

I'm Still Mom: Young Mothers Living With Advanced Breast Cancer

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PURPOSE: To conduct a detailed content analysis of the theme “I’m still Mom” as described by young women living with advanced breast cancer.

PARTICIPANTS & SETTING: 12 young adult women living with advanced breast cancer were recruited from across the United States.

METHODOLOGIC APPROACH: van Manen’s hermeneutic phenomenologic method was used to analyze qualitative data from interviews and establish subthemes.

FINDINGS: Women were a mean age of 36 years and had at least one child. The following three subthemes emerged from the overarching theme of I’m still Mom: (a) being Mom is hard, (b) time is short, and (c) it’s not easy for my kids.

IMPLICATIONS FOR NURSING: This study provides a foundation for additional research that can inform family-centered education and interventions to help align the parenting priorities of this cohort of women, as well as optimize their quality of life.

KEYWORDS young women; advanced cancer; parenting; breast cancer; motherhood
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Receiving a cancer diagnosis has a tremendous effect on the function of families and parental roles, responsibilities, and abilities. In 2010, Weaver et al. conducted the first published population-based survey of cancer survivors with children and estimated that, at that time, 1.5 million adult cancer survivors with approximately 2.85 million dependent children were living in the United States. Of the adult cancer survivors with dependent children, 46% were aged 18–39 years (Weaver et al., 2010).

For adults with dependent children, parenting is a major focus of everyday life. A parental diagnosis of cancer and its treatment affect all areas of family life and may have long-term implications for dependent children. Previous research has demonstrated that parents with cancer report significant concerns about how illness-related changes in mood, cognition, physical function, and family routines may have affected their children. A subset of women with advanced cancer are at higher risk for psychological distress and parental concerns (Muriel et al., 2012). In a study of widowed fathers, Park, Deal, Yopp, et al. (2016) found that mothers with advanced cancer at the end of life experienced increased worries about their families and decreased levels of peacefulness, with 38% of mothers not saying goodbye to their children and 26% not being at peace with dying. Additional studies of parents with advanced cancer suggest that primary concerns include being a good parent, worrying about children, adapting to a terminal diagnosis, and making decisions about treatment (Bell & Ristovski-Slijepcevic, 2011; Muriel et al., 2012; Nilsson et al., 2009; Öhlén & Holm, 2006; Park, Deal, Check, et al., 2016; Park, Deal, Yopp, et al., 2016; Park et al., 2017). Other studies have focused on the impact of parental illness and death on children’s mental health and functioning (Park et al., 2017; Siegel et al., 1996; Swick & Rauch, 2006).

Little is known about the unique challenges of parents living with advanced cancer, but previous research indicates that parents with greater cancer-related distress and poorer functioning experience greater declines in their perception of parenting efficacy and their ability to meet their children's needs (Moore et al., 2015). Bell and Ristovski-Slijepcevic (2011) highlighted the "unthinkability" (p. 644) of being a mother with a terminal illness and how it is strongly connected with societal expectations that no one can take the mother's place in caring for children. According to Bell and Ristovski-Slijepcevic (2011), life as a mother with metastatic cancer is distinctly different from the life of a mother without metastatic disease, and focusing on survivorship following neoadjuvant and adjuvant therapy has silenced the experiences and voices of mothers living with metastatic cancer. Park, Deal, Check, et al. (2016) also found that the concerns of parents with advanced cancer are associated with anxiety and depressive symptoms, as well as poor quality of life, and recommended additional research on how parental status affects coping and psychological distress following a diagnosis of advanced cancer. In a study by Park et al. (2017), the following four themes were identified that highlight the experience of parents with advanced cancer: (a) the impact of illness and death on children, (b) the loss of parental roles and responsibilities, (c) maintaining parental responsibilities, and (d) the influence of parental identity on treatment-related decision making. The burdens and concerns of a parent living with advanced cancer may be significant; therefore, additional research is needed to identify palliative care needs for this population.

Young adult women with breast cancer often face a disease that is clinically more aggressive and has a lower survival rate compared to women who are older (Korde et al., 2015; Partridge et al., 2014). For this subset of women, diagnosis occurs at a time when they are developing identities and relationships, establishing careers, and building families (Chen et al., 2014; Cleeland et al., 2014; Shaha & Bauer-Wu, 2009). Young women with advanced breast cancer and their families are also likely to experience significant challenges related to managing physical symptoms and to encounter psychosocial problems that may profoundly affect these young women's and their family members' quality of life (Mayer, 2010). In addition to the challenges experienced by older women, young women with advanced breast cancer face unique challenges in their daily lives (DeSanto-Madeya et al., 2007; Lundquist et al., 2019; Shaha & Bauer-Wu, 2009).

