Perceptions of Quality of Life for Women Pregnant During a Cancer Diagnosis: A Review of the Literature

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Abstract

Given the current trend of delaying pregnancy and the gradual increase in age-related risk of certain cancers, the incidence of pregnancy during a cancer diagnosis will likely continue to increase. The objective of this review is to identify specific aspects of quality of life that impact women diagnosed with a cancer during pregnancy. A comprehensive search was conducted using PubMed and Health Research Premium databases, including articles from 2014 to 2024 that assessed psychological or quality-of-life outcomes in cancer during pregnancy. A total of 1,987 articles were screened with a final yield of six articles that met the inclusion criteria. Overall, themes included fear and worry, social support, and concerns over breastfeeding. These themes were identified as aspects of quality of life that impact women diagnosed with cancer during pregnancy. It is critical that all members of the healthcare team recognize the unique situation that occurs when a pregnancy is complicated by a cancer diagnosis.

Women worldwide are delaying childbearing in part due to career goals, financial security, and shifting societal expectations. According to a recent report by the National Center for Health Statistics, the fertility rate among women ages 35 to 39 went up 71% between 1990 and 2023, while women ages 40 to 44 increased 127% (Driscoll & Hamilton, 2025). Concurrently with the delay in childbearing, the incidence of a cancer diagnosis while pregnant is expected to increase. Data from 2001 to 2013 indicate that as many as one in 1,000 pregnancies is complicated by a cancer diagnosis (Cottreau et al., 2019). Breast cancer is one of the most common malignancies diagnosed during pregnancy, with approximately 10% of pregnant patients with breast cancer being under the age of forty (Levey & Krishna,

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2022; Martínez et al., 2018). However, statistics vary widely, with 1 in 3,000 to 1 in 10,000 of all pregnancies impacted by a breast cancer diagnosis, with a median age of 33 years (Paris et al., 2021). Other malignancies most commonly diagnosed during pregnancy include leukemia, sarcoma, gynecological cancers, and thyroid cancers. Cottreau et al. (2019) reported that the most common cancer sites among pregnant women were breast (24.6%), thyroid (19.9%), melanoma (11.0%), hematologic malignancies (10.3%), and cervical/uterine cancers (8.7%).

Quality of life (QOL) is a vital patient-reported outcome, especially in the cancer population. The World Health Organization has defined QOL as "a subjective evaluation of one's perception of their reality relative to their goals as observed through the lens of their culture and value system" (Teoli & Bhardwaj, 2023, para. 2). Many factors can influence QOL. A cancer diagnosis for any patient likely affects QOL during and after treatment. While QOL in cancer patients has been well documented, the specific QOL for women who are or were pregnant during their cancer treatment has not been well studied. Studies that focus on QOL data in this population of cancer patients are critical to inform specific interventions for this population.

Furthermore, few review articles have provided comprehensive, site-specific analyses of cancer diagnosed during pregnancy. There remains a substantial gap in the literature, with limited research available across individual cancer types, including breast cancer. A review by Harris et al. (2023) demonstrated a lack of evidence regarding several aspects, including the impact of pathways to diagnosis, late effects, and how social resources might affect outcomes for this population. Leung et al. (2020) reported that women diagnosed with a cancer during pregnancy experienced psychological distress, worrying about their baby's health and their health-care experiences. These findings are consistent with the findings from Roberts and Andrewes (2022) who reported time pressure related to pregnancy and treatment, decision-making, and concerns for the health and well-being of the baby and self as factors impacting psychological experiences. This review aims to add to the literature regarding specific aspects of QOL that impact women diagnosed with a cancer during their pregnancy.

METHODS

A search was conducted in June 2024 using PubMed and Health Research Premium databases. The search terms included pregnancy, cancer, QOL, depression, anxiety, fear of recurrence, social support, and mental health. These search terms were selected based on the gap in the literature related to QOL concerns for women who are pregnant during their cancer treatment and to further expand on how a cancer diagnosis can complicate these psychosocial factors. Inclusion criteria focused on English language publications from 2014 to 2024 that assessed psychological outcomes and pregnancy during cancer. Articles were included if the participants had a cancer diagnosis during a pregnancy and the study was focused on psychological aspects, rather than treatment options or fetal and maternal outcomes. A total of 2,006 articles were retrieved. 19 duplicate records were removed. After reviewing 1,987 articles for title and abstract, full-text screening was then completed on the remaining 66 articles. A total of six articles were selected for analysis (Figure 1).

