

FERTILITY

From the age of 35 onwards a woman's body starts to change. Fertility falls and the menstrual cycle (periods) can change. Periods can become heavier, more irregular or stop, sometimes for weeks or months.

Even if your periods stop or become irregular you can still get pregnant.

Although it's harder to get pregnant as you get older, pregnancy is still possible at any time until the menopause. Most doctors don't consider that a woman has reached the menopause until she has not had a period for a year (or two years if her periods stop before she is 50).

DID YOU KNOW?

Fertility falls significantly in your late thirties, but 90% of women over 40 who have regular cycles may still ovulate, but not in every cycle.

The perimenopause is the time before the menopause when your body starts to change. It usually starts in your forties and lasts up to six years or more.

DID YOU KNOW?

90% of women have 4-8 years of menstrual cycle changes before their periods stop completely.

If you don't want to get pregnant you need to use contraception every time you have sex – whatever your age.

FOR MORE INFORMATION VISIT:
THINKCONTRACEPTION.IE/35-55

PREGNANCY

Crisis and unplanned pregnancies don't just happen to young people. Women in their 30s and 40s have unprotected sex – often because they assume that they are menopausal and had a low risk of pregnancy. In fact very few women are infertile before the age of 45.

There are lots of contraceptive choices available, and what suited you in the past may no longer be best for you. Your choice will depend on if you want to have (more) children, your health, your personal preference and whether you need protection from sexually transmitted infections (STIs).

DID YOU KNOW?

If your method of contraception fails – or if you have unprotected sex – Emergency Contraception (otherwise known as EC, or the 'morning-after pill') will usually stop you from getting pregnant. Emergency Contraception can be taken up to 72 hours after unprotected sex, but the sooner it's taken the more effective it is. Ask your GP or well-woman/family planning clinic for advice.

DID YOU KNOW?

You need to use contraception for one year after your periods have stopped completely (the menopause), or two years if the menopause happens before you are 50.

For more information on the best contraceptive choice for you talk to your GP – GPs are specially trained to help you make the right choice. If they can't provide the method you want, they will refer you to some one who can.

FOR MORE INFORMATION VISIT:
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WHERE TO FIND US

IF YOU WANT TO DISCUSS YOUR CONTRACEPTIVE NEEDS OR GET CONTRACEPTIVE SERVICES, CONTACT:

- **Your local GP**
- **Dublin Well Woman Centres www.wellwomancentre.ie**
67 Pembroke Road, Ballsbridge, D4 01 660 9860 / 668 1108
35 Lower Liffey Street, D1 (at the Ha'Penny Bridge) 01 872 8051 / 872 8095
Northside Shopping Centre, Coolock, D5 01 848 4511
- **Femplus Clinic www.femplus.ie**
171 Roselawn Road, Blanchardstown D15 01 821 0999
- **Independent Family Planning Centres**
Cork 021 427 7906 Newcastle West 069 629 33
www.corkfamilyplanning.com www.well-woman.info
Galway 091 562 992 Tralee 066 712 5322
Limerick 061 312 026
- **Irish Family Planning Association www.ifpa.ie**
5/7 Cathal Brugha Street, D1 01 872 7088 / 874 2110
Level 3, The Square, Tallaght, D24 01 459 7685/6

• If your method of contraception fails, contact:

- Your local GP
- Dublin Well Woman Centres (see above)
- Femplus Clinic (see above)
- IFPA (see above)

Emergency Contraception is provided by GPs, the IFPA, Dublin Well Woman and Femplus, Monday – Friday. On Saturdays and Sundays, the IFPA and Dublin Well Woman provide this service.

• If you have an unplanned pregnancy, contact:

If you have an unplanned pregnancy, crisis pregnancy counselling could help. Freetext **list** to **50444** or visit positiveoptions.ie for a list of State-funded crisis pregnancy counselling organisations that provide free, non-judgemental counselling nationwide.

To re-order copies:

Phone 01 814 6292 or email info@crisispregnancy.ie

The Crisis Pregnancy Agency

The Crisis Pregnancy Agency, which produced this resource, is a statutory body set up to formulate and implement a strategy to address the issue of crisis pregnancy in Ireland. For more information visit www.crisispregnancy.ie

Disclaimer

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Contraception, fertility and sexual health information for **women aged 35 to 55**

Contraception 35-55



crisispregnancyagency



CONTRACEPTIVE CHOICES

THINK ABOUT

YOUR LIFE

The best method of contraception for you will change as your life changes.

Are you in a monogamous relationship, single, or dating again after the end of a relationship?

Are you trying to become pregnant, breast-feeding, having a break between children, or is your family complete?

Do you ever have unprotected/unplanned sex? Do you have sex regularly? Can you remember to take a pill every day/ carry condoms at all times or do you need a longer lasting method? Do you need protection from Sexually Transmitted Infections (STIs)?

Remember – only condoms offer protection from most STIs.

YOUR HEALTH








Do you have symptoms such as irregular/heavy periods or vaginal dryness? Some contraceptive methods can help these symptoms, others may make them more severe.

Do you have any health issues such as being overweight, smoking, having high blood pressure/diabetes that may make some methods unsuitable? Are you taking hormone replacement therapy (HRT)?

