

# FPA Contraceptive Awareness Week 2010



## Conceivable? Unplanned pregnancy in the over 35s

### Women and fertility

Fertility in women over the age of 35 years varies hugely and many women become pregnant in their late 30s, 40s and a few even in their 50s. For some this is through choice. Many women are having their first or subsequent children later, but for those who have completed their families or who have chosen not to conceive there is a continued need for contraception until the menopause.

Fertility starts to decrease dramatically in women in their mid to late 30s. This natural decline is related to many factors, the most important being a reduction in the number and quality of eggs being produced in a woman's ovaries.

Media coverage and personal anecdotes about the difficulties of conceiving at this late age, together with a lack of knowledge about the perimenopause (or climacteric), can often lead to women abandoning their contraception before their periods stop completely.

The perimenopause refers to the transition of normal ovulatory menstrual cycles to the ending of ovulation and menstruation. The start and end of the perimenopause is difficult to define. Perimenopause starts on average at the age of 46 and lasts for an average of five years. During this time intermittent ovulation and anovulation can occur hence the need for effective contraception for those sexually active women who want to avoid an unplanned pregnancy.

Unplanned pregnancy at an older age can be devastating for individual women and will present them with some very difficult choices.

### When is it safe to stop contraception?

The general rules are to continue contraception for:

- One more year following the last spontaneous menstrual period if aged 50 years or over.
- Two more years following the last spontaneous menstrual period if aged less than 50 years.

### What methods of contraception can be considered for women over 35?

Contraceptive choice may be influenced by many factors, including:

- Frequency of sex.
- General lifestyle issues.
- The wish for non-contraceptive benefits.
- Menstrual dysfunction.
- Medical conditions.

**Women over 35 years can be advised that no contraceptive method is contraindicated by age alone.**

## Hormonal methods

Combined hormonal contraceptives (the combined pill, contraceptive patch and contraceptive vaginal ring) can be used up until the age of 50 years providing the woman is a fit non-smoker with no risk factors for heart disease or stroke. There is no upper age limit for the use of the progestogen-only pill and it can be used until natural fertility is lost.

## Long-acting reversible contraceptives (LARCs)

The intrauterine device (IUD), the intrauterine system (IUS) and the implant can be used safely until the menopause.

The injection Depo-Provera is associated with loss of bone mineral density. This may be a problem for older users but bone loss does appear to recover once Depo-Provera is stopped. Depo-Provera can be used with caution by women over the age of 45 years.

## Permanent methods

Sterilisation is the most commonly used method by women over the age of 40 years. Female and male sterilisation are used by a similar number of couples.

## Barrier methods

Condoms are recommended at *all* ages to prevent sexually transmitted infections, particularly at the start of new relationships. Many older women experience vaginal dryness as hormone levels begin to change which can lead to discomfort during intercourse. Vaginal lubricants can help but oil-based lubricants need to be avoided if used with latex condoms. Diaphragms and caps are often used very reliably by older women.

## Emergency contraception

Emergency contraception can be used very effectively by women over 35 years. Many women of this age are unaware that they can use emergency contraception for up to five days after unprotected sex. They may also benefit from an advanced supply of emergency contraceptive pills.

## Clinic services

### Adapting contraceptive services for older women

Ensure that your services, advice and information don't just focus on younger people as this can exclude older women. Adapt your services to include women over 35 so that you don't limit their choices both in where to go for advice and the methods they are offered.

### How often should women attend a clinic?

Women should be advised to return for follow-up if they develop any problems with their contraception, develop any new medical problems that may affect their contraceptive choice or when they reach the age of 50 years.

## Further information

### How FPA can help you

**sexual health direct** is a nationwide service run by FPA. It provides:

- confidential information and advice and a wide range of booklets on individual methods of contraception, common sexually transmitted infections, pregnancy choices, abortion and planning a pregnancy
- details of contraception, sexual health and genitourinary medicine (GUM) clinics and sexual assault referral centres.

### FPA helplines

#### England

helpline 0845 122 8690

9am to 6pm Monday to Friday

or visit the FPA website [www.fpa.org.uk](http://www.fpa.org.uk).

#### Northern Ireland

helpline 0845 122 8687

9am to 5pm Monday to Friday