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.

**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