The current authors previously published findings from a hermeneutic qualitative analysis, which explored the daily life experiences of young women living with advanced breast cancer. The overarching theme of wearing the mask of wellness in the presence of life-threatening illness had the following five subthemes: (a) wanting to be known as the person I am, (b) I'm still Mom, (c) living is more than surviving, (d) getting through it, and (e) being connected to others (Lundquist et al., 2019). The "I'm still Mom" theme revealed data that were reflective of the participants' roles as mothers while living with advanced breast cancer. The purpose of the current study was to conduct a detailed content analysis of the theme I'm still Mom as described by young women living with advanced breast cancer.

Methodologic Approach

The authors performed a secondary qualitative analysis of 21 semistructured interviews that were conducted with young women with advanced breast cancer. In the parent study, Lundquist et al. (2019) recruited 12 women with advanced breast cancer from two comprehensive cancer centers and private Facebook groups. One Facebook group was a regional advocacy group for women with breast cancer; the other was a national organization for women with metastatic breast cancer. The study was approved by the Boston College Institutional Review Board. Based on participants' willingness, desire, and ability, interviews were conducted during a six-month period via telephone or video chat. Interviews were recorded, transcribed, and entered into NVivo, version 11.0, for Mac. The rigor of the parent study was evaluated using the indicators of credibility, transferability, dependability, and confirmability proposed by Lincoln and Guba (1985). Enrollment continued until thematic saturation was achieved and no new codes or themes appeared in the data (Creswell, 2013). A third interview was conducted two to six months after the second encounter for the purpose of member checking; the developed themes were reviewed with participants to ensure that they were congruent with their experience.

The secondary analysis of the interview transcripts was performed using the same data set and software to identify essential statements or phrases. An in-depth qualitative analysis of the theme I'm still Mom was conducted using van Manen's hermeneutic phenomenologic method to establish subthemes. Hermeneutic phenomenology is a type of phenomenologic inquiry that evaluates the experiences of people in the context of their daily lives; it provides

an opportunity for description and understanding of the meaning of everyday experiences (van Manen, 1984, 1990). This method allowed for a fuller and deeper understanding of the phenomenon of being a young mother living with advanced breast cancer and the meaning of the everyday experiences of these women. Line-by-line coding was used to develop subthemes (van Manen, 1984). As subthemes emerged, the authors noted phrases or statements used by the participants that seemed to be particularly illustrative and provided a richer and fuller understanding of the phenomenon. In addition, hermeneutic analysis—a process during which smaller and larger units of text within and across interviews are examined to discover possible meanings of the lived experience across participants—was conducted (Cohen et al., 2000).

Findings

The participants were all Caucasian and married, and most had some college education ($n = 10$). All of the participants had at least one child (aged 10 months to 14 years, with a mean age of 6 years). Sample characteristics are presented in Table 1.

The theme I'm still Mom, which was defined as the experience of wanting to maintain the role of mother after diagnosis, yielded rich data that were reflective of the participants' roles as mothers in the context of living with advanced breast cancer. Participants reported that the greatest challenge of living with advanced breast cancer was the fact that they are also mothers. The overarching theme related to some of the particular desires and aspects of maintaining the role of mother despite the challenges caused by the participants' diagnoses. As one mother described,

This is happening, but I'm still your mother. I'm still going to be here for you. I still love you. It doesn't change anything. It may mean that Mommy needs to sleep more than some mommies. It may mean that occasionally Mommy can't come to something because she's got a doctor's appointment and all.

The following three subthemes emerged that described the various facets and nuances of being a mother while living with a life-threatening illness: (a) being Mom is hard, (b) time is short, and (c) it's not easy for my kids.

Being Mom Is Hard

All participants reported that the hardest aspect of living with advanced cancer was worrying about their

children and their future. Dina said that she continuously worried about her 10-year-old daughter and that this was more concerning to her than her own fate:

The thing I think that makes me most upset is her. I could talk about me and be like, "Yeah, it's me. I'm going to die one day." But it's her that makes me the most upset, I think.

