

Prescribing...

- ✚ Fertility declines in women after 35 years, but effective safe contraception is required until after the menopause.
- ✚ In England the birth rate on the over 40s is now higher than for women under 20.
- ✚ No method of contraception is contraindicated on the basis of age alone.

Contraceptive choice for women aged over 40 years may be influenced by many factors: frequency of intercourse, natural decline in fertility, sexual problems, the wish for non-contraceptive benefits, menstrual dysfunction and concurrent medical conditions. This bulletin and next month's, based on the advice on the topic from the Faculty of Sexual and Reproductive Healthcare, summarise the main issues.

Background

As age increases, fertility declines for women and to a much lesser degree for men. The natural decline in fertility is related to many factors but the quality and quantity of oocytes is important. Although there is a decline in fertility from the mid-30s onwards, sexually active women require contraception if they do not wish to become pregnant.

Pregnancy

There is an increasing trend for women to have children later in life. The Office of National Statistics or ONS has just announced that there were 697,852 live births in 2015 in England and Wales. The rate was 15.2 births per 1,000 women aged over 40, compared with just 14.5 per 1,000 women below 20. The last time the over 40s had the higher fertility rate was in 1947, in the wake of World War 2. The teenage pregnancy rate has been in long-term decline and has more than halved from the 33 births per 1,000 teenagers in 1990. Meanwhile, pregnancies have soared in older age groups from 5.3 per 1,000 in 1990. The average age of having a child is now 30.3 - a figure that has been increasing since 1975.

Advances in fertility treatment as well as more women in higher education and attitudes around the importance of a career and the rising costs of childbearing are behind the rise, the ONS says. But some older women also experience unintended pregnancies and some opt for an abortion.

Although more individuals are delaying starting a family until later in life, later childbirth is associated with a well-known worsening reproductive outcomes : more infertility and medical co-morbidity, and an increase in maternal and fetal morbidity and mortality. The maternal mortality rate in the UK is now highest in the 40 years and over age group. Women should be aware that the risks of chromosomal abnormalities, miscarriage, pregnancy complications and of maternal morbidity and mortality increase for women aged over 40 years.

Change of partner

The average age for men and women to get divorced in England and Wales is 44.7 years and 42.2 years respectively in 2012. Many individuals in their 40s may therefore enter new relationships after coming out of long-term monogamous relationships. Individuals in this situation may need to review their contraceptive option as well as being bearing in mind the need to consider sexual health screening and use of condoms for the prevention of sexually transmitted infections.

Transition to menopause

The menopause is a retrospective diagnosis confirmed after 12 months of amenorrhoea. For most women, the 40s and 50s are a time when they move from normal ovulatory menstrual cycles to the cessation of ovulation and menstruation. During this time, intermittent ovulation and anovulation occur; there may be a rise in follicle-stimulating hormone (FSH) levels and women will experience shortening and/or lengthening of their menstrual cycle.

Medical Eligibility Criteria for Contraceptive Use or UKMEC

The above document contains evidence-based recommendations on the use of contraceptives. There are of course a wide range of contraceptive methods on the UK market, none of which are contraindicated based on age alone. However, as individual get older, age may become a more significant risk factor for developing incidental medical conditions that could impact on contraceptive choice.

UKMEC states that, for the following methods of contraception, there is no restriction on their use from the age of 40 for as long as they are needed: progesterone-only pill, barrier methods, levonorgestrel-releasing IUD, emergency contraception, copper-bearing IUD and barrier methods. Over 45 years, the advantages of depot medroxyprogesterone acetate, norethisterone entanate and combined hormonal contraception usually outweigh the disadvantages.

Therefore, women aged over 40 years can be advised that no contraceptive method is contraindicated by age alone.

When prescribing contraception for women aged over 40 years, health professionals should be guided by UKMEC. Clinical judgement is also required, particularly when prescribing for women with multiple medical and social factors. Very long-acting reversible contraception can be as effective a sterilisation. Women should be advised that return of fertility can be delayed for up to 1 year after discontinuation of progesterone - only injectable contraception.