Because breast cancer risk increases with age and women in the United States continue to delay childbirth, the incidence of breast cancer during pregnancy will rise. About 10% of patients younger than age 40 diagnosed with breast cancer are pregnant. Historically, labor-delivery and oncology, the two spheres of clinical care, rarely overlapped. However, breast cancer occurs in about 1 in 3,000 pregnancies. Case studies suggest that the administration of chemotherapeutic agents during the second and third trimesters may be safe for the mother and fetus. Three specific case studies of pregnant women with cancer who received treatment are presented to identify the issues of cancer during pregnancy. Outcomes of infants who received chemotherapy in utero and associated nursing implications also are explored.

One Disease, Two Lives: Exploring the Treatment of Breast Cancer During Pregnancy

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Background

Almost 6,000,000 pregnancies occur in the United States each year, and about 4,058,000 result in birth (American Pregnancy Association, 2009). Cancer is the second most common cause of death in women of reproductive age, accounting for about 33% of maternal deaths during gestation (Keleher et al., 2002). Breast cancer is the most common cancer in pregnant and postpartum women, occurring in about 1 in 3,000 pregnancies, with the average pregnant woman aged 32–38 years at diagnosis (National Cancer Institute [NCI], 2008). Maternal age at birth continues to rise, with the average age of a primigravida increasing from 21.4 years in 1970 to almost 25 years in 2000 (Matthews & Hamilton, 2002). In addition, the rate of live births per 1,000 women aged 35–40 years increased from 2.1 in 1970 to 8.5 in 1999 (National Center for Health Statistics, 2008).

The risk for developing breast cancer increases with age (Centers for Disease Control and Prevention, 2007). Much of the...