Another mother worried about how the experience of losing their mother might affect her young daughters. She verbalized fears of her daughter falling in with the wrong group of friends as follows:

I want them to be good people. I want them to be nice people, and I'm not always gonna be here just to tell them that. I just have this fear that . . . if something happens in the next couple years,

TABLE 1. Sample Characteristics (N = 12)

Characteristic	\bar{X}	Range
Age (years)	36	31-39
Characteristic	n	
Race/ethnicity		
Caucasian	12	
Education		
Completed high school	2	
Completed a 2-year college degree	3	
Completed a 4-year college degree	5	
Completed a doctoral or professional degree	2	
Employment status		
Full-time	7	
On disability	2	
Unemployed	2	
Self-employed	1	
Marital status		
Married	12	
Children		
Yes	12	
Children's age (years)		
12 or younger	11	
13 or older	1	
Disease stage		
III	2	
IV	10	

that she might get in with the wrong crowd, and I might not be there to stop that.

Being present for the children was an important priority for all the young mothers in this study. For some participants, maintaining their role involved continuing to do all the things that they had done for their children prior to diagnosis. However, this was not always easy. Amy reported struggling with symptoms that made even speaking difficult at times.

I mean, it's definitely difficult. I try to make sure that I put my kids first, that . . . I want them to know that even though they've got a mom who's going through cancer, that I'm still present. I'm still here.

For those mothers whose children were school aged, the subtheme of being Mom is hard included activities, such as volunteering at their child's school, going on field trips, driving children to and from activities, and being present in daily life. Many participants expressed the importance of doing everything that they had previously done. As Amy described, this was not always easy and required some modifications to daily life:

If they need me, I'm here. I still try to be the one who takes them to their dance lessons. I still try to be the mom who's involved in Girl Scouts, who comes to the school for gardening club and [the parent-teacher organization]. So, it's times of just getting completely worn out and then just having to say, "While they're at school, OK, I've got to sleep all day today to recover from doing so much other stuff."

Another mother, Laura, also noted that having children to care for forced her to maintain some normalcy in her daily life despite her illness:

I think, having little kids, you have to just get back to normal. I mean, they need you, and they need their normal routine, and I find that I don't have a lot to talk about with other young cancer patients who don't have kids because all I talk about is my kids because that's my whole life.

In addition to worries about maintaining some normalcy, the young mothers thought about how to prepare their children for a future without them, which was described by Mary as follows:

Definitely, definitely hands-down the hardest thing is the kids; trying to spend as much time with them and hold them and just love them but still be Mom. They're not [going to] go with me. So, they're going to have to live the rest of their lives, and I try to still teach them and teach them even more in a shorter amount of time, you know?

Some participants compared their experiences to women with cancer without children. They felt that their cancer experience would have been completely different and more manageable without children. For Laura, this was very clear:

I think if I were on my own, if I were a single person without kids, this would be easier for me to deal with because the most difficult part is dealing with the kids, for sure, as far as that goes.

Many young women focused on behaviors and activities that they could enjoy with their children. Participants described a sense of urgency and a desire to do as much as possible, particularly if they were feeling relatively well. Amy focused on preparing her three children for the future:

But when you're diagnosed with a terminal illness, you know that minute could come a whole lot faster than you're ready for. And so, I try to, in everything that I do, start preparing them. Teaching my 10-year-old how to cook noodles and how to do certain things, and taking some time that, maybe I wouldn't do that at the age she's at now, but I'm going ahead and doing it. So, I think it does change some of that, and I try to give them all the experiences that I can, so that I get to see them have the experience.

Among participants, there was a perceived need to focus on helping to build supportive relationships between other family members and the children. Dina described how her daughter had grown more attached to her since her diagnosis, and she felt the need to foster the relationship between her husband and her daughter:

She wants me around, and she wants me there. She's afraid I'm going to be gone, and I'm trying a lot to help them foster their relationship because I will be gone one day, and they're going to need each other, and that's something that's really bothered me lately.

Several other women spoke of their desire to share new experiences with their children; they desired the opportunity to witness and share as many of their children's firsts as they could. Amy revealed that one of those firsts included going to a concert with her daughter:

I wanted to see her experience getting to try something new, so I said yes, whereas I might not have done that otherwise because it's a lot. I want her to be able to try all these different things while I'm here to see her try them. We went to a concert this past year because I wanted to see her go to her first concert. But if it's doable when they ask to do stuff, I do it because it's like, why not?

