

Chapter 5

Fertility, reproductive health, and family planning when living with schizophrenia

Explore Chapter 5

This chapter turns to the practical and personal questions that arise when people living with schizophrenia think about fertility and having children. It explores how reproductive health, contraception, pregnancy planning, and postpartum care can be approached through informed choices, coordinated medical support, and respect for each person's own timing and life goals.



5.1
Can fertility be affected in schizophrenia?



5.2
How do hormones influence reproductive health?



5.3
Why is contraception an important part of care?



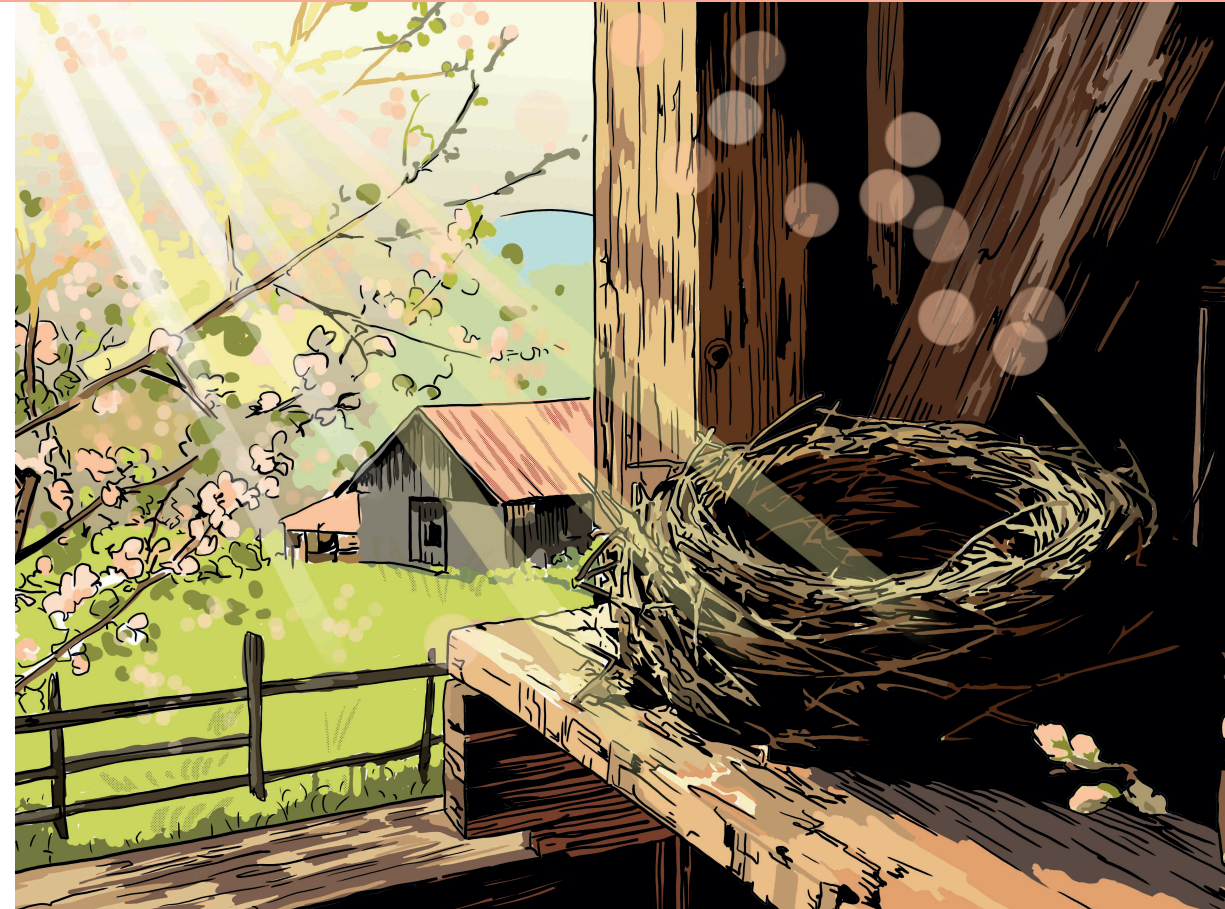
5.4
How can pregnancy be planned safely?

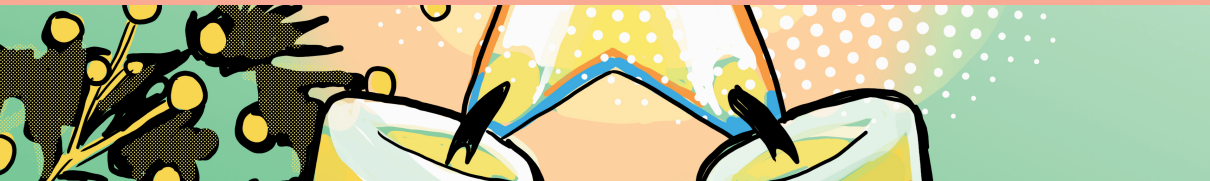


5.5
Why do partners sometimes feel out of sync in their lives and expectations?



Clinical Story





Mini-Glossary

Fertility

The ability to conceive a child. It may be influenced by hormonal, physical, and lifestyle factors.

