



## Breastfeeding After Cancer

### Can I Breastfeed After Cancer?

If you are a breast cancer survivor expecting a new baby, you may have questions or concerns about breastfeeding.<sup>1</sup> Most women will deliver healthy babies after cancer treatment, have higher survival rates, and experience the same risk of cancer recurrence as those who do not get pregnant.<sup>2</sup> Breastfeeding, however, can be impacted by cancer treatment, so it is important to know the possible challenges that may be ahead.<sup>3</sup> With the guidance of an International Board Certified Lactation Consultant (IBCLC), you can set realistic and achievable expectations to reach your personal breastfeeding goals.

How successful you will be when breastfeeding after cancer can vary depending on the type of treatment, surgery, or medications administered. Every survivor's journey is different. Since breastfeeding can prevent breast cancer from coming back and provide other health benefits, research suggest mothers who have undergone cancer treatment try to breastfeed.<sup>4</sup>

Breastfeeding has many health benefits for the mother, but protection against breast cancer might be stronger than you think. If a person breastfeeds 12 months or longer, they can reduce their risk of breast cancer by up to 26%.<sup>5</sup> The benefits add up over time. The more months a woman breastfeeds over her lifetime, her protection against breast cancer continues to increase. This can be a very important statistic for a survivor.

### Types of Breast Cancer Treatment & Effects on Breastfeeding

#### *Surgery*

Breast surgery can damage the milk ducts and impact how much milk can be produced. If you had a lumpectomy, depending on how much tissue was removed, you may still be able to produce some milk on the affected side.<sup>3</sup> If you had a single mastectomy, breastfeeding on the unaffected side is possible. It is helpful to monitor your baby to ensure proper weight gain in the early weeks postpartum if only using one breast to feed your baby.<sup>3</sup> With a double mastectomy, all the milk ducts have been removed, and unfortunately, you will not be able to produce breast milk.<sup>3</sup> If you had nipple-sparing surgery, sometimes enough ducts remain that very small amounts of milk are synthesized within the remaining tissue, but not enough to meet baby's needs.

It is important if you wish to breastfeed from the affected breast after breast conservation surgery you discuss this preoperatively with your healthcare provider. When there are options for where to cut during surgery, sometimes nerves and more heavily used milk ducts can be avoided for the sake of lactation.

### *Radiation*

Extensive radiation treatment can damage breast tissue, significantly reducing your ability to make enough milk and the baby's ability to latch.<sup>3</sup> You may be more susceptible to mastitis on the irradiated breast which can be harder to treat with antibiotics after radiation.<sup>3</sup> Some forms of radiation such as positron emission tomography and bone scintigraphy require brief separation of mother and baby - up to 12 hours after treatment.<sup>3</sup> Evidence states radiotracers are excreted into breast milk in very small quantities and breast milk is safe to be given to your baby during this time.<sup>3</sup> There are no contraindications to nursing from the radiated breast, yet mothers should be aware of the potential risk of skin breakdown and abrasions from suckling as well as the risk of lower milk production on the radiated side.<sup>3</sup>

### *Chemotherapy*

Healthcare providers will advise you to wait to breastfeed after chemotherapy, but the timeline can vary from just a few days to months depending on the type of medication you have received.<sup>3</sup> Communication with your birth team is very important as you prepare to breastfeed and navigate any challenges ahead.

### *Immunotherapy*

Targeted immunotherapy with monoclonal antibodies such as trastuzumab or pertuzumab is contraindicated during pregnancy yet treatment can resume postpartum.<sup>3</sup> Breastfeeding is not recommended during treatment and for at least 7 months after the last dose.<sup>6,7</sup>

### *Prescription At-Home Treatments*

Medications used for long-term cancer hormone modulation treatments can enter breast milk and be harmful to your baby. It is not recommended to breastfeed while taking them.<sup>3</sup>

## **Tips for Breastfeeding After Cancer**

### *Supply & Demand*

Making milk is about supply and demand, nursing frequently from the start will get your milk supply on the right track. Plan to nurse a minimum of 8-12 times per day. Frequent breast milk removal during breastfeeding will encourage healthy milk production.

