Breast Cancer and Pregnancy Guideline

Lead Author (s)	Dr Emma Jones
Lead Executive	Ms Jennifer Winslade
Division/Department	Family & Therapies
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Applies to (delete as appropriate)	Maternity Services
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Version Control (latest version number to be listed first):

Version No	Approved	Author
3	10/09/2026	Dr Emma Jones
2	09/02/2026	

Policy on a Page: Key Messages

Aim:

Purpose of this guideline is to support clinicians in the prevention and treatment of thrombosis in pregnancy and the 6-week postnatal period, with the aim of optimising outcomes for mothers.

Summary of key changes (for revised documents only)

- Update to align with contemporary practices.
- Transfer onto approved UHB template.
- Clarification regarding urgent referral to breast specialist team with hyperlinks included.
- Inclusion of *Pregnancy and Breast Cancer Green-top Guideline No. 12* (RCOG, 2025) as document to be read in conjunction with this guideline with hyperlink.

Key Requirements:

- Referral to breast specialist team in the event of suspected breast cancer symptoms lasting >7 days.
- Robust multi-disciplinary working with effective communication to ensure continuity.
- Thorough pre-conception counselling to promote effective care planning and partnership.
- Clarity regarding pathways of care during pregnancy in the event of previous breast cancer.

Target Audience:

The guideline applies to all clinicians working within the maternity services.

Training:

Staff are expected to access appropriate training where provided.

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1. Introduction/Overview

Breast cancer is the most common cancer affecting women in the United Kingdom and remains the most frequently diagnosed cancer during pregnancy, complicating approximately 1 in 3,000 pregnancies. As maternal age at pregnancy continues to increase, the incidence of breast cancer diagnosed during pregnancy and the postnatal period is also expected to rise.

Advances in the diagnosis and treatment of breast cancer have led to significantly improved survival rates, meaning that increasing numbers of women with a current or previous diagnosis of breast cancer are considering pregnancy and parenthood. The management of breast cancer during pregnancy presents unique clinical challenges, requiring consideration of both maternal and fetal wellbeing, alongside timely cancer diagnosis and treatment.

This document should act as a guidance for the management of women diagnosed with breast cancer in pregnancy and women who are pregnant following treatment for breast cancer. The opinion expressed in this guideline is based on evidence and reflects professional opinion. This guideline is designed to support safe and effective practice.

2. Scope

The guideline applies to all clinicians working within the maternity services.

3. Statement/Background

If you have difficulty understanding any part of this guideline- including due to learning, sensory, or communication needs- please speak with your Line Manager or contact the authors of this guideline for support or clarification.

Staff must take a proactive approach to identifying and meeting the accessibility and communication needs of people with disabilities and/or language barriers, including offering information in alternative formats, arranging interpretation or communication support as required, and not relying solely on individuals to request adjustments.

The term "woman/ women" will be used throughout this document however, it is recognised that this refers to all pregnant, birthing and postnatal people regardless of gender identification.

