

[Home](#) > [Survivorship](#) > [Life After Cancer](#) > [Having a Baby After Cancer: Pregnancy](#)

Printed January 28, 2015 from <http://www.cancer.net/survivorship/life-after-cancer/having-baby-after-cancer-pregnancy>

Having a Baby After Cancer: Pregnancy [1]

This section has been reviewed and approved by the [Cancer.Net Editorial Board](#) [2], 01/2013

Key Messages:

- Having a baby after cancer treatment is usually considered safe for both the mother and the child.
- Pregnancy does not seem to increase the risk of the cancer recurring (coming back).
- Both men and women are often advised to wait several years after finishing treatment before trying to have a child.

If you are a cancer survivor, deciding to have a baby is a difficult decision. There are a number of emotional and physical factors both male and female survivors and their spouses/partners need to consider before starting or adding to their families.

Pregnancy after cancer treatment

In general, becoming pregnant after cancer treatment is considered safe for both the mother and the baby, and pregnancy does not appear to raise the risk of cancer recurring. However, women may still be advised to wait a number of years before trying to become pregnant. The amount of time depends on the type and stage of cancer, the type of treatment the woman received, and the woman's age and preferences.

Some doctors recommend that women not get pregnant within the first six months after finishing chemotherapy because any eggs that may have been damaged by treatment are thought to leave the body within this time period. Other doctors recommend waiting at least two to five years because that is the window of time in which a cancer is most likely to recur and/or the time needed to receive optimal treatment for some types of cancer, such as hormone-sensitive breast cancer.

The type of treatment a woman receives has a number of potential effects on a pregnancy. Some cancer treatments can increase a woman's risk of miscarriage (losing a pregnancy) as well as labor and birth complications.

- Radiation therapy to the uterus may increase the risk of miscarriage, premature birth, and low birth weight.

- Surgical removal of all or part of the cervix may increase the risk of miscarriage or early delivery.
- Radiation therapy to the whole abdomen, pelvis, lower spine, or to the entire body may increase the risk of miscarriage, early delivery, or other problems.
- Anthracycline chemotherapy, which includes treatment with doxorubicin (Adriamycin), daunorubicin (Daunomycin, Cerubidine), epirubicin (Ellence), and idarubicin (Idamycin), in addition to radiation therapy to the upper abdomen or chest, may cause heart problems that can get worse during pregnancy and labor.

No matter what treatment you have had, it is important to talk with your doctor about whether your body can safely handle a pregnancy. Sometimes, cancer treatments damage specific areas of the body, such as the heart or lungs. Before becoming pregnant, your doctor may need to evaluate these organs to be sure the pregnancy will be safe. Your doctor may refer you to an obstetrician (a doctor who cares for a woman during and shortly after a pregnancy) who specializes in dealing with women who have other health concerns.

Fathering a child after cancer treatment

There are no set guidelines for how long men should wait to try having a child after finishing cancer treatment. However, doctors typically recommend waiting at least two to five years before trying to have a child. Doctors have estimated that any sperm damaged by chemotherapy or radiation therapy should be repaired within two years. Although there isn't any scientific evidence that children conceived sooner after treatment is finished have a greater risk of developing serious health problems, doctors often advise men to continue using contraception for about a year after treatment.

Other concerns

Risk of children getting cancer. Although many people who have had cancer are concerned their children may be at risk for cancer, research studies show that children born to these individuals do not have a higher than normal risk of getting cancer. The exception is if you have one of the few cancers that are hereditary. If so, talk with your doctor or a genetic counselor about having children. They can help you understand any risks. Learn more about [cancer risk and genetics](#) [3].

Risk of cancer recurrence. Research studies also show that getting pregnant does not appear to cause cancer to recur. Some doctors advise breast cancer survivors to wait two years before trying to get pregnant because of the link between certain hormones that increase during pregnancy and the growth of breast cancer cells. However, there is no evidence that becoming pregnant sooner will increase the risk of recurrence.

Coping with uncertainty. All cancer survivors have to wrestle with the idea that, at some point, the cancer could return. Survivors and their partners have to weigh the risk of recurrence, especially if getting pregnant requires the person to stop taking certain medications such as tamoxifen or imatinib (Gleevec), and address the possibility that the child could be raised without him or her. This is a very difficult and personal choice. You may want to consider [talking with a counselor](#) [4] for guidance about this decision.

Infertility. Some cancer treatments cause infertility, making it difficult or impossible for some survivors to have children. All men and women who are interested in having children in the future should talk with their doctor about the risk of treatment-related infertility, as well as fertility preservation strategies, before beginning treatment. Read [ASCO's guideline on fertility preservation and cancer treatment](#) [5] to learn about options to preserve fertility before cancer treatment.

Questions to ask the doctor

- Will my treatment plan affect my ability to have children or cause complications during labor and delivery?
- How long should I wait before trying to become pregnant or father a child?
- How will trying to have a child affect my follow-up care plan?
- Will trying to have a child increase the risk that the cancer may come back?
- Should I talk with an obstetrician who has experience working with cancer survivors?
- Where can I find emotional support for me? For my spouse or partner?

More Information

[Having a Baby After Cancer: Fertility Assistance and Other Options](#) [6]

[Fertility and Cancer Treatment](#) [7]

Moving Forward Videos: [Fertility for Young Adults With Cancer](#) [8]

[Relationships and Cancer](#) [9]

[Survivorship](#) [10]

Additional Resource

[Fertile Hope: Pregnancy & Children After Cancer](#) [11]

Links:

[1] <http://www.cancer.net/survivorship/life-after-cancer/having-baby-after-cancer-pregnancy>

[2] <http://www.cancer.net/about-us>

[3] <http://www.cancer.net/node/24864>

[4] <http://www.cancer.net/node/24699>

[5] <http://www.cancer.net/node/25658>

[6] <http://www.cancer.net/node/29111>

[7] <http://www.cancer.net/node/25268>

[8] <http://www.cancer.net/multimedia/videos/young-adults-cancer/fertility>

[9] <http://www.cancer.net/node/25112>

[10] <http://www.cancer.net/node/22>

[11] <http://www.fertilehope.org/learn-more/cancer-and-fertility-info/pregnancy-and-children-after-cancer.cfm>