

## Female Reproduction

Depending on their overall health, women with cystic fibrosis (CF) may have irregular periods, which can sometimes lead to problems with fertility. The amount and quantity of cervical mucus needed to implant the fertilised egg may be altered, therefore fertility may be affected. The majority of women with CF are not considered infertile and 85% are able to conceive naturally within a year of ceasing contraception.

If you are a sexually active woman with CF and you don't want to get pregnant it is vital that you use contraception.

### Pregnancy

It is important to discuss your plans for starting a family with your CF team, ideally before you are pregnant.

- Prior planning can help to optimise lung health and weight, which can lead to more successful outcomes for mother and baby.
- You will need to consult you CF team to review your medication to see if it needs to be changed. The first trimester is a critical development phase for the foetus; some drugs affect foetal development and must be avoided.

In women with CF who have stable lung function, pregnancy doesn't impact long term health. If lung function reduces in pregnancy it usually returns to normal in the months post-delivery. As the foetus grows it can impact lung function in the short term, because the baby takes up space usually occupied by the lungs. A developing foetus also places higher energy demands on your body, and you will need to increase your kilojoule intake to maintain a healthy weight. Your CF team will want to monitor your health more closely while you are pregnant because of increased demands on your body.

### Assisted Reproductive Technologies

Assisted Reproductive Technologies (ARTs) are used if couples are experiencing difficulties conceiving. There are many forms of ART, the most common are described below:

**Ovulation induction (OI)**- involves a series of hormone injections or tablets to stimulate the release of an egg from the ovaries.

Ovulation induction may be used in women with CF if they are not ovulating or have an irregular menstrual cycle.

**Artificial Insemination (AI)**- involves insertion of the male partner's (or donor's) semen through the cervix and into the uterus close to the time of ovulation. Artificial insemination is often useful to help women with CF become pregnant if thick vaginal mucous is preventing the sperm from reaching the egg.

**In Vitro Fertilization**- In Vitro Fertilization (IVF) Hormones are taken to stimulate the ovaries to produce eggs. Eggs must be collected from the woman and sperm from the male partner, and they are then combined in the laboratory to form an embryo. The fertilised embryo is then transferred in the hope it will implant in the uterine wall. IVF can be physically and emotionally difficult, expensive, and success is not guaranteed. For example, of all the IVF treatment cycles started in Victoria in 2011/12 (not just those involving people with CF), just under 15% resulted in live births (VARTA Annual Report, 2011/12).

### Surrogacy

Surrogacy is where a woman carries a child for another person or couple, and agrees to give the child to the person or couple immediately after birth. Using a surrogate can be an option for women with CF who are advised against carrying a pregnancy themselves but still want to have a child. Surrogacy is now legal in most states in Australia, but it is a very complex undertaking for all parties involved.

### Useful Resources

- Male Reproduction Factsheet [www.cfwa.org.au/wp-content/uploads/2018/02/CF-Fact-Male-Reproduction.pdf](http://www.cfwa.org.au/wp-content/uploads/2018/02/CF-Fact-Male-Reproduction.pdf)
- Pregnancy Factsheet [www.cfwa.org.au/wp-content/uploads/2018/04/CF-Fact-Pregnancy.pdf](http://www.cfwa.org.au/wp-content/uploads/2018/04/CF-Fact-Pregnancy.pdf)
- Assisted reproduction [www.rtc.org.au/consumer/index.html](http://www.rtc.org.au/consumer/index.html)
- Family planning [www.srhwa.com.au](http://www.srhwa.com.au)
- Genetic services WA [www.gswa.org.au](http://www.gswa.org.au)

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