



ALL ABOUT CONTRACEPTION IN PERIMENOPAUSE



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Although natural fertility declines with age, it is still necessary to ensure that reliable contraception is in place during the perimenopause. Even though periods may have become less frequent, and menopausal symptoms are present, it is still possible to become pregnant until you have gone for an entire year without a natural period if you are over the age of 50, or two years if you are under the age of 50.

Sometimes, this landmark final period is not obvious, due to current use of hormonal contraception, including pills, implants or coils, or previous surgical procedures such as an endometrial ablation. Cyclical HRT, which produces a forced monthly bleed by virtue of the fact that the progesterone is given for only half of each cycle, can also confuse the issue. In this situation, the advice is to continue using contraception until the age of 55, after which it should be safe to stop. Depending on the type of contraception, it is sometimes possible to accurately measure the level of a hormone called FSH (Follicle Stimulating Hormone) and if this is raised above a certain level then contraception can safely be stopped 12 months hence, but not immediately.

Most forms of HRT are not contraceptive, the exception being a combination of any form of oestrogen with a "52mg LNG-IUD" such as the Mirena coil, in place for protection of the lining of the womb. The LNG-IUD is a popular choice for perimenopausal women who wish to use HRT but still need contraception, and because it is not uncommon for periods to become heavier and more irregular around this time, there is the added advantage of a significant reduction in blood loss for most women.

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If the Mirena coil is not a suitable or desired option then a 'mini' progestogen only contraceptive pill or implant (Nexplanon) can be used alongside any combination of HRT for as long as is needed. This does not necessarily mean that you will have to go back to monthly bleeding. There are also two newer contraceptive pills available, Zoely and Qlaira, that contain natural oestrogen rather than the synthetic version that is used in all the older style combined pills. These are suitable for some women as they are a cross between a contraceptive and HRT pill, and Qlaira is an especially good option for those with heavy bleeding.

At Oxford Menopause we are highly experienced in providing both menopause care and contraceptive services, so can discuss in detail with you all of the suitable options. We can help you to make the best decision, based on your medical history and preferences. As well as prescribing the full range of contraceptives, we offer a coil and implant fitting service in a pleasant and relaxed environment, with plenty of time set aside and all the follow up support that is needed.

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