Hypothalamus-pituitary-gonadal (HPG) axis

A system of communication between the brain and reproductive organs that regulates hormones such as estrogen and testosterone. It plays a central role in controlling menstrual cycles, ovulation, and sperm production.

Prolactin

A hormone that, when elevated, can affect menstrual cycles, ovulation, sexual function, and fertility.

Contraception

Methods used to prevent pregnancy, allowing individuals to plan if and when to have children.

Preconception Planning

Preparing physically and medically for pregnancy to ensure the best possible outcomes for both parent and child.

Postpartum Period

The time after childbirth, during which physical and emotional changes occur and additional support may be needed.

Welcome to podcast #5

Fertility, reproductive health, and family planning when living with schizophrenia

with **Elena Maurer**, Health Journalist, and
Dr. Lukas Stein, Psychiatrist and Researcher

Elena:

In our previous conversations, we explored how body image, physical health, and treatment can shape intimacy, confidence, and relationships.

For many people, as stability grows, another question naturally appears:

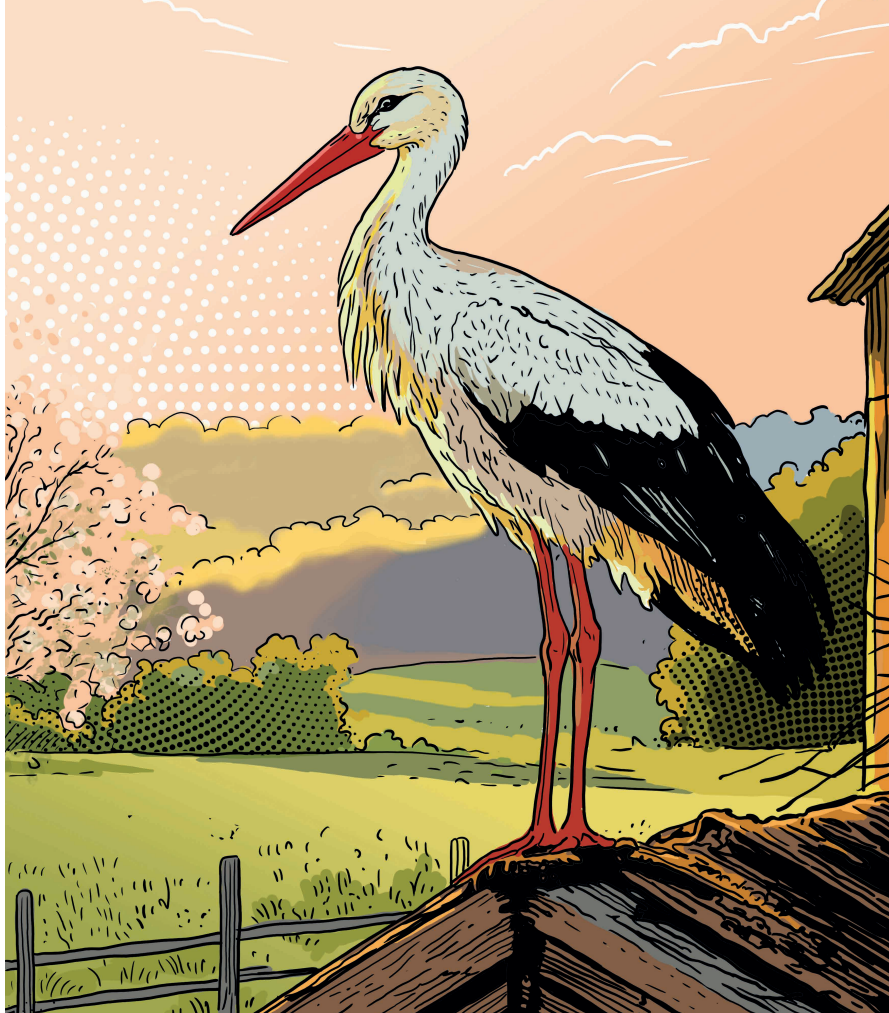
What about the future? What about having children?

Thank you, Dr. Stein, for joining us.

Dr. Stein:

Thank you, Elena. These are important and very personal questions for many families.

5.1 Can fertility be affected in schizophrenia?



“The short answer is: fertility is usually preserved, but several interacting factors can influence it.”

Elena:

Dr. Stein, many families wonder whether schizophrenia affects the ability to have children. Is fertility reduced?

Dr. Stein:

That’s a very important and very common question.

The short answer is: **fertility is usually preserved**, but several interacting factors can influence it. Even with this information, many people still feel uncertain. “Does this apply to me?” is a common question.

Fertility in people living with schizophrenia is not absent, but it may be **lower on average or more variable**, depending on individual circumstances.

Elena:

The issue is not impossibility, but variability?

Dr. Stein:

Historically, people with schizophrenia have had **lower birth rates**, but this is not only due to biological factors. It is also influenced by social and health-related aspects, such as relationship opportunities, overall health, and access to care.

Today, this is changing, as care improves and more people can plan their lives, including having children. But for many, the question still comes with hesitation, not only hope.

