

Advice for older women on stopping / continuing contraception

Contraceptive method	Under 50 years	50 years or older
Non-hormonal including IUCD	<ul style="list-style-type: none"> Stop contraception after 2 years of amenorrhoea An IUCD inserted at or after the age of 40 can remain in situ until 55 years 	<ul style="list-style-type: none"> Stop contraception after 1 year of amenorrhoea An IUCD should not be left in situ indefinitely as it could become a focus for infection
Combined hormonal contraception (CHC)	<ul style="list-style-type: none"> Can be continued up to 50 years If a woman wishes to stop CHC before age 50, she should be advised to switch to a non-hormonal method and stop once she has been amenorrhoeic for 2 years 	<ul style="list-style-type: none"> Stop CHC at 50 and switch to non-hormonal or IMP / POP / LNG-IUS then follow appropriate advice
Medroxyprogesterone acetate (DMPA) Depo-Provera or Sayana Press	<ul style="list-style-type: none"> Can be continued up to 50 years (<i>see pathway overleaf re bone loss</i>) If a woman wishes to stop DPMA before age 50, she should be advised to switch to a non-hormonal method and stop once she has been amenorrhoeic for 3 years (due to potential delay in return to ovulation with DMPA) 	<ul style="list-style-type: none"> At 50 plus, counsel women regarding switching to alternative methods and then follow appropriate advice (<i>see pathway overleaf re bone loss</i>) If the woman has amenorrhoea and wants to stop before age 55, check FSH levels* (<i>level should be taken immediately before next injection is due</i>)
Sub-dermal implant (SDI) Progesterone only pill (POP)	<ul style="list-style-type: none"> Can be continued to 50 years or longer 	<ul style="list-style-type: none"> Stop / remove at age 55 when natural loss of fertility can be assumed for most women If the woman has amenorrhoea and wants to stop before age 55, check FSH levels*
Levonorgestrel releasing intrauterine system (LNG-IUS)	<ul style="list-style-type: none"> Can be continued to 50 years or longer A Mirena inserted at or after the age of 45 can remain in situ until 55 years if used for contraception or heavy menstrual bleeding Other LNG-IUS must be replaced in accordance with their licensed use 	<ul style="list-style-type: none"> Remove at age 55 when natural loss of fertility can be assumed for most women Should not be left in situ indefinitely as it could become a focus for infection If the woman has amenorrhoea and wants to stop before age 55, check FSH levels*

* Women > 50 years who are amenorrhoeic on progestogen only contraception:



[2017 FSRH guidance: Contraception for women aged over 40 years](#)

Pathway for assessing bone loss in women age >45 on DMPA

