

Contraception Conversation Guide



Providence
Health Care

BCRenal
Provincial Health Services Authority



Considering Pregnancy with CKD

Carrying a pregnancy is possible for many people living with any stage of chronic kidney disease (CKD), including those on dialysis or those who have had to have a kidney transplant. While kidney disease can sometimes make it harder to get pregnant and can carry different risks, many people with CKD may still want to have children and can have healthy pregnancies.

Birth Control and CKD

Pregnancy is possible at all stages of chronic kidney disease (CKD), including during dialysis and after kidney transplantation. However, CKD can increase the risk of complications for both pregnant persons and babies, and some medications are unsafe during pregnancy. Therefore, planning ahead for pregnancy is important. If you are interested in pregnancy, it is important to discuss your goals, medications, and complication risks with your kidney doctor and healthcare team to improve your

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chance of a successful pregnancy. For more information on pregnancy and chronic kidney disease, please refer to the [pregnancy page](#).

Pregnancy-capable people with CKD who are sexually active should consider contraception (also known as “birth control”) to avoid unplanned pregnancy. People should assume they are capable of pregnancy if they have a uterus and are under the age of 50, even if they do not have regular menstrual cycles. All types of contraception are used across the spectrum of CKD, but not all people

with CKD are good candidates for every type of contraception. Talk to your kidney care team to choose the best method of contraception for you. For more information connect with your family physician or ask to be referred to a gynaecologist or visit Optionsforsexualhealth.org to find a sexual health clinic in BC.

Birth Control Options

1. Intrauterine devices (IUD): Copper or Progestin

- Intrauterine devices are small devices inserted into the uterus. They are a highly effective, long-acting, and reversible method of contraception. IUDs are over 99% effective with typical use and last between 3 and 10 years, depending on the type of IUD. Available free in BC.

2. Implant (Nexplanon®)

- The implant is a small progestin-containing device that is placed under the skin of the upper arm. It is a highly effective, long-acting, and reversible method of contraception. The implant is over 99% effective with typical use and lasts for up to 3 years. Available free in BC.

3. Birth Control Shot (Depo-Provera)

- An injection that contains progestin. The birth control shot is approximately 95% effective at preventing pregnancy with typical use and lasts 3 months. Available free in BC.

4. Progesterone-only pill (“Minipill” or POPs)

- An oral pill containing progestin that is taken daily. This method is approximately 90% effective at preventing pregnancy with typical use. Available free in BC.

5. Combined oral contraceptive pill

- An oral pill containing estrogen and progestin that is taken daily. This method is approximately 90% effective with typical use. Available free in BC.
- **This option may not be ideal if you have hypertension, diabetes, or smoke cigarettes. Talk to your care provider to learn more about whether the combined oral contraceptive pill is a safe option for you.

6. Barrier Method (e.g. Condoms): Internal or External

- Condoms are a barrier method of contraception that prevent pregnancy and the transmission of sexually transmitted infections. There are two types: external and internal. Condoms are not as effective at preventing pregnancy (80% external/“male” and 50% internal/“female” condom) as other methods of contraception, but are recommended as an additional method (dual protection) for protection against sexually transmitted infections and for better protection against pregnancy when using less effective birth control methods.



[Click here](#) for a printable discussion guide to help discuss with your kidney doctor if you are planning a pregnancy.

Questions You Might Want to Ask Your Healthcare Provider

Use this guide during conversations with your healthcare team.

Contraception Discussion Guide For Kidney Patients

+ Questions to Ask Yourself

Here are some questions to ask yourself before discussing contraception with your health care provider.

- Are you interested in a future pregnancy? If so, when do you plan to pursue pregnancy?
- Would you prefer a daily pill or a longer-term option?
- Do you have severe cramping or heavy menstrual bleeding?

- Do you have a history of high blood pressure, blood clots, or osteoporosis (low bone density)?
- Do you smoke?

+ Questions to Ask Your Kidney Doctor or Family Physician

- How does chronic kidney disease affect my fertility?
- Do I need to use contraception if I don't want to get pregnant?
- When should I begin using contraception?
- Which contraception options are safe and available for me?
- What are the risks and side effects of contraception?
- Should I use condoms as dual protection in addition to another form of birth control?
- How would pregnancy affect my kidney health and when would be the best time for me to consider pregnancy?

Thank you to the renal obstetrics program at St. Paul's Hospital for their contributions to this handout.