What factors can influence fertility?

Elena:

What are the main things that can influence fertility?

Dr. Stein:

There isn't just one single factor.

In real life, it's usually a combination of different things that come together, sometimes biological, sometimes related to overall health, and sometimes connected to everyday life.

Elena:

Can you give us a sense of what that looks like?

Dr. Stein:

Of course.

Sometimes it starts with the body's internal balance. Hormones play an important role in fertility, and one hormone we often look at is prolactin.

When prolactin levels are higher, it can affect things like menstrual cycles in women, or testosterone and sperm production in men.

What's important to know is that these changes don't always come only from treatment. They can also be part of how the illness affects the body itself.

Elena:

It's not always something people can see or immediately notice.

Dr. Stein:

Beyond hormones, there are also very everyday aspects of health that matter.

Things like changes in weight, general physical condition, or habits such as smoking can influence fertility over time. These are not specific to schizophrenia, but they tend to appear more often in this context, which is why we pay attention to them.

Elena:

Is fertility also connected to general well-being?

Dr. Stein:

Yes, it is.

And there is another layer that is just as important.

Fertility is not only about biology. It's also about life circumstances.

Things like feeling stable in a relationship, having access to care, or simply being able to talk openly about plans all play a role.

In practice, we often see that these elements are closely connected. Sometimes people expect a simple explanation, and it can be frustrating when things are more complex. It's not just one factor, but how they come together in a person's life. And that can feel confusing at first, because there isn't always a single clear answer.

Elena:

When families hear that fertility may be affected, it doesn't mean that having children is unlikely.

Dr. Stein:

It's more accurate to say that fertility can be influenced, sometimes in subtle ways, but not removed.

In many cases, these challenges can be understood and addressed. And with the right support and planning, many people may have children.

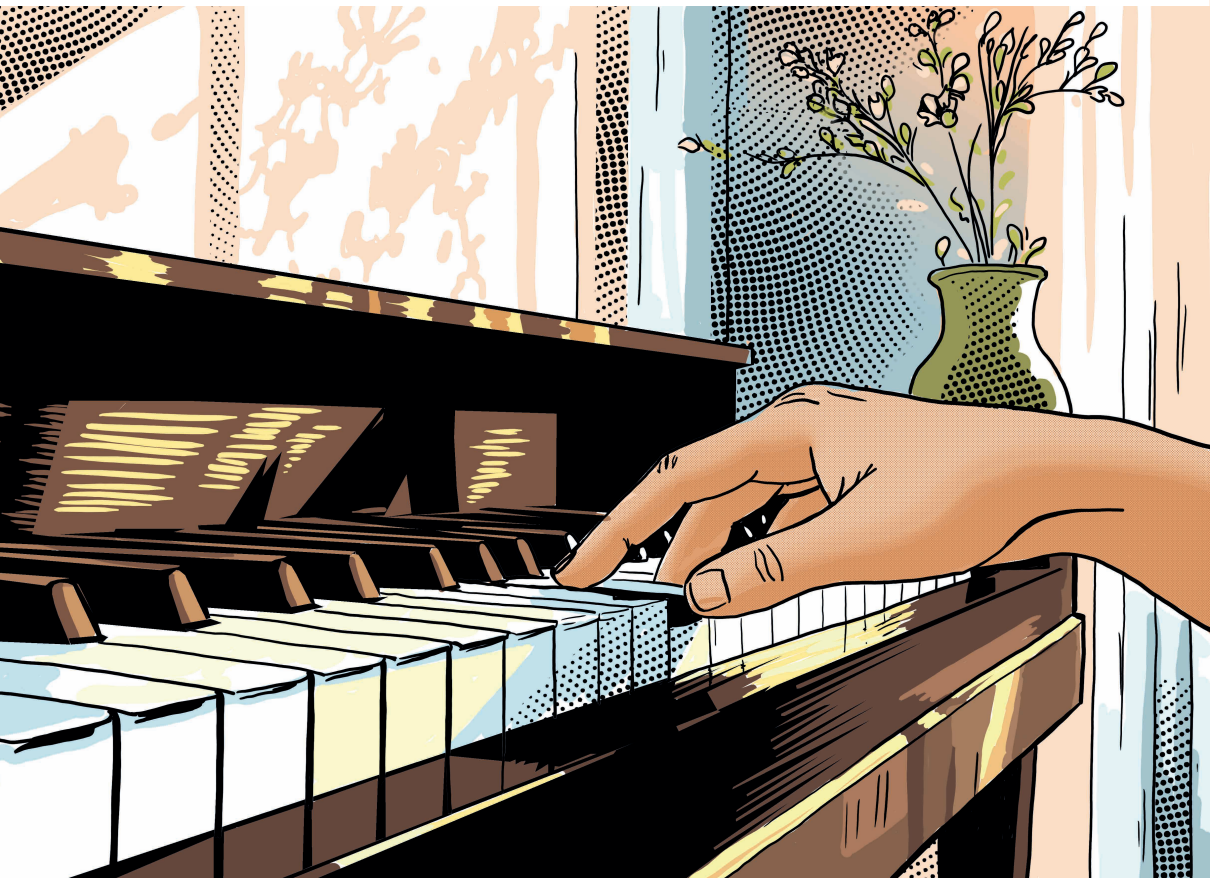
Fertility: Key Points

- *usually preserved*
- *influenced by multiple factors*
- *varies between individuals*

✓ planning improves outcomes

Understanding these factors helps guide the next steps in planning and care.

