

Lymphoma during pregnancy

This information is about lymphoma diagnosis and treatment if you are already pregnant. We have separate information about **fertility** after treatment for lymphoma.

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We have separate information about the topics in **bold font**. Please get in touch if you'd like to request copies or if you would like further information about any aspect of lymphoma. Phone 0808 808 5555 or email information@lymphoma-action.org.uk.

Lymphoma during pregnancy

A diagnosis of lymphoma during pregnancy is quite rare.

Hodgkin lymphoma (HL) is most common in people aged 15 to 34, and those over 60. It's more common in pregnant women, compared to non-Hodgkin lymphoma (NHL). This might partly be because it generally affects more people who are of childbearing age. Around 1 in 6,000 pregnant women are diagnosed with HL.

Non-Hodgkin lymphoma

The risk of developing **non-Hodgkin lymphoma** (NHL) goes up with age. Most people diagnosed are over 75. This might explain why there are fewer cases of NHL compared to HL during pregnancy.

When NHL is diagnosed during pregnancy, it tends to be a fast-growing (**high-grade**) type, such as **diffuse large B-cell lymphoma** (DLBCL) or **peripheral T-cell lymphoma** (PTCL).

Low-grade NHL is a slow-growing type of lymphoma. It is diagnosed only rarely during pregnancy.

How is lymphoma diagnosed during pregnancy?

To diagnose lymphoma, doctors ask you about any **symptoms** you have. They also do **tests** and **scans**.

Some of the signs and **symptoms of lymphoma** can be similar to those that are common during pregnancy. For example **sweats**, aches and pains, **fatigue** (extreme tiredness), **anaemia** (low level of red blood cells), which can make you feel tired and short of breath, and **thrombocytopenia** (low level of platelets), which can increase your risk of bruising and bleeding.

As I was 27 weeks pregnant, being tired didn't seem worrying. But I found a lump on my neck and went to my GP, who at first thought it was a fatty lump. I went back when it got bigger and within a week of that appointment, had an MRI scan (I couldn't have a PET scan as I was pregnant) and a biopsy. A couple of weeks later, I was diagnosed with Hodgkin lymphoma, and needed to start treatment as soon as possible.

Amelia, diagnosed with Hodgkin lymphoma during pregnancy

Tests

A small operation called a **biopsy** is usually needed to confirm a lymphoma diagnosis. Neither the test nor the **anaesthetic** should harm your unborn child.

After a biopsy, doctors do **staging** tests. These help to find out where in your body the lymphoma is.

Scans

As part of staging, you are likely to have scans. Specialist doctors carefully choose the type of scan you have.

The scan you have depends on:

- which trimester of pregnancy you're in
- which area or areas of your body doctors need to look at
- any risks and benefits of the scan
- best practice guidelines.

Where possible, doctors usually choose **MRI** or **ultrasound** scans during pregnancy. This is because they do not use any radiation – a type of energy that could reach and harm a growing baby.

If you need to have a scan that uses radiation

During pregnancy, doctors prefer not to use scans that use radiation, such as **CT** or **PET** scans. If these types of scan are needed, your doctor will discuss this with you and can use lead shielding to minimise radiation to your unborn baby.

If you have a scan once your baby is born, you will be given guidance about safety precautions to take afterwards.

If you have had a PET scan

Speak to **your medical team** for specific guidance and for advice. They can tell you how long to avoid close contact with your baby after having a PET scan. You will also be told how long to wait before breastfeeding, if this is relevant to you.

You will be radioactive (giving off radiation) for a short while after a PET scan. During this time, you will need to stay away from babies and young children. You should also avoid being around other pregnant women. Your medical team (MDT) will give you clear guidance about this.

If you have had a CT scan or X-ray

It is safe to be in close contact with your baby and to breastfeed after a CT scan or X-ray. The radiation passes quickly through your body and does not stay in the breast milk.

Emotional support

Having a lymphoma diagnosis during pregnancy can be extremely challenging. Your medical team should offer support to help you cope emotionally, which might include a referral for specialist emotional support. They can also tell you about any local and national services you can access. For example [Mummy's Star](#) is a charity that offers [a range of support services](#) for women who are diagnosed with cancer during their pregnancy.

It was a whirlwind – I was 25 and pregnant with my first child when I was diagnosed with lymphoma. I needed to start chemotherapy straightaway. After she was born, I also needed a stem cell transplant. This was extremely difficult. A year on, I still have good days and bad but I'm doing well and so is my daughter. I'm managing to get out of the house a lot more and have had a complete change in attitude towards life.

Georga, diagnosed with Hodgkin lymphoma during pregnancy

You might also be interested in our [useful organisations](#) webpage. This includes organisations that offer support with [emotional wellbeing](#) and those that specialise in providing [support during pregnancy](#).

