Introduction: The first pregnancy in a woman diagnosed with cystic fibrosis was described in 1960; however, the theory of decreased fertility in such cases still exists. The disease, which is associated with extremely low body mass index, leads to delayed menarche and anovulatory cycles. Additionally, several theories suggest that in patients with cystic fibrosis, alterations exist in GnRH function and cervical mucus barrier. However, all women diagnosed with cystic fibrosis must be informed about the advantages of contraception. The negative effects that a pregnancy can cause to the course of the disease, as well as the need for counseling and close follow-up of women with cystic fibrosis in case of pregnancy, have to be discussed from puberty in family planning centers.

Material and methods: This is a review study of recently published data in the field of contraception in women diagnosed with cystic fibrosis.

Results: The use of contraception methods among women with cystic fibrosis is common in the United States of America (70%); a percentage higher than for the general population. The choice of the appropriate contraception method should be individualized. The use of barrier methods is a satisfactory solution, but orally given hormonal contraception is accepted in such cases as well. There are some theoretical disadvantages of hormonal contraception in women with cystic fibrosis because of the potential risk for aggravation of existing diabetes mellitus and negative effects of progesterone to the production and viscosity of respiratory system mucus. However, there are several research studies which demonstrate the safety and efficacy of hormonal contraception in cases of women with cystic fibrosis. The pharmacokinetics of ethynil-estradiol as well as levonorgestrel were studied among women diagnosed with cystic fibrosis, and the results - according to the safety and efficacy of this treatment - were positive.

Conclusion: Every woman with cystic fibrosis must be informed about contraception issues and the optimal, individualized contraception method.