5.2 How do hormones influence reproductive health?



“Reproductive health depends on a balance between several hormones.”

Elena:

Dr. Stein, earlier, you mentioned hormones. Could you help us understand this a bit more simply - how do they actually influence reproductive health?

Dr. Stein:

Of course.

One way to think about hormones is that they help keep the body's rhythm stable.

When that rhythm is balanced, things like menstrual cycles, sexual function, and fertility tend to work more smoothly.

Elena:

And when that balance changes?

Dr. Stein:

Even small changes can have an effect. And often, people don't notice it immediately, which can make it harder to understand what is happening.

For example, one hormone we often talk about is prolactin. When prolactin levels are higher, women may notice changes in their cycle, and men may experience differences in sexual function or hormone levels.

Elena:

Is this something people usually notice directly?

Dr. Stein:

Sometimes yes, but often not immediately.

Some people only become aware of it when they start thinking about having children, or when something feels slightly different in their body without a clear reason.

Sometimes it comes as a surprise, especially when everything else seemed stable.

Elena:

So these changes can be quite subtle.

And that's why it's important to look at them in context. Hormonal changes are just one part of the picture, but when we understand them, they can often be monitored and, if needed, adjusted.

Dr. Stein:

Why can hormones fluctuate in schizophrenia?

Elena:

Dr. Stein, one thing that may not be immediately obvious is why hormones seem more sensitive in people living with schizophrenia. Is there a simple way to understand this?

Dr. Stein:

Yes, there is.

One helpful way to think about it is that the systems in the brain that regulate emotions, thinking, and body functions are closely connected.

In schizophrenia, some of these regulatory systems may work a bit differently, and because they are linked to hormonal regulation, this can make hormones more sensitive to change.

Elena:

Are the same systems influencing both the mind and the body?

Dr. Stein:

Yes, they are. Because of this connection, hormones like prolactin, estrogen, or testosterone can sometimes shift more easily, either due to the illness itself or in response to treatment.

This doesn't happen in everyone, but it helps explain why changes in reproductive health can occur and why it's important to pay attention to them. And that variability can be confusing, especially when comparing experiences with others.

Elena:

Let's take prolactin, since it comes up often. What does it actually do?

Dr. Stein:

Prolactin is one of the hormones involved in regulating the reproductive system.

When its levels are higher than usual, it can affect how that system works.

For example, women may notice changes in their menstrual cycle, while men may experience differences in sexual function or hormone levels.

Elena:

Again, these are changes that may not always be obvious at first.

Dr. Stein:

Sometimes they are subtle, and people only notice them when something feels different, or when they begin thinking about fertility.

Elena:

And prolactin is just one part of a bigger picture?

Dr. Stein:

Yes.

Reproductive health depends on a balance between several hormones. When that balance shifts, even slightly, it can influence both fertility and general well-being.

There is also growing evidence that some of these changes may be linked not only to treatment, but also to the condition itself, even early on.

What can be done if hormonal changes appear?

Elena:

Should families be worried when they hear about these hormonal changes?

Dr. Stein:

It's completely understandable to feel concerned. Some people worry more than they say out loud.

But in most cases, what helps more than worry is **awareness**.

These hormonal changes are not rare, but they also don't affect everyone in the same way. And importantly, **when they are noticed, they can often be followed and, if needed, adjusted.**

Elena:

Is this something to pay attention to, but not something to be alarmed about?

Dr. Stein:

The key is to recognize when something feels different, and to talk about it openly with a clinician.

In practice, many of these changes become manageable simply because they are identified early and not ignored.

Elena:

Understanding what's happening already makes a difference.

Dr. Stein:

Hormones are an important part of reproductive health, but they are only one part of the picture. When we approach them with awareness, regular follow-up, and open communication, they become something we can work with, not something we need to fear.

5.3

Why is contraception an important part of care?



“Planning means giving yourself the chance to choose the right moment.”

Elena:

Dr. Stein, contraception is not always something families think about when discussing schizophrenia. Why does it matter in this context?

Dr. Stein:

It’s an important question.

Contraception becomes important when people begin to think about their future, about whether and when they would like to have children.

In the context of schizophrenia, this is especially relevant because **it allows those decisions to happen at the right moment, when someone feels more stable, prepared, and supported. Even so, these conversations are not always easy to start.**

Elena:

It’s not only about prevention, but also about timing.

Dr. Stein:

It helps people keep a sense of control over an important part of their life.

Elena:

Is the situation different for people living with schizophrenia?

Dr. Stein:

The need itself is the same as for anyone else.

But in practice, things can become a bit more complicated.

Sometimes these conversations simply don’t happen often enough. People may not receive clear information, or they may not feel comfortable bringing up the topic.

