



Having a baby after cancer

This fact sheet answers some common questions for cancer survivors and their partners about having a first child or adding to an existing family. It aims to provide information to help you make an informed decision about having a baby. It does not replace talking to your doctors or nurses. But it can act as a tool to help you prepare questions you can ask your healthcare team.

Cancer survivors often find making the decision to have a baby difficult. Emotionally and physically there are several factors to think about. Some people may worry about their cancer coming back and the impact this would have on any children they have. Others worry they may not cope with caring for children after going through the trauma of cancer and its treatment. It is very natural to feel this way.

There is a chance that cancer and its treatment may have affected your physical ability to have children (your fertility). Cancer treatment can reduce fertility in several ways but this doesn't always mean you won't be able to have children.

Treatments affecting fertility

Treatments that may have affected your fertility are chemotherapy, radiotherapy, bone marrow transplant and surgery. Infertility after cancer treatment may be temporary or permanent. How these treatments will affect a person's fertility will depend on:

- your age (fertility naturally declines with age (particularly for women))
- fertility problems before your cancer diagnosis
- the type of cancer you had
- the type and dose of treatment you had

Before you started your cancer treatment your doctor may have discussed whether or not your treatment might have an affect on your reproductive organs. You may not remember those conversations and you may have forgotten about the fertility preservation procedures you underwent before starting cancer treatment especially if you were very young. Don't be afraid to ask your medical team to discuss these issues with you. They will be aware of needing to revisit these issues with you when you want to. It is important you feel you have the answers and support you need as this will help you feel more in control and allow you to make the best decisions for you.



Having a baby after treatment

After cancer treatment, men and women still have several ways to start or grow an existing family even if your fertility has been affected. Your cancer specialist will be able to discuss options most suitable for you. They can refer you to other specialists if necessary.

Women's options

A woman's options for having a baby after treatment will depend on how treatment has affected the ovaries, uterus and cervix. Some women may go through an early menopause (called premature ovarian insufficiency or POI). This means periods no longer happen because the ovaries have been damaged by chemotherapy or radiotherapy. Ovulation is rare, so pregnancy is rare too. Around 5% of women with POI can unexpectedly get pregnant due to the occasional egg being present and ovulating. So if pregnancy is actually not desired, contraception may need to be discussed with your doctor.

Going through menopause and its possible symptoms can be difficult for many women. Be sure to speak with your doctor/nurses about your feelings and symptoms. There is medical and psychological help available for women during menopause (see fact sheet on early menopause after cancer treatment).

Premature menopause may be permanent (premature ovarian failure) but it is very common for the ovaries to stop working temporarily for some months or even a couple of years after chemotherapy, with ovarian function then starting again. This is called temporary ovarian failure.

Some women will have had surgery or radiotherapy to their uterus or cervix which may make carrying a baby difficult or impossible or lead to complications during pregnancy. If you have had these treatments please discuss the details with your cancer and fertility doctors. One option for women who cannot carry a pregnancy (e.g. her uterus has been taken out) is surrogacy.

Stored eggs/embryos

A woman, who wants to conceive and is physically able to carry a baby after treatment, may choose to use her own eggs harvested **before treatment** and then store her eggs or embryos. (Read the fact sheet on fertility preservation for women). Not all women will have had an opportunity to have fertility preservation at diagnosis. But this may still be possible after cancer treatment. Ask your doctor or fertility specialist about this.



Stored frozen eggs can be thawed and fertilised with sperm outside the body. The embryo is then transferred back into the woman's uterus for the baby to continue to develop. This process is called in vitro fertilisation (IVF).

Donor eggs/embryos

If treatment has damaged a woman's ovaries permanently (premature ovarian failure/premature menopause) she may be able to use donor eggs or embryos. The uterus is prepared with hormones to support the implantation of the embryos and later pregnancy.

Using donor eggs will allow the father to have a genetic connection with the child. The eggs may be donated by a friend, relative or someone anonymous. Another option is to use donor embryos. Using donor embryos means neither parents will have a genetic connection to the child.

Procedures involving donor eggs and embryos may cost more than standard IVF. Your fertility specialist will discuss this with you before starting the process.

