carer, an employer or are self-employed, we can provide support and information to help you manage cancer at work. Visit **[macmillan.org.uk/work](https://www.macmillan.org.uk/work)**



Macmillan's My Organiser app

This free mobile app can help you manage your treatment, from appointment times and contact details, to reminders for when to take your medication. Search 'My Organiser' on the Apple App Store or Google Play on your phone.

Other useful organisations

There are lots of other organisations that can give you information or support.

Cancer and pregnancy support

Mummy's Star

Email info@mummysstar.org

www.mummysstar.org

Mummy's Star is the only charity in the UK and Ireland dedicated to women and their families affected by cancer during pregnancy and beyond. They support women diagnosed with cancer in pregnancy and within a year of a birth.

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

Email mailbox@tommys.org

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)

Tel 0208 383 3559

Email info@ukamb.org

www.ukamb.org

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



You can search for more organisations on our website at macmillan.org.uk/organisations or call us on 0808 808 00 00.

Cancer support organisations

Breast Cancer Care

Tel 0345 092 0800

Helpline 0808 800 6000
(9am–5pm, Monday to Friday,
late opening 5pm–7pm on
Wednesdays, and 9am–1pm
on Saturdays)

Email

info@breastcancercare.org.uk

www.breastcancercare.org.uk

Provides information, practical help and emotional support for anyone affected by breast cancer. Specialist breast care nurses run the helpline. Also offers a peer support service where anyone affected by breast cancer can be put in touch with a trained supporter who has had personal experience of breast cancer.

Jo's Cervical Cancer Trust (Jo's Trust)

Tel 020 7250 8311

Helpline 0808 802 8000

Email info@jostrust.org.uk

www.jostrust.org.uk

The only UK charity dedicated to women and their families affected by cervical cancer and cervical abnormalities. Their aim is to offer information, support and friendship to women of all ages, to help them to understand the importance of cervical screening.

Lymphoma Association

Helpline 0808 808 5555

(9am–5pm, Monday to Friday)

Email enquiries@lymphomas.org.uk

The Lymphoma Association gives emotional support and medical information on all aspects of Hodgkin and non-Hodgkin lymphoma. Their services are free to people with lymphoma and their family and friends.

Melanoma UK

Tel 0808 171 2455

www.melanomauk.org.uk

This organisation offers support to people affected by melanoma. They have a free phone line which is available 24 hours a day, and is run by volunteers who have personal experience of melanoma.

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.

Thanks

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Sources

We've listed a sample of the sources used in this publication below. If you'd like further information about the sources we use, please contact us at **bookletfeedback@macmillan.org.uk**

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Can you do something to help?

We hope this booklet has been useful to you. It's just one of our many publications that are available free to anyone affected by cancer. They're produced by our cancer information specialists who, along with our nurses, benefits advisers, campaigners and volunteers, are part of the Macmillan team. When people are facing the toughest fight of their lives, we're there 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.



Share your cancer experience

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

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.

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?

Raise money

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

Give money

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

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This booklet is for women who have been diagnosed with cancer during pregnancy. Jointly developed by Macmillan Cancer Support and Mummy's Star, it contains information about the emotional and practical issues you may experience in this situation. It also talks about the treatment and support available to you.

WE ARE MACMILLAN. CANCER SUPPORT

Questions about cancer?

Call free on 0808 808 00 00

(Mon–Fri, 9am–8pm)

Alternatively, visit macmillan.org.uk



Visit mummysstar.org

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