At the same time, **fertility is sometimes underestimated, which can lead to situations that were not planned.**

Elena:

Part of the challenge is that the topic is not always addressed early enough.

Dr. Stein:

Yes, and that's why it's important to bring it into the conversation naturally and respectfully.

When people have the right information and feel supported, they are much more able to make decisions that fit their life, health, and plans for the future.

Why is family planning important?

Elena:

Is contraception really about planning?

Dr. Stein:

Planning simply means giving yourself the chance to choose the right moment.

Many people feel that there is never a "perfect" moment.

A moment when things feel a bit more stable, when there is enough energy, and when both partners feel ready, not only physically, but also emotionally. And sometimes partners don't feel ready at the same time.

Elena:

It's about feeling prepared, not rushed.

Dr. Stein:

It also gives people time to think about support, who will be there, how daily life might look, and what kind of help might be needed along the way.

Elena:

Planning creates a sense of safety.

Dr. Stein:

It's not about limiting choices.

It's about creating the conditions where decisions can be made with more confidence, and where the experience can feel supported rather than overwhelming.

What types of contraception exist?

Elena:

Without going into too much detail, could you give us a sense of what options exist?

Dr. Stein:

There are several different ways people can choose to protect themselves, and the best option really depends on what feels comfortable and practical in their daily life. Some people try more than one option before finding what feels right.

Some methods involve hormones, such as pills or longer-acting options. Others are more straightforward, like condoms. There are also longer-term solutions that don't require daily attention, such as devices or implants that work over time.

Elena:

There isn't just one "right" option.

Dr. Stein:

Each method has its own advantages, and the choice is always personal. It depends on things like health, lifestyle, and what feels manageable and safe for the person.

Why is individual choice so important?

Elena:

You've mentioned individual choice several times. Why is it so central?

Dr. Stein:

Because these decisions are very personal, and sometimes also emotionally complex.

When people think about having children, they're not only thinking medically. They're thinking about their life, their relationship, their future, and what feels right for them.

Elena:

It can go beyond clinical factors.

Dr. Stein:

People living with schizophrenia should have the same opportunity as anyone else to understand their options and to make decisions that reflect their own values and priorities.

That means having information that is clear and accessible, feeling supported in the process, and knowing that their preferences are taken seriously.

Elena:

It's not about finding the "correct" answer.

Dr. Stein:

There isn't a single path that fits everyone. What matters is that the decision feels informed, respected, and aligned with the person's life.

What obstacles may exist?

Elena:

Are there things that make these conversations more difficult in real life?

Dr. Stein:

Yes, sometimes there are.

Often, **it's not one big obstacle, but several smaller ones that come together, which can make it feel easier to avoid the topic altogether.**

Some people feel unsure about bringing up intimate topics, especially if no one has asked them directly before. Others may not know who to talk to, or may find that different aspects of care, mental health, and reproductive health are not always well-connected.

Elena:

It seems it's not only about the person, but also about how the system is organized.

Dr. Stein:

And because of that, these topics can remain unspoken, even when they are important.

Elena:

What helps overcome that?

Dr. Stein:

Often, it starts with a simple, respectful conversation.

When the topic is approached in a natural way, without pressure or judgment, it becomes much easier for people to ask questions and express what they need.

What is the role of caregivers?

Elena:

And how can caregivers support without overstepping?

Dr. Stein:

That's a very important balance. **Caregivers can play a supportive role, but in a way that keeps the person at the center of the decision.**

Often, it starts with creating space for open and respectful conversations. Not pushing, but making it easier for these topics to be discussed when the person feels ready.

Elena:

This seems to be more about opening the door than leading the way.

Dr. Stein:

Caregivers can also help in practical ways, for example, by supporting access to healthcare or helping organize appointments when needed.

But just as important is respecting privacy and personal choices. **These decisions are deeply personal, and feeling in control of them makes a real difference.**

Elena:

