Contraception

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When Contraceptive Protection Is No Longer Needed

SUMMARY FOR U.S. SPR, 2024 | PAGE 17 OF 26 | ALL PAGES ↓

AT A GLANCE

This page includes recommendations for health care providers that address when contraceptive protection is no longer needed. This information comes from the *2024 U.S. Selected Practice Recommendations for Contraceptive Use* (U.S. SPR).

When contraceptive protection is no longer needed

- Contraceptive protection is still needed for patients aged >44 years who want to avoid becoming pregnant.

Comments and Evidence Summary

The age at which a person is no longer at risk for becoming pregnant is not known. Although uncommon, spontaneous pregnancies occur among persons aged >44 years. Both the American College of Obstetricians and Gynecologists and the North American Menopause Society recommend that women continue contraceptive use until menopause or age 50–55 years.[382],[383] The median age of menopause is approximately 51 years in North America[382] but can vary from 40 to 60 years.[384] The median age of definitive loss of natural fertility is 41 years but can range up to 51 years.[385],[386] No reliable laboratory tests are available to confirm definitive loss of fertility in a woman; the assessment of follicle-stimulating hormone levels to determine when a woman is no longer fertile might not be accurate.[382]

Health care providers should consider the risks for becoming pregnant in a patient of advanced reproductive age, as well as any risks of continuing contraception until menopause. Pregnancies among women of advanced reproductive age are at higher risk for maternal complications (e.g., hemorrhage, venous thromboembolism, and death) and fetal complications (e.g., spontaneous abortion, stillbirth, and congenital anomalies).[387-389] Risks associated with continuing contraception, in particular risks for acute cardiovascular events (venous thromboembolism, myocardial infarction, or stroke) or breast cancer, also are important to consider. U.S. MEC states that on the basis of age alone, patients of any age can use (U.S. MEC 1) or generally can use (U.S. MEC 2) IUDs and hormonal contraception.[1] However, patients of advanced reproductive age might have chronic conditions or other risk factors that might render use of hormonal contraceptive methods unsafe; U.S. MEC might be helpful in guiding the safe use of contraceptives in these patients.[1]

In two studies, the incidence of venous thromboembolism was higher among oral contraceptive users aged 45–49 years compared with younger oral contraceptive users;[390-392] however, an interaction between hormonal contraception and increased age compared with baseline risk was not demonstrated or was not examined.[390],[391] The relative risk for myocardial infarction was higher among all oral contraceptive users than among nonusers, although a trend of increased relative risk with increasing age was not demonstrated.[393],[394] No studies were found regarding the risk for stroke in combined oral contraceptive (COC) users aged 45–49 years (Level of evidence: II-2, good to poor, direct).

A pooled analysis by the Collaborative Group on Hormonal Factors and Breast Cancer in 1996 found small increased relative risks for breast cancer among women aged ≥45 years whose last use of combined hormonal contraceptives (CHCs) was <5 years previously and for those whose last use of CHCs was 5–9 years previously.[395] Seven more recent studies suggested small but nonsignificant increased relative risks for breast carcinoma in situ or breast cancer among women who had used oral contraceptives or depot medroxyprogesterone acetate (DMPA) when they were aged ≥40 years compared with those who had never used either method[396-402] (Level of evidence: II-2, fair, direct).

SOURCES

CONTENT SOURCE:

National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP); Division of Reproductive Health