If supply is very low on the affected side, but robust on the non-affected side, it's completely possible to only nurse your baby on the side with a strong supply. If encouraged in early postpartum, your baby's sucking alone should be enough to increase the supply on one side to the 25 ounces typically needed by an infant by six weeks old.

### *Every Drop Counts*

Breastfeeding is not all or nothing. Any amount of breast milk you can provide your baby will be beneficial.

### *Medications to Increase Milk Supply*

Galactagogues, herbs or supplements to increase breast milk, are sometimes phytoestrogens that can accelerate tumor growth.<sup>3</sup> In addition, medications that can promote the increase of prolactin have been linked to increasing the risk of breast cancer.<sup>3</sup> Check with your pharmacist or IBCLC on the safety of vitamins and supplements that you are taking while breastfeeding. The best way to increase milk is to remove it from your breast often.

### *Tools for Nursing at the Breast*

Using an SNS (Supplemental Nursing System) can keep your baby nursing at the breast while receiving necessary supplementation if both of your breasts are low-producing. An SNS is a feeding tube that attaches to one end of your breast and the other to supplementation - either breast milk or formula. An SNS will keep your baby breastfeeding while receiving the nutrition needed to grow and thrive.

### *What to Expect*

The actual effects your cancer treatment will have on breastfeeding will not be clear until your baby is born and you start to produce milk. Because of the many benefits of breastfeeding, mothers with a history of breast cancer are encouraged to breastfeed - even on the affected side.<sup>8</sup> Like cancer, breastfeeding is a personal journey, and you will have options to decide what is best for your physical, emotional, and mental health.

### *Safely Opting Out of Breastfeeding*

If you decide not to breastfeed, gradual weaning is recommended because of the risk associated with abrupt cessation and rapid effects that can lead to an increase in breast cancer.<sup>9</sup> Work with an IBCLC, to slowly stop producing breast milk to prevent negative health and emotional consequences. If you are currently taking any medications to treat breast cancer, talk to your doctor before breastfeeding.

## **Does Breastfeeding Risk Reduction Work if You have Genetic Risks for Breast and/or Ovarian Cancer?**

A BRCA gene suppresses tumors from growing. Everyone has these genes. However, if your BRCA gene has mutated, your risk of cancer, including breast and ovarian cancer, increases. The good news for carriers of a BRCA mutation is you will get the same protective effects against cancer as non-carriers if you breastfeed. What researchers have found is the longer you breastfeed, the lower your risk. If at-risk mothers continue to breastfeed for 7 months or longer, their reduced risk of ovarian cancer was as much as a 32% decrease compared to others who had never breastfed at all.<sup>10</sup>

## **What Happens if I Get Cancer During Pregnancy or While Breastfeeding?**

If you have had cancer or develop cancer during pregnancy or while breastfeeding, you will want to have a healthcare provider on your team who is a breastfeeding medicine expert and can carefully manage your journey for the health and well being of you and your baby.<sup>3</sup> With the right direction and support, many women are still able to breastfeed or produce milk in some capacity. The Academy of Breastfeeding Medicine “Find a Physician” Tool is a great place to locate a physician in your area who can help you navigate breastfeeding and cancer. If you have a history of breast cancer and would like more information about or support with breastfeeding, schedule a virtual consultation with an Aeroflow IBCLC. Getting support and education early on will help you overcome the challenges that you may face.

## **What If I Have Questions?**

If you are interested in learning more, this Aeroflow class expands on some of the topics discussed above:

- High-Risk Pregnancy and NICU Community

To register for this class, log into your portal or click [here](#).

## **Want More Info?**

For a directory of Aeroflow's other Care Guides offering information on pregnancy, baby care, and more, browse our comprehensive list of titles:

<https://www.hersourcehealth.com/aeroflow-care-guides/>

## **References**

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