

A blurred image of a calendar grid. The numbers 2, 3, 4, 5, 9, 10, 11, 12, 16, 17, 18, 19, 23, 24, 25, 26, and 31 are visible. The number 18 is circled in black. The background is a soft, out-of-focus mix of red and white.

## 2. How can I have sex safely?

A guide to help women with cystic fibrosis make informed choices

# How can I have sex safely?

## The importance of contraception and safer sex

Having sex safely means being able to enjoy your sexual relationship with your partner without worrying about becoming pregnant by mistake or catching a sexually transmitted infection (STI). This leaflet sets out to explain as much as possible about all the different forms of contraception and how your CF and its treatment may alter their reliability. The aim is to help you and your partner choose the best method that makes you both feel comfortable and confident.

There are several reasons why the right form of contraception is so important for you, whether or not you want to have a baby at some stage in your life. Pregnancy always puts a great strain on any woman's body and the risks will be even greater for you because of your CF. It is therefore especially important that if you do wish to become pregnant you are at the peak of your health and you are well prepared. So it is also especially important to avoid an unplanned pregnancy. This means that if you are having sex you need to protect

yourself from the risk of pregnancy until you and your partner are ready to have a baby and preferably after discussion with your CF Team too!

But contraception is not just about preventing pregnancy. If you use barrier methods correctly, you can also be protected from catching sexually transmitted infections (STIs). This is also vitally important for your health and fertility as the section on safer sex will explain.

## Safer sex

Contraception is also used for "Safer Sex", which means to reduce the risks of catching Sexually Transmitted Infections (STIs). There are many infections that can be transmitted between partners during sex. These infections can have serious health risks and it is therefore advisable to reduce the risk of catching them. If you have one partner and you are both faithful to each other you are less likely to get an STI. If you or your partner have had sex with lots of other people before, it may be wise for you to get a check up at the Genito-Urinary Medicine (GUM) clinic before you have sex, or before you stop using barrier methods of contraception.



Sexually Transmitted Infections can bring serious health risks to anyone. Some STIs can be treated; some can be treated but not cured. Some STIs can have extra risks for people with cystic fibrosis.

These include:

- **Chlamydia** is a STI that has rapidly increased in young women during recent years. If it is not treated promptly it can cause infertility. It is possible for women to have Chlamydia without any visible symptoms, although your partner may have some symptoms
- **HIV** is a life-threatening virus that damages the body's immune system and may ultimately cause AIDS. Damage to the immune system makes it very difficult for the body to fight off infection
- **Hepatitis** is an infection that affects the liver and so can cause further problems for people with cystic fibrosis

These are all sexually transmitted.

Other sexually transmitted infections include thrush, gonorrhoea, syphilis and genital warts, all of which are curable with the correct treatment.

The condom or femidom (a female condom) are the barrier methods of contraception because they put a barrier between the male and female sex organs, so reduce the risk of both STIs and pregnancy if used correctly every time you have sex. All methods of contraception must be used correctly to be effective. Only condoms also protect against Sexually Transmitted Infections.

You can find out more information about Sexually Transmitted Infections by phoning your local GUM clinic. The telephone number will be in the telephone directory – under Health Services.

## Methods of contraception

There are many different forms of contraception and so it is important to try and find the method that suits both you and your partner best and is most effective in preventing an unplanned pregnancy. Because you have CF, certain methods may be less effective – eg. natural methods that rely on measuring changes in body temperature or the thickness of cervical mucus. However information about all the different methods of contraception is included, including the natural methods, in recognition of the fact that some religious beliefs do not condone "artificial" methods of contraception.

All the different forms of contraception are described under the following headings:

Chemical Methods, Barrier Methods, Intra-Uterine Methods, Natural Methods, Emergency Contraception, Permanent Methods ie. sterilisation, termination of pregnancy.



## Chemical methods

### ■ **The contraceptive pill**

*effectiveness: up to 99%*

These must be prescribed by a doctor and are available from Family Planning Clinics and at the Doctor's surgery.

There are two types of contraceptive pills the combined pills, which contains both oestrogen and progesterone; these pills stop women from releasing an egg each month (ovulating). The progesterone only pill, which is sometimes referred to as the mini pill increases the thickness of the cervical mucus to make it more difficult for the sperm to enter the womb and in some women stops ovulation and periods. These are both popular methods of contraception.

### ■ **Combined pills**

There are many different types or names for combined pills and it may take a while to find the pill that suits you best. The combined contraceptive pill is taken on the first day of your period and then one a day, at the same time every day for three weeks. There is then a seven-day break during which time you will have a period, then you start to take the next packet for three weeks again and so on. Some makes of pill have the same effect but are designed to be taken without this one week break.