Most couples find it difficult to make the decision to use donor eggs or embryos. It involves several moral and legal issues. Using donor eggs or sperm is a common practice for cancer survivors who do not have their own eggs or sperm stored. There is a lot of support available to help couples wade through the issues and many couples end up deciding that they are comfortable using donor eggs or sperm if it allows them to have their children. Couples also have to deal with their own feelings, which can impact relationships. Many seek professional counselling. Read the section on *your feelings* to find out more.

Conceiving naturally

Understandably, most women who wish to conceive after cancer treatment would prefer to do so naturally. This will be possible for some women who still have functioning eggs. Your medical team will be able to monitor this and if they feel natural conception may work they will encourage you to try. You may need to wait for between six months and two years after your cancer treatment has finished before trying. This will depend on the type of cancer and treatment you had.

Men's options

A man's options for conceiving a child after treatment will depend on how treatment has affected sperm production and whether there has been any sperm



frozen. Sperm production is usually more affected in men who have high dose chemotherapy. Men who need high dose chemotherapy and radiotherapy to their pelvic area will also likely to have their fertility affected.

After treatment finishes your doctor can order a semen analysis. They will test its amount, ability to move (motility) and its quality. Even if the sperm quality is poor, it is almost always possible to have a child using assisted fertility techniques. Some men may stop making sperm during treatment but start again when it is over. However, stopping production of sperm can be permanent making you infertile. Finding this out can be distressing. Our fact sheet '[Fertility related psychological needs for people with cancer](#)' may offer information to help support you during this time.

Stored sperm

Stored sperm can be thawed and used to fertilise an egg outside the body. Later the embryo is implanted into the woman's uterus for the baby to continue to develop. This process is called in vitro fertilisation (IVF). IVF gives couples the best chance of becoming pregnant. For more information see help and support section.

If the quality of the frozen sperm is good, thawed sperm can also be injected directly into the woman's uterus in hope of fertilising the egg inside her body (intrauterine insemination). Before this process the woman may need to take fertility drugs to increase the success rate. You can discuss the options with your doctor.

Donor sperm

For men who are sterile (have no sperm recovery after treatment) and have not banked their own sperm before treatment, using donor sperm is a way of being able to father a child. It will allow the mother a genetic connection with the child.

Donor sperm comes from donated sperm of healthy men. The donor samples are screened for infectious or sexually transmitted diseases along with genetic diseases and abnormalities. Men donating sperm have to go through an interview to find out about family history, occupation, education and several other personal details.

Most couples find it difficult to make the decision to use donor sperm. There are several moral and legal issues involved. Laws vary from state to state on this issue. A specialised counsellor or lawyer can help advise you in these situations.



Couples also have to deal with their own feelings, which can impact on relationships. Many seek professional counselling. Read the section on your feelings to find out more.

Testicular sperm extraction

After treatment some men may not have healthy sperm in their semen. However, they may still be producing sperm in their testicles but they either can't ejaculate or the semen ejaculated doesn't contain sperm. If this is the case then sperm may be extracted from the testicles during a procedure known as surgical sperm retrieval.

During this procedure doctors take out small pieces of testicular tissue. The procedure is usually done under local anaesthetic or a light, general anaesthetic. If sperm is found in the tissue it may be used to fertilise an egg using the IVF method. Sperm can also be frozen for future use.

Conceiving naturally

Understandably, most men would prefer to conceive naturally after cancer treatment. This will be possible for some men. Your medical team will be able to tell you if they feel natural conception may work and they will encourage you to try. You may need to wait for between six months and two years after cancer treatment before trying. It will depend on the type of cancer and treatment you had.

Will pregnancy cause cancer to come back (recurrence)?

Many cancer survivors wonder about this. Most of the research done in this area has been with women with breast cancer. These studies have not shown any increase in risk of recurrence after a pregnancy. Your specialist cancer doctor will be able to discuss these issues further with you.

Other options for having children

Men and women who are unable to conceive using the methods already discussed may look at other ways of starting or expanding their family. Adoption, fostering or surrogacy can also offer people the possibility of becoming a parent. Whilst conceiving naturally is what most couples hope for, becoming a parent in these ways can also be incredibly rewarding and fulfilling.