RESULTS

The six articles included in this review were qualitative studies (Table 1). Each of the studies investigated the impact of pregnancy during a cancer diagnosis on women (Facchin et al., 2021; Faccio et al., 2020; Gomes et al., 2021; Hammarberg et al., 2018; Liow et al., 2022; Stafford et al., 2021). Sample sizes across studies ranged from 5 to 38. Ages of women ranged from 21 to 45 years. All women were partnered or married, and ethnicities included Chinese, Italian, Australian, and Brazilian women. The types of cancers included were breast cancer, cervical cancer, Hodgkin lymphoma, lung cancer, bowel cancer, and hematologic malignancies. All six articles are of level three evidence according to the Johns Hopkins Evidence-Based Practice Model (JHEPB). The studies in this review varied in analysis technique, scope, and methodologies; however, each included a QOL aspect that led to the following three emergent themes: breastfeeding concerns, fear and worry, and social support.

Breastfeeding Concerns

Three of the six articles discussed participants' breastfeeding concerns (Gomes et al., 2021;

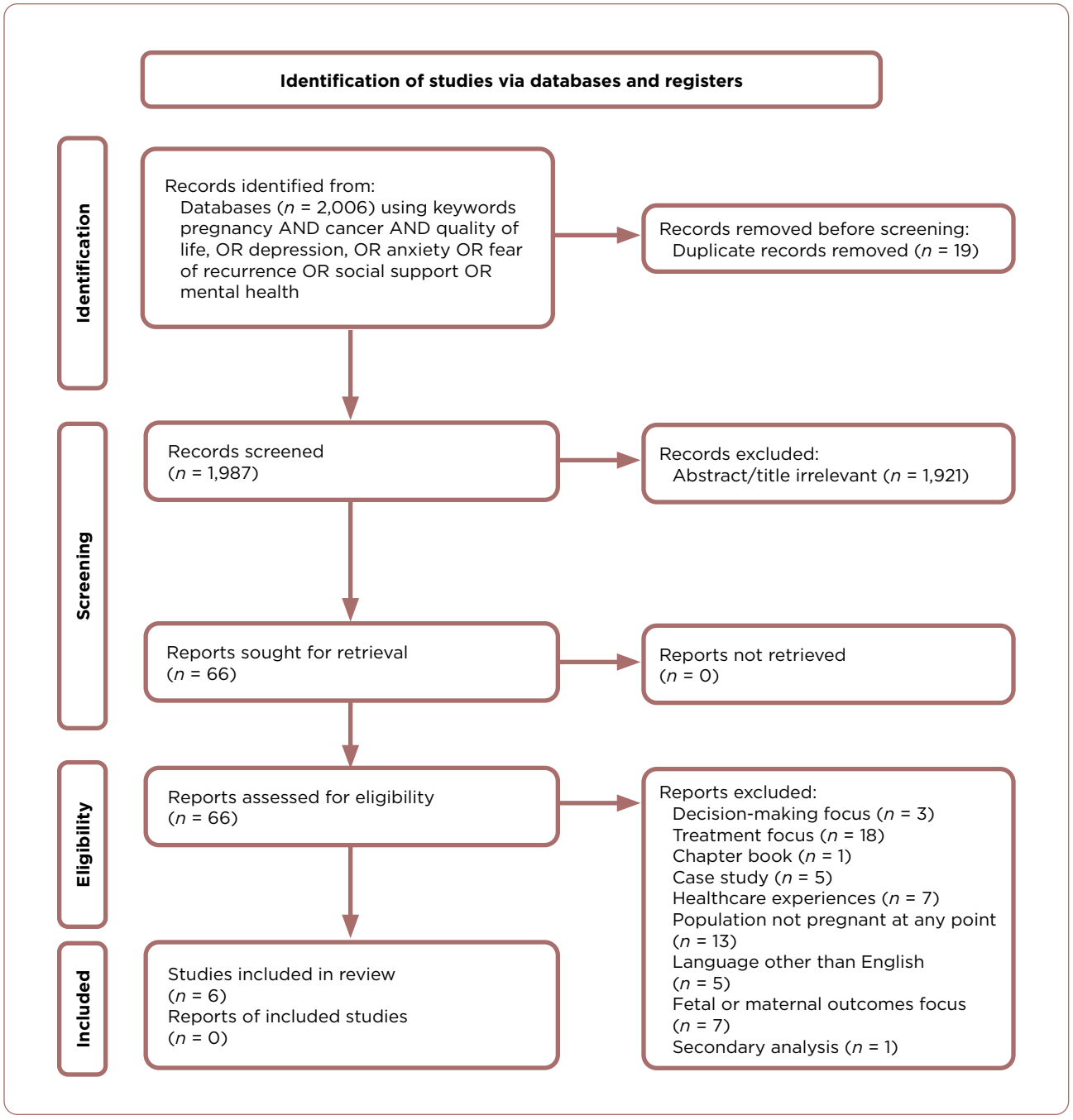

Figure 1. PRISMA flow diagram. Adapted from Page et al. (2021).

Faccio et al., 2020; Hammarberg et al., 2018). Gomes et al. (2021) described findings on how the diagnosis of cancer during pregnancy affects the family. One woman in the study by Gomes et al. (2021) described that the treatment was not nearly as agonizing as facing the fact that she could not breastfeed. She stated she felt incomplete and less of a mother since she could not provide her newborn with the best food. A participant's spouse, whose child suffered from colic, voiced feelings of guilt because their perception was that formula feeding induced the colic. Not being able to breastfeed significantly affected each woman's experience, and in some cases caused extreme sorrow (Gomes et al., 2021).

Table 1. Evidence Table

Author	Study design and purpose	Sample/setting	Findings	Strengths and limitations
Gomes et al., 2021	Qualitative Grounded theory Investigated how the diagnosis of cancer (Hodgkin lymphoma, cervical cancer, breast cancer) during pregnancy occurred and the family experience.	*N* = 12 Specialized oncology clinics in Brazil	The illness brought anxiety, impotence, and fear. It affected the experience of maternity and prevented women from having their pregnancy as planned, requiring routines different from those of low-risk pregnancies.	Strength: Open substantive coding analysis. Limitation: Homogenic sample including young women who were partnered.
