Contraception for women over the age of 40

Many women are aware that their fertility declines from their mid-30s and they think that they can stop using contraception once they are in their 40s. They wrongly assume – because their fertility is lower and their periods may have become irregular – that contraception can be abandoned. However, women do still get pregnant in their late 40s and even into their 50s (without using assisted reproduction techniques). Contraception should be continued until menopause, which is defined as two years after the last natural menstrual period in women under age 50 and until one year after the last natural menstrual period in women over age 50. If menopause cannot be confirmed, contraception should be continued until age 55.

An unplanned pregnancy at any age can pose problems, but pregnancy in older women is often associated with an increased number of complications such as miscarriage, high blood pressure, diabetes and chromosomal problems with the baby, and consequently will need more careful monitoring.

In recent years there have been many advances in contraception and new methods may have additional health benefits (such as lighter or absent periods), as well as providing highly effective contraception. Women's needs change as they get older and a method that may not have been ideal when she was younger may become much more suitable.

This WHC fact sheet comments on various methods of contraception and discusses how appropriate they are for women over the age of 40.

Barrier methods

Barrier methods of contraception prevent sexually transmitted infections (STIs) so are recommended for women with new sexual partners even if they have been sterilised or are using another method of contraception. Chlamydia, gonorrhoea, HIV and other STIs are on the increase in women in their 40s and 50s, so it is a good idea to be screened for infection before starting a new relationship. There is no age restriction on barrier methods, which can be continued until contraception is no longer needed.

Male condom (external condoms)

This is an effective contraceptive method for this age group and protects against sexually transmitted infections (STIs). They fit over an erect penis so men who experience erection difficulties may find them difficult to use.

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As hormone levels change many women experience vaginal dryness which can cause discomfort during intercourse. Condoms are lubricated to make them easier to use. You should avoid condoms with the spermicide nonoxinol-9 as this has been linked to higher risk of HIV transmission. Vaginal lubricants can be helpful but avoid oil-based lubricants as they can cause latex and polyisoprene condoms to split, leading to a risk of pregnancy and infection. Check with a pharmacist if you are using vaginal medication for thrush as some of these can also damage latex and polyisoprene condoms. There is no interaction with oil-based lubricants or thrush treatments and polyurethane condoms.

Female condom (internal condoms)
These line the vagina so that the penis is placed inside the condom providing both contraception and protection against STIs. They have an internal ring that sits inside the vagina and larger external ring that sits outside the vagina. They are well lubricated, so vaginal dryness should not be a problem. Some women may find these awkward if they have not used them before.

Diaphragm and cervical cap
Again, some women may find these awkward to use if they have not used them before, and some may find them uncomfortable if suffering from a small prolapse or stress incontinence. They are placed in the vagina to cover the cervix. They can be inserted up to two hours before sex. Contraceptive gel containing lactic acid is an effective spermicide and must be used each time you have sex. They should be left in place for at least six hours after the last episode of sex.

Combined hormonal methods

Combined hormonal contraceptive methods (pill, patch and vaginal ring) contain two hormones, estrogen and progestogen. They work by stopping the egg being released from the ovary each month. They are suitable until the age of 50, as long as there are no health risks (e.g. smoking, obesity, high blood pressure, migraine with aura) that increase the risk of heart, stroke or blood clotting problems. Although combined hormonal contraception is packaged with a monthly 'break' to promote a bleed, many women choose to skip the hormone free interval and take the hormones continuously or have a break every three to four months. Your healthcare professional will be able to advise on this.

Combined hormonal contraception has several advantages for women in this age group as it will manage menstrual disorders, may help to maintain bone mineral density (which is reduced after the menopause), and can also relieve some troublesome menopausal symptoms such as hot flushes and night sweats.

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Progestogen-only methods

These can be used by most women who cannot use combined hormonal contraception. All progestogen-only methods may cause irregular bleeding or even no bleeding at all. The absence of bleeding doesn't necessarily mean that you have reached the menopause – it is just a side effect of the method of contraception. Speak to your healthcare professional if bleeding occurs after a long time with no periods as they will need to check the reason for this.

Progestogen-only pill (POP or mini-pill)

The progestogen-only pill mostly stops the egg being released each month but also keeps the cervical mucus thick which creates a barrier to sperm. It can safely be used up until the age of 55, when contraception can be stopped.

Contraceptive injection

Injections may be given by a healthcare professional or self-administered every 12 to 13 weeks. Although the injection can cause unscheduled bleeding initially, many women find that their periods completely stop with continued use. There has been some concern that the injection may reduce bone mineral density and increase the risk of osteoporosis. If you are over 40 and have lifestyle or risk factors for osteoporosis (e.g. smoking, previous fractures, steroid use, family history), you are advised to consider a different method of contraception. Otherwise, you can choose to continue this method until the age of 50 with the option to continue to 55 following discussions of alternative methods, and consideration of the benefits and risks, with your healthcare professional.

