

Breast cancer associated with pregnancy: Evidence for nursing care

Câncer de mama associado à gestação: Evidências para assistência de enfermagem

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Keywords— *Breast cancer; Gestation; Nursing care.*

Palavras-chaves — *Câncer de mama; Gestação; Assistência de enfermagem.*

Abstract— *Breast cancer, which normally affects women at a more advanced stage of life, is associated with women who delay pregnancy, and as it is probably the health problem that most affects women because of its incidence, taboos and fears, it is up to nursing professional establish actions aimed at providing humanized and effective care. The aim of the study is to understand the importance of nursing care for patients with breast cancer associated with pregnancy. the methodology was a descriptive study carried out from a literature review, based on: LILACS, BVS, SCIELO. Languages, Portuguese and Spanish were used as inclusion criteria for the period 2004-2016, 20 articles were selected for the construction of this work. There is a need to conduct studies aimed at this theme, supporting the decision-making of nursing professionals in the planning and implementation of interventions, promoting better care in the context of comprehensiveness, providing nursing care aimed at well-being physical, social and spiritual characteristics of the patient and her family members. It is concluded that the woman who is diagnosed with breast cancer during pregnancy undergoes great emotional suffering in relation to the treatment and prognosis and that the fact that the woman is pregnant does not inhibit the treatment and can select the best for the stage of pregnancy, studies have reinforced the importance of early diagnosis, which contributes to a better prognosis of women with breast cancer during pregnancy.*

Resumo— *O câncer de mama que normalmente atingia mulheres em fase mais avançada da vida, associa-se a mulheres que retardam a gravidez, e por ser provavelmente o problema de saúde que mais abala as mulheres*

por conta de sua incidência, tabus e medos, cabe ao profissional de enfermagem estabelecer ações que visem prestar uma assistência humanizada e eficaz. O objetivo do estudo é compreender a importância da assistência de enfermagem a paciente com câncer de mama associado à gestação. A metodologia foi um estudo descritivo realizado a partir de uma revisão bibliográfica, tendo como base: LILACS, BVS, SCIELO. Foram utilizados como critério de inclusão os idiomas, português e espanhol no período de 2004 a 2016, foram selecionados 20 artigos para a construção deste trabalho. Verifica-se a necessidade de condução de estudos direcionados a esse tema, subsidiando a tomada de decisão do profissional de enfermagem no planejamento e implementação de intervenções, promovendo um melhor do cuidado no contexto à integralidade, prestando assistência de enfermagem que vise o bem-estar físico, social e espiritual da paciente e seus familiares. Conclui-se que a mulher que recebe o diagnóstico de câncer de mama na gestação passa por um grande sofrimento emocional em relação ao tratamento e prognóstico e que o fato de a mulher estar gestante não inibe o tratamento podendo selecionar o melhor para o estágio da gestação, os estudos reforçaram a importância do diagnóstico precoce, o qual contribui para um melhor prognóstico de mulheres com câncer de mama na gravidez.

I. INTRODUCTION

This study supports nursing care for patients with breast cancer associated with pregnancy, aiming at the care of this patient in its entirety, describing the role of the nurse related to the emotional, physical, spiritual and social state, which seeks to respond to the problem by helping the professional in decision-making to provide assistance to these patients in their entirety (MINEO et al., 2013).

Thus, we propose this theme in view of: its scarcity in literature; the emotional, physical, social and spiritual process the pregnant woman goes through after diagnosis at a stage in which the woman becomes more sensitive due to hormonal changes and to relate nursing actions to minimize the suffering of patients with a cancer diagnosis breast during pregnancy, identifying the importance that nurses have for the healing process (BRASIL, 2016).

The feminist movement emerged in the 1970s and 1980s, with this women conquering a significant space in society, acquiring professional independence and autonomy in the formation of their families. With this transformation in the female history, there were changes in obstetrics, as breast cancer that normally affected women at a more advanced stage of life is associated with women who delay pregnancy, on the other hand, breast cancer affects older women younger, the reasons are still unknown, not knowing if this is due to female awareness, technological advances diagnosing cancer early or exposure to a carcinogen (MONTEIRO, et al 2013).

Pregnancy-associated breast cancer is a carcinoma diagnosed during pregnancy, lactation, or up to one year after delivery. This is a delicate situation, as it creates difficulty and anguish for the pregnant woman, family and health professionals, establishing a complex situation for its management, as maternal treatment, which must be immediate, despite care and well-being contradicts fetal is a key concern (MONTEIRO, MLD et al. 2013).