Faccio et al., 2020	Qualitative Thematic analysis Investigated maternal representations in pregnant women with breast cancer and those with no oncological history.	*N* = 38 Hospitals and research center in Lombardi, Italy	Four main themes were identified: fears and worries, meaning of motherhood, mother-fetus relationship, and partner support. Women with gestational breast cancer described fear for their own and their child's survival.	Strength: Total sample size; coding done by three psychologists; comparison group. Limitation: Small sample size of women with gestational breast cancer (*n* = 4).
Stafford et al., 2021	Qualitative Thematic analysis Explored the psychological needs of women diagnosed with hematologic cancer, bowel cancer, cervical cancer, or breast cancer.	*N* = 23 Tertiary hospital in Australia	Cancer diagnosis and treatment resulted in a sense of isolation and loneliness. Women reported seeking tailored information about their condition and treatments. One-on-one peer support with other gestational cancer survivors was challenging.	Strength: In-depth recommendations to combat isolation were presented. Limitation: Participants could have been diagnosed anytime in the preceding 5 years, which could impact their experiences.
Facchin et al., 2021	Qualitative Interpretative phenomenological Described women's experience of being diagnosed with breast cancer during pregnancy.	*N* = 5 Italy	Three main themes emerged: (1) the emotional storm experienced after cancer diagnosis, and the importance of receiving appropriate information focused on treatment decisions; (2) physical changes and comparisons with healthy women, associated with feelings of sadness and inadequacy; and (3) being positive, feeling free to disclose all kinds of emotions, religion, and spirituality as sources of strength.	Strength: Cancer site specific Limitation: Small sample size
Liow et al., 2022	Qualitative Thematic analysis Explored the experiences of Asian women with gestational breast cancer.	*N* = 7 Singapore	Three main themes emerged: (1) being a sick woman; (2) juggling between being a mother and a patient; and (3) seeking normalcy.	Strength: Captures experiences from an Asian country (Singapore) Limitation: Small sample size
Hammarberg et al., 2018	Qualitative Thematic analysis Explored the health care experiences of women diagnosed with GBC to inform and improve clinical care	*N* = 17 Australia	The overarching theme for perceived quality of care was "communication". "Comprehensive care" was also noted. "Communication" had two subthemes: "interdisciplinary communication" and "patient communication." The "comprehensive care" theme incorporated three subthemes: "the spirit" (psychological care); "the mind" (information provision); and "the body" (management of treatment side effects).	Strength: Large sample size Limitation: Participants could have been diagnosed anytime in the preceding 5 years which could impact their experiences.

