

Previous cancer treatment not tied to higher stillbirth rate

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Cancer diagnosis and treatment for adolescent girls and young adult

women does not appear to increase the risk of a stillbirth with a later pregnancy, according to a study published Aug. 27 in the *Journal of the National Cancer Institute*.

Caitlin C. Murphy, Ph.D., from the University of Texas Health School of Public Health in Houston, and colleagues estimated risk of stillbirth (fetal death of gestational age ≥ 20 weeks or weighing ≥ 350 grams) among 8,402 adolescent and young adult women (ages 15 to 39 years) diagnosed with cancer (1995 through 2015).

The researchers found a cumulative incidence of stillbirth in adolescent and young adult women of 0.70 percent at 40 weeks of gestation. Risk was higher among Hispanic (risk ratio, 2.64; 95 percent confidence interval, 1.29 to 5.41) and non-Hispanic Black (risk ratio, 4.13; 95 percent confidence interval, 1.68 to 10.16) women versus non-Hispanic White women. There was no association observed between stillbirth risk and receipt of chemotherapy or time since diagnosis. When adjusting for age, race, and ethnicity, fetal mortality rate in adolescent and young adult women with cancer was similar to the [general population](#) (standardized fetal mortality ratio, 0.99; 95 percent confidence interval, 0.77 to 1.26).

"It's so rewarding to begin to close this gap in the evidence, and provide some good news to the many [young women](#) seeking to have children after cancer," a coauthor said in a statement.

More information: [Abstract/Full Text \(subscription or payment may be required\)](#)

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