

# **Female Reproductive Health/Fertility and Cystic Fibrosis: Patient Information**

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## **Introduction:**

You or someone you know may wonder if Cystic Fibrosis (CF) affects female reproductive health and fertility. Irregular periods and challenges with fertility may occur and impact your CF health. In addition, pregnancy may be more complicated with CF and requires close monitoring.

## **Menstruation:**

Females with CF get their first periods around the same time as girls without CF, ~age 13, but there may be some delay due to poor nutrition, pancreatic insufficiency, glucose abnormalities or Cystic Fibrosis Related Diabetes (CFRD), recurrent or chronic illness, poor lung function, and use of steroids in treatment. Irregular menstrual cycles are common during teenage years in girls with and without CF. Some females with CF experience lung symptoms including exacerbations and bleeding that occur in a pattern related to their menstrual cycle, often just before or during their periods. Some hormonal birth control methods such as the combined pill, patch, or ring can help with these symptoms.

## **Contraception:**

In general, people with CF can use all available methods of contraception. However, some parts of your medical history are important to consider. For example, if you have had blood clots in your legs, lungs, or a catheter line, you may not be able to use hormonal birth control that contains estrogen, due to an increased risk of blood clots. Contraception is an important way to prevent pregnancy if you are sexually active with a male partner and do not wish to become pregnant. Contraception may have other benefits, such as improving your period pattern and flow.

## **Fertility:**

Most females with CF who want to become pregnant are able to do so, though some experience infertility. Some women may find that CF makes becoming pregnant more difficult due to thicker cervical mucus and irregular ovulation. The effect of CFTR modulators on fertility is not yet clear. If you are having trouble becoming pregnant, a gynecologist specializing in reproductive endocrinology and infertility can help. It can be helpful to talk to your CF team and a high-risk OB (obstetrician) doctor about pregnancy and parenting in advance.

## **Pregnancy:**

If you have a male partner, you may want him to pursue CF carrier screening, in order to assess risk of passing on CF to your offspring. In addition, having a consultation with a high-risk obstetrician before or early on during pregnancy can help you understand any specialized care you may need during this time. Whether to continue your current medications, how to manage your nutrition, and whether to breastfeed after delivery are decisions you will make with the advice and expertise of your CF team and high-risk obstetrics team.

## **Preventive Care:**

- **Vaccination:**

The HPV vaccine is the best way to prevent cervical cancer and is recommended to be given at age 11 or 12. However, you can also obtain this vaccine later. Cervical cancer screening with Pap tests should begin at age 21. This involves a pelvic exam with a gynecologist or primary care doctor. Sexually transmitted infection screening can start any time and can occur as frequently as needed.

- **Urinary Incontinence:**

It is very common for females with CF to experience leaking of urine with coughing, airway clearance, and other physical activity. Pelvic floor exercises and pessaries can be helpful treatments. If you experience symptoms of urinary incontinence, a gynecologist specializing in urogynecology can help.

**For More Information:**

<https://www.cff.org/managing-cf/family-planning>

<https://www.cff.org/managing-cf/fertility>

<https://www.cff.org/managing-cf/pregnancy-and-cf>