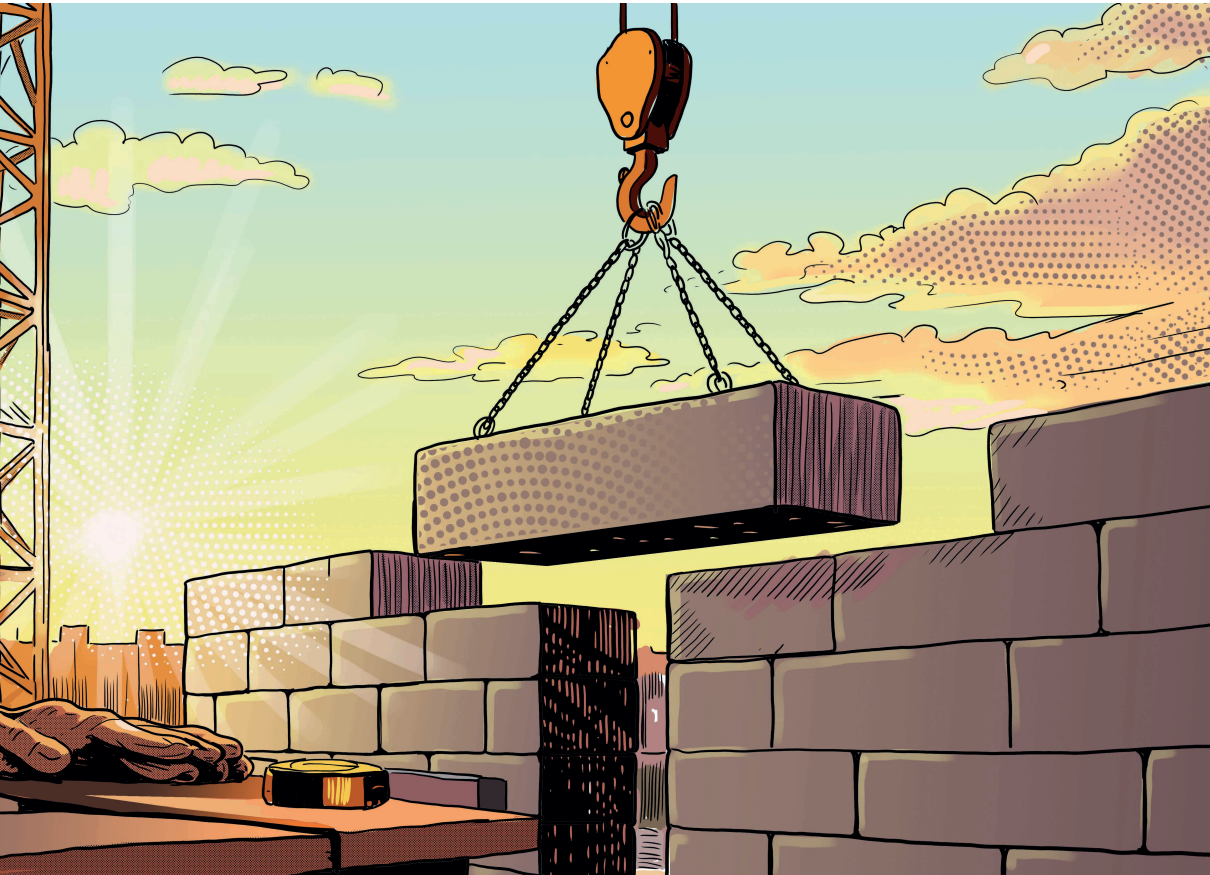
Support doesn't mean taking over.

Dr. Stein:

Not at all. The goal is to stay present and supportive while allowing the person to make their own decisions at their own pace.

5.4

How can pregnancy be planned safely?



“...it’s not just a medical decision.”

Elena:

Planning is clearly important. What does “safe planning” actually mean in real life?

Dr. Stein:

In simple terms, it means **choosing a moment when things feel more stable and supported. Even though many people don’t feel completely ready, only “ready enough to try.”**

Usually, that includes a period where symptoms are well controlled, and daily life feels a bit more predictable. It also involves talking things through with healthcare professionals, so that treatment and physical health can be reviewed in advance.

Elena:

It’s something that is prepared step by step.

Dr. Stein:

Exactly. It’s also about looking at the broader picture, how someone is feeling physically, what kind of support is available, and how the couple feels about taking this step. And sometimes realizing that not everything can be planned in advance.

Elena:

Seems not just a medical decision.

Dr. Stein:

Safe planning is really about **creating a stable and supportive environment before pregnancy begins, so that both the person and the future child have the best possible starting point.**

Pregnancy: what matters most

- clinical stability
- medical consultation
- physical health
- support system

✓ Preparation reduces risks

What becomes important during pregnancy?

Elena:

Once pregnancy begins, what becomes most important?

Dr. Stein:

One of the key ideas is finding the right balance. And that balance can feel different from one person to another.

During pregnancy, it's very important **to keep mental health stable**. When treatment is stopped suddenly, the risk of relapse can increase, and that can be difficult both for the mother and for the developing baby.

Elena:

Stability remains central.

Dr. Stein:

At the same time, every situation is different. **Care is usually adapted step by step, with close follow-up and good communication between the mental health team and the obstetric team.**

Elena:

It's a shared effort.

Dr. Stein:

When care is coordinated and decisions are made together, it becomes much easier to support both the health of the mother and the development of the child.

Why is the postpartum period a sensitive phase?

Elena:

We often hear that the **period after birth** is especially important. Why is that?

Dr. Stein:

Because it's a time of major change, both physically and emotionally. Even for those who felt prepared, it can still be overwhelming at times.

For women living with schizophrenia, this period can be more sensitive, as the risk of relapse may increase, especially if treatment has been interrupted.

Elena:

Stability remains just as important after birth.

Dr. Stein:

The first weeks after delivery can be demanding for any parent. Sleep is often disrupted, routines change, and there is a new level of responsibility. All of this can place additional strain on emotional and mental balance.

Elena:

That sounds like a time when support becomes essential.

Dr. Stein:

Very much so. When there is a plan in place, continued care, and support from family and professionals, this period can be managed much more safely and confidently.