In this perspective, it is up to nursing to establish actions aimed at providing humanized and effective care, in order to the patient's psychological, social and spiritual physical well-being at all levels of care, implementing strategies for the prevention and early detection of breast cancer, especially in the gestational period.

The general objective is to understand the importance of nursing care for patients with breast cancer associated with pregnancy.

II. MATERIALS AND METHODS

This is a descriptive study, through a narrative review of the literature. Languages, Portuguese and Spanish were used as inclusion criteria for the period 2004-2016, 20 articles were selected for the construction of this work. Exclusion criteria were research published in congresses, blogs, forums or that did not meet the objectives or period of the study. To this end, 20 scientific articles were analyzed on the subject of publications between the years 2004 and 2016, based on: LILACS, BVS, SCIELO and Google Academico.

Articles that sought to explain the subject, which were in Portuguese, English and Spanish, were selected. The organization of this review took place between the months of December 2020 and May 2021, thus providing guidance for researchers in relation to the topic addressed, so that they can formulate hypotheses in an attempt to seek resolution of frequent problems related to the care provided in previous studies.

The present study did not need to be submitted for consideration by the Research Ethics Committee (CEP), as it is a study based on a literary review, all research data were analyzed and written in Microsoft Word®.

III. LITERATURE REVIEW

BREAST CANCER

The human body undergoes constant cell renewal. In the process of proliferation, the cell's genetic material changes. These changes can occur in a gene called a proto-oncogene (responsible for cell growth). When the proto-oncogene mutates, the (oncogene) starts to receive wrong instructions to carry out its activities, becoming defective cells, often very aggressive and uncontrollable. This change determines the formation of malignant tumors (INCA, 2016).

There are different types of cancer, and each type of cancer corresponds to a type of cell in the body. If cancer starts in epithelial tissues such as skin, breast or mucous membranes, it is called cancer. In connective tissues such as bone, muscle or cartilage, it is called a sarcoma. If untreated, metastasis (tumor lesions in other organs) can occur Death (MINEO., et al, 2013).

According to data from the National Cancer Institute (INCA), breast cancer is one of the main causes of death from cancer in women, accounting for about 25% of annual cases, with an estimated 57,960 new cases in 2016. The diagnosis Breast cancer can be a health problem that affects women at any stage of life and, due to its incidence, taboos and fears, it has a great impact on female psychology, sexual concepts, personal image and self. - Respect (Fernandez et al., 2011).

The breast is made up of fat, connective tissue and glandular epithelial tissue, which contains lobules and ducts. Breast cancer usually affects ducts, called ductal carcinoma, and can be in situ when it does not pass through the first cell layer of these ducts or always invade. Cancer that affects lobules is called lobular carcinoma, which is less common than ductal carcinoma, accounting for only 10% of cases. Inflammatory cancer is rarer and more aggressive, affecting the entire breast (GODINHO, 2012).

Invasive ductal carcinoma is so named because it invades adjacent tissues and accounts for 70% to 80% of cases. For this type of cancer, it is important to distinguish the histological types. There are eight variants of this type of cancer, medulla, papillary and colloid, only the papillary, glandular cystic and medullary types have a good prognosis (GODINHO, 2012).

There are several factors that can cause breast cancer, age, duration of ovarian activity, genetics, diet, alcohol and tobacco use, drugs (contraceptives, hormone replacement) and genetic alterations. The simple fact that the patient is a woman becomes a risk factor, as women have more breast tissue and are exposed to hormones, especially estrogen, which will cause the growth of breast cells at each menstrual cycle, contributing to a possible secretion of milk. but it is believed that through good nutrition, nutrition and physical activity, the risk of breast cancer can be reduced by up to 28% (PINHEIRO et al., 2013).

Breast cancer associated with pregnancy

Breast cancer associated with pregnancy is a carcinoma diagnosed during pregnancy, lactation or up to one year after childbirth, this fact is increasingly postponed by women to a more advanced stage of life, becoming more and more The association of breast cancer in pregnant women is frequent, representing 0.2% to 3.8% of cancers that affect pregnant women, second only to cervical cancer (GODINHO, 2012).