Some people feel very strongly about having children genetically connected to them. Others may not feel comfortable with IVF or other surgical procedures to help conceive. For these reasons you may choose not to look into becoming a



parent through adoption or surrogacy. If you are interested you can ask your medical team to refer you a counsellor/agency who can guide you further.

Surrogacy

If a woman is not able to carry a child or being pregnant will cause health problems, she may choose to have another woman carry her child through the pregnancy. This woman is called a gestational carrier. The process is known as surrogacy. An embryo created from a couple's sperm and egg is implanted into the uterus of the gestational carrier. Or it may be the sperm of the partner and the egg of either the gestational carrier or another egg donor.

Surrogacy is a complex process. There are several emotional, ethical and legal implications for everyone involved. The important thing is that people are making informed decisions. Laws on surrogacy differ between countries and states. Talk to your local fertility clinic and lawyers about this option.

Adoption

Adopting a child means you will be legally given a child from its birth parent to care for permanently. Cancer survivors usually can adopt but you may need to provide letters from your medical team to say you are mentally and physically healthy enough to parent a child. There may be a set time you must wait after your treatment before being allowed to go through the process of adoption. The reasons for these restrictions are to ensure your cancer does not have a high risk of coming back along with also ensuring you are strong enough emotionally to adopt. Adopting a child brings with it not only great rewards and fulfilment but also some possible challenges.

Fostering

Another option is to foster a child or children. This means temporarily caring for a child without parental legal status. The time you keep the child will vary depending on each individual situation. You can opt to only undertake short or long-term care.

Your feelings

Knowing you may have problems conceiving a baby after cancer treatment can feel overwhelming. You are likely to go through a roller coaster of emotions as you try to cope with all possible outcomes.

You may worry that looking after children after all you have been through is going to be too difficult to cope with. Wondering if your cancer will come back can also cause concern. Often the most upsetting part of everything is coming to terms with how your cancer has changed your life. You may feel a real sense of loss and sadness about how things could have been.



Changes in plans and lost dreams can cause a lot of grief and heartache. But it does not mean you won't find happiness again. It is important you know all your options and who to talk to about them. Seek professional support as well as from close family and friends. You may feel like no one could possibly understand what you are going through. People may not fully understand, but most will want to guide, support and love you through this difficult time.

Many cancer survivors say they gain a lot of support and strength from talking to someone in a similar situation. This may be someone who was eventually able to have a child naturally, someone who adopted or a couple who were unable to conceive. Talk to your doctors/nurses about a support group or one on one support through a counsellor or telephone support service. See list of support services at the end of this fact sheet.

Questions to ask your medical team

Raising the topic about having a baby after treatment can be difficult but it is important you do. It is important to speak with your doctor about how safe it will be to have a baby after your treatment is over. These questions may help you begin the conversation with your doctors:

- If I am infertile, what are my options for becoming a parent?
- How likely is it that I could conceive a child naturally?
- Will my body be able to handle carrying a baby?
- How do I confirm that I have a fertility problem?
- Can you recommend a fertility specialist?
- Who can I talk to about donor eggs/sperm?
- How does my age affect my options?
- Where can I find adoption/fostering resources or support?
- Where can I find surrogacy resources or support?

Where to get further help and information

This fact sheet has only provided you with an overview of fertility issues for women with cancer. It is important you find out as much as you can so as you can make an informed decision. For more detailed information please refer to our other factsheets and the following excellent resources:

- Other fact sheets from the Future Fertility website
www.futurefertility.com.au or www.futurefertility.com.nz



- Fertility After Cancer. A guide for people with cancer, family and friends. First published June 2014. © Cancer Council Australia 2014
- Fertility Society of Australia: <http://www.fertilitysociety.com.au/>
- Fertility NZ: <http://www.fertilitynz.org.nz/>
- Family planning clinics in Australia: www.shfpa.org.au
- Australia's National Infertility Network: www.access.org.au
- Surrogacy Australia: www.surrogacyaustralia.org
- Cancer Connections: www.cancerconnections.com.au
- Fertile Hope www.fertilehope.org

You may also like to call a Cancer Helpline service:

- Australia 13 11 20
- New Zealand call 0800 226 237

Both these helplines will allow you to speak with an experienced cancer nurse.