Time Is Short

All of the women with stage IV cancer (n = 10) spoke about their likely limited life expectancy and their awareness of the 30-month survival statistics for advanced breast cancer. Sarah acknowledged that even if newer treatments could extend her life, it would never be enough time:

I've taken it as if death's at my doorstep, and they just keep saying I could fight this for many, many years, and I asked [the doctor], "What's many? Two or three?" Four, five years [are] not many. Even 10 years is not good enough for me. I need more.

For these young women living with advanced breast cancer, uncertainty and sense of time were important aspects of their experience. Participants also expressed a desire to be remembered and leave a legacy for their children. Most participants (n = 11) had at least one child aged 12 years or younger and worried that their children would not remember them, and many had begun to think of creating memories for their children or leaving behind personal mementos, such as photos or letters. Joyce, the mother of a 3-year-old son, said that she had begun to consider possibilities but had not yet done anything:

Well, he is only 3. . . . Maybe I'll be here for his whole life or a lot of it, or maybe I won't. I don't know. . . . I thought maybe I'd handwrite him letters in a book or something just in case or just for him to have. Even if I'm still around, they'll still be neat to him.

Joan, who was initially diagnosed with early-stage breast cancer and developed metastatic disease

during pregnancy, had toddler-aged twins. She had begun creating memories and documenting family life through writings and photographs.

That's where it's, like, metastatic cancer has really opened my eyes to creating memories that the boys are going to remember. I really try to document as much as I can. And as cliché as it is, it's living, just being grateful for the things you have. Try not to dwell on the things that you don't and just creating those memories and having family around . . . at least create memories that they can remember us by.

Another mother, Kate, also bought journals with the intention of providing her children with memories, but she had not yet started writing.

There's no cure as of yet. So, I'm still wrapping my head around all of that. I haven't started writing letters or journaling to them yet, but I got the journal kind of things, you know?

Some participants, like Joan, noted that their experiences had some positives, which changed how they viewed life:

But I guess the one positive—there [are] a few positive things out of this whole experience—is that I don't take my life for granted anymore, that I do create memories. And I used to really not take a lot of pictures and stuff, but now I do so that my boys will be able to have pictures of me when they grow up, and hopefully I'll be taking lots of pictures with them, too. That's my hope, but you never know.

It's Not Easy for My Kids

Being a mom provided a context for the women in this study to look at and empathize with the cancer experience through the eyes of their children. The women were all well aware of the impact that their diagnosis had on the lives of their family members, particularly on their children. Most of Amy's interview focused on the effect of her illness on her children, and she described an acceleration of childhood as follows:

And my girls, they've had to grow up faster than when they should have, and they're doing a lot themselves. We wanted them to be kids; we wanted them to enjoy themselves. And that's what

we really try to still push for and aim for, is giving them their childhood. We don't want to take that away from them. In a lot of ways, cancer's already disrupted that.

Some participants reported that their children were silent observers of the changes that occurred in the household because of their mother's diagnosis and preferred to have things be predictable so that they could maintain the family rhythm. Mary described how one of her young daughters verbalized her worries in a difficult and poignant question: "And she finally said—and my husband is amazing but he's not me—so, 'How will Daddy ever do all this without you?' And I'm like, 'Oh, honey.' I mean—heartbreaking—and what do you say?"

However, Dina's 10-year-old daughter expressed a desire not to grow up, which was motivated by her concern for her mother. Dina said the following: "And one of the things she said is she doesn't want to grow up. Because if she grows up, that means I'll get older, and I'll have a longer time with cancer, which means I'll probably die."

The uncertainty of the future was particularly hard for mothers and children. As their children began to grasp the seriousness of their illness, several women expressed that they were worried that they could not make the promises for which their children were searching. For Sarah, it was difficult to not be able to make promises to her daughter:

But the solar eclipse was a big deal. Because, of course, the first thing my oldest one tells me is, "Mom, you have to be here for the next one in seven years. You have to be here for the next one." And, of course, that was hard. You put on your brave face, but it's hard to even verbally make that promise because I don't want to ever feel like I've let her down.

Several participants described the shift in the levels of responsibility that their children held in their family's lives. Amy described how her 10-year-old daughter had assumed more responsibility for the family:

But I mean, our girls—they have grown intuitive as well. I mean, especially our oldest daughter, our 10-year-old—she'll step up and try to take over and take care of her two younger siblings and say, "Leave Mommy alone. Leave Daddy alone. They need this time." And so, it kind of works.

Maria also described how her 6-year-old son wanted to protect his mother from others knowing about her treatment-related hair loss:

Throughout this, he has said a couple of times, "If you wear the blonde wig, everyone's going to know that you're bald underneath." So, I tell my son, "It's OK. They love me anyway, and they already know that I'm bald underneath." So, he says, "I just want to protect you." So, he's really sweet about it.

