

Study finds breast-feeding safe for women after breast cancer treatment

October 12 2010

Women who have survived breast cancer should not be denied the opportunity to breast-feed their children, say researchers who presented the results of a new study at the 35th Congress of the European Society for Medical Oncology (ESMO) in Milan, Italy.

There is no evidence that [breastfeeding](#) is dangerous for mother or child after [breast cancer treatment](#), yet many women are advised by their doctors not to breastfeed after completing treatment for [breast cancer](#), said Dr Hatem Azim from the Department of Medical Oncology at Jules Bordet Institute in Brussels. He conducted this study with Italian colleagues while working at the European Institute of Oncology in Milan.

"It is a pity that women are denied the opportunity to experience normal motherhood and newborns are denied the endless benefits of lactation due to fears not based on any evidence," Dr Azim said. "Denying [breast cancer survivors](#) the opportunity to become pregnant or breastfeed remains unjustified in the absence of supporting evidence."

"We believe it is high time for the oncology community to realize that survivors' issues should be identified, respecting patients' demands and requirements," Dr Azim said. "As oncologists, we should prioritize global women's health and encourage this approach."

In their study, Dr Azim and colleagues conducted a questionnaire on 20 women who were known to have delivered a baby following completion

of breast cancer therapy. Of those women, 10 attempted breastfeeding and 10 did not. The patients were followed up for a median period of 4 years following delivery, during which time 2 relapses were encountered; one in the group which did not breastfeed, and another in the group which breastfed.

"These results confirm the ones obtained in a previous study we conducted, which showed that breastfeeding does not seem to have a detrimental effect on breast cancer outcome," said Dr Azim. "Although this study is very small, it is the second study we have conducted that has suggested the safety of breastfeeding following breast cancer diagnosis. Unfortunately, in situations such as this, conducting large studies is not feasible."

In the current survey, more than 50% of patients who did not breastfeed had been counseled against breastfeeding by their treating physician, the researchers found. "This information emphasizes the need for proper counseling for these women," Dr Azim said. "While I acknowledge that available evidence supporting the safety of breastfeeding is not strong, on the other hand we lack any evidence to support the detrimental effect."

There were two main factors associated with successful long-term breastfeeding in this study, the researchers found.

The first was the type of breast surgery performed earlier. Although all women tended only to breastfeed on the unaffected breast, those who had breast-conserving surgery were more likely to successfully breastfeed than those who had a mastectomy.

"It was interesting to find that women with breast conserving surgery apparently had a higher chance of successful breastfeeding," the researchers said. "A possible explanation is that after breast conserving

surgery, women felt more comfortable about their maternal role, which underscores the influence and importance of body image in the success of lactation."

The other major factor in breastfeeding success was post-delivery lactation counseling. "These women need motivation and encouragement to face their fears regarding their breast cancer history and its effect on milk production, fetal health and of course risk of recurrence," Dr Azim said."

All women reported that breastfeeding with the treated breast was difficult due to problems such as hypoplasia and hypotrophia and reduced milk production from the hypotrophic breast (in 4/7 women who had previous BCS and attempted breastfeeding).

"Nevertheless, we suggest that women can try to latch their babies to the previously affected breast but should be aware of the reduced milk production and of possible alterations of the nipple areola complex, which could lead to a difficult and possibly painful latching."

In the past decades, huge steps have been made in diminishing the impact of breast cancer treatment on the body image and quality of life of patients, commented Dr Alexandru Eniu, of Cancer Institute "I. Chiricuta" in Cluj-Napoca, Romania.

"We have progressed from extensive, mutilating treatments such as enlarged mastectomies, extensive radiation therapy and aggressive chemotherapy to minimal interventions such as breast conservation, sentinel node biopsy and tailored systemic therapies that allow a normal life after breast cancer. Yet, pregnancy and breast feeding were not always encouraged in breast cancer survivors."

"The important findings of this study add to the body of evidence

helping us to better advise our ex-cancer patients and future mothers: breast feeding after breast cancer is not dangerous for the mother or the child."

Decisions about fertility and future pregnancies are important for an increasing number of patients, Dr Eniu said. "Dr. Azim and colleagues have shown that, especially for patients undergoing breast-conserving surgery, breast feeding from the contralateral breast can be successful and should be encouraged."

Provided by European Society for Medical Oncology

Citation: Study finds breast-feeding safe for women after breast cancer treatment (2010, October 12) retrieved 8 May 2024 from <https://medicalxpress.com/news/2010-10-breast-feeding-safe-women-breast-cancer.html>

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