

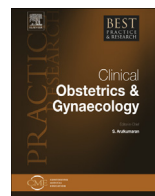


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10

The contraception needs of the perimenopausal woman



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Perimenopausal women have low fertility but must still be advised to use contraception until natural sterility is reached if they are sexually active. Patterns of contraceptive use vary in different countries worldwide. Long-acting reversible contraceptive methods offer reliable contraception that may be an alternative to sterilisation. Hormonal methods confer significant non-contraceptive benefits, and each individual woman should weigh up the benefits and risks of a particular method. No method of contraception is contraindicated by age alone, although combined hormonal contraception and injectable progestogens are not recommended for women over the age of 50 years. The intrauterine system has particular advantages as a low-dose method of effective hormonal contraception, which also offers control of menstrual dysfunction and endometrial protection in women requiring oestrogen replacement. Condoms are recommended for personal protection against sexually transmitted infections in new relationships. Standard hormone replacement therapy is not a method of contraception.

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Fertility in the perimenopause

The perimenopause represents the transitional years before the last spontaneous menstruation. Fertility gradually declines with age, as oocytes become more susceptible to aneuploidy and

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mitochondrial mutations and anovulatory menstrual cycles increase in frequency. Spontaneous pregnancy over the age of 50 years is relatively rare.

Women are, however, still potentially fertile during the perimenopause and many continue to be sexually active. A recent UK survey showed that many individuals remained sexually active long into later life, and women aged 45–54 years had an average of 3.5 episodes of sexual intercourse in the previous 4 weeks [1].

Pregnancy in the perimenopause

In the UK, the conception rate for women aged 40 years and over increased from 6.6 conceptions per thousand women in 1990 to 13.9 per thousand in 2011, as women increasingly chose to have children later [2]. For women aged 40 years and over, the percentage of conceptions leading to therapeutic abortion fell from 43% in 1990 to 28% in 2011 [2]. Significant numbers of pregnancies in women over 40 years remain unplanned: review of 2006 data from the US puts this figure at 48% [3].

Current use of contraception

Contraceptive use varies significantly between developed and developing countries, and is often related to health economics and long-established traditions. Significant trends in contraceptive use are related to age in most countries (Table 1); the biggest variable for older women globally is usually prevalence of male and female sterilisation procedures (Table 2).

Contraceptive choice

The availability of an acceptable, effective and convenient method of contraception is as important for perimenopausal women as for younger women. The method must be safe, and may be chosen to make the most of additional, non-contraceptive benefits. Each woman must have an individual assessment to determine suitability of the various options, and the benefits must be weighed against the risks.

Effectiveness and convenience of contraception

Significant numbers of unplanned conceptions occur in the months during which contraception has been used [4]. Long-acting reversible contraceptive (LARC) methods that are more effective and user-independent lead to failure as a result of poor compliance. In countries in which sterilisation rates are

Table 1
Use of contraception by older women (%).^a

Method	40–44 years UK	45–49 years UK	40–44 years USA
None	25	28	31
Pill	10	13	8
Male condom	21	11	8
Withdrawal	6	4	1
Intrauterine system	3	4	<1
Intrauterine device	9	11	<1
Injection	2	4	1
Implant	0	1	<1
Patch	1	–	<1
Natural method	4	5	2
Other	0	1	1
Female sterilisation	18	19	35
Vasectomy	28	30	13

Adapted from Lader D. *Contraception and Sexual Health 2008/09*. Opinions Survey Report No. 41. UK Office for National Statistics; and Chandra A, et al. Fertility, family planning, and reproductive health of U.S. women: Data from the 2002 National Survey of Family Growth. National Center for Health Statistics. *Vital Health Stat* 2005, 23.

^a Some women use more than one method.

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