There is no difference between breast cancer in pregnant and non-pregnant women, but compared to non-pregnant women, the factors that can lead to late staging include: the rarity of the situation, the physiological changes of the breast, especially from the second month onwards, with circulating hormones (increased levels of estrogen, progesterone and prolactin, strong blood vessel formation, increased cell numbers, breast congestion, hypertrophy, and spontaneous papillary secretions may appear, affecting the physical examination. These factors are combined with the following facts: Mammography Photography is not a routine examination in prenatal care, and routine self-examination is not performed, which delays the detection of masses and puts the survival of women at risk (ALQUIMIM, et al. 2011).

Pregnancy-related breast cancer is identified between 17 and 25 weeks, but more than 50% of cases are only discovered after delivery, and invasive ductal carcinoma is most common in pregnant women. The three main factors that determine the risk of maternal death are: the histological type of tumor, the mother's age and the number of lymph nodes affected. In pregnant women with advanced cancer and younger than 33 years, the prognosis

is worse because, at this stage, women are not in the risk group and, therefore, are diagnosed late (GODINHO, 2012).

“The first report on this subject took place over a hundred years ago and showed a frustrating prognosis” (FERNANDES et al., 2011). It is believed that to obtain a good treatment effect, pregnancy should be interrupted, and this reality was changed to make mothers and babies healthy (GODINHO, 2012).

The treatment strategy for patients with pregnancy-related breast cancer should consider the type of tumor, stage, and period of pregnancy at the time of diagnosis. The method of treatment should be similar to that of non-pregnant patients with the same clinical stage. The goal is to prevent iatrogenic preterm birth without delaying the patient's treatment. Treatment may include hormonal therapy, chemotherapy, radiation therapy and other treatments. Most indicate surgery (FERREIRA and Spatz, 2014).

TREATMENT OF BREAST CANCER IN PREGNANCY

Hormone therapy is used for some hormone-sensitive malignancies; initially for breast cancer, then for other tumors such as thyroid and prostate (INCA, 2016).

The measurement of specific cell receptors for estrogen and progesterone is performed using tumor samples and, by establishing a clear relationship between the positivity of the receptor and the response to treatment, it brings new subsidies for hormonal therapy (INCA, 2016).

During pregnancy, this dose can be confusing because the level of hormone receptors in the cytoplasm of breast cancer cells is reduced, which ultimately leads to false negative results, because high levels of circulating estrogen in pregnant women can cause receptor translocation. in the nucleus and occupy the entire cytoplasm, matter, it is not known whether it will respond to hormonal manipulation (REZENDE, 2016).

According to Instituto Vencer o Câncer, the hormone therapy mechanism is based on two basic mechanisms, namely: inhibiting the production of hormones to prevent malignant cell division and blocking the binding of hormones to their receptors (called periphery blockade). In both cases, the rate of proliferation and induction of programmed cell death (apoptosis) will decrease.

According to the Barretos Cancer Hospital, hormone therapy, hot flashes, impotence, vaginal dryness, decreased libido, changes in blood lipid levels, weight gain and increased risk of blockage of leg veins (thrombosis) .

Ovariectomy (removal of one or both ovaries) during pregnancy is a potentially risky behavior, as the ovaries are

responsible for the secretion of progesterone and estrogen, essential for pregnancy (REZENDE, 2016).

Pregnant women should avoid hormonal therapy during pregnancy, as breastfeeding needs to be suppressed due to a lack of understanding of the ongoing risks of hormonal stimulation (REZENDE, 2016).

Each stage of the tumor in surgery has its type and indications. It can be conservative, removing part of the breast, including fan resection (removal of a lump or part of the breast) and enlarged mastectomy (where the tumor is associated with a large number Resection, called marginal) and quadrantectomy (removal of about a quarter breast), removal of axillary lymph nodes or sentinel lymph nodes, or non-conservative (mastectomy) (FROSSARD, 2012).

Mastectomy is a surgical procedure designed to control tumor growth by mechanically removing all malignant cells present in cancer, so that these patients can survive, as it defines their stage, determines the risk of metastasis and eliminates the need for radiotherapy (MINEO, et al., 2013).

There are five types of mastectomy, simple or complete, including removal of the breast from the skin and complex papillary areola, mastectomy with one or two remaining pectoral muscles and accompanied by axillary lymphadenectomy (modified radical mastectomy); Mastectomy with removal of the pectoral muscle and axillary lymphadenectomy (radical), immediate reconstruction of the mastectomy and mastectomy with skin preservation (INCA, 2004).