### ■ **The progesterone only pill**

This is taken on the first day of your period and then one a day at the same time every day, until you decide to stop using this pill as a method of contraception. There is no break as with most combined pills.

## Are there any disadvantages to taking the pill?

There are some disadvantages with oral contraception. The pill must be taken correctly to maintain effectiveness. If you forget to take a combined pill for more than twelve hours, or a progesterone only pill for more than three hours the effectiveness is greatly reduced.

- *Some other drugs may reduce the effectiveness of the pill – eg. antibiotics (see below).*
- *Any diarrhoea or vomiting will reduce the effectiveness of the contraceptive pill.*
- *Some women experience breast tenderness.*
- *Women on the progesterone only pill may experience irregular bleeding (but no true periods).*
- *You are advised not to smoke and take the pill.*

You are advised against using the pill if you suffer from high blood pressure, have ever had a thrombosis (blood clot) or have a family history of breast cancer. (A Family planning doctor or nurse will take a detailed medical history before prescribing the pill.)

## The effects of the pill on CF

Research shows that women with cystic fibrosis can use the combined pill but are advised to use one with 30 micrograms of oestrogen. In some cases lung and liver functions are monitored for the first 6 months, complications are rare and generally settle down if the pill is stopped.

It is important to remember that antibiotics given to treat infections may reduce the absorption levels and therefore the effectiveness of the pill; it is advisable to use barrier methods of contraception all the time you are taking antibiotics and for seven days after the course finishes. Barrier methods are also advised if you experience diarrhoea and vomiting and again for the following seven days.

The contraceptive pill, if used correctly, can be up to 99% effective.

### ■ **The Injection**

*effectiveness: over 99%*

This is called Depo-Provera or Noristerate and must be prescribed by a Doctor although a nurse can give it.

This method of contraception is a progesterone injection, injected into deep muscle. It works by slowly releasing the progesterone into the body and preventing ovulation. It has the bonus of not being affected by antibiotics and could therefore be of interest to women with cystic fibrosis. One injection of Depo-Provera is required every 12 weeks, or one injection of Noristerate every 8 weeks.

Women usually stop having periods whilst they are using this method of contraception or they may have irregular and usually lighter periods.

There are some disadvantages. Once injected, the chemical cannot be removed and so any unwanted effects (such as irregular bleeding during the course of the first injection) may continue until the end of 8 or 12 weeks. Regular periods and fertility may take several months to return after stopping the injections. Some women gain weight.

You must remember to have the injections when they are due to maintain effectiveness.

### ■ **Implant**

*effectiveness: 98%*

Implants are available at some Family Planning Clinics and some doctors'

surgeries. The implants must be prescribed and fitted by a doctor.

This method involves small soft rods being implanted under the skin where they slowly release progesterone into the body. Antibiotics do not alter the effectiveness of the implants.

## Barrier methods

### ■ **The male condom**

*effectiveness: up to 98%*

These are available to buy from chemists, some super-markets, garages and various other retail outlets. They are available free of charge from Family Planning Clinics.

The man wears the condom over an erect penis. It must be put on before any penetration into the vagina. After ejaculation the man must withdraw immediately whilst holding on to the condom to prevent any semen spilling from the condom into the vagina. The condom then needs to be removed, tied and disposed of (not flushed down the toilet); a new condom is required every time you have sex. Always check that condoms have a BSI kite mark and they have a current use by date. Most condoms already have a spermicide on them to improve the efficiency but it is possible to get them without spermicide. If you need to use a lubricant to help put on the condom it should be water based (eg KY Jelly) and not oil based (such as massage oil or food products) as these will weaken the condom. If used correctly every time the male condom can be up to 98% effective.





### ■ **The female condom (femidom)**

*effectiveness: up to 95%*

These are available to buy from chemists and some supermarkets. They are available free of charge from Family Planning Clinics.

The female condom is placed inside the vagina prior to sexual intercourse. The penis enters the condom during sexual intercourse and after ejaculation the penis is withdrawn and the female condom is removed and disposed of (not flushed down the toilet). A new female condom is required every time you have sex. Female condoms may be more comfortable and give better feeling than male condoms, but they can also provide interesting sound effects! If used correctly every time this method can be up to 95% effective.



### ■ **Cervical cap/diaphragm**

*effectiveness: up to 96%*

The cap/diaphragm is available free from Family Planning Clinics.