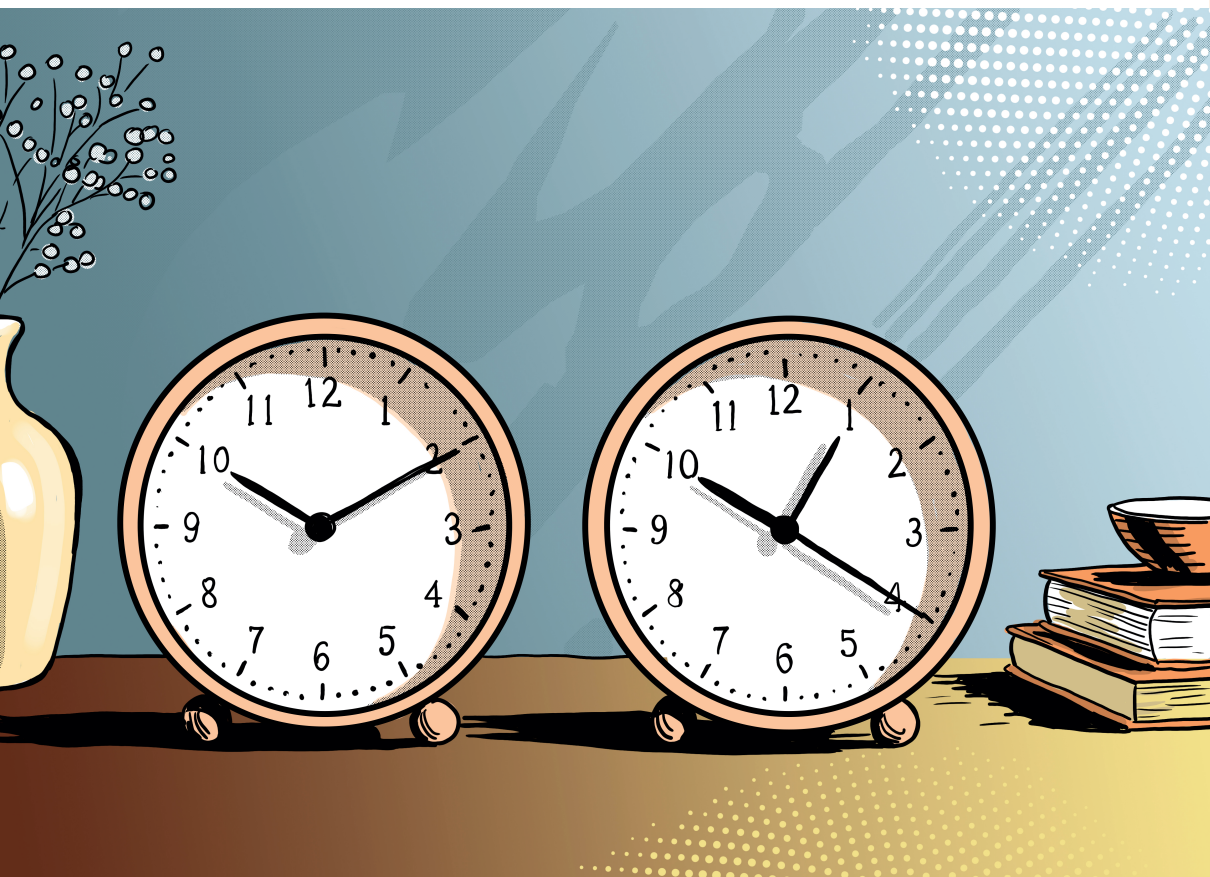
Postpartum: Why Support Matters

- *higher relapse risk*
- *importance of sleep and support*
- *need for monitoring*

✓ Early planning is protective

5.5

Why do partners sometimes feel out of sync in their lives and expectations?



“Not perfect solutions, but honesty, patience, and flexibility.”

Elena:

Dr. Stein, there is something many couples experience but rarely say openly.

Sometimes, it feels like the two partners are no longer moving at the same rhythm. One is trying to stay afloat, while the other is ready to move forward with life, plans, intimacy, or even the idea of having children.

And partners sometimes ask a very difficult question:

“I have to live my life... but he doesn’t understand. How long am I supposed to wait?”

How should we understand this?

Dr. Stein:

That is a very real and important question.

And it deserves to be said openly, because many partners feel this, even if they don’t always express it.

In clinical practice, we see this situation often.

When someone goes through a difficult phase of illness, many areas of life can slow down at once: health, energy, plans, work, and confidence. People sometimes describe it as feeling “underwater,” trying to keep up with everything.

At the same time, their partner may still be moving forward, with their own rhythm, their work, their personal goals, their need for closeness, and intimacy.

Elena:

Both partners are under pressure, but in different ways, and sometimes neither of them feels fully understood.

Dr. Stein:

Indeed.

The person who is struggling may feel:

- guilty for slowing things down
- afraid of holding the relationship back
- uncertain about their future

And the partner may feel:

- the need to continue their own life
- the tension of waiting without knowing for how long
 - and sometimes a quiet conflict between love and their own needs and expectations

Elena:

And that question, “How long do I wait?”, doesn’t have a simple answer.

Dr. Stein:

No, it doesn’t.

