Lymphoma action
Inform | Support | Connect

Freephone helpline 0808 808 5555
information@lymphoma-action.org.uk
www.lymphoma-action.org.uk

# Treatment during pregnancy

This information page is about treatment for lymphoma during pregnancy. We have separate information about fertility following treatment for lymphoma.

**On this page**

**How common is lymphoma during pregnancy?**

**How is lymphoma diagnosed during pregnancy?**

**How might I be treated?**

**How can I look after myself while I am pregnant and have lymphoma?**

**Are there any long-term implications of having lymphoma during pregnancy?**

Finding out that you or your partner have lymphoma can bring extremely challenging feelings. When the diagnosis comes during pregnancy, it can add significantly to your distress. Your thoughts may turn to your baby's safety during diagnostic **tests and scans**. You may be concerned about whether **treatment** will affect them immediately or in the long-term.

Knowing a bit about how lymphoma is treated during pregnancy can help you to feel calmer and more in control. The information on this page can guide you in asking questions of your medical team and help you make decisions about your care and treatment.

# How common is lymphoma during pregnancy?

A diagnosis of lymphoma during pregnancy is quite rare; around 1 in 1,000 pregnant women are diagnosed with lymphoma.

**Hodgkin lymphoma** can occur at any age; however, it most commonly affects people between the ages of 15 and 34 (key childbearing years), and those over 60. Hodgkin lymphoma is more common in pregnant women compared with **non-Hodgkin lymphoma** (NHL).

The risk of developing NHL increases with age. Most people diagnosed are over 55. When it is diagnosed in pregnancy, NHL tends to be a fast-growing type such as **diffuse large B-cell** (DLBCL) or **peripheral T-cell lymphoma**. The fact that the lymphoma is fast-growing does not impact on the overall prognosis (outlook).

**Low-grade NHL** (LGNHL) is slow-growing; a diagnosis of LGNHL during pregnancy is rare.

---

# How is lymphoma diagnosed during pregnancy?

Some of the typical symptoms of pregnancy (eg **anaemia**, **thrombocytopenia**, **fatigue** and aches) are similar to possible **signs of lymphoma**. This can delay diagnosis. However, it does not seem that pregnant women are diagnosed with a later **stage** lymphoma than those who are not pregnant when they are diagnosed.

> Although it was a huge shock to be told I had cancer, the doctor explained that this was very treatable.

— Sue, affected by lymphoma during pregnancy

A **biopsy** (sample of tissue looked at to check for abnormal cells) is usually needed to confirm a diagnosis of lymphoma. A biopsy is done while you are under local or general anaesthetic. Neither the anaesthetic nor the test should be harmful to your unborn child.

Once you have had a biopsy, doctors do staging tests to see which parts of your body contain lymphoma. Staging often involves **X-rays, CT scans or PET scans**, which use radiation. The levels of radiation are generally low enough not to cause harm to your baby. Nonetheless, your doctor may prefer to do an **MRI scan** or an **ultrasound scan**, neither of which use any radiation.

**Note**: If you have a PET scan, you are slightly radioactive for a few hours afterwards. It's advised that you avoid close contact with your baby and breast feeding during this time. Breast feeding after a CT scan is safe.

---

# How might I be treated?

Your health is the priority for your medical team. Their goal is to cure you of lymphoma or to limit its growth for as long as possible. Your medical team also consider your baby's safety while still in the womb and after birth.

Your treatment plan depends on several factors, including:

- the **type of lymphoma** you have, where it is and how fast it is growing
- which trimester of your pregnancy you are in
- your personal wishes.

## Chemotherapy

**Chemotherapy** is often used to treat lymphoma. The safety of chemotherapy during pregnancy depends on the exact **regimen** (combination of drugs) you are given and on how many weeks pregnant you are.

### First trimester

Most of the time, doctors avoid giving chemotherapy during the 1st trimester of pregnancy. The unborn baby (foetus) is developing its major organs during this time and chemotherapy could harm this process. There is also a greater

possibility of miscarriage and stillbirth if you have chemotherapy during the first trimester of pregnancy. The risks are highest during weeks 2–8 of pregnancy.

Wherever possible, doctors delay treatment until the second trimester. **Steroids** can be very effective at delaying the need for chemotherapy. They are considered safe at any stage of pregnancy.

If you need to begin treatment immediately, you may be advised not to continue with the pregnancy. Abortion for medical reasons is known as a 'therapeutic abortion'.

Availability of abortion varies across the UK. The law in Northern Ireland is that therapeutic abortion is allowed if the mother's life is otherwise at risk. This requires medical evidence to be presented and can only happen at 9 weeks gestation or under. After this time, you need to travel to England for an abortion.

