

Pregnancy

One of the most important questions for women with CF is whether pregnancy will have a detrimental effect on their long-term health. With advances in CF care resulting in improved health and fertility for a lot of women with CF, pregnancy is becoming more achievable than ever. Working closely with both the CF care team and obstetric team enables many women with CF to carry a child without significantly impacting their long-term health.

Pregnancy places unique demands on the body, some of which can have health implications for women with CF. For this reason, pregnancies should be planned carefully with the CF team, when you are in the best health possible.

As part of planning pregnancy, it may be important for you to know the chances of having a child with CF. If your partner carries the CF gene there is a 50/50 chance that your child will have CF. Carrier screening for partners of people with CF who are planning a pregnancy is free through Medicare. Genetic testing for your partner and genetic counselling can be discussed with your CF team or GP.

Am I Healthy Enough For Pregnancy?

Generally, there are four main factors that determine how well a woman with CF will handle pregnancy. These factors are:

Lung Function

A lower lung function can increase the chance of pregnancy complications, including a higher caesarean section rate and lower infant birthweight. Some studies have shown that infection with certain organisms can also lead to



complications during pregnancy. You can discuss these factors and possible implications with your CF care team.

Nutrition

Optimising nutritional status to be able to support both you and your baby is an important goal before you consider pregnancy. Lower BMI is often associated with poor foetal growth and premature delivery.

CFRD

Cystic Fibrosis Related Diabetes (CFRD) may increase the risk of problems during pregnancy. Monitoring and controlling blood glucose prior to falling pregnant is important to ensure you can manage your CFRD during pregnancy. Insulin requirements may change during pregnancy so make sure you involve your diabetes specialist in pregnancy planning.

Cirrhosis (liver disease)

Cirrhosis can be a potential complication in pregnancy for women with CF. Women who have liver disease should discuss the implications of pregnancy with the CF team.

Potential Complications During Pregnancy

Preterm Delivery

The most common complication of pregnancy with CF is preterm or premature delivery, which seems to be associated with low pre-pregnancy lung function.

Gestational Diabetes

Pregnant women with CF have been found to have a higher risk of gestational diabetes because many already have impaired glucose tolerance.

Nutritional Deficiencies

Your nutritional demands will change during pregnancy and put you at risk of inadequate weight gain or even weight loss. Most women with CF will need to increase their caloric intake, drink supplements and focus on maintaining and gaining weight while pregnant. It is important to pay close attention to nutritional status and work closely with a CF dietitian throughout pregnancy.

Constipation

Although it is common for all women to experience constipation issues during pregnancy, having CF increases the risk. To prevent constipation, pregnant women with CF should drink more water, add fibre to their diet and eat more fruits and vegetables. Your care team may also recommend the use of stool softeners or laxatives.

Exacerbations

Pregnant women with CF may experience more exacerbations, so it is important to continue your maintenance treatment throughout pregnancy to stay as healthy as possible. Your CF care team and obstetrician will work closely to decide whether any of your treatments should be adjusted during pregnancy.

Vitamin A (retinol) Toxicity

High levels of vitamin A, especially within the first three months, can be associated with developmental issues for your baby. If you are taking vitamin A supplements, your team may recommend that you stop taking them during your pregnancy. It is important that you do not alter your CF-related medications without discussing it with your care team and obstetrician first.

Hypertension

According to some studies, pregnant women with CF have a higher risk of hypertension than those without CF. For this reason, your care team and obstetrician may choose to monitor blood pressure both before and during pregnancy.

CFTR Modulators During Pregnancy

As CFTR modulators become more common, consideration needs to be given to use during pregnancy and breastfeeding. Studies show CFTR modulators were well tolerated before and during pregnancy and lactation, however, longer-term follow-up is required to exclude future adverse effects. If you are taking a CFTR modulator and planning pregnancy, discuss your treatment options with your CF team.

Useful Resources

- [Genetic Services of WA](#) (Department of Health)
- [Pregnancy & CF](#) (CF Foundation)