What lymphoma treatment will I have?

Your medical team carefully plan your treatment based on lots of factors, including:

- the [type of lymphoma](#) you have, where in your body it is, and how fast it's growing
- which trimester of your pregnancy you are in
- your requests.

Your health is your doctors' priority – their goal is to effectively treat your lymphoma. They also consider your baby's safety while still in the womb and after birth.

My care was shared between haematology and maternity, and I had a specialist medicine midwife assigned to me. I had lots of meetings and felt I was really cared for by both teams. I had six rounds of chemotherapy before my daughter was induced a month early. A gap was needed before I had further rounds of chemotherapy and it was judged to be the best time for me to give birth.

Amelia, diagnosed with Hodgkin lymphoma during pregnancy

We have some [questions you might like to ask about treatment](#).

Chemotherapy during pregnancy

If you are pregnant, doctors consider how safe [chemotherapy](#) is for you. This depends on the drugs ([regimen](#)) you have, the number of weeks pregnant you are and how much of your body is affected by the lymphoma (the [stage of the lymphoma](#)).

As chemotherapy drugs could be in your breast milk, you will be advised to avoid breastfeeding during treatment. Your doctor can tell you when it will become safe to breastfeed.

First trimester (first 12 weeks)

Doctors generally don't give chemotherapy during the first trimester of pregnancy. This is when an unborn baby (foetus) is developing their heart, spinal cord and other major organs. Chemotherapy could harm this process. There is also a higher possibility of [miscarriage](#) and [stillbirth](#) if you have chemotherapy during the first trimester. The risks are highest during weeks 2 to 8 of pregnancy.

[Steroids](#) can be effective at delaying the need to start chemotherapy. These drugs are considered to be safe at any stage of pregnancy.

In some cases, doctors advise starting chemotherapy straightaway. If this is the case and you are in the first trimester, they might recommend that you do not continue with the pregnancy. This is known as therapeutic abortion. You can read more about this in our [frequently asked questions section](#).

Second trimester (weeks 13 to 26) and third trimester (weeks 27 onwards)

In general, chemotherapy given after the first trimester of pregnancy is considered to be safe for women and unborn babies.

From this time, the placenta blocks many drugs from reaching the baby.

This is the case with drug combinations (regimens) commonly used to treat lymphoma, including:

- **ABVD**, for people with **Hodgkin lymphoma**
- **CHOP**, for people with **non-Hodgkin lymphoma**.

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

Your medical and obstetric teams plan the timing of your baby's delivery based on when it would be safest for both you and your baby. Your obstetric team will discuss this with you – it is usually a **planned delivery (induction)**.

Your medical team will review the drugs needed for your treatment and ensure that it is as safe as possible for you to start treatment.

Dr Nimish Shah, Consultant Haematologist

Who manages my care?

Health professionals work closely to provide the best care and treatment for you. They regularly check both the mother and baby's health.

Many health professionals are involved in planning and providing the best care and treatment for you. There will also be regular checks on the baby's health and development.

Your lymphoma **multidisciplinary team (MDT)** is made up of professionals with different areas of specialist knowledge. They work together to offer you the best care and treatment outcomes. A clinical pharmacist will help plan any **supportive care** needs **(to address any symptoms and treatment side effects)**.

Doctors who specialise in pregnancy and childbirth care (obstetricians) work with your lymphoma MDT to look after the health of you and your baby.

Radiotherapy during pregnancy

If doctors recommend **radiotherapy**, they might advise waiting until after your baby is born before starting it. One exception might be where it is given only to areas where it would not affect your unborn baby, such as the neck and chest areas.

Doctors plan treatment according to when it is needed and safest. This should be discussed with you before you have it.

If you need radiotherapy urgently, your doctors might advise having it while taking precautions. They plan the radiotherapy to make sure that your baby is a safe distance from the area of your body being treated. In some cases, they might also use a lead apron to protect your baby from radiation.

Radiotherapy is usually a greater risk to a developing baby during the second and third trimesters of pregnancy compared to the first.

Talk to your doctors about the possible risks of radiotherapy on your baby.

Targeted drugs during pregnancy

Targeted drugs are newer than other lymphoma treatments. This means there is less information available about their possible effects on a developing unborn baby.

Rituximab is a targeted drug used to treat some lymphoma types in adults. Its use from the second trimester of pregnancy onwards does not seem to cause problems for a developing unborn baby. It is therefore sometimes given from this time.

A common side effect of rituximab is that it can lower the number of B cells in your blood – these are a type of white blood cell that fight infection. Newborns of mothers treated with rituximab during pregnancy might have fewer B cells at birth. There are no long term effects of this – B cell counts generally recover within 6 to 12 months after treatment is completed. Speak to your medical team for advice specific to your situation.

