Cervical cancer and pregnancy

Useful information for cancer patients

Contents

This information is about pregnancy and diagnosed cervical cancer. There are sections on

• Pregnancy after treatment for cervical cancer
• Being pregnant when you are diagnosed

You can view this information in a larger print on our website.

Pregnancy after treatment

Unfortunately, after most treatment for cervical cancer, you cannot get pregnant. This can be very distressing and occurs if you

• have your womb removed (a hysterectomy)
• have radiotherapy that stops your ovaries working

If you have very early cervical cancer and want to become pregnant after your treatment, you may be able to have a cone biopsy or LLETZ. With these treatments your womb is not removed, and so you could still get pregnant. When deciding on treatment, your doctor will take into account your wishes to become pregnant in the future. But it will only be safe to have a cone biopsy or LLETZ if the cancer is so early that it can be completely removed. There may be a small increase in risk of early delivery of the baby (premature birth) after these treatments. This may depend on the amount of cervical tissue that is taken away.

Another option is called a trachelectomy. Not everyone can have this type of treatment. It can only be done if you have a very early cervical cancer - no more than a small stage 1 cancer. Most of the cervix is removed, together with the upper part of the vagina. The womb and the upper opening of the cervix (where it joins onto the womb) are left behind and rejoined to the vagina. Your vagina will be shortened by this type of surgery.

The surgeon puts a stitch around the upper opening of the cervix to hold it closed. Babies have been born safely to women who have had it done. But there is a risk of miscarriage or premature birth after this operation. The babies have to be born by caesarean section because the cervix is permanently stitched closed after the trachelectomy. With trachelectomy, fertility is not as good as after cone biopsy. But radical trachelectomy is more likely than cone biopsy to cure slightly larger cancers.

Before the operation, your surgeon will not be able to guarantee that you can definitely have a trachelectomy. It isn’t possible to tell how far the cancer cells have spread into the cervix. The tissue removed by the surgeon has to be checked for cancer cells. This may be done while you are still under anaesthetic. If cancer cells are found in the deeper levels of the cervix, more tissue will have to be removed to cure the cancer. You may then need to have a hysterectomy or combined chemotherapy and radiotherapy (chemoradiation).
If your surgeon finds you have a stage 1A2 or 1B cervical cancer, they will want to remove some of your lymph nodes as well as the cancer. This is to check that no cancer cells have broken away from the cancer and lodged in the lymph nodes around the womb. If there are, and these are not treated, the cancer is likely to come back.

With a stage 1 cancer, there is only a small risk of the cancer spreading to the lymph nodes. But if any of your lymph nodes are found to contain cancer cells, your specialist is likely to recommend radiotherapy. Unfortunately, radiotherapy will make you infertile and so you will not be able to have children even after the trachelectomy.

**Being pregnant when you are diagnosed**

If you are diagnosed with invasive cervical cancer when you are pregnant, what will happen depends on

- What type of cervical cancer you have
- How big the tumour is and whether it has spread (its stage)
- How many weeks pregnant you are
- What your wishes are

To make a decision, you will need full information from your medical and nursing team about your options. They can tell you about the benefits and possible risks of each option. Your doctor is part of a multi disciplinary team who will discuss your situation, and decide together what the best treatment options are in your case.

This team includes a

- Doctor specialising in cancer drug treatment such as chemotherapy (medical oncologist)
- Doctor specialising in cancer drug treatment and radiotherapy (clinical oncologist)
- Surgeon specialising in the female reproductive system (gynaecological surgeon)
- Doctor specialising in the care of women during pregnancy (obstetrician)
- Doctor specialising in the care of newborn babies (neonatal doctor)
- Expert in examining and identifying cells (pathologist)
- Nurse specialist

Most women diagnosed with cervical cancer during pregnancy have early stage disease. Research so far suggests that cervical cancers diagnosed during pregnancy grow no more quickly and are no more likely to spread than cervical cancers in women who are not pregnant.

If you are in the second or third trimester of pregnancy (more than 3 months pregnant), your doctor will probably say that you can continue the pregnancy but you may have the baby early by caesarean section. The surgeon may remove your womb at the same time. You may then need further treatment with radiotherapy and chemotherapy.

If you are less than 3 months pregnant, your doctor may want to treat you straight away. Your doctor may feel more than 6 months is too long to leave a cervical cancer without treatment. If you decide to have treatment then you may need to end the pregnancy. This can be very distressing but remember that you will have support from your nurses and doctors. If you wish to continue with your pregnancy, your doctor will delay treatment until you are over 3 months pregnant, during the second trimester. Cancer treatment during pregnancy is experimental as there are few cases and no large trials. Also there is little information on the long term outlook of women treated during pregnancy.
For some small tumours it may be possible to have treatment with cone biopsy or trachelectomy. There are very few women who have had a trachelectomy during pregnancy. There is a risk of bleeding and of losing the baby shortly after the operation. For larger tumours, your doctor may suggest having chemotherapy to shrink or control the cancer until the baby is born. You cannot have chemotherapy during the first trimester as it can damage the baby or cause a miscarriage. Research looking at chemotherapy given after the first trimester of pregnancy has so far not shown an increased risk of birth defects compared to the general population. But researchers need to collect more information over a longer time so we can understand more about the long term outlook for children.

Deciding on treatment when you are pregnant can be very difficult. You will need to have time to think and to find out what all your options are. It will not matter if your treatment is delayed by a week or so. Make sure you have had the opportunity to ask all the questions you need to ask. You can also ask if there is anyone else you (and your partner) can talk to such as a specialist nurse or counsellor.

For more information, visit our website http://www.cruk.org/about-cancer

You will find a wide range of detailed, up to date information for people affected by cancer, including a clinical trials database that you can search for trials in the UK. Our information is based on the best current scientific evidence and reviewed regularly by leading clinicians and experts in health and social care.

For answers to your questions about cancer call our Cancer Information Nurses on 0808 800 4040 9am till 5pm Monday to Friday.

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