



**HeartKids**

# Sexual health and Pregnancy



Information about sexual health and pregnancy for people with congenital heart disease (CHD).

## When should I have sex?

Only you can decide when is the right time to start a sexual relationship. Most young people find talking to friends or family helpful. Don't be embarrassed to ask questions - it's always good to get the facts!

Starting a sexual relationship is about your emotional wellbeing, so it's up to you to decide if it is what you want. From the physical point of view, having sex is reasonably strenuous. It takes about the same effort as climbing two flights of stairs.

## What do I need to know about contraception?

Contraception is used to reduce the chance of pregnancy. It is also called birth control.

- The majority of congenital heart defects do not reduce fertility. You will need to think about contraception and discuss that with your doctor, like other young people.
- CHD does not protect you from sexually transmitted infections (STIs). Like other young people, you will need to think about condoms to reduce your risk of STIs.

- If you are a young woman, the discussion about contraception may start with your doctor (GP), but should also involve your cardiologist. You may be sent to another specialist, like a gynecologist, for further conversations.



Discuss your contraception needs with your GP or cardiologist. They are there to help and answer your questions!

## What are some of the types of contraception?

There are many different types of contraception.

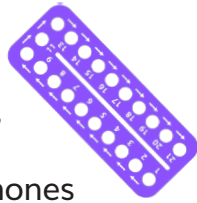
### Condoms

Only condoms, which provide a physical barrier, reduce the risk of STIs. However, their contraceptive rating is not as high as other options. Many people use 'contraception plus a condom'.



## The Pill

The oral contraceptive pill is taken by women to prevent pregnancy. It contains hormones which stop the ovaries from releasing an egg each month. It can increase the risk of blood clots, so for some women it is not recommended.



## Emergency contraception

In Australia emergency contraception can be purchased at a pharmacy without a prescription. This may be needed after unprotected sex or contraception failure (like a condom breaking).

Ask the pharmacist about any interactions that may reduce the effectiveness of the contraception you are on, or any other medications you are on.

## I'm pregnant and I don't know what to do.

You can access counselling to help you make your decision about an unplanned pregnancy. Look up family planning services in your area. You can also chat to your GP and your cardiologist.

You may decide not to have the baby. Legislation around termination (abortion) varies from state to state in Australia. Very early in a pregnancy, medication can be used to cause a miscarriage, otherwise a surgical procedure is required.

## I am a woman with CHD. Can I have children?

For most women the answer is yes. The majority of congenital heart conditions do not reduce fertility.

In a small number of women with complex types of CHD, pregnancy may be associated with significant risks. A risk to the mother will always increase the risk to the baby. This includes miscarriage, early delivery and having a very small baby.



Your cardiologist may involve other specialists in the assessment before advising what the risks of pregnancy are for you. In some cases, a pregnancy may be contraindicated if considered too high risk.

## I am a man with CHD. Can I have children?

For most men the answer is yes.

There is very little data on fertility in men with CHD. However, fertility can be reduced due to chronic ill health.

Some heart medications may cause erectile dysfunction or impotence. If you are finding this issue with your medications, have a chat to your cardiologist about what other options are available.

## Will my children have CHD?

Whether you are a young woman or a young man with CHD, your chance of having a baby with a condition is increased.

For most congenital heart conditions, the increase is small (around 4 - 7%).

The risk is higher if:

- Your CHD is one of several issues with your health, physical or mental development
- Other members of your family also have CHD
- Your CHD is part of a known genetic syndrome. The most common genetic syndrome seen in congenital heart disease is 22q11 deletion. In this case, every child you have has a 50% risk of inheriting this genetic change.

Most CHD does not get inherited in exactly the same way. This is because the genetic component for most is just a small part. This means that a baby may have quite a different CHD diagnosis to their parent.

During pregnancy, you will be referred for a detailed ultrasound of the baby's heart in addition to the usual scan.

## Why is planning important?

For the best chance of having a successful pregnancy and healthy baby, work together to plan with your cardiologist. You can have these conversations before you become pregnant. Doing this can help you to take charge of your health and plan for your life.

Your cardiologist will want to make sure you are in the best state possible to cope with the physical demands pregnancy puts on your heart. They may need to run some tests, change or stop your medications, or perform some interventions or operations.

Many adult CHD services work with an obstetric service. Women with CHD may be advised to deliver at an obstetric hospital that is not their own. Sometimes a team of doctors, nurses, midwives, neonatologists (baby doctors) and other specialist doctors are required.

## What happens at delivery?

Most women with CHD can have a vaginal delivery. However, pregnancy and delivery is difficult to predict. Unexpected medical or obstetric issues can develop.

Your cardiologist and obstetrician will help you plan for different scenarios. Sometimes plans for delivery need to be changed, including during delivery if an emergency arises.

## What happens after birth?

Depending on your type of heart condition and your pregnancy, your baby may have been born very early or may be small for their age. If this is the case, they may need to go to a neonatal intensive care unit or special care nursery. You may also have to spend some more time in hospital for further tests and care.

There are some changes that occur in women's hearts during pregnancy. These usually resolve over a few weeks or months. Sometimes pregnancy can cause heart function to reduce. This is why you should always have a discussion and assessment with your cardiologist before deciding to get pregnant again.

You may want to consider commencing contraception before going home from hospital. What you use may depend on your decision regarding breastfeeding and any anticipated future pregnancy plans.

## Further reading

- CHD Impact on Females (American Heart Association): [Online](#)
- Contraception for Women with a Heart Condition (Somerville Foundation UK): [Online](#)
- Grown Up CHD and Pregnancy (Somerville Foundation UK): [Online](#)
- Pregnancy When You Have a Heart Condition (British Heart Foundation): [Online](#)

**Acknowledgements:** This fact sheet was written by A/Prof Dominica Zentner (Cardiologist, Royal Melbourne Hospital).

## Where to find more information and support

### Pregnancy Counselling Australia

 1300 737 732

### Family Planning Australia

 [familyplanningallianceaustralia.org.au](http://familyplanningallianceaustralia.org.au)

### HeartKids

 [heartkids.org.au](http://heartkids.org.au)

Learn more about CHD and the support HeartKids can offer you.

 1800 432 785

Call the HeartKids Helpline for support, advice and guidance.

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