Contraceptive implants

The implant is a small flexible rod containing progestogen that is inserted under the skin of the upper arm by a healthcare professional. It is a highly effective method of contraception that is licensed for contraception for 3 years. It can be safely used up until the age of 55.

Hormonal Intrauterine Device (IUD)

The hormone-releasing IUD is a suitable, highly effective method of contraception and it has important non-contraceptive benefits, significantly reducing period pain and bleeding. This is particularly important as a considerable number of women complain of heavy periods and 'flooding' in their 40s.

There are three different strengths of hormonal IUDs. The 19.5 mg levonorgestrel intrauterine device (LNG-IUD) (Kyleena®) is licensed for contraception for 5 years and the 13.5 mg LNG-IUD (Jaydess®) is licensed for contraception for 3 years. The 52 mg LNG-IUD (Benilexa®, Levosert® and Mirena®) is licensed for contraception for 8 years but if it is inserted over the age of 45 years it can remain in place until the age of 55, when contraception can be stopped.

Additionally, if you decide to start HRT during the perimenopause, then the 52 mg LNG-IUD can be used as the progestogen component of HRT. If used as part of HRT however, it will need to be replaced every 5 years.

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Other contraceptive methods

Intrauterine devices (IUD)

The copper IUD is a non-hormonal method of contraception that is highly effective but it can cause periods to become heavier or more painful. It may not be suitable if periods are already causing a problem. If an IUD (of any type) is inserted over the age of 40 years then it can remain, without being changed, until menopause.

Male and female sterilisation

Sterilisation (both male and female) is a suitable method of contraception and it is the most commonly used method by couples in their 40s. However, it is a non-reversible surgical procedure and it is less effective than reversible methods such as the injection, implant and IUD, which also have added non-contraceptive benefits for problem periods.

Natural family planning

Women who have already been using natural methods of contraception (timing of periods, changes in cervical mucus and body temperature) can usually continue this method while they have regular periods. During perimenopause, variable cycle lengths and erratic ovulation makes this method unreliable.

Withdrawal

Although often used by couples in their 40s, withdrawal is not a reliable method of contraception.

Emergency contraception

There is no upper age limit for emergency contraception. It is indicated for any woman who still needs contraception and who has had unprotected sex or contraceptive failure (e.g. a split condom or missed pills). There are two forms available: emergency contraceptive pills or the emergency IUD. Emergency contraceptive pills (levonorgestrel or ulipristal) can be obtained from your healthcare professional or from pharmacies without a prescription. The emergency IUD is the most effective method and has the advantage that it can remain in place for ongoing contraception.

When to stop contraception

Contraception should be continued for at least one year after your last menstrual period if this was after the age of 50, and for two years if your periods stop before the age of 50. This is because periods may restart even after several months with no bleeding. Otherwise, contraception can be stopped at the age of 55, even if you are still having occasional periods, as the risk of pregnancy at this age is extremely low.

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However, if you are using progestogen-only hormonal contraception you may well have only occasional periods or no periods at all, thus making it difficult to tell if you are menopausal. Except for the injection which should generally be stopped at the age of 50 years, progestogen-only methods can be safely used until the age of 55 years. Your healthcare professional may recommend a blood test which would give some guidance as to how much longer you need to continue the method.

Unless you are using combined hormonal contraception continuously, skipping the hormone free interval, you will experience regular periods or withdrawal bleeds, masking menopause as you will not know if your natural periods have stopped. Blood tests are unreliable and they are not recommended if you are using a combined hormonal method. Current UK guidance is to stop combined hormonal contraception at the age of 50, switching to a non-hormonal or progestogen-only method.

Hormone replacement therapy (HRT)

The average age of menopause in the UK is 51 years but women in their 40s may start experiencing menopausal symptoms and consider taking hormone replacement therapy (HRT).

It is important to realise that HRT is not a method of contraception. Combined hormonal contraception is an option for some women that will provide effective contraception, manage menopause symptoms and manage menstrual disorders. Otherwise, sexually active women whose periods have not stopped before starting HRT should use a method of contraception in addition. Suitable methods to consider would be barrier methods, an IUD, the progestogen-only pill or the hormonal IUD. The 52 mg LNG-IUD has the additional advantage of providing the progestogen component of HRT, minimising the side effects that some women experience with progestogen tablets, while also managing menstrual disorders.

Some HRT products produce regular monthly bleeds so it can be difficult to know when contraception can be stopped. It is best to continue contraception alongside HRT until the age of 55 when contraception is no longer needed.

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Useful Contacts

College of Sexual and Reproductive Healthcare (CoSRH)
www.cosrh.org

Family Planning Association
www.fpa.org.uk

Menopause Matters
www.menopausematters.co.uk

NHS Choices
www.nhs.uk/contraception/

Sexual Health Helpline
0300 123 7123 Monday to Friday 9am-8pm; weekends 11am-4pm

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This Women's Health Concern fact sheet provides information and guidance, to be used in consultation with your own healthcare professional. It has been developed by the medical advisory council of the British Menopause Society and it will be updated when guidance changes and/or new data becomes available.

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