The physical complications of mastectomy almost always consist of problems related to the surgical wound and the healing process, which can lead to flap necrosis, movement restriction, weakening of the strength of the affected arm and the most terrible lymphedema, which can be caused by vessels. lymphatics. Therefore, women must prevent these complications (FERREIRA and ALMEIDA, 2012).

Surgery is definitely the most suitable treatment for pregnancy-related breast cancer. Unlike radiation therapy, mastectomy during pregnancy does not cause fetal malformations. In the later stages of pregnancy, women undergoing mastectomy cannot breastfeed, even if the breast is reconstructed because the breast ducts have been removed (COSTA et al., 2006).

Mastectomy is seen by patients as a "mutilation" of the body, and many difficulties have been established, such as compromised high image, refusal to accept and social prejudice as a cause of embarrassment, which makes them biased against their own prejudice (ALVES et al., 2011).

Chemotherapy is the use of chemicals to treat tumor diseases. It is often used after mastectomy as a way to prevent the transfer of residual cells after tumor removal. Chemotherapy is a systemic treatment in which antitumor drugs can cause side effects in any tissue. For example: hematological toxicity, gastrointestinal toxicity, liver disease, cardiotoxicity, pulmonary toxicity, neurological complications, reproductive dysfunction, nephrotoxicity, metabolic changes, dermatological toxicity, systemic toxicity and allergic reactions, leading to the patient's experience in a worrying emotional state, because she has state emotionally shaken by the mastectomy and has to undergo long-term chemotherapy (ANDRADE & SILVA, 2007).

When the embryo and placenta form, chemotherapy can be given in the second or third trimester of pregnancy. Exposure of the fetus to this therapy can lead to low-incidence live births and does not appear to increase the risk of congenital malformations, but it may be related to intrauterine growth retardation and low birth weight. The most commonly used chemotherapy regimens during pregnancy are 5-fluorouracil (F), doxorubicin (A) or epirubicin (E) and cyclophosphamide (C) or doxorubicin and cyclophosphamide (AC) (MONTEIRO et al., 2014).

Some cells in the body divide more quickly and are more affected by the effects of drugs, including fetal cells in the organ-forming phase.

Cytostatics can cause malformations and mutations because (inhibition of cell growth or reproduction) they affect the placental fetus and chemotherapy should be avoided 3 to 4 weeks before delivery, as it is toxic to the bone marrow and can occur to the mother and the fetus in this condition can lead to neutropenia (low neutrophil content) and thrombocytopenia (low blood platelet content), thus increasing the chance of complications (SCHÜNEMANN et al., 2007).

Chemotherapy or lactation suppression should be avoided during breastfeeding, as several chemotherapeutics, such as cyclophosphamide (C) and doxorubicin, are found in breast milk, which can have serious consequences for the newborn (SCHÜNEMANN et al., 2007).

Radiotherapy is a method of destroying tumor cells by altering the genetic material, destroying the cells' ability to reproduce, high-energy ionizing radiation beams produced by linear accelerators or radioactive elements, in which pre-application of radiation dose calculated at any given time to treat benign, malignant lesions. Therefore, the tumor does not develop, it gives way in the medium term and, as it is a local treatment, it causes less damage to the surrounding normal cells (OLIVEIRA et al., 2016).

As a curative and palliative treatment, radiotherapy can improve the quality of life of patients. Common doubts cause anxiety and stress in advance, such as treatment period (lasting from one to seven weeks), course of treatment (lasting from two to thirty minutes), painless application, radiotherapy side effects, which can cause skin problems (dryness, itching), Blisters or scaling), depending on the tiredness of the application site, can cause diarrhea, nausea and vomiting, dry mouth, dysphagia, swelling, hair loss, sexual problems, urinary and bladder problems, direct effects can also occur due to 4 weeks and end of treatment 4 weeks The late effects that appear later reach 5 years as secondary cancers, such as fibrosis, genetic alterations and the development of other malignant tumors (OLIVEIRA et al., 2016).

