

## Having a Baby After Cancer: Pregnancy

If you are a cancer survivor, having a baby may be a difficult decision. Survivors and their partners need to think about many things before starting or adding to their family.

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### Is it safe to get pregnant after cancer treatment?

Pregnancy after cancer treatment is often safe for both the mother and baby. Still, you might be told to wait several years before trying to have a baby.

How long you will need to wait depends on:

- Your [type of cancer](#)<sup>1</sup> and [stage](#)<sup>2</sup>
- The [treatment](#)<sup>3</sup> you received
- Your age

Some cancer care providers recommend people wait to get pregnant for at least 6 months after finishing chemotherapy. This is to give any damaged eggs time to leave the body before pregnancy.

Other cancer care providers suggest waiting 2 to 5 years before trying to have a baby. This is because the cancer might be more likely to come back ([recurrence](#)<sup>4</sup>) in the first

few years. [Cancer treatment during pregnancy](#)<sup>5</sup> is more complicated.

### **Can pregnancy raise my risk of cancer recurrence?**

In most cases, getting pregnant does not seem to increase the risk that a cancer will return. But some cancer care providers advise breast cancer survivors to wait 2 years before trying to get pregnant. This is because some hormones that increase during pregnancy might cause breast cancer cells to grow.

For some survivors, getting pregnant may require stopping certain medicines used to control their cancer or lower the risk that it will come back. If you are taking medicine to lower your risk of recurrence, talk with your cancer care team and a fertility specialist before trying to get pregnant.

### **Is it safe to father a child after cancer treatment?**

Cancer care providers usually suggest that men wait 2 to 5 years after treatment ends before trying to father a child. Sperm may be damaged by chemotherapy or radiation therapy. Those sperm should be replaced in about 2 years.

If a child is conceived soon after treatment ends, it is not certain whether the child will have a greater risk of developing serious health problems.

### **How can cancer treatment affect pregnancy?**

Cancer treatments can affect a future pregnancy in many ways.

#### **Radiation therapy**

Radiation therapy may damage the support cells and blood supply of your uterus. This could increase your chances of miscarriage, early birth, low birth weight, and other problems.

#### **Surgery to the cervix**

Removing all or part of your cervix could make miscarriage or early birth more likely. This is because your cervix might not be able to support a full pregnancy.

#### **Chemotherapy**

Certain chemotherapy medicines can damage heart cells and weaken your heart. This damage is more likely if you were also given radiation to your chest or abdomen (belly). These treatments increase the risk of heart problems during pregnancy, when the heart needs to work harder.

## Will my children have a higher risk of cancer?

Many people who have, or had, cancer worry that their children may get cancer, too. Research shows that most children of people with cancer and cancer survivors do not have a higher risk of the disease.

If you have a hereditary cancer, you might pass on genes that could increase your child's risk of cancer. Talk with your health care team or a genetic counselor about this risk. They can help you understand [genetics and cancer risk](#)<sup>6</sup>.

## Coping with uncertainty

It's normal for anyone who has had cancer to worry that that cancer could return, and to worry about how that could affect your children and family. Remember that you are not alone: many people have faced similar fears while deciding whether to grow or start their family. It's important to talk to your cancer care team and understand your risk, and to have open discussions with your partner or loved ones, as well. [Talking with a counselor](#)<sup>7</sup> might also help work through your feelings and concerns.

## Dealing with infertility

Some cancer survivors might not be able to have children after treatment, or might have a very difficult time getting themselves or their partner pregnant. If you or your partner are having trouble getting pregnant, there are options for both men and women who are not fertile after cancer treatment.

If possible, people who want to have children should talk with their cancer care team before treatment begins about whether they might become infertile. Talk to your cancer care team about any options you might have to preserve fertility.

Learn more about [cancer treatment and fertility](#)<sup>8</sup>.

## Questions to ask your health care team

Having a baby is a big decision. No matter what cancer treatment you have, it is important to talk with your health care team about the possible risks of pregnancy and birth.

You might be referred to an obstetrician. This is a doctor who is trained to care for women during and shortly after a pregnancy. They may need to check certain organs to make sure it is safe for you to become pregnant.

When you meet with your health care team, consider asking these questions:

- Am I at risk for problems during pregnancy, labor, or delivery because of my cancer treatment?
- How long should I wait before trying to have a child?
- How will trying to have a child affect my [follow-up care plan](#)<sup>9</sup>?
- Will trying to have a child increase my risk of cancer recurrence?
- Should I get genetic testing done to look for hereditary cancer genes that I could pass on to my child?
- Should I talk with an obstetrician who has experience with cancer survivors?
- Where can I find emotional support for myself? For my partner?

## Hyperlinks

1. [www.cancer.org/cancer/types.html](http://www.cancer.org/cancer/types.html)
2. [www.cancer.org/cancer/diagnosis-staging/staging.html](http://www.cancer.org/cancer/diagnosis-staging/staging.html)
3. [www.cancer.org/cancer/managing-cancer/treatment-types.html](http://www.cancer.org/cancer/managing-cancer/treatment-types.html)
4. [www.cancer.org/cancer/survivorship/long-term-health-concerns/recurrence.html](http://www.cancer.org/cancer/survivorship/long-term-health-concerns/recurrence.html)
5. [www.cancer.org/cancer/managing-cancer/making-treatment-decisions/cancer-during-pregnancy.html](http://www.cancer.org/cancer/managing-cancer/making-treatment-decisions/cancer-during-pregnancy.html)
6. [www.cancer.org/cancer/risk-prevention/genetics.html](http://www.cancer.org/cancer/risk-prevention/genetics.html)
7. [www.cancer.org/cancer/survivorship/coping/understanding-psychosocial-support-services.html](http://www.cancer.org/cancer/survivorship/coping/understanding-psychosocial-support-services.html)
8. [www.cancer.org/cancer/managing-cancer/side-effects/fertility-and-sexual-side-effects.html](http://www.cancer.org/cancer/managing-cancer/side-effects/fertility-and-sexual-side-effects.html)
9. [www.cancer.org/cancer/survivorship/long-term-health-concerns/importance-of-follow-up-care.html](http://www.cancer.org/cancer/survivorship/long-term-health-concerns/importance-of-follow-up-care.html)

## References

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