

PH & CONTRACEPTION

Many types of pulmonary hypertension (PH) are more common in women than in men. As such, the issue of potential pregnancy and contraception is a common and important one. The effects of pregnancy on blood volume and the heart can often worsen PH and right-sided heart failure, which is associated with very high risk to the life of both the mother and baby. **That is why it is strongly recommended that those living with PH who are entering puberty and/or of childbearing age typically avoid pregnancy through continued and stable use of birth control.**

WHY IS IT IMPORTANT TO NOT GET PREGNANT NOW?

During pregnancy, the mother's blood volume increases by about 50%. This increase in volume causes heart rate and blood pressure to go up while decreasing the heart's ability to push blood throughout the body and lungs. During labor and delivery, there are also many issues that can occur: blood loss, uterine contractions, the body's reaction to pain, and an increased risk of

blood clots. For someone living with PH, these changes are poorly tolerated and can lead to a rise in blood pressure in the lungs and right heart failure. To give you an idea, between 1997 and 2007, the maternal mortality rate amongst pregnant women with PAH was 25%. Many of the medications used to treat PAH are also harmful to unborn babies.

- Due to the risks linked with pregnancy for those with all types of PH, it is recommended that patients avoid pregnancy or consider an early termination.

Healthy Women	Women with PH
Increased blood volume and heart rate	Increased blood volume and heart rate cannot be accommodated
Decreased ability to push blood throughout the body and lungs	Rise in blood pressure in the lungs and right heart failure

All decision-making regarding birth control should include the patient and involve talking with a women's health specialist. Although it is strongly discouraged, if a PH patient decides to plan a pregnancy it is important to do so in close consultation with a PH specialist.

ADDITIONAL RESOURCES

- **For more information on birth control and sexual health:**
<https://www.cpha.ca/birth-control-methods-and-sexual-health>, <https://www.sexandu.ca/>
- **For more information on adoption & surrogacy:**
<https://www.adoption.ca>, <https://www.surrogacy.ca>

BIRTH CONTROL CHOICES

- *** Combined contraceptives containing both estrogen and progestin are generally not used for women with pulmonary hypertension because of their association with blood clots.**

Methods of birth control can be divided into eight groups:

Method	Type	Info	Success Rate
Oral	The Pill*	Short-acting reversible contraception (SARC), Combined oral contraceptives (birth control pill), Progestin-only (POP) (also known as the “mini-pill”)	Success rates range from 91%-99.8%, with failure rate as high as 9%
Topical	Contraceptive Patch*		
Shot/Injection	Injection*		
Inserts	“IUD”	Long-acting reversible contraction (LARC), Levonorgestrel releasing intrauterine systems (LNS-IUS), Copper-bearing intrauterine devices (Cu-IUDs)	Success rates ranges from 99.2%- 99.8%, with a failure rate of 0.8%
	Vaginal Ring*	Temporary intravaginal ring insert	Success rates range from 91%- 99.8%, with a failure rate as high as 9%
Permanent Birth Control	Female Sterilization	Tubal Ligation & Tubal Occlusion	Success rates ranges from 99.2%- 99.8%, with a failure rate of 0.8%
	Male Sterilization (vasectomy)		
Barrier (non-hormonal methods)	Male/Female Condoms		Success rates range from 72%- 98, with a failure rate as high as 28%
	Diaphragm & Cervical Cap		
	Contraceptive Sponge		
	Spermicide		
Other (Natural Methods)	Fertility Awareness		Success rates range from 76%- 99.6%, with a failure rate as high as 24%
	Withdrawal		
Emergency Methods	“Morning-after pills”/Hormonal Methods*		
	Emergency contraception IUD insertion within 5 days of unprotected sex		