Radiotherapy is a treatment, if possible, should be postponed until the postpartum period, as it can cause changes in the fetus at all stages of pregnancy; depending on the gestational age, the delivery for radiotherapy can be predicted, because before the implantation period (until conception) After the 9th day, the exposure to radiation can cause the death of the fetus. Exposure from the 15th to the 50th day after conception can cause fetal malformations, slow growth, microcephaly, eye diseases, changes in fetal behavior and cognition, and childhood cancer. As a treatment measure, abortion should not be considered during the treatment of breast cancer (COSTA et al., 2006).

It is noteworthy that patients with breast cancer using adjuvant therapy should use an intrauterine device (IUD), barrier methods or a combination of non-hormonal methods of contraception. It is recommended that women of childbearing age become pregnant after two years of studies with negative sentinel lymph nodes and three to five years after lymph node metastasis is found at autopsy, because more aggressive tumors may appear during this period and pregnancy will invade appropriate treatment (BASTOS and MONTEIRO, 2012).

In the case of breast-conserving surgery and radiation therapy, the milk production of the treated breast may be reduced. Some factors, such as the incision near the areola and nipple, the location of the tumor, the dose and the type of radiation, can alter the secretion of milk. However, breastfeeding in irradiated breasts is not recommended, as women can develop mastitis, in which case it will be a delicate process to occur (MONTEIRO et al., 2014).

EVIDENCE FOR NURSING CARE

Pregnancy is a period in which there is no health deviation in most of a woman's life, but it is characterized by complex changes, including changes in physiology, emotions and interpersonal relationships. Breast cancer

diagnosed during pregnancy, especially in young women who are in the reproductive period, starting a family and starting a career, is a delicate situation, as it can bring difficulties and pain for the pregnant woman, and the treatment makes it a cause. I mourn, for the lack of understanding of the disease, cessation of activities, side effects and major changes, a complex situation arises for its management, therefore requiring multidisciplinary medical care, especially the solution of nursing professionals aimed at minimizing it these painful actions of patients (GODINHO, 2012).

Regardless of the severity, when a woman is diagnosed with breast cancer, her identity is compromised, as breasts are related to happiness and life, impairing her social function, as breasts are considered a symbol of the female condition. This disease also brings taboos, fear, pain, insecurity and threats brought by the treatment, which contradicts the beginning of life and the "death penalty", and brings countless emotional and ethical conflicts to patients (COSTA et al., 2006).

Studies have shown that survival is the first concern for women and their families after a diagnosis of breast cancer. After the implementation of treatment and economic conditions, people began to worry about physical disfigurement and disfigurement caused by low self-esteem and decreased sexual desire and its impact on women's sexual life (SILVA, 2008).

The discussion triggered by this situation is that the disease should not stop only in the pathological aspect, it is necessary for the professional nurse to re-examine the patient's health/disease process as a whole, it is necessary to discuss with the client and his family based on general care of the patient, physical, social, mental and mental health (OLIVEIRA et al., 2010).

The nurse is a professional, spends more time with the patient and their family to help identify real and potential problems, and it can be seen from this that the nursing professional must seek technical-scientific knowledge to provide the patient with systematic care and humanized that meets their expectations and needs (MINEO et al., 2013).

From this perspective, nursing professionals determined their own concept of cancer and developed coping strategies, thus realizing adequate, human and effective care, reducing the pain of all participants, from primary care, cancer detection to the prognosis after the treatment (MINEO et al., 2013).

NURSING CARE FOR PREGNANT WOMEN WITH BREAST CANCER

Pregnancy-related breast cancer ended up causing public health problems and generating discussions about measures to diagnose breast cancer early. The National Breast Cancer Control Plan recommends early diagnosis and screening to reduce breast cancer. Between 25% and 30% of breast cancer mortality rates are in people between 50 and 69 years. Diagnosis made in the early stages of the disease has prognostic significance, with high cure rates, reduced mortality and high treatment costs (FROSSARD, 2012).

Therefore, the role of the nursing professional occurs in primary, secondary and hospital care. Nurses involved in female nursing need to implement educational actions for the prevention and early detection of breast cancer, especially during pregnancy, as an incentive to self-examination, based on the nursing process, in order to provide holistic, individualized and humanized care. Professionalism is very important, people understand the physical examination techniques, especially of the breasts, signs and symptoms, and any abnormality found, women must undergo imaging and histopathological exams (GODINHO, 2012).

In the pre- and postnatal period, nursing professionals perform clinical breast exams to detect abnormalities, assess symptoms reported by pregnant women and identify potentially palpable malignant lesions at an early stage, which is an excellent opportunity for health education.