All of the participants were aware of the increased emotional burdens their children were experiencing, but very few had psychological support in place for their children. However, the women reported that the effects of their illness were taking a toll on their children. Mary said that her young daughters had good and bad days. Some days, they were simply too worn down from all of it, which was very upsetting for Mary:

They're so good some days. They're so helpful. . . . And then other days, I think they just get too emotionally worn down and upset that it's like they can't do anything for themselves. They can't do anything to help me out. So, it's really hard to kind of see that the . . . how it affects them so much.

Inez had a daughter who was very young when she first underwent treatment for early-stage breast cancer. After Inez developed metastatic disease, her daughter, who was then aged 9 years, had to witness the treatment process again. Inez described her daughter's struggles with anxiety as follows:

She was 4 when I was first diagnosed. And so, she's super quiet—shy personality, introvert. . . . She took it—it was hard on her. And so, she developed a lot of anxiety. She didn't want to go to school. She didn't want to even go to my mom's house. When I would have treatment and I would be in the bedroom, she would bring her toys into the bedroom and sit on the floor.

The overarching theme I'm still Mom captured the experiences of young mothers living with advanced breast cancer, and the subthemes represented the multidimensional experience of parenting while living with serious illness. For the most part, the emotional toll that these young women experienced while caring for their children remained invisible. I'm still

Mom reflected the desire to continue to be a mother despite the difficulties and challenges of cancer.

Discussion

In the current study, the hardest part of being a young woman with advanced breast cancer was described as being a mother first. Few studies have explored what it means to be a mother in the presence of advanced cancer; therefore, this study contributes to the existing literature and is supported by previous research on the experiences of parents living with advanced cancer. Bell and Ristovski-Slijepcevic (2011) highlighted the largely unspoken reality that mothers living with metastatic disease who have dependent children are often in a poorer situation than women with independent children. These women may believe that their suffering exceeds that of the other individuals in their support group. Several participants in the current study alluded to this disparity and acknowledged that it was never addressed with their healthcare provider. Participants recognized that, even for providers, having a conversation about metastatic disease and motherhood would be too painful, and it was often easier to focus on treatment and side effects. Understanding the feelings of young mothers faced with a life-threatening cancer diagnosis can inform the content of patient-provider interactions. If patients do not feel comfortable initiating difficult conversations and providers are not asking difficult questions, the needs of young mothers may not be addressed. Because they may have a trusted relationship with patients that spans lengthy periods of time, nurses are well suited to navigate potentially difficult conversations.

In addition, more comprehensive psychological care is needed for the children of parents living with advanced cancer. The mothers in this study did not talk about emotional support for their children, which indicates another area where additional research is needed to develop targeted interventions for children who are living with seriously ill parents. Rauch and Muriel (2004) emphasized that it is important to ask patients about their relationships with children to more fully understand the effect that an illness may have on the patient's sense of self and quality of life. According to Rauch and Muriel (2004), a parent with cancer should support his or her child's usual routine, encourage shared family time, and enhance parent-child communication to help the child adjust to his or her parent's illness. Nurses can also incorporate these content areas into the care of women with advanced breast cancer. Understanding the impact of illness on

KNOWLEDGE TRANSLATION

- Maintaining the role of mother was a priority for all of the participants in this study, and for some, this meant that cancer treatment came second to motherhood.
 - Young mothers' parenting activities were hindered by the physical effects of cancer and its treatment, their uncertainty about the future, and their worry for their children's futures.
 - Nurses are well suited to navigate difficult conversations regarding advanced disease and motherhood to ensure that the needs of young mothers with breast cancer are met.
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children and incorporating parent-child dyads during cancer care can ultimately improve overall care and ensure open, empathic communication among the parent, any children, and members of the healthcare team.

Bell and Ristovski-Slijepcevic (2011) also identified that mothers with dependent children often have to choose between their own self-care and caring for their children. This was also the focus of some of the interviews in the current study, with several women acknowledging that they prioritized the care of their children over their own care, made decisions to continue treatment because they had children, and indicated that they would have possibly made different decisions if they had not had children. Similarly, Park et al. (2017) identified that parents with advanced cancer reported poorer quality of life and had parenting-related concerns that were associated with anxiety and depression. Although the current study did not measure anxiety, depression, or quality of life in a quantitative manner, it is apparent that better understanding of these traits and how they affect parenting could improve cancer care delivery.