The cap or diaphragm is used by the woman and is placed in the vagina over the cervix (cap) or across the vagina covering the cervix (diaphragm). As everyone is a different size it is necessary to be measured for a cap or diaphragm by a family planning trained doctor or nurse to ensure a correct fit and so improve the effectiveness of the cap/diaphragm.

A spermicide is also used with the cap/diaphragm, (also available free from Family Planning Clinics) this is placed on the cap/diaphragm before it is put in the vagina and needs to be replenished after 3 hours.

The family planning doctor or nurse will teach you how to fit the cap/diaphragm. You will then be asked to return to the clinic with it in place, so the nurse/doctor is sure you know how to use it correctly, before you are encouraged to rely on it as a contraceptive method. The size should be checked every twelve months. It is also necessary to check the size if you lose or gain 3 kg or more or have a baby or miscarriage or abortion.

Although the cervical cap and diaphragm are barrier methods of contraception, they **do not** protect against sexually transmitted diseases (STI's).

If used correctly every time this method can be up to 96% effective.

## Intra-uterine methods



### ■ **Intra-uterine device (IUD)**

*effectiveness: 99%*

This is sometimes called "the coil". This is available from the Family Planning Clinic and some doctors will fit them in their surgery.

The Coil is a small T shaped plastic device that is fitted into the uterus through the vagina. A doctor who has been trained to fit IUDs will do this. Once in place you will be shown how to check the coil is still in place after your period. You will be asked to return to see the doctor or nurse 6 weeks after it was fitted and then annually after that.

The IUD can remain in place for up to 5 years but could be removed sooner if necessary.

It is effective against the risk of pregnancy as soon as it is in place. The presence of the IUD will prevent sperm meeting the egg or prevent a fertilised egg embedding into the uterus. There are some disadvantages. There is a slight increased risk of pelvic infection and IUDs cannot be used after transplantation. There is also a slight increased risk of ectopic pregnancy (a pregnancy when the fertilised egg embeds in the fallopian tubes. This is very dangerous and requires surgery). Some women have heavier periods. The IUD is not recommended for women who have heavy periods or those who have not had a pregnancy.

### ■ **The Intra-uterine system**

*effectiveness: 99%*

This is available from Family Planning Clinics and some doctors will fit them in their surgeries. This is similar to the Intra-Uterine Device but it contains the hormone progesterone.

The IUS is fitted in the same way as the IUD and works in a similar way but the presence of progesterone will mean periods will be lighter. It is therefore recommended for women who suffer from heavy and painful periods.

It is not recommended for women who have not had a pregnancy.

There are some disadvantages. Irregular bleeding can occur for the first three months. Some women experience breast tenderness. The IUS is effective against pregnancy as soon as it is in place. It can stay in place for 5 years. Annual check ups are required.

## Natural methods

### ■ *Natural family planning*

This method of contraception relies on regular monitoring of indicators of the time each month when you become fertile because you are releasing an egg from your ovaries ie. changes in body temperature, varying thickness of cervical mucus and counting the days between periods. For this method to be effective a nurse specialist trained in natural family planning methods will work with you and teach you how to take daily records and to recognise when you are ovulating. A barrier method of contraception or not having intercourse is necessary during the fertile time. It is usually essential to monitor body changes for 6 months before relying on this method.

However this method is not recommended for women with cystic fibrosis as the cervical mucus is always very thick and so does not change with your monthly cycle. Also any changes in body temperature may be linked to infection in the body. Thirdly, the regularity of ovulation may be affected by weight loss or gain so is not a reliable measure of fertility.



### ■ *Persona*

*effectiveness: 99%*

This method is available from chemists and some supermarkets. It is not available free of charge from Family Planning Clinics or Doctors' surgeries.

Persona measures the level of hormone in the woman's urine and indicates whether it is safe to have sex without the risk of pregnancy. It is necessary for the woman to test her urine every day.

If you wish to have sex on an "unsafe" day, another form of contraception is required. If used correctly this method can be up to 99% effective

### ■ *Withdrawal*

The withdrawal method is sometimes referred to as a natural method of contraception. In this method the male withdraws his penis from the vagina prior to ejaculation. The withdrawal method requires a lot of self-control and trust. The failure rate is high as semen is often released prior to ejaculation. Therefore this method is not recommended for anyone wishing to avoid pregnancy.

## Emergency contraception

This is available from Doctors' surgeries and Family Planning Clinics on prescription or can be bought from pharmacies. It is for women who have had unprotected sex and are at risk of an unwanted pregnancy.

### ■ *The emergency contraceptive pill*

This has to be taken within the 72 hours following unprotected sex in order to prevent pregnancy. It has recently become more widely available without prescription, but if bought from a chemist may be very expensive.

