

Female Reproduction

As women with CF live longer and healthier lives, many more are becoming parents. Although women with CF may have irregular periods and the cervical mucus may be thicker, fertility may not 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.

Your CF team will want to monitor your health more closely while you are pregnant because of increased demands on your body, however most women with CF are able to carry a child without significantly impacting their long-term health.

Carrier Screening

As part of planning pregnancy, it may be important for some to know the chances of having a child with CF. Genetic testing for your partner can be discussed with your CF team who can arrange for you and your partner to be referred a genetic counsellor.



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:

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 mucus is preventing the sperm from reaching the egg.

InVitro Fertilisation (IVF)

Hormones are taken to stimulate the ovaries to produce eggs. Once the eggs are mature, they are collected and combined in the laboratory with the sperm from the male partner or donor to form an embryo. The fertilised embryo is then transferred in the hope it will implant in the uterine wall and a successful pregnancy will progress.

Surrogacy

Surrogacy is an arrangement where a woman carries the 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

- [CF Carrier Screening \(CF Community Care\)](#)
- [CFWA Reproductive Factsheets](#)
- [Assisted Reproduction \(Reproductive Technology Council\)](#)
- [Contraception Choices \(Sexual Health and Family Planning Australia\)](#)
- [Assisted Reproductive Treatment \(Varta\)](#)
- [Surrogacy in WA \(Reproductive Technology Council\)](#)

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