4. Aim

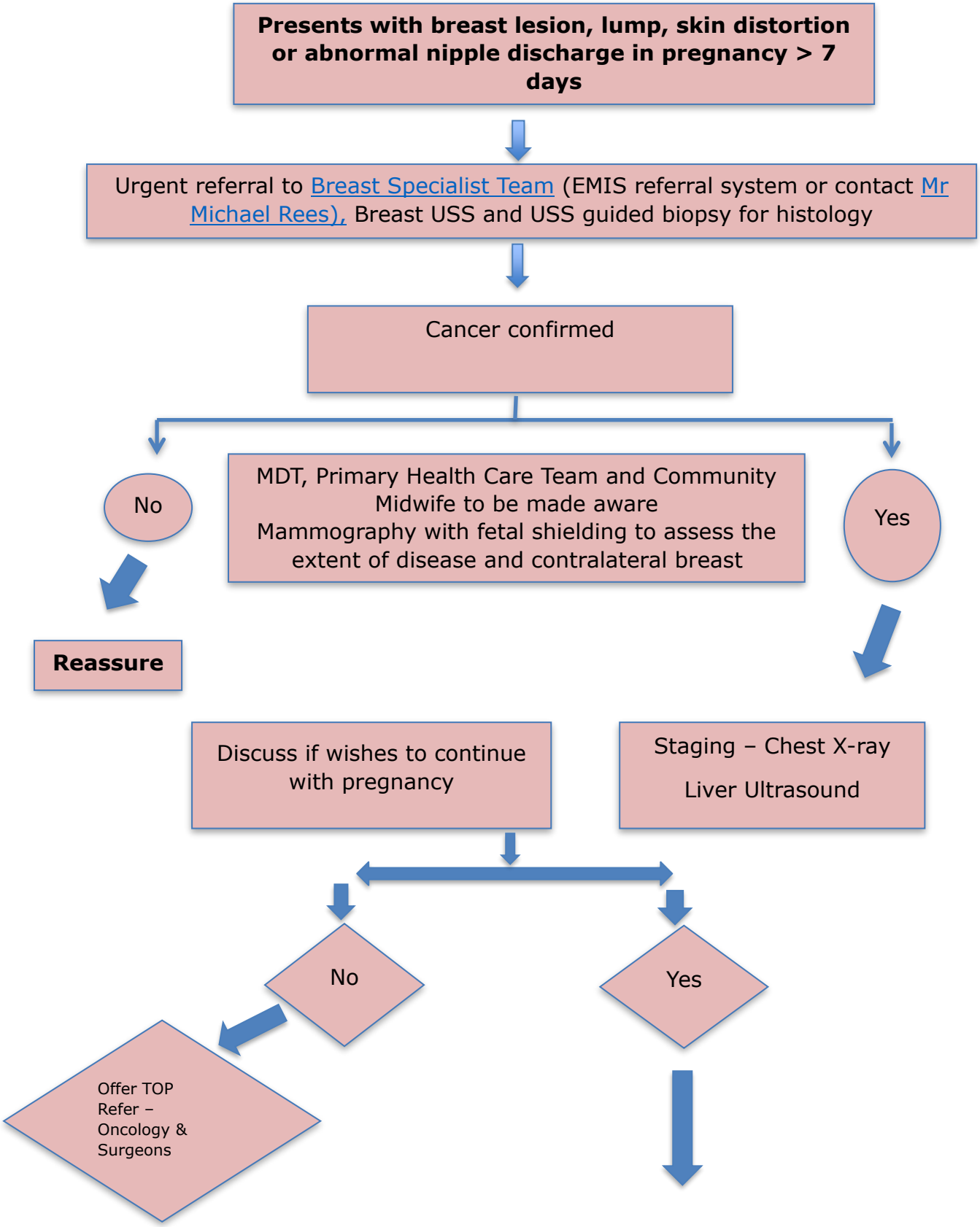
- To provide support for clinical decision making
- To provide support for evidence-based management

The following guideline should be read in conjunction with-

- Pregnancy and Breast Cancer (Royal College of Obstetricians & Gynaecologists, 2025)

5. Main Body

Suspected Breast Cancer Symptoms Lasting >7 Days in Pregnancy



Treatment:

Surgical treatment – performed at all trimesters of pregnancy

Radiotherapy is contraindicated

Systemic chemotherapy contraindicated in 1st trimester, safe in 2nd and 3rd trimesters
(Should not be given beyond 35 weeks gestation or within 2 weeks of anticipated birth to allow for maternal and fetal bone marrow recovery)

Tamoxifen, Aromatase inhibitors, HER-2 directed therapy (e.g. Trastuzumab), immunotherapy and targeted therapies such as CDK4/6 inhibitors are contraindicated

- Consultant led antenatal care
- Multidisciplinary input
- Regular growth scans

Timing of Delivery

Avoid iatrogenic pre-term birth unless maternal or fetal indications
If early IOL indicated for maternal or fetal reasons, consider corticosteroids for lung maturity, in addition to steroids given with any chemotherapy

Defer planned delivery for 2-3 weeks after last chemotherapy to reduce risk of peripartum haematological toxicity for woman and neonate

