

[Home](#) > [Survivorship](#) > [Life After Cancer](#) > [Having a Baby After Cancer: Fertility Assistance and Other Options](#)

PDF generated on July 21, 2016 from

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## **[Having a Baby After Cancer: Fertility Assistance and Other Options](#) [1]**

**This section has been reviewed and approved by the [Cancer.Net Editorial Board](#) [2], 02/2016**

Some cancer treatments can make it hard to have children. The ability to have children is called “fertility.” Certain chemotherapy, radiation therapy, and surgeries that harm the reproductive organs can affect fertility. Infertility may be caused by:

- Low levels of sperm or eggs
- Low levels of hormones that control reproduction
- Scarring of the reproductive organs, which prevents conception or normal development of a pregnancy

The good news is that there are usually options to protect fertility during cancer treatment.

Even if you can't have a baby with your own eggs or carry a pregnancy, there are other ways to start or expand your family through what is called third-party reproduction. These include egg donation if your ovaries do not produce useful eggs anymore or surrogacy if your uterus is not able to carry a pregnancy. Be aware that these options may be expensive or legally complicated or both. Seek help and support when you make a decision.

## Options for women

Women are born with a set number of eggs in their ovaries, and there are fewer eggs left as they age. This set number of eggs at a given age is called the “ovarian reserve.” Certain chemotherapy agents may reduce ovarian reserve. Having fewer eggs may make it difficult to become pregnant. Blood tests and ultrasounds are used to see if there are fewer eggs. A low ovarian reserve may lead to early menopause (when no eggs are left). If you have or are at risk for low ovarian reserve based on your cancer treatment, a fertility specialist can advise you about options to preserve your fertility or improve your chances of becoming pregnant.

**In vitro fertilization (IVF).** This is a common form of assisted reproduction. IVF begins with using specific drugs to stimulate the ovaries to make eggs. These eggs are collected and then fertilized with sperm in the laboratory. If this is successful, the egg will develop into an embryo. Later on, the embryo will be put back into the woman’s body to grow into a baby.

**Donor eggs.** When a woman’s ovaries have been depleted of eggs, donor eggs may be used to become pregnant. Donor eggs are the eggs from another woman. The donor eggs are fertilized in a laboratory with sperm. The sperm may come from the woman’s partner or a donor. Fertilized eggs (embryos) are then put into the uterus of the woman who wants a child. A woman’s uterus must be healthy to become pregnant and to carry a pregnancy to term. She will have to take hormones before and after receiving the embryos.

Donor eggs allow the child to carry the genes of at least one parent. Egg donors may be:

- Family members
- Friends
- Anonymous donors
- Known donors from an agency

By law, all donors are screened before they can donate eggs. They are screened for:

- Medical conditions
- Potential genetic diseases

- Psychological issues

**Donor embryos.** Infertility treatment can result in extra embryos. When this happens, couples may donate their fertilized eggs (embryos). Like egg donation, donated embryos are put into the uterus of the woman who wants a child. The woman will have to take hormones before and after the embryos are placed. She must also have a healthy uterus to become pregnant and to carry a pregnancy to term.

A child born from a donated embryo will not carry the genes of the parents who chose a donor embryo. However, the procedure allows a woman to experience pregnancy. By law, all donors are screened before they can donate embryos. They are screened for:

- Medical conditions
- Potential genetic diseases
- Psychological issues

This is also called embryo adoption.

## **Surrogacy and gestational carriers**

Sometimes, a woman may not be able to give birth to a child. For some women, being pregnant could even be dangerous. In situations like this, surrogacy or a gestational carrier is an option. In both options, another woman carries the baby during pregnancy.

**Surrogacy.** Surrogacy involves a surrogate and artificial insemination. The surrogate is the woman who will carry the baby through pregnancy. The surrogate's cervix or uterus is injected with the sperm of the man who will be the child's father. This process is called artificial insemination. The child will carry the genes of the surrogate.