I'm still Mom and its subthemes reinforce the findings of previous studies, which have shown that, despite living with advanced disease, parents have a strong desire to continue living their lives fully. This is accomplished by working and maintaining familial responsibilities regardless of the challenges associated with living with a disease that requires continuous treatment (DeSanto-Madeya et al., 2007; Park et al., 2017). Women in the current study tried to maintain their parental role and maximize function and engagement by continuing to participate in activities, such as working, socializing, and volunteering in the local community. The current study gave a voice to young mothers living with advanced breast cancer so that they could provide more insight

and understanding into their experiences and parenting concerns. The findings also highlight gaps in the literature regarding parenting while living with advanced cancer. Additional research can aid in the development of interventions, which can lead to more comprehensive care for this patient population.

Limitations

Similar to other qualitative studies, the findings of the current study are not readily generalizable to larger populations. This study had a very homogeneous sample, with the majority of participants being well educated and Caucasian, and the experiences described by participants in this study may not reflect the experiences of other women with advanced breast cancer. To access the flyer about the study, participants were required to use a computer or cell phone with Internet access, which may have limited recruitment. Women who were not engaged with social media may have reported different experiences.

Implications for Nursing

The findings of this study reinforce previously recommended strategies for nurses to use in clinical practice. Communication issues need to be assessed to better understand parenting concerns. Because children often do not accompany their parents to cancer-related appointments, the experience of being a parent with cancer is less apparent in the clinical setting (Rauch & Muriel, 2004; Zaider et al., 2015). Assessments need to incorporate questions about daily life, parenting concerns, support system availability, and coping strategies, as well as include developmentally appropriate questions for children that can better identify and address concerns that parents with advanced cancer may face, all of which can minimize distress (Park et al., 2017; Rauch & Muriel, 2004; Semple & McCance, 2010). Providing an environment that facilitates discussions and encourages mothers to voice their experience with parenting while undergoing treatment is also an area where nurses can intervene. The nature of the nurse-patient relationship develops gradually, and having frequent visits with this patient population may provide nurses with an opportunity to assess and identify some of the potential parenting challenges that mothers with advanced breast cancer may encounter. Nurses can then provide referral to interprofessional colleagues as needed. Moore et al. (2015) also highlighted the need to address parental concerns and develop targeted interventions to address parental psychosocial distress, parental distress about children, and parental

self-efficacy beliefs. Interventions that include a more family-focused perspective need to be developed and tested for use in women with advanced breast cancer so that the family system can be strengthened following diagnosis. The participants in the current study did not speak to this need specifically; however, they did acknowledge that having dependent children forced them to maintain a sense of normalcy in their daily lives and that they felt a sense of urgency when parenting their dependent children because they wanted to share as many experiences with their children while they still could.

In addition, it is important to understand how parenting concerns may influence treatment decisions. One mother in the current study reflected on her motivation to continue treatment and acknowledged that if she did not have children, she might have made different treatment decisions. Factors that may ultimately affect treatment-related decisions needs to be identified and assessed during ongoing treatment and care. Providing comprehensive education to members of the healthcare team can help to better identify some of the challenges that parents with advanced cancer may face. Targeting efforts to strengthen the family unit, improve communication, and enhance coping can also help to reduce parental and psychological distress among the family.

The findings of this study can inform future research on how to support the parental role of young mothers living with advanced disease. Additional research is needed to better understand the experience of parenting while living with advanced cancer. Deeper and fuller understanding of the influence of being a parent, with its inherent responsibilities and challenges, on the cancer experience is one area where targeted interventions can be developed and tested. Future research can help to provide family-centered care to patients living with serious illness and give a voice to a population that may not be well understood.

Conclusion

This article documents a secondary analysis of the theme I'm still Mom, which emerged during the data analysis of a previous study that explored the experiences of young women living with advanced breast cancer (Lundquist et al., 2019). Being a mother was the priority for this cohort of young women; however, their parenting role was hindered by the physical effects of cancer and its treatment, their uncertainty about the future, and their concerns for their children's futures. Participants shared experiences that

nurses and healthcare providers can draw from during patient encounters. Women living with metastatic disease have been previously identified as not having a voice despite the many challenges they face. Understanding the concerns of young mothers can provide nurses and other healthcare professionals with knowledge that can help them to better address the needs of young women with advanced breast cancer and to develop and test interventions that can improve their unique and challenging experience.

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