Choosing contraception around the menopause

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:

- At any time
- 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
- 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 hot flushes
- 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

**Emergency contraception**

- Good for: Mifepristone, ulipristal acetate, 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

Nonhormonal methods

**Intrauterine device (IUD)**

- Good for: Women with medical comorbidities / does not mark 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 dependent
- Age considerations: Less reliable in the perimenopause, 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

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


onlinetog.org