

Birth Control during Perimenopause

Perimenopause – the transition to menopause (the final menstrual period) – can last 6 or more years. Despite a decline in fertility during perimenopause, pregnancy is still possible until menopause is reached, even if a few months have passed without a period. Menopause (and infertility) is not confirmed until a woman has had no uterine bleeding for at least 12 consecutive months.

Many perimenopausal women are interested in avoiding pregnancy. There are many effective options available. A woman should consult with her healthcare provider to determine which is most appropriate for her.

Estrogen-progestin contraceptives

One popular birth control option is the oral contraceptive (OC), often called the birth control pill. OCs containing a combination of the hormones estrogen and progestin are both effective and safe for healthy perimenopausal women who don't smoke. Besides preventing pregnancy, OC use provides multiple health benefits, including more regular menstrual cycles, decreased menstrual bleeding (and decreased iron deficiency anemia as a result), decreased ovarian and uterine cancer risk, reduced hot flashes, and maintenance of bone strength.

Several OC options are available. Other combination hormonal contraceptives include the new skin patch and vaginal ring. These work in the same way as OCs and have the same benefits and risks. Common side effects include nausea and breast tenderness, which tend to resolve as use continues. Use of any combination hormonal contraceptive results in withdrawal uterine bleeding – even after reaching menopause, a time when periods normally cease.

Perimenopausal women who should not use estrogen-containing contraceptives are those who smoke or have a history of estrogen-dependent cancer, heart disease, high blood pressure (even if controlled), blood clots in the legs or lungs, or diabetes.

Progestin-only contraceptives

Hormonal contraception that contains only progestin may be appropriate for women who cannot use estrogen-containing therapies. Progestin-only contraceptives are available in the form of a daily tablet, as an injection given every 3 months, and in an intrauterine device (IUD).

- *Daily tablet.* Effectiveness of the progestin-only contraceptive tablet is dependent on taking it at the same time daily. Breakthrough bleeding and spotting are common side effects.
- *Injection given every 3 months.* Using the progestin injection long-term can result in decreased or stopped menstrual bleeding. Common side effects are weight gain and depression. Concerns have recently been raised about its effects on bone.
- *Hormonal IUD.* Any type of IUD can be a safe, effective, and convenient type of birth control for the perimenopausal woman who has had children. One type of IUD releases tiny doses of the progestin hormone. Its advantages are that it may provide decreased menstrual bleeding and has to be changed only every 5 years. Risk for infection or having complications at the time of insertion is low.

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Nonhormonal methods

The following birth control methods do not contain hormones; however, not all are good choices for perimenopausal women.

- A nonhormonal IUD is available, providing another effective and safe birth control option for perimenopausal women.
- Barrier methods include condoms (male and female), diaphragm plus spermicide, spermicide-containing sponge, and spermicide alone. Barrier methods are effective, although not as effective as hormonal contraception or the IUD. The condom is the only proven effective protection against pregnancy and sexually transmitted infections, and can be used in combination with other birth control methods.
- Natural family planning (the “rhythm method” or periodic abstinence) is not recommended for perimenopausal women because irregular periods make predicting ovulation difficult.

Surgical sterilization

Tubal ligation (female sterilization) and vasectomy (male sterilization) are appropriate and popular options for perimenopausal women (or their male partners) if they are in a mutually monogamous, long-term relationship and desire permanent contraception. Disadvantages include the risk of anesthesia and the surgical procedure as well as cost.



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