

GYNAECOLOGY & OBSTETRICS UPDATE

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CONTRACEPTION AT AND AFTER THE MENOPAUSE

All women at the climacteric should be advised to continue contraception after their menopause (cessation of their periods) for up to:

- *One year if their menopause started after the age of 51.*
- *Two years if their menopause started before the age of 51.*

Diagnosis of menopause while on HRT or hormonal contraception

- **Stop** hormonal contraception (but not Progestogen-only-pill) or HRT for **12 weeks**.
 - Advice on non-hormonal methods
 - Check the level of FSH 6 weeks after stopping the hormonal contraception or HRT. Repeat the test 6 weeks later. If the two levels are > 25 IU/L, contraception can be discontinued after one further year. Progestogen-only-pills do not affect the hormones level and therefore there is no need to stop them before the tests.
 - If menstruation returns or FSH level is normal, contraception should be continued.

OR

- **Carry on** hormonal contraception to the age of 55: At age of 54; 80% of women will be 1 year postmenopausal. The oldest woman to give birth following natural conception was 54 years old. (Guinness Book of Records!)

Choice of Contraception

The choice of contraception depends on whether the woman is on HRT or not. HRT is not a contraceptive however it does not restore fertility even with regular bleeding.

- **Not on HRT**
 - **Barrier Methods:** Ideal.
 - **Combined oral contraceptive pill:** No upper age limit if no smoking, obesity, or hypertension, no family history of early onset CVD, no other contraindications.
 - **Progestogen-only-pill:** For Patients who smoke, have migraine, high B.P, previous DVT or a strong family history of CVD.
 - **Injectable progestogens:** Better avoided above age of 45 (due to the potential of associated osteoporosis).
 - **IUCD:** No upper age limit, if inserted after a woman's 40th birthday can remain in situ until 1-2 years after the menopause.
 - **Mirena intrauterine system:** menorrhagia and dysmenorrhea
 - **Sterilization:** Too drastic !
- **On HRT**
 - **Barrier Methods:** Ideal.
 - **IUCD:** The bleeding pattern should be monitored carefully.
 - **Mirena intrauterine system:** with continuous oestrogen only HRT.
 - **Progestogen-only-pill:** with oestrogen only HRT (oestrogen may interfere with contraceptive effect of progestogen; better avoided until further research).