Menopausal health: Contraception

While fertility declines naturally with age, perimenopausal women cannot be assumed to be infertile. Moreover, systemic menopausal hormone therapy (MHT) is not contraceptive (though nor does it restore fertility).

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

Contraception for women not taking systemic MHT and for those using topical vaginal estrogens

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)

Contraception for women taking systemic MHT

Suitable methods include:

- Barrier (condoms, caps)
- Spermicides
- Copper-bearing intrauterine devices
- Levonorgestrel-bearing intrauterine devices
  - These provide both contraception and the **progestogen component** of the systemic MHT
- Progestogen-only methods

When can contraception be stopped?

- Two years after the last menstrual period in **women aged 40–50**
- One year after the last menstrual period in **women aged over 50**

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

Women with primary ovarian insufficiency may have intermittent ovulation.

Further information

Faculty of Sexual and Reproductive Healthcare (2025). Guideline: Contraception for women aged over 40 years https://www.fsrh.org/Public/Documents/fsrh-guidance-contraception-for-womenaged-over-40-years-2017.aspx

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