

Title	Fertility and Sexual Health
Version	1.1

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1. Introduction

Male and Female fertility can be affected by Cystic Fibrosis and patients should be informed about this and opportunity for further discussion provided at routine annual review appointments from adolescence.

2. Male infertility

The majority of male patients with CF will be infertile and this can be confirmed via semen analysis – this can be arranged via GP referral. Sperm are still produced but are not present in semen due to absence or blockage of the vas deferens. This does not cause erectile dysfunction. It is still possible for a male with CF to father a child biologically with the help of fertility services.

3. Female infertility

Most women with CF will be able to become pregnant without any fertility treatment, therefore effective contraception is essential when trying to avoid pregnancy. Enhanced fertility has been seen in patients treated with CFTR modulators. CF can affect ability to conceive due to thickened vaginal mucus or irregularity in menstrual cycle due to ill health.

4. Contraception

Likely infertility related to CF cannot be relied upon as a method of preventing pregnancy, even in males. Therefore use of contraception is strongly encouraged if wishing to avoid pregnancy as well as to avoid sexually transmitted diseases. There is an interaction between 'Orkambi' and hormonal contraceptives and therefore these cannot be relied upon for adequate contraception in any form (oral, injectable and implantable). Use of barrier methods will be required. This does not apply to 'Kaftrio' or 'Symkevi'. Interactions between oral contraceptives and antibiotics can occur and the risk of this should be considered and discussed with your CF team when new antibiotics are prescribed.

5. Fertility treatment

Male infertility can be treated through IVF with Percutaneous / Testicular Epididymal Sperm Aspiration (PESA/TESA) when a needle is inserted into the epididymis or testicle to extract sperm into a syringe. This is done under local anaesthetic. An alternative is Microsurgical Epididymal Sperm Aspiration (MESA) which is performed under general anaesthetic and involves a small incision in the scrotum. Following either procedure a single sperm is then injected directly into the egg via a process known as ICSI (intra-cytoplasmic sperm injection).

Female infertility can be treated with intrauterine insemination or full IVF.

6. Pre-conception counselling

Intellectual property rights remain within NHS Institutions. Guidelines do not replace clinical judgement

There are a number of considerations prior to planning a family, which will vary depending on individual circumstances. These include genetic screening for CF in the partner to determine the risk of a child being born with CF, optimisation of the health of a female patient prior to becoming pregnant and medication review prior to conception. See Pregnancy Guideline for further information.

7. Further information

The CF Trust have a useful information leaflet 'Thinking of starting a family: a guide for adults with cystic fibrosis and their partners' which can be found on their website: <https://www.cysticfibrosis.org.uk/what-is-cystic-fibrosis/how-does-cystic-fibrosis-affect-the-body/symptoms-of-cystic-fibrosis/fertility>



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