Two tablets are taken as soon as possible and two more tablets are taken 12 hours later. They may make your period earlier or later. You are advised to have a follow up appointment with the doctor three weeks after taking the emergency contraception to make sure that you are not pregnant.

Like the contraceptive pill, it is best if the doctor takes a detailed medical history before prescribing emergency contraception, to ensure they are suitable for you.

### ■ *The IUD as an emergency contraceptive*

The IUD can be fitted up to 5 days following unprotected intercourse. A doctor must fit the IUD. This can be done at either at Family Planning Clinic or a Doctors surgery. This method is not suitable for young women or women who have not had a pregnancy.

## Permanent methods of contraception

These methods should only be considered if you are not planning any future pregnancy. Protection will still be required against Sexually Transmitted Infections.

In some geographical areas sterilisation is free on the NHS, but in other areas it is only available if you can meet the cost of the procedure.

### ■ *Male sterilisation* *effectiveness: over 99%*

This is available through your doctor or a private clinic.

This is a small operation that involves cutting the tubes that the sperm travel down, so preventing the man ejaculating sperm. Some sperm may be present for a while following the operation so other contraception is needed until two clear tests are received showing no sperm present in the semen. This operation requires a local anaesthetic. Sometimes a general anaesthetic is used.

## ■ **Female sterilisation**

*effectiveness: over 99%*

This is available through your doctor or private clinic. It is an operation that involves a one to three day stay in hospital. During the operation the fallopian tubes are either cut or clipped to prevent an egg travelling through the fallopian tubes to meet the sperm. This operation may require a general anaesthetic or a spinal anaesthetic (epidural). You will need to discuss which option is best for you with your doctor and the anaesthetist.

Both male and female sterilisation are permanent and should not be chosen if you are in any doubt. Counselling before the operation is important. Reversal of sterilisation is sometimes possible but for either partner there is a very poor success rate and it is rarely available on the NHS. Private treatment to reverse sterilisation is likely to cost between £1000 and £2000.

## Termination of pregnancy

Pregnancy may sometimes need to be ended artificially with loss of the baby by termination of pregnancy or abortion. Unplanned, unwanted pregnancy should be avoided by careful contraception. The need for termination because the baby has CF may be avoided by testing the partner before pregnancy. Pregnancy in women too unwell to continue may be tragic, especially if the child is much wanted, but termination if needed, is

best performed early and if left too late into pregnancy can be very dangerous for the mother.

Termination is usually carried out by operation requiring a general anaesthetic. If lung function is poor an injection into the back (epidural or spinal anaesthetic) makes the area numb while the patient is awake and reduces the risk to the chest. Both these techniques can be used at any stage of pregnancy up to 24 weeks. In very severe cases, or where the mother requests it and the technique is available, a tablet may be swallowed, followed by a pessary (vaginal tablet) 2 days later, to cause abortion like a heavy period. This technique is recommended mainly for early pregnancies (before 9 weeks) but can rarely be used for later abortions.

Any termination should be carefully considered because of the possible risks to the woman's physical and psychological health.

### *Sources of advice*

*Whilst General Practitioners and CF doctors and nurses will be happy to give general advice, the Family Planning Clinics offer detailed counselling, and may give you a supply of your chosen contraceptive. In the case of the "cap" or "diaphragm" they will also check that you are able to use it properly. They offer a fully confidential service and are widely experienced and will know when to refer someone to a gynaecologist if there are special problems.*



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## Booklets and leaflets that may help

'Sexual Health Matters for Young  
Men/Young Women'

'Sexual Health Matters for Women'

'Sexual Health Matters for Men'

'The Condom Guide'

All produced by The Health Education Authority,

Trevelyan House, 30 Great Peter Street,  
London SW1P 2HW

'Love Stings – A Guide to STIs'

'Your Guide to Contraception – Is Everyone  
Doing It?'

'A Guide to Family Planning Services'

All produced by The Contraception Education  
Service, Family Planning Association,

2-12 Pentonville Road, London NI 9FP,  
Tel: 020 7 837 4044

**Leaflet 1:** Can I have a baby?

**Leaflet 2:** How can I have sex safely?

**Leaflet 3:** Could our baby have CF?

**Leaflet 4:** Should we have a baby?

**Leaflet 5:** How can I plan for a safe pregnancy and birth?

**Leaflet 6:** How could we become parents?

**Leaflet 7:** How does it feel to go through infertility  
treatment? – A patient's perspective

**Leaflet 8:** What is it like to be a parent?

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