

## Birth Control During Perimenopause

### *What is perimenopause?*

Perimenopause takes place around the time a woman stops having her menstrual period. Perimenopause usually begins when a woman is in her 40s—as much as 8 years before she reaches menopause, which usually happens during her late 40s or early 50s.

During perimenopause, a woman's ovaries make less estrogen, a sex hormone. As a result, changes can occur in the monthly menstrual cycle (irregular or heavy periods) and fertility (the ability to conceive) usually declines. Some women also begin to have hot flashes and night sweats, symptoms of estrogen deficiency.

### *Do I need to use birth control during perimenopause?*

Yes, women in their 40s still may become pregnant. Those who do have a much higher risk of pregnancy-related medical problems. These include more babies with birth defects, such as Down syndrome, and increased risks to the mother's health. All women who do not want to get pregnant should use an effective method of birth control.

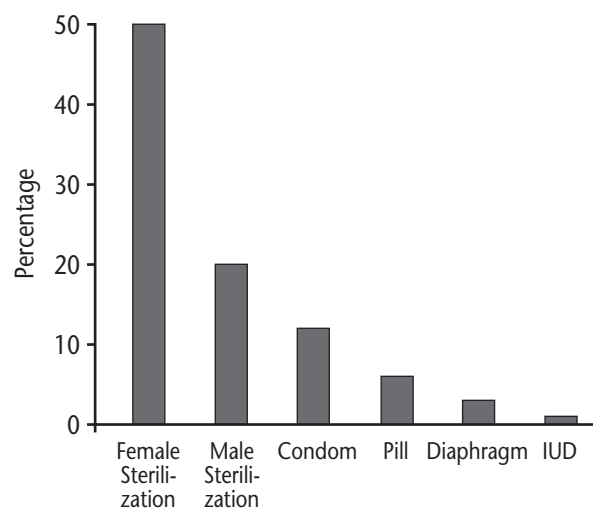
### *What are my birth control options?*

- **Female sterilization**—Female sterilization is the most common method of birth control for women in their early 40s (see figure). Half of all perimenopausal women rely upon female sterilization, which involves surgery to cut or block the fallopian tubes (the tubes that carry the egg from the ovary to the uterus). Pregnancy is prevented because the blocked fallopian tubes keep sperm from reaching the egg. Female sterilization is a safe operation. Major complications are rare.

Female sterilization is highly effective. Failure rates range from about 1% to 3% over 10 years, depending upon the type of operation and a woman's age at the time of surgery. Female sterilization also reduces the risk of ovarian cancer. Surgical sterilization should be considered permanent; operations to reverse sterilization are complicated and often unsuccessful.

- **Male sterilization**—About 20% of women in their early 40s rely upon their partner's vasectomy for birth control. During vasectomy, a small portion of the tubes that carry sperm (vas deferens) from the testicles is cut and sealed. Pregnancy is prevented because sperm cannot get into the man's semen. Compared with female sterilization, vasectomy is safer, simpler, and more cost-effective. The procedure is done under local anesthesia in a doctor's office or clinic. Vasectomy is also permanent and should not be used by couples who might want to have children in the future.

**Birth Control During Perimenopause:  
Methods Used by US Women Aged 40 to 44 Years**



Source: National Survey of Family Growth, 1995.

- **Combination and progestin-only oral contraceptives**—Combination low-dose birth control pills contain two hormones, estrogen and progestin. These pills are safe and highly effective for perimenopausal women who are healthy and do not smoke cigarettes. During average use, about 7% of women get pregnant in the first year. However, when the pill is taken consistently and correctly, the failure rate is less than 1%. Birth control pills also provide other health benefits, including a lower risk of endometrial and ovarian cancers. The pill also can help relieve symptoms of declining estrogen, such as hot flashes, night sweats, vaginal dryness, and irregular or heavy periods. The method also may help protect against loss of bone density, another important benefit for perimenopausal women.

Possible short-term side effects of the pill include breakthrough bleeding (bleeding between periods), bloating, nausea, and breast tenderness. Some evidence indicates that bloating, nausea, and breast tenderness can be minimized by using the very lowest-dose OCs.

Progestin-only pills are often used by women who are breast feeding and those who should not have estrogen. To be most effective, progestin-only pills need to be taken at the same time every day. The most common side effect is menstrual changes.

- **Intrauterine devices**—IUDs offer highly effective, long-term, reversible pregnancy protection. Some IUDs contain copper; others release a hormone. A new intrauterine contraceptive recently was approved in the United States, giving women three options that provide birth control for periods ranging from 1 to 10 years. Average failure rates with copper IUDs and the levonorgestrel-releasing intrauterine system are less than 1%. Short-term side effects with the copper device may include heavier periods, cramps, or breakthrough bleeding, although the new levonorgestrel system can help decrease bleeding and cramping.
- **Long-lasting progestin methods**—Long-lasting hormonal contraception methods that contain only a single hormone (progestin) include implants and injectables. Both options are safe and highly effective. Implants last for 5 years and have a very low failure rate (less than 1%). Side effects may include irregular bleeding and headaches. Injectables protect against pregnancy for up to 3 months and have a low failure rate of less than 1%. Possible side effects include weight gain and changes in the menstrual cycle.
- **Combination injectable**—The combination injectable contains both estrogen and progestin. The failure rate is less than 1%, provided you return for your next injection on schedule. Side effects are similar to the combination birth control pill.
- **Barrier methods**—Barrier methods of birth control include the male and female condoms, the diaphragm, the cervical cap, and spermicides. Barrier methods are good choices for women who are committed to using them correctly during every act of intercourse. Average failure rates are relatively high, ranging from 14% for the male condom to 20% or higher for the diaphragm, female condom, cervical cap, and spermicides. Barrier methods have few side effects, although some people may be allergic to latex or spermicides. Male latex condoms are the only birth control method proven to protect against sexually transmitted diseases.

### *For More Information*

For more information about birth control options in the perimenopause, speak with your clinician or contact the following organizations:

**American Academy of  
Family Physicians**  
1-800-944-0000  
[www.familydoctor.org](http://www.familydoctor.org)

**American College of  
Obstetricians and Gynecologists**  
1-800-410-ACOG (2264)  
[www.acog.org](http://www.acog.org)

**Association of Reproductive  
Health Professionals**  
1-800-804-PERI (7374)  
[www.arhp.org](http://www.arhp.org)

**North American  
Menopause Society**  
1-800-774-5342  
[www.menopause.org](http://www.menopause.org)