Faccio et al. (2020) described findings from a qualitative study exploring maternal perceptions in pregnant women with experiences of breast cancer compared with those with no oncological history. One woman from this study recalled that she initially worried about the possibility of being able to breastfeed and that she felt that if she decided to breastfeed, this could lead to delays in cancer treatment. For women with pregnancy during breast cancer, breastfeeding was not perceived as a choice since most women undergoing cancer treatments while pregnant are unable to breastfeed (Faccio et al., 2020).

Hammarberg et al. (2018) also explored health-care experiences among women who were pregnant during their breast cancer treatment. One woman from the study recalled that she had mixed feelings about breastfeeding, ranging from not even an option to how long it would be possible to breastfeed if given the option to do so. Another participant recalled how she was given medication to dry her milk up, which was the hardest emotional part of her experience. Implications around the possibility to breastfeed weighed heavily on the women and caused significant emotional distress (Hammarberg et al., 2018).

Fear and Worry

Fear and worry was a common theme identified in five of the studies included in this review (Gomes et al., 2021; Faccio et al., 2020; Facchin et al., 2021; Hammarberg et al., 2018; Liow et al., 2022). One woman who participated in the Gomes et al. (2021) study described feeling scared. She would ask herself how it would be possible to treat her cancer if she was pregnant. Similarly, another woman described that she was worried about her own health, her own potential death, her baby's health, and an overall fear for both her and her baby. In this study, fear and worry were constant feelings among women who were pregnant during their cancer throughout treatment (Gomes et al., 2021). In the Faccio et al. (2020) study, women described their fear in various ways. One participant stated she was scared to give birth while receiving chemotherapy and worried whether her child would be okay. It was evident that women with cancer during a pregnancy had a fear for not only their own but also for their child's survival (Faccio et al., 2020).

Facchin et al. (2021) aimed to describe and understand women's experience of being diagnosed with breast cancer during pregnancy. A participant in the study recalled being worried about how chemotherapy would impact the baby and worried that she might lose her baby. Additionally, she worried that she would die from her cancer diagnosis and frequently questioned herself as to why this misfortune was happening to her. Another participant recounted feeling anxious, less patient, and nervous. Fear was a common occurrence among all the women studied regarding the potential consequences of their cancer diagnosis. However, anxiety occurred among all women regarding the potential consequences of the disease (Facchin et al., 2021).

Hammarberg and associates (2018) reported that women experienced fear and concern, with one participant describing that she could not even imagine putting herself and her child through chemotherapy. All participants had concerns over the effects of treatment on the health of their baby. Liow et al. (2022) also explored fearful experiences and support needs of women who were pregnant with cancer. One participant voiced experiencing fear every single day and would check herself frequently for signs or symptoms of cancer. Most of the women expressed fear of cancer recurrence after treatment (Liow et al., 2022). Being pregnant added a component of fear and worry compared to non-pregnant cancer patients.

Social Support

Social support was a variable identified in all six of the articles included in this review (Gomes et al., 2021; Faccio et al., 2020; Stafford et al., 2021; Facchin et al., 2021; Hammarberg et al., 2018; Liow et al., 2022). In the Gomes et al. (2021) study, participants described the lack of support available from other women who had a similar cancer diagnosis during pregnancy. Another pregnant participant in the study described that family and friends were her support system. Women in the study vocalized the importance of social support. For example, groups on WhatsApp or church affiliation helped the women to adapt more easily to their cancer diagnosis during pregnancy (Gomes et al., 2021).