Your doctors should talk to you about any risks before you start treatment. This can include higher risk of pre-term delivery (your baby being born before 37 weeks), and low birthweight.

They will also advise you about any precautions to take. For example, your baby should not have live vaccines (which are made using live viruses or bacteria) until their blood counts reach a safe level. You will be given advice from your medical team about [vaccinations](#) for both you and your baby.

Supportive care treatments to manage symptoms and side effects

Supportive care treatments are given to manage lymphoma symptoms and to lower [treatment side effects](#).

Your medical team can advise you on which supportive care treatments are safe for you and your baby.

Speak to a member of your medical team before taking any medication or supplements. They can give you advice about what you can do to stay as comfortable as possible.

Supportive care treatments considered to be safe to an unborn baby include:

- anti-sickness medication ([antiemetics](#)), to help [manage sickness and feeling sick \(nausea\)](#), for example during chemotherapy
- [growth factors](#), given to prevent or treat [neutropenic sepsis](#) or to boost the production of stem cells before or after a [stem cell transplant](#)
- heparin, a [blood thinning medication to lower the risk of developing blood clots](#) (the likelihood of which is higher during pregnancy and with cancer)
- paracetamol
- some, but not all, antibiotics.

Medicines and treatments that are **not** considered to be safe to an unborn baby include:

- [ibuprofen](#)
- [non-steroidal anti-inflammatory drugs \(NSAIDs\)](#) given too close to delivery
- opiates given too close to delivery.

Treatment to reduce your risk of blood clots

During and for a while after pregnancy, you are at a higher risk of having a [blood clot](#). Cancer further increases this risk. Your doctors will monitor you for signs of a blood clot.

To reduce your risk of a blood clot, your doctors might recommend that you have daily blood thinning injections (low molecular weight heparin). The injections are safe to an unborn baby. In the mother, there is a slightly increased risk of bleeding. They can also make it easier to bruise.

Your medical team can teach you how to give yourself these injections at home. They should also give you information about who to contact if you need help or advice.

Clinical trials during pregnancy

If you are interested in participating in a clinical trial, speak to a member of your medical team. However, usually, it is not possible for women who are pregnant or breastfeeding to enter a [clinical trial](#). This is in the interests of both the mother and baby's health.

Frequently asked questions about lymphoma during pregnancy

We address some common questions people have about treatment for lymphoma during pregnancy. Speak to your medical team for advice specific to your situation.

Is it safe to have lymphoma treatment during pregnancy?

The current understanding is that, when given in line with guidelines lymphoma treatment during pregnancy is unlikely to have a long-term, harmful effect on your baby. It is also unlikely to impact their development into childhood.

Can pregnancy changes cause lymphoma?

Some people ask whether the changes to hormones and the [immune system](#) that happen during pregnancy could be linked to the development of lymphoma. There is no evidence to suggest that this is the case.

Does the similarity of pregnancy and lymphoma symptoms delay diagnosis?

There is a similarity between the symptoms of pregnancy and lymphoma, which could delay a lymphoma diagnosis. However, it seems that pregnant women are no more likely to be diagnosed with [advanced lymphoma](#) than women who are not pregnant at the time of their diagnosis.

Can cancer affect my unborn baby?

It is very rare for cancer cells to spread to the placenta, and even rarer for cells to spread to the baby. Throughout your pregnancy, you will have extra [ultrasound scans](#) of the baby to make sure there are no problems.

Will pregnancy affect my treatment outcomes?

Pregnancy does not seem to affect treatment outcomes when treatment is well-managed.

What is therapeutic abortion?

Therapeutic abortion means ending a pregnancy for medical reasons.

Therapeutic abortion can be extremely difficult to deal with emotionally. There is support available, for example [counselling](#), support groups and online forums. Ask a member of your medical team to signpost you to any support services.

[Pregnancy Choices Directory](#) offers a range of support services.

British Pregnancy Advisory Service has [information about abortion services for women in Northern Ireland](#).

What happens if I'm having assisted fertility treatment such as IVF?

If you are having fertility treatment when you are diagnosed with lymphoma, your medical team will give advice specific to your situation. This might involve pausing your fertility treatment. The recommendations your medical team make depend on factors such as your [lymphoma type](#) and [stage](#).

Is it safe to breastfeed during lymphoma treatment?

You might be advised not to breastfeed during, and for a while after, treatment with drug treatments (including [chemotherapy](#) and [targeted drugs](#)). This is because they can get into breast milk and are not safe for your unborn baby.

Some types of [steroid](#) medication are considered to be safe to take while breastfeeding.

You could ask your medical team whether it's possible to access donated breast milk for your baby. You can find out more about [donated breast milk on the UKAMB website](#).

References

The full list of references for this page is available on our website. Alternatively, email publications@lymphoma-action.org.uk or call 01296 619409 if you would like a copy.

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Patient Information Forum

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