Therapeutic abortion can be extremely difficult to deal with emotionally. There is support available, for example counselling, support groups and online forums – ask your medical team to signpost you. **Pregnancy Choices** offer a range of support services, including counselling centres that are free of charge. They have branches across England, Scotland and Wales, and one in Carrickfergus, Northern Ireland.

## Second trimester

In general, chemotherapy is considered to be safe for women who are in the 2nd or 3rd trimester of pregnancy. The placenta acts as a barrier that prevents many drugs from reaching your unborn baby. This is the case with **ABVD**, a common regimen for people with **Hodgkin lymphoma**. There is less evidence available on the safety of **BEACOPP** during pregnancy.

Doctors typically advise that you don't have chemotherapy within 3 weeks of your due date. This is to allow your **blood counts** to return to normal levels before you give birth. Your doctors should take this into account when planning your treatment.

**Note**: chemotherapy drugs may be present in your breast milk so you should avoid breast feeding your baby during treatment. Ask your doctor for further information.

# Radiotherapy

Doctors may wait until after you have given birth before giving you **radiotherapy**. If you require treatment urgently, they might advise you to go ahead with it while taking suitable precautions.

Generally, only radiotherapy to the neck and chest is used during pregnancy. The total dose of radiation used is generally low enough not to put your baby at risk. In addition, doctors carefully plan your treatment to ensure that your developing baby is a safe distance from the area of your body being treated. They may also shield your baby using a lead apron.

Radiotherapy tends to pose a greater risk to a developing baby during the 2nd and 3rd trimesters of pregnancy than during the 1st. Having radiotherapy in these later stages of pregnancy may increase the risk of your child developing leukaemia or solid tumours during the first 10 years of their life. It could also affect their mental development. Your doctors should talk to you about any possible risks before you have treatment.

# Targeted therapies

As **targeted therapies** are quite new, doctors know less about long-term effects of these drugs on newborn babies. Evidence that is currently available comes from studies on animals and the findings may not transfer to humans.

Potential risks of targeted therapies are outlined below. Please consult your doctor for advice specific to your treatment and situation.

Newborns of mothers who have had treatment for lymphoma during pregnancy are likely to have a lower number of **B cells**. This is a common side effect of the drug **rituximab**. Over time, your baby's B cell count should reach normal levels, without long-term effects. However, it is important that your baby does not have **live vaccines** before their blood counts reach safe levels.

**Note**: Any drug treatment can get into your breast milk. You may therefore be advised not to breast feed during and for a while after treatment.

Your medical team consider your individual situation when planning your treatment. They may recommend a targeted therapy for a brief period, while keeping a close watch on your developing unborn baby.

## Supportive care

You might be given treatments to reduce **side effects** of treatment or to manage the symptoms of lymphoma. Supportive care treatments include:

- **antiemetics** (anti-sickness medication) – considered safe to a developing baby
- antibiotics – some of which should not be taken during pregnancy
- **growth factors** (eg granulocyte-colony stimulating factor [G-CSF]) – evidence available suggests there are no harmful effects on a developing baby.

The risk of developing a blood clot increases with pregnancy and with cancer. Your doctor will advise you on reducing the risk of developing a clot. In some cases, they may recommend that you take a blood thinning medication called heparin.

Speak to your medical team for advice about which supportive care treatments are safe for you.

---

# How can I look after myself while I am pregnant and have lymphoma?

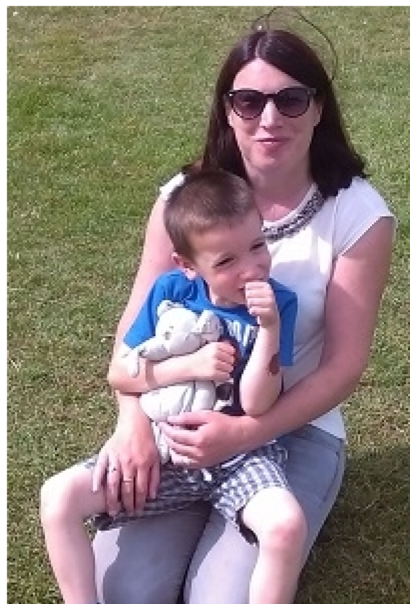
Lymphoma and pregnancy can each be challenging to live with, both physically and **emotionally**.