But it’s important to say this clearly:

Wanting to live your life is not selfish. It is natural. Even if it sometimes feels that way.

At the same time, the other partner is not choosing to slow things down. They are often doing everything they can just to regain balance.

In many ways, **both partners are going through a form of trial, just in different directions.**

Elena:

That makes the situation more understandable, but still difficult.

Dr. Stein:

Yes, and this is where relationships require something very human, and that is not always easy, even in strong relationships.

Not perfect solutions, but **honesty, patience, and flexibility.**

What helps is not forcing the same rhythm, but recognizing that:

- sometimes one partner carries more
 - sometimes the other does
 - and this can change over time

Elena:

The relationship doesn’t need to stop, even if the pace changes.

Dr. Stein:

Couples can still move forward, even if not at the same speed.

What helps is:

- speaking openly about fears and expectations
 - avoiding silent pressure or guilt
- making decisions step by step, not all at once
 - and keeping a sense of shared direction

With time, support, and appropriate care, many people regain energy, stability, and confidence.

And when that happens, **couples often find their rhythm again, sometimes differently than before, but still together.**

Clinical Story

“Protecting both, step by step”



Note: The clinical story in this chapter is created for educational purposes. Names and identifying details do not represent specific individuals.

Elena:

Dr. Stein, in this chapter, we’ve talked about planning and preparation.

But real life is often more complex. What happens when pregnancy occurs while treatment is already ongoing?

Dr. Stein:

That’s a **serious and very realistic situation**.

I’m thinking of a woman in her late twenties who has been stable for several years. She was in a supportive relationship, working part-time, and feeling that her life had become more predictable. Her partner was also at a moment in life where he was thinking about the future, about building something stable, about having a child, about moving forward.

But he also felt something he found difficult to say out loud:

“I want us to move forward... but I don’t know how long we have to wait.”

It wasn’t a lack of commitment. It was the tension between love and the natural desire to continue life as planned.

When she discovered she was pregnant, her first reaction was not joy, but fear.

She later said she felt both at the same time.

Elena:

Fear of the illness returning?

Dr. Stein:

Yes. And also fear of the unknown.

She asked:

“Should I stop treatment? Will it harm the baby? What is safer?”

These are questions many women face.

Elena:

Stopping treatment is not always the safest choice?

Dr. Stein:

In this case, after careful discussion and monitoring, treatment was continued. The pregnancy was followed closely, with collaboration between psychiatric and obstetric care.

Over time, something important happened.

The fear gradually shifted into confidence, not all at once, but step by step. And for both of them, something else shifted as well, the sense that they were no longer waiting for life to begin, but building it together, even if the pace had been different for a while.

Elena:

Confidence in the plan?

Dr. Stein:

Yes, and in herself.

She once said:

“I realized this wasn’t about choosing between my health and my baby.

It was about protecting both, step by step.”

Elena:

That’s a powerful shift.

Dr. Stein:

It is.

The pregnancy progressed without major complications, and after delivery, careful follow-up helped maintain stability during the postpartum period.

Pregnancy during schizophrenia is not a situation of “either-or.”

With careful planning and medical guidance:

- stability can be maintained
- risks can be managed
- and informed choices can support both mother and child

Closing Reflection

Elena:

This is not about risk alone, it's about preparation.

Dr. Stein:

Fertility and parenthood are not defined by diagnosis alone, but often accompanied by questions, doubts, and important decisions.

With the right support, information, and planning, individuals can make decisions that reflect both their **health and their life goals**.

References

Montejo AL, Montejo L, Baldwin DS. The impact of severe mental disorders and psychotropic medications on sexual health and its implications for clinical management. *World Psychiatry*. 2018;17(1):3-11.

González-Rodríguez A, Monreal JA, Natividad M, Cobo J, Palacios-Hernández B, Susser LC. Reproductive and Fertility Care of Women with Schizophrenia: A Narrative Review. *Healthcare*. 2025;13(18):2349.

Sisodia S, Hammond Z, Leonardi-Bee J, Hanlon C, Asher L. Sexual and reproductive health needs of women with severe mental illness in low- and middle-income countries: A scoping review. *PLoS one*. 2025;20(1):e0311554.

Tort-Nasarre G, Galbany-Estragués P, Saz Roy MÁ, Romeu-Labayen M. Sexual and Reproductive Healthcare Provided to Women Diagnosed with Serious Mental Illness: Healthcare Professionals' Perspectives. *Nursing Reports*. 2025;15(4):119.

National Institute for Health and Care Excellence. *Antenatal and postnatal mental health: clinical management and service guidance* [Internet]. London: NICE; 2014 [updated 2025; cited 2026 Aug 21].

Kang S, Yang JS, Yun BH, Gelaye B, An SK, Jung SJ. Antipsychotic continuation during pregnancy and risk of postpartum relapse in women with schizophrenia: nationwide register-based study. *The British journal of psychiatry: the journal of mental science*. 2025;227(3):614-621

Herold R, Tényi T, Herold M, Tóth T. Cariprazine maintenance treatment during pregnancy – a case report. *Frontiers in Psychiatry*. 2024;15:1421395