

Contraception with HRT Information Leaflet

Although pregnancy is less likely during perimenopause and menopause, it is still possible. Even when periods are very infrequent or non-existent in younger women with Primary Ovarian Insufficiency (POI), a spontaneous ovulation can occur and result in pregnancy. Therefore, younger women who do not wish to become pregnant should use reliable contraception.

Periods

Sometimes it is difficult to know if periods have stopped – bleeds caused from taking the combined contraceptive pill are false withdrawal bleeds and shouldn't be confused with natural, spontaneous periods – and many women using progestogen based contraception (minipill, mirena coil, and injection/implant) don't experience menstruation.

If you are uncertain when your last period was, a blood test to check your follicle stimulating hormone (FSH) level can be taken. If this hormone is elevated, (>30 IUU/l), you are very unlikely to become pregnant. It is important to note that you would need to stop taking the combined contraceptive pill at least 6 weeks before this blood test in order to get an accurate result (use adequate protection in the meantime). However, if you are using the Mirena coil or Progestogen Only Pill (mini pill), there is no need to remove/stop these. High doses of progestogens, such as those seen in the contraceptive injection, may affect the FSH result. It is therefore useful to think about swapping to another contraceptive method at around 50 years of age. Current guidance recommends using contraception for 2 years after the last natural period if periods stop before age 50, and one year after the last natural period if periods stop after age 50. Generally at age 55, contraception is no longer required as the possibility of pregnancy would be very low.

Contraception

There are many forms of contraception - see for more information -

<https://www.womens-health-concern.org/help-and-advice/factsheets/contraception-older-woman/>

Most methods of contraception can be used alongside HRT (the combined contraceptive pill cannot). However, the mirena coil (hormone containing intrauterine system) is particularly useful since it can "double up;" not only providing contraception, but will usually reduce heavy and/or painful periods as well as providing womb lining (endometrial) protection.

Unfortunately the data presented to the regulatory authorities only provided evidence of endometrial protection with duration of just less than 5 years. Therefore, the mirena coil is currently only licensed for use for 4 years at a time with HRT - but most clinicians endorse use for up to 5 years off-label. To guarantee vital endometrial protection - which prevents cancer in the womb lining - if being used with oestrogen for HRT, the mirena must be changed every 5 years.

With rates of divorce and separation increasing, many women are sexually active again and should use a barrier method of contraception to prevent sexually transmitted infections (STIs) even if they have been sterilised or are using another method of contraception.

Chlamydia, gonorrhoea, HIV and other STIs are on the increase in women in their 40s and 50s, so it is a good idea to be screened for infection before starting a new relationship.

This leaflet can be made available in different formats on request. If you would like to make any suggestions or comments about the content of this leaflet, then please contact the Patient Experience Team on 0151 702 4353 or by email at pals@lwh.nhs.uk

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