



Cystic Fibrosis Research News

Title:

Sexual and reproductive health care utilization and preferences reported by young women with cystic fibrosis

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What was your research question?

This study aimed to describe and compare the sexual and reproductive health (SRH) care accessed by young women with cystic fibrosis (CF) with the general United States (U.S.) population.

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Why is this important?

As therapies for CF improve, more than half of all people with CF are now adults. As more women with CF become older, they increasingly face SRH decisions and require access to health care services for both general and CF-specific SRH issues. Results will assess the health care accessed and the preferences for SRH care delivery among young women with CF and will inform the development of future interventions that improve SRH care provision.

What did you do?

We surveyed young women with CF ages 15-24 years from five U.S. CF centers around SRH. Results were summarized and compared to the U.S. National Survey of Family Growth (NSFG) after accounting for differences between the groups.

What did you find?

A total of 188 women with CF completed the survey and data were compared to 1,997 NSFG respondents. Women with CF had lower lifetime rates of ever obtaining a Pap smear or pelvic exam (26% vs. 57%), but similar rates of HPV vaccination (44% vs. 43%) compared to NSFG respondents. Around 37% of women with CF reported seeking contraception and <10% reported contraceptive counseling, STI testing/counseling, or pregnancy testing in their lifetime. A minority of women with CF received or discussed SRH care in the CF setting, although 66% wanted to discuss SRH with their CF team.

What does this mean and reasons for caution?

This is the first study to identify SRH care utilization and preferences of adolescent and young adult women with CF. Young women with CF appear to have less cervical screening, contraception counseling, and STI testing and counseling than their counterparts in the general U.S. population. Opportunities exist for the development of interventions that will improve this important aspect of health. Due to study design, there is potential for recall bias (where individuals remember an event differently) around SRH care-seeking. In addition, as SRH is influenced by cultural, educational, and societal influences. As such, these results may not be generalizable to women with CF in other countries or a larger U.S. sample.

What's next?



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Future interventions should aim to improve SRH communication in the CF health care setting and standardize this aspect of comprehensive healthcare through clear referral practices and formal partnerships with women's health specialists.

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