Some treatments and medications to help with the symptoms of pregnancy or lymphoma may be unsafe for you – speak to your medical team for advice about what you can do to stay as comfortable as possible. Usually, your lymphoma medical team and your antenatal team work together to support you. In many cases, the pregnancy is looked after by a specialist pregnancy unit.

Your mental wellbeing is important. You may find it helpful to seek support in coping with your feelings. **Mummy's star** supports women who are diagnosed with cancer during their pregnancy. They have an online **emotional support forum** for women who have had, or currently have, cancer during pregnancy or the postnatal period.

You may also wish to consider getting support from a **trained professional** to cope with your feelings. Talking therapies such as **counselling** can help you to understand your feelings. There are many different types, but they all share an aim to help you find ways of dealing with difficult emotions.

Speak to your medical team or your GP if you are interested in talking therapies. They may be able to refer you to an NHS therapist or you may wish to consider private counselling – the **British Association for Counselling and Psychotherapy** list the details of registered counsellors. You can use their online **find a therapist** tool to search for a therapist in your area.



> I would recommend to people that they take all the help they can. Not only were my family and friends really supportive, but I was matched up to a buddy through the Lymphoma Association. I also went to the local support group and would encourage other people to do so.

— Sue, affected by lymphoma during pregnancy

## Are there any long-term implications of having lymphoma during pregnancy?

When treatment is well-managed, pregnancy does not seem to affect the prognosis (outlook) of women who have lymphoma.

In addition, a study of 449 women with Hodgkin lymphoma found no evidence that pregnancy increases the risk of relapse among women who are in **remission**.

## Will treatment during pregnancy affect my child later in life?

Available evidence suggests that when guidelines are followed, it is unlikely that any lymphoma treatment given during pregnancy will have a long-term, harmful impact on your baby. The treatment you've had is also unlikely to affect them as they develop into their childhood.

### References

These are some of the sources we used to prepare this information. The full list of sources is available on request. Please contact us by email at **publications@lymphoma-action.org.uk** or phone on **01296 619409** if you would like a copy.


- Follows G, et al. Guidelines for the first line management of classical Hodgkin lymphoma. *British Journal of Haematology*, 2014. 166: 34–49. Available at: **bit.ly/2kL797c** (accessed November 2016)

- Koren G, et al. Cancer Chemotherapy and pregnancy. *Journal of Obstetrics and Gynaecology of Canada*, 2013. Available at: **bit.ly/2ltVlGF** (Accessed November 2016)
- Han S, et al. Is chemotherapy during the first trimester of pregnancy really safe? *International Journal of Cancer*, 2012. 132: 1728. Available at: **bit.ly/2kpyLhz** (Accessed November 2016)
- Yahalom J, et al. Management of classical Hodgkin lymphoma during pregnancy. UpToDate, 2017. Available at: **bit.ly/2kIW5qs** (Accessed November 2016)
- Eyre T, et al. Management and controversies of classical Hodgkin lymphoma in pregnancy: review. *British Journal of Haematology*, 2015. 169. 613–630. Available at: **bit.ly/2kv0Jeg** (Accessed January 2017)


# Further reading

- Chemotherapy for lymphoma
- Glossary
- Living with lymphoma
- Radiotherapy for lymphoma
- Relationships, family and friends
- Targeted treatment for lymphoma
- Types of lymphoma

**Acknowledgements**

- We would like to thank the Expert Reviewers and members of our Reader Panel who gave their time to review this information.

Content last reviewed: February 2017
Updated: April 2018
Next planned review: February 2020

**© Lymphoma Action**

Tell us what you think and help us to improve our resources for people affected by lymphoma. If you have any feedback, please visit **www.lymphoma-action.org.uk/feedback** or email **publications@lymphoma-action.org.uk**.

All our information is available without charge. If you have found it useful and would like to make a donation to support our work you can do so on our website **www.lymphoma-action.org.uk/donate**. Our information could not be produced without support from people like you. Thank you.

**Disclaimer**

We make every effort to make sure that the information we provide is accurate at time of publication, but medical research is constantly changing. Our information is not a substitute for individual medical advice from a trained clinician. If you are concerned about your health, consult your doctor.

Lymphoma Action cannot accept liability for any loss or damage resulting from any inaccuracy in this information or third party information we refer to, including that on third party websites.

The following user-generated information is excluded from our Information Standard certification: web blogs, chatrooms, forums, personal experience pages, social media, fundraising materials and Lymphoma Matters magazine. Neither the Information Standard scheme operator nor the scheme owner shall have any responsibility whatsoever for costs, losses or direct or indirect damages or costs arising from inaccuracy of information or omissions in the information published on the website on behalf of Lymphoma Action.