According to the primary care cancer control booklet, nursing professionals have several roles in breast cancer control, including: according to the user's age group and clinical status, receiving users comprehensively, conducting consultations of nursing and clinical breast exams, according to local administrators. The plan or technical standard requires the detection, inspection and evaluation of signs and symptoms related to breast cancer, the requirements for assessment and collection of test results, and referral to the referral service for the diagnosis and/or treatment of breast cancer in accordance with the Palliative Care plan and clinical guidelines.

This approach should cover all aspects of pain (physical, mental and psychosocial) and seek cancer control, maintaining quality of life, ensuring that women have timely and comprehensive access to qualified actions and services, and are supervised by a team dedicated. Multidisciplinary team including nurses.

In terms of treatment, nurses can work in the area of chemotherapy and radiotherapy before and after surgery,

in order to inform patients about treatments such as mastectomy (mastectomy) and chemotherapy and their side effects, and help patients and their family members to understand the importance of treatment. Care for pregnant women with breast cancer must include dialogue, knowing how to listen, being safe and valuing the complaints and support of family members (MORENO, 2010).

In this case, we observed that the nurse went through all stages of nursing to pregnant women with cancer, from soon after the diagnosis of the disease, until reintegrating into the patient's daily life, promoting difficulties that can hinder the treatment, and the nurse should support and promote the adaptation of women to new situations, thus reducing the trauma of coping. Patients affected by this disease need to be guided by their families so that they have a clear understanding of the goals and consequences of treatment (MORENO, 2010).

This reality requires nurses' knowledge, principles, values, responsibilities and skills, who must set goals for the patient and their family and consider the individual's physical, emotional, social and spiritual well-being as a whole. Care for pregnant women with breast cancer must include dialogue, listening, security, attention to complaints and family support (STUMM, LEITE & MASCHIO, 2008).

To carry out nursing work, it is necessary to adopt a scientific method that enables nurses to apply the theoretical framework that guides and supports their actions in the nursing practice provided by a team of nurses, technicians and nursing assistants. It is based on the systematization of nursing, with the nurse being responsible for formulating, implementing and evaluating health plans, being a personal tool for nurses, allowing the use of standardized language to better communicate phenomena of interest to nursing practice (FROSSARD, 2012).

Caring for pregnant women with breast cancer requires the ability and responsibility of nursing professionals to understand the patient's problems and resolve them, and allow the necessary interventions to promote, protect, recover and restore the patient's health. provider. All settings, from homes and communities to emergency care institutions and rehabilitation centers, from diagnosis to post-mortem rehabilitation, and there is no difference, applicable to all fields. Developed in public or private institutions (GODINHO, 2012).

In the literature, we found a care plan based on a work tool that facilitates the execution of the care process, as it organizes knowledge and creates its own language to describe issues related to the patient and provide action recommendations. These tools are: NANDA (North

American Association of Nursing Diagnoses) and NIC (Classification of Nursing Interventions) that seek answers to the following questions: What care do nursing professionals provide to pregnant women diagnosed with breast cancer?

The solution to this problem provides support for nursing professionals, provides adequate care to pregnant women diagnosed with breast cancer and provides better conditions for the patient and her family to support themselves in the conditions experienced during treatment, rehabilitation and rehabilitation (OLIVEIRA. Et al. 2010).

IV. FINAL CONSIDERATIONS

It has been observed in the literature that the prognosis of breast cancer in young or non-pregnant pregnant women is poor because they are not at risk. There is evidence that pregnancy does not worsen the development of breast cancer. The poor prognosis is related to the late phase, emphasizing the importance of prevention.

In this case, the importance of nursing professionals at all levels of nursing was observed, not only providing physical assistance to women, but also assisting in the emotional and cultural care of women, thus seeking to reduce anxiety and provide greater safety and comfort, take a supportive role to help women adapt better to their new environment.

It is very important that nursing professionals implement comprehensive care for women with breast cancer during pregnancy and prepare these professionals for physical examinations, especially for prenatal and postpartum breast exams, including early detection of measures related to pregnancy related to breast cancer.

By synthesizing the knowledge generated in this review, it is necessary to carry out research on the subject to support the decision-making of nursing professionals in the planning and implementation of interventions, to promote better care in an integral context and to provide assistance in nursing. care In the physical, social and mental health of the patient and his family.

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