**Gestational carrier.** A gestational carrier is different. The carrier is a woman who will carry the baby through pregnancy. An embryo from another woman's egg and her partner's sperm is placed in the carrier's body. The child will not carry the genes of the gestational carrier.

Surrogacy and gestational carrier laws are different in each state. It is very important to consult an attorney if you choose this path for having a baby.

## **Options for men**

**Donor sperm.** A man may store his sperm before treatment. Doing this is a way of preserving

fertility. If a man did not store his sperm before starting treatment, then he can use donor sperm. Donor sperm is donated to a sperm bank by another healthy man. The donor is usually anonymous. The child will carry the genes of the sperm donor. Donor sperm is screened for infectious diseases. Sperm banks do usually record the physical traits of the donor.

**Testicular sperm extraction.** A man may have no sperm in his semen after finishing treatment. But he may still have healthy sperm in his testicles. Testicular sperm extraction is a way of collecting this healthy sperm. It requires surgery. The doctor removes small pieces of testicular tissue. Any sperm cells found in the tissue can be used to make a baby. The sperm can be used in IVF or be frozen for future use. This method is not as successful as other ways of collecting and storing sperm.

## **Adoption**

When a couple or individual adopts a child, they are the permanent, legal parents of the adopted child. Most adoption agencies allow cancer survivors to adopt. Some agencies may require a doctor's letter saying that you are in good health. Other agencies may require a certain amount of time to pass after cancer treatment before you will be eligible to adopt. Some adoption options include:

**Domestic or international adoption.** When you adopt a child from the country you live in, it is called domestic adoption. Domestic adoption can include newborns and adoptions of toddlers and school-age children from foster care. When you adopt a child from a country you don't live in, it is called international adoption. Most international adoptions involve toddlers or school-age children. Different countries have different restrictions for the potential adoptive parents. These may include a health history, income requirements, age, or marital status. If you are interested in adoption, talk with a social worker at an agency who can help you understand domestic and international adoption.

**Open or closed adoption.** In open adoptions, the birth parents and adoptive parents communicate. This is also called a fully disclosed adoption. In a closed adoption, details about the birth parents and adoptive parents are kept secret. Closed adoptions are rare.

**Agency or independent adoption.** Many adoptions are handled by private or public adoption agencies. Public adoption agencies are run by a country, state, or locality. Agencies are licensed and have to follow strict laws and rules. Independent adoptions are handled by an adoption lawyer or facilitator instead of an agency.

## **Questions to ask the doctor**

Ask your doctor the following questions about having children after cancer treatment is done.

- How do I know if I am infertile (can't have a baby)?

- If I am infertile, what are my options for becoming a parent?
- Did chemotherapy affect my ovarian reserve?
- Can you recommend a fertility specialist?
- Can fertility hormones or drugs cause my cancer to return or cause a new cancer to develop?
- Which infertility clinics specialize in treating cancer survivors?
- How does my age affect my options?
- Where can I learn more about the cost of each option?
- Who can help me find resources about ways to pay for fertility treatment or adoption?
- What legal or ethical issues surround my fertility options?
- Where can I find additional adoption resources or support?
- Where can I find surrogacy or gestational carrier resources or support?

## **More Information**

[Having a Baby After Cancer: Pregnancy](#) [3]

[Fertility Concerns and Preservation for Women](#) [4]

[Fertility Concerns and Preservation for Men](#) [5]

[Fertility Preservation](#) [6]

Moving Forward Videos: [Fertility for Young Adults with Cancer](#) [7]

## Additional Resource

[Child Welfare Information Gateway: Adoption](#) [8]

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### Links

- [1] <http://www.cancer.net/survivorship/life-after-cancer/having-baby-after-cancer-fertility-assistance-and-other-options>
- [2] <http://www.cancer.net/about-us>
- [3] <http://www.cancer.net/node/29106>
- [4] <http://www.cancer.net/node/29096>
- [5] <http://www.cancer.net/node/25268>
- [6] <http://www.cancer.net/node/29921>
- [7] <http://www.cancer.net/node/28071>
- [8] <https://www.childwelfare.gov/topics/adoption/>