

Contraception and the menopause

While fertility declines naturally with age, perimenopausal women cannot be assumed to be infertile. Moreover, systemic menopausal hormone therapy is not contraceptive.

Contraception for women not on systemic menopausal hormone therapy

Suitable methods include:

- Barrier (condoms, caps)
- Spermicides
- Copper-bearing intrauterine devices
- Levonorgestrel-bearing intrauterine devices
- Progestogen-only methods
- Combined hormonal contraception (which will also provide both relief from symptoms and bone protection)

All of the above can be also used by women taking topical vaginal estrogens.

Although rare, spontaneous conceptions to women in their late 50s have been well documented.

Women with primary ovarian insufficiency may have intermittent ovulation.

Contraception for women on systemic menopausal hormone therapy

Suitable methods include:

- Barrier (condoms, caps)
- Spermicides
- Copper-bearing intrauterine devices
- Levonorgestrel-bearing intrauterine devices (these provide both contraception and the progestogen component of hormone therapy)
- Progestogen-only methods

Menopausal women will continue to benefit from the reduced risk of sexually transmitted infections with the use of condoms.

When can contraception be stopped?

- One year after the last menstrual period in women aged over 40
- Cessation of contraception should be considered after age 55 as spontaneous conception is extremely rare for these women.

Further information

FSRH. Contraception for women aged over 40 years <https://www.fsrh.org/documents/fsrh-guidance-contraception-for-women-aged-over-40-years-2017>