A clinician's guide to

Choosing contraception around the menopause

Perimenopause The period of time immediately before the menopause, and the first year after the last menstrual period.

Key info

In the UK, 20% of pregnancies conceived when the mother is aged 40 years or older are unplanned

No accurate biological marker exists that truly defines the moment when fertility ceases

Contraception can be stopped:

>55 years At anytime

50-55 years
If taking hormonal contraception: after two FSH levels >30 IU/l taken at least 6 weeks apart

If not taking hormonal contraception: 1 year after last menstrual period

<50 years 2 years after last menstrual period

Discussing methods of contraception

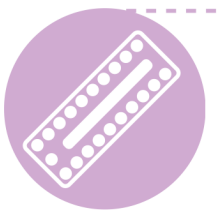
When helping a woman to choose a contraceptive method, remember:

- To provide information on all available methods of contraception (inc. long-acting reversible contraception)
- To exclude the possibility of pregnancy
- HRT does not prevent ovulation in 40% of women
- To check BMI and blood pressure
- To offer STI screening and cervical cytology (if appropriate)
- No method of contraception is contraindicated by age alone (up to 50 years of age)

Contraceptive methods and the perimenopause

Hormonal methods

Combined hormonal contraception



Good for: Reduced menstrual bleeding / reducing hot flushes (estradiol)

Watch out for: Not suitable for smokers >35 years of age / increased risk of VTE

Age considerations: Not recommended in women >50 years of age

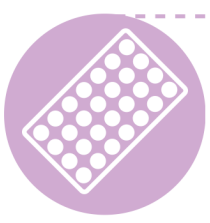
Intrauterine system (IUS)

Good for: Reducing heavy menstrual bleeding and endometriosis-related pain

Watch out for: Masks the menopause

Age considerations: Licensed for 7 years in women aged >45 years / must be removed after the menopause

Progestogen-only pills

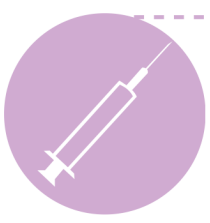


Good for: Do not increase blood pressure

Watch out for: Do not improve hot flushes

Age considerations: Safe to use until natural fertility is lost

Injections



Good for: Amenorrhoea after 1 year of use

Watch out for: Masks the menopause

Age considerations: Consider stopping at the age of 50 years due to risk to bone health

Implants

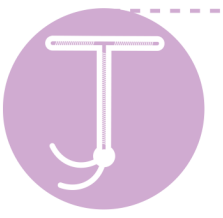
Good for: Resulting in amenorrhoea

Watch out for: Masks the menopause / irregular bleeding

Age considerations: Safe to use until menopause

Nonhormonal methods

Intrauterine device (IUD)

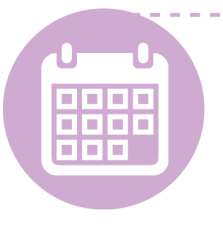


Good for: Women with medical comorbities / does not mask the menopause

Watch out for: Heavy menstrual blood loss

Age considerations: Safe in women >40 years of age / remove after menopause

Natural family planning



Good for: Use as an adjunct method (withdrawal)

Watch out for: Effectiveness is user dependant

Age considerations: Less reliable in the perimenoupause, as ovulation is harder to predict

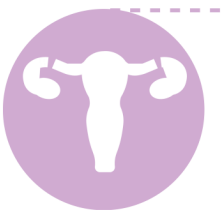
Barrier contraception

Good for: Protection against STIs / use with a lubricant can help with vaginal dryness

Watch out for: Effectiveness is user dependent

Age considerations: Safe to use until menopause is confirmed

Sterilisation



Good for: Highly successful

Watch out for: Surgical risks

Age considerations: Encourage women approaching menopause to consider long-acting reversible methods

Emergency contraception

Good for: Levonorgestrel, ulipristal alacetate, and the copper IUD are all safe to use in the perimenopause

Watch out for: Some methods (e.g. IUDs) prevent implantation after fertilisation, which may be unacceptable to some women

Age considerations: Should rarely be refused, even where a woman's menstrual cycle has become irregular

This is a summary of a review article published in TOG. For further details of contraceptive methods and issues around the menopause, please read the full article:

Bakour SH, Hatti A, Whalen S. Contraceptive methods and issues around the menopause: an evidence update. The Obstetrician & Gynaecologist. 2017; DOI: 10.1111/tog.12416.

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