

Feature Article of the Month

Turning 40? Review Your Contraception Options

There's no question that 40 is a milestone birthday. It's a midlife point—a time to reflect, evaluate, consider, think. Is this the right career for you? Are you happy in your marriage or relationship? How are your children turning out? Is it time to *have* children?

But as you muse upon the course your life has taken up to now and where you want it to go over the next decade, don't forget to consider one very important component:

Contraception. Whether you're finished having children or considering having your first one (don't laugh: in 2005, the birth rates for women 35 and older rose to levels not seen in almost 40 years), the only thing standing between you and the unexpected is your contraception.



Because while you may be moaning about your first gray hairs and the fact that it's suddenly become harder to lose those final (or first) five pounds and you've started paying as much attention to your retirement fund as to your kids' college fund, the reality is that some things really haven't changed very much. We're talking about your fertility—your ability to become pregnant. Yes, it's true that fertility declines with age. However, up to 80 percent of women between 40 and 43 can still get pregnant. In fact, your fertility doesn't end totally until you reach menopause—the day you've gone 12 consecutive months without a period.

Unfortunately, this is a fact that many women your age don't know. One study found that women in their late 30s and early 40s who were still sexually active thought that if they didn't get pregnant, they were infertile. Nope. They were just lucky.

In another study of 55 women with a median age of 72, just 55 percent said their doctor ever discussed sex with them once they turned 40. You can bet that if their doctors weren't talking to these women about sex, they probably weren't talking to them about contraception either.

All of which leads to the somewhat scary statistic you need to know: 29 percent of pregnancies in women 35 to 39 in the United States are unplanned, as are 38 percent of pregnancies in women 40 and older. Of those unplanned pregnancies, 56 percent end in abortion.

Bottom line: Even if you're finished with childbearing, you and/or your partner should take precautions to prevent pregnancy.

What to Use

By this point in your life, you've probably been through the contraceptive version of soup to nuts. Birth control pills, IUDs, condoms, jellies, and creams.

So now what do you do?

That depends on your answer to one question: Do you want more children?

If you answered yes, then you need reversible contraception. Your options include:

Birth control pills. Healthy women over 35 *can* safely use oral contraception, as long as they don't smoke, have normal blood pressure and have no history of cardiovascular disease. In fact, you can keep using it until age 50.

Rings and patches. Other estrogen-based birth control options include NuvaRing, which is inserted into the vagina like a diaphragm with a three-weeks-on-one-week-off schedule; and Ortho Evra, a skin patch embedded with hormones.

Progestogen options. These options include the injection Depo-Provera, the matchstick-sized rod Implanon and the IUD Mirena. All use the hormone progestogen to prevent pregnancy, and all can be used for months (Depo-Provera) or years (Implanon and Mirena).

Nonhormonal options. Copper IUDs, spermicides, the Today Sponge, diaphragms, cervical caps and condoms provide protection without hormones, but none are as effective as hormonal measures. Barely any women 35 and older use barrier methods.

Now, if you answered "no" to the question above, then you might want to consider permanent contraception, either for you or your partner. Female sterilization is the most common form of contraception overall, and the birth control method used most often by women 35 and older. There are two primary forms of female sterilization: the traditional tubal ligation, often called "getting your tubes tied," and fallopian tube occlusion, known as the Essure permanent contraception procedure, also called Essure Micro-inserts. The chart below compares the two.

	Tubal Ligation	Essure
What is it?	Surgical procedure. Surgeon makes a small incision through the abdomen, inserts a laparoscope to view the pelvic region and tubes, and either blocks the tubes with a ring or burns or clips them shut.	Nonsurgical procedure. Hysteroscope is used to insert spring-like coils or micro-inserts through the vagina, cervix and uterus into the fallopian tube where, over three months, they form a tissue barrier that prevents sperm from reaching the egg. After three months, a special x-ray is done to make sure your tubes are completely blocked.
Where is it	Hospital setting	Physician office

performed?		
What type of anesthesia is required?	General anesthesia	General anesthesia is not required, though it may be offered. Discuss your anesthesia options with your physician.
What are the risks?	Pain, bleeding, infection and other postsurgical complications, as well as an ectopic, or tubal, pregnancy	Mild to moderate pain after insertion, very small risk of ectopic or tubal pregnancy
How long does it take to recover?	Two weeks or more	Within 24 hours

Of course, you can always insist that it's time *he* took care of the birth control option and had a vasectomy.

No matter what you choose, just choose. Otherwise, you may find your 40s more, um, interesting than you'd planned!

References

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