In the Faccio et al. (2020) study, women discussed their experience with social support. One woman with a history of pregnancy during cancer

described her husband as her main support. Another woman expressed that the experience of having cancer while pregnant strengthened her relationship with her partner. Overall, women in this study with a diagnosis of breast cancer during pregnancy viewed their spouses as their main support system (Faccio et al., 2020).

Stafford et al. (2021) explored the psychological needs of women diagnosed with cancer during pregnancy. One woman who did not have support described feelings of loneliness and not fitting in. Women who were proactive in finding peer support felt the support helped combat loneliness and isolation (Stafford et al., 2021). In the Facchin et al. (2021) qualitative study, women reflected on their social support throughout their cancer and pregnancy experience. One participant described getting support from her mother, who helped her remain positive and calm. Another participant described how her "girlfriends" supported and reassured her. Most women described the positive support received from husbands and partners (Facchin et al., 2021).

In the Hammarberg et al. (2018) study, one woman recalled that she was able to lean on women who had been through a similar situation. She went on to describe that being able to see other women's children doing well helped to support her through chemotherapy. Although most derived support from others, one woman stated she was not able to talk to anyone who was in a situation like hers. She recalled feeling like she did not fit into the typical breast cancer support groups. Findings were mixed related to social support; however, most women felt it was an essential factor in coping with their journey (Hammarberg et al., 2018). In the Liow et al. (2022) study, participants discussed their support, with one woman sharing that her husband was there for her from the time of diagnosis to the end of her treatment. Another participant described getting daily support from online resources. Most women in this study preferred getting support from family and online searches rather than attending support groups (Liow et al., 2022).

DISCUSSION

Three recent reviews focused on psychosocial and psychological aspects of pregnancy during cancer (Leung et al., 2020; Harris et al., 2023; Roberts & Andrewes, 2022). The purpose of this review was to identify aspects related to QOL. With multiple factors potentially impacting QOL, the themes identified in this review included breastfeeding concerns, fear and worry, and social support. This review further strengthens the argument that pregnant women with cancer have a different experience as compared to women who are not pregnant. Women who are pregnant face decisions that not only impact their lives but also the lives of their unborn child (Ives et al., 2012).

Breastfeeding Concerns

Breastfeeding was found to be a major concern among women who were pregnant during their cancer diagnosis. This is largely due to their inability to breastfeed as a result of recent chemotherapy treatment. Gomes et al. (2021) found that the need for treatment such as chemotherapy, as well as the inability to breastfeed, affected the experience of most women. Interestingly, Faccio et al. (2020) found that even women who became pregnant after their history of breast cancer worried about challenges related to breastfeeding. Although there were differences in the reasoning for the apprehension about breastfeeding, these two populations of women (those with cancer during pregnancy and those who were pregnant after their cancer) shared similar worries related to breastfeeding. Specifically, women with a history of pregnancy during breast cancer were concerned about the inability to breastfeed, while the women with breast cancer prior to being pregnant were concerned about potential challenges associated with breastfeeding (Faccio et al., 2020). It is clear that breastfeeding concerns are heightened in women with a breast cancer history whether or not the diagnosis was complicated by a pregnancy.

Fear and Worry

Fear and worry were caused by an array of different possibilities, including repercussions of treatment for both the mother and fetus, fear and worry of death, fear of the unknown, and fear of recurrence. Faccio et al. (2020) found that the fear and worry from the women stemmed directly from the illness and how it could impact their pregnancy and their child's health. Facchin et al.

(2021) summarized that all the women in their study feared consequences of the disease. Certainly, women have baseline fears when it comes to pregnancy or a cancer diagnosis, and this fear is heightened when both conditions occur simultaneously. While the cause of the fear varied, most women experienced feelings of worry and fear.

Pregnancy while facing a cancer diagnosis adds to the normal anxiety of the pregnant condition in women. Facchin et al. (2021) highlighted that women in their study internalized their coping strategies and had an anxious preoccupation with their situation. Matsuo et al. (2023) examined the anxiety among pregnant women with different cancer types, including bone, brain, gastrointestinal, leukemia, and breast cancers compared with pregnant women without cancer. They found that pregnant women with malignancy were 49% more likely to be diagnosed with anxiety or depressive disorder (prevalence rate 114 vs. 61 per 1000 cases, adjusted odds ratio [aOR] 1.49, 95% confidence interval [CI] = 1.40–1.58). Additionally, Ives et al. (2012) reported that women who were pregnant during their cancer diagnosis reported high levels of anxiety and stress linked to the concerns for their baby's health and concern for their own health and well-being. This indicates that anxiety is heightened in women with a cancer diagnosis during pregnancy regardless of type of cancer compared with pregnant women without a cancer diagnosis.