Aim for vaginal delivery unless any other contraindications

Postnatal

Avoid breastfeeding if on Tamoxifen, Trastuzumab or on chemotherapy

Prevention and Suppression of lactation – oral cabergoline

Non-hormonal contraception is recommended

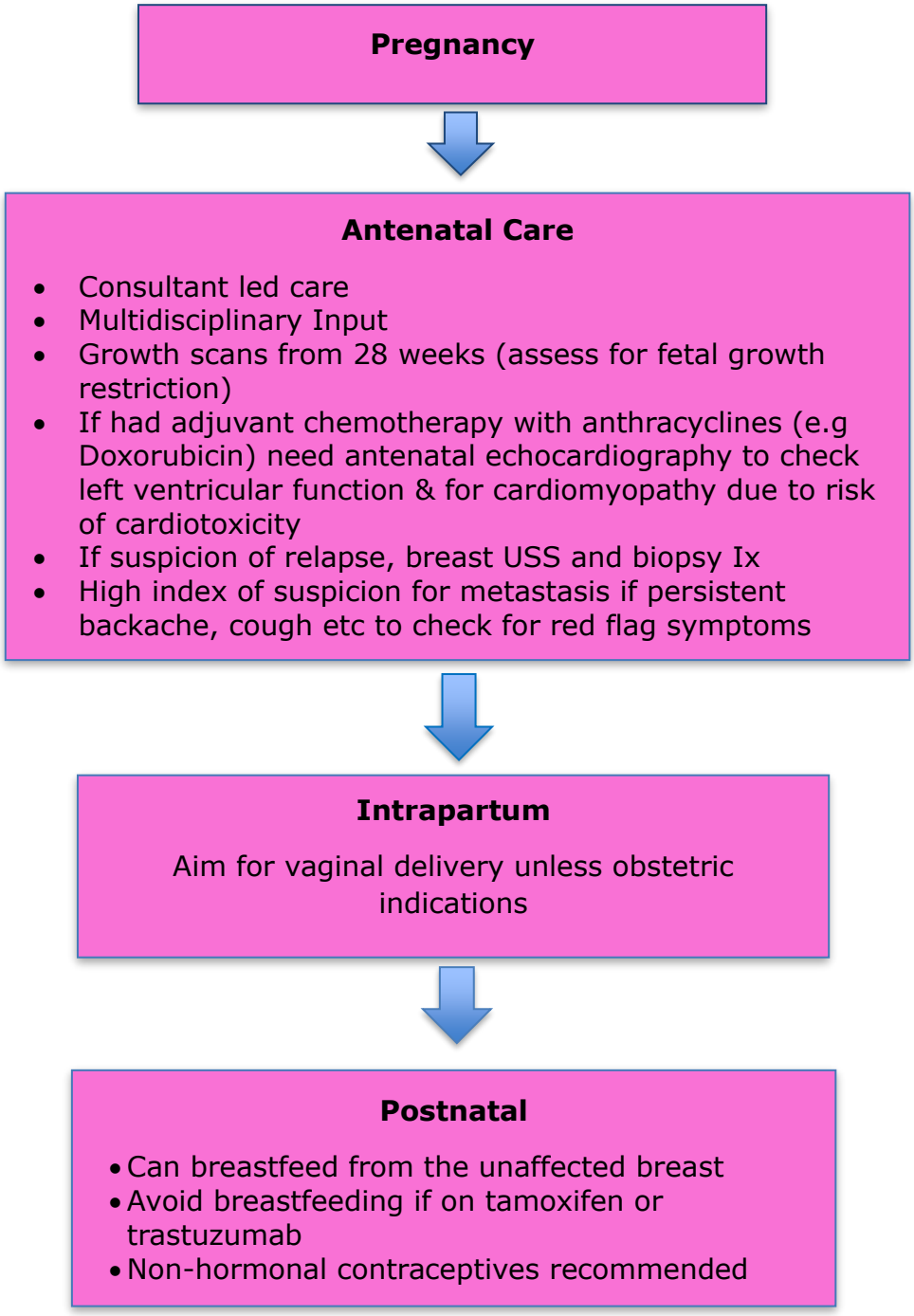
Preconception Counselling After Breast Cancer

Pregnancy Following Breast Cancer:

Preconception Counselling

- Pregnancy does not increase risk of recurrence of breast cancer in women with a history of treated early breast cancer
- Advised stopping Tamoxifen for 2 months prior to conception
- Women using endocrine or targeted therapy should discuss with oncologist – specific risks associated with a proposed treatment break for conception
- Following treatment for breast cancer, reassure that subsequent pregnancy will not adversely affect their disease-free survival
- If metastatic disease, advice against pregnancy
- Reassure regarding risk of malformation based upon which treatment is being used
- BRCA gene carrier – may consider preimplantation genetic diagnosis
- Fertility: The effect of treatment on fertility should be discussed in detail prior to commencing treatment for breast cancer with specialist counselling provided. Designated pathway for referral to fertility specialist should be available.

Pregnancy Management After Breast Cancer



6. Roles and Responsibilities

It is the responsibility of the maternity team to ensure that this guideline is adhered to when managing a pregnant woman with/ following breast cancer.

7. Consultation

All new or significantly revised policies will be subject to consultation within the division via the Clinical Effectiveness Forum (CEF) and with relevant professional groups and/ or individuals present.

Individuals with expertise in obstetrics and midwifery have been consulted with in the development of this policy.

8. Equality Impact Assessment

An equality impact assessment has been carried out and approved as this guideline prioritises care based on standardised assessment and clinical need.

9. Training Requirements

Staff are expected to access appropriate training where provided. Training needs will be identified through appraisal and clinical/ educational supervision.

10. Audit and Review

This policy will be reviewed on a 3-yearly basis, unless significant changes to clinical practice/ national policy arise.

Maternal/ neonatal outcomes will be monitored via the local maternity dashboard. Patient experience will be gauged through CIVICA and Listening to People procedures.

11. References

Royal College of Obstetricians & Gynaecologists (2025) *Pregnancy and Breast Cancer* [Online]. Available at: Pregnancy and Breast Cancer (Accessed 21 September 2026)