Social Support

Social support was critical when facing a challenging diagnosis like pregnancy during cancer treatment. Findings in four studies in this review had similar findings emphasizing the need for support, especially from their partner. Faccio et al. (2020) found that the women expressed increased support from their partners when diagnosed with cancer while pregnant. Support from family could have been found to be increased in this population of patients given the sensitivity to the circumstance of being pregnant during a cancer diagnosis and the extra attention that is placed on the woman by the family. Typically, women have support when diagnosed with breast cancer and likewise when presenting with a planned pregnancy. Similarly, Facchin et al. (2021) reported that all the participants in their study felt supported by their significant others. These findings could be due to the strong similarities in the characteristics (marital status, age) of the clinical sample. Social support is critical in women who are faced with a cancer diagnosis during pregnancy and can be impacted by many factors, including demographics. The accounts from the women in this review highlight the critical importance of having a support system (Facchin et al., 2021).

LIMITATIONS

The limitations of this review are related to the individual articles included. The sample sizes of the included studies varied, ranging from 5 to 38. There was variation in the cancer population focus among the studies. Faccio et al. (2020), Hammarberg et al. (2018), Facchin et al. (2021), and Liow et al. (2022) all focused on breast cancer during pregnancy. Gomes et al. (2021) focused on Hodgkin lymphoma and cervical cancer in addition to breast cancer during pregnancy. Stafford et al. (2021) focused on hematologic cancer, bowel cancer, and cervical cancer in addition to breast cancer during pregnancy. Additionally, the studies included had limited information regarding cancer stage and chemotherapy types. Other limitations included a lack of diversity in ethnicity, educational background, and employment status of the participants in the included studies.

IMPLICATIONS FOR PRACTICE

It is critical that all members of the health-care team recognize the unique situation that occurs when a pregnancy is complicated by a cancer diagnosis. Advanced practice providers (APPs) in oncology often lead teams that care for these patients. Based on the findings of this review, awareness specifically of QOL components such as anxiety, fear, social support, and breastfeeding concerns is warranted. Given the current trend of delaying pregnancy and the gradual increase in age related risk of certain cancers, the incidence of pregnancy with a cancer diagnosis will likely continue to increase. Specific interventions to care for this population of patients are needed.

Based on the findings of this review, the health-care team should be prepared to partner in a multidisciplinary approach to discuss

breastfeeding concerns with their patients. Advanced practice providers should be prepared to conduct timely referral to social work in addition to sharing information on support groups and other cancer- and pregnancy-related resources. Given the heightened concerns over not being able to breastfeed, pregnant cancer patients should be provided with information on breast milk donation banks in their area. Furthermore, in an effort to relieve fear and worry, APPs should provide specific patient education related to chemotherapy during pregnancy.

Additionally, screening for QOL components such as anxiety, fear, and social support should become standard practice. Patient navigation services would be beneficial given the multidisciplinary approach to management of patients who are pregnant and undergoing cancer treatment. Navigation services led by nurses would connect patients with resources while educating and advocating for patients throughout their cancer journey. These types of navigation services can be advocated for by APPs caring for this unique population of patients. Further research is needed on QOL for patients who are pregnant during their cancer treatment. Specifically, research is needed to evaluate how QOL can be impacted by factors such as fear and worry, social support, and anxiety and depression. Additionally, exploring the lived experiences of women who are pregnant during a cancer diagnosis is warranted.

CONCLUSION

The impact on women who are pregnant during a cancer diagnosis is complex. Quality of life has been a neglected focus in the literature for this population but is a critical concept to study in future research. This review found that these women expressed QOL concerns, including anxiety, fear and worry, social support concerns, and breastfeeding concerns. Future research will help to create specific and standardized interventions that support the care of this unique population of patients.

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