Oestrogen-based contraceptives can relieve hot flushes, vaginal dryness and irregular periods; progestogen-based methods can help reduce heavy periods.

COST

Some methods have higher up-front costs than others but are better value for money in the long term. Many of the methods with high upfront costs are subsidized by the Drugs Payment Scheme. Talk to your GP about **all** of the contraceptive options available. Talk to your pharmacist about enrolling on the Drugs Payment Scheme.

CHOICES	HOW OFTEN?	YOUR HEALTH	IS IT FOR YOU?
 <p>MALE AND FEMALE CONDOMS Barrier methods that can help prevent pregnancy and STIs</p>	Every time you have sex	No side-effects (unless allergic to latex in the male condom) > Spermicides/lubrication will increase effectiveness and help if vaginal dryness is a problem	Good for single people, or people who don't know if their partner is free from STIs > Female condom can be put in any time before sex > No prescription required > Can be used with hormonal contraceptives for added protection > Female condom may slip during sex
 <p>INTRAUTERINE SYSTEM (IUS) A small plastic device, which releases the hormone progestogen, is put into the womb</p>	Lasts approximately five years	Reduces or stops heavy bleeding for most women > May cause irregular bleeding > Lasts 5 years > Suitable for women who have completed their family	It is effective immediately > Very reliable long-term, reversible method > Insertion and removal must be done by a specially trained doctor – no anaesthetic is required
 <p>INTRAUTERINE CONTRACEPTIVE DEVICE (IUCD) – 'THE COIL' A small plastic and copper device is put into the womb to stop the normal actions of the egg and the sperm</p>	Lasts 5-10 years > If inserted after the age of 40 may stay in until the menopause	May cause heavy or irregular bleeding > Risk of pelvic infection increased if there is more than one sexual partner	It is effective immediately > Very reliable long-term, reversible method > Insertion and removal must be done by a specially trained doctor – no anaesthetic is required
 <p>THE IMPLANT Rod containing the female hormone progestogen, which is placed just under the skin on the inside of your upper arm</p>	Rod inserted approximately every three years by a specially trained doctor	May reduce painful periods and heavy bleeding > May cause irregular bleeding or stop bleeding altogether > May cause acne or weight gain > May have heavy bleeding and moodiness for first 6 weeks	Can be used by women who cannot take oestrogen in the combined oral contraceptive pill, such as women over 35 who smoke > Useful for women who forget to take their pill daily
 <p>INJECTABLE CONTRACEPTIVE An injection containing the female hormone progestogen</p>	An injection is given approximately every 12 weeks	May cause irregular bleeding, although bleeding stops completely after 1 year for 50% of users > Cannot be immediately reversed in the event of side effects > May decrease bone density > May protect against cancer of the womb > Side-effects include weight gain, headaches and depression	Can be used by women who cannot take oestrogen in the combined oral contraceptive pill, such as women over 35 who smoke or breast-feeding mothers > Must be given by a health care professional
 <p>PROGESTOGEN ONLY PILLS (Mini Pill) Tablet containing only the female hormone progestogen</p>	Take a pill every day	May cause irregular bleeding	Can be used by women who cannot take oestrogen in the combined oral contraceptive pill, such as women over 35 who smoke or breast-feeding mothers > Must be taken at the same time every day > Additional contraception may be required if pills are taken late > Vomiting, diarrhoea, and certain medication can interfere with its effectiveness
 <p>COMBINED ORAL CONTRACEPTIVE PILL Tablet contains two female hormones oestrogen and progestogen</p>	Take a pill every day three weeks per month	Not usually the first choice for women over 40, not advised for smokers over 35, women who are breast-feeding or those who have medical conditions, such as high blood pressure	Useful for women who can reliably take pills on a daily basis > Vomiting, diarrhoea, antibiotics and some other prescribed drugs can interfere with its effectiveness
 <p>THE PATCH A patch (similar to a small bandage), which contains the female hormones oestrogen and progestogen</p>	Each patch is worn for seven days, for three consecutive weeks, followed by a patch-free week	Same as for the combined oral contraceptive pill	Useful for women who forget to take their pill daily > May be seen on the skin
 <p>THE VAGINAL RING The ring contains the female hormones oestrogen and progestogen</p>	Flexible ring inserted by the woman into her vagina for three weeks of every month	Same as for the combined oral contraceptive pill	Useful for women who forget to take their pill daily
 <p>FEMALE STERILISATION (TUBAL LIGATION) A surgical procedure that involves cutting or blocking a woman's fallopian tubes</p>	One procedure, usually under general anaesthetic and requiring a short hospital stay	No side-effects	Useful for women who have completed their families > It is effective immediately, provided that the woman is not pregnant at the time of the procedure
 <p>MALE STERILISATION (VASECTOMY) A procedure that involves cutting the tubes carrying sperm, so that sperm are not present in the semen that is ejaculated</p>	One procedure, lasting approximately 15-20 minutes > Can be done in a doctor's surgery or clinic	The man can have discomfort and swelling for a short time after the procedure	It is effective after 16 – 20 weeks, if there have been 2 negative sperm counts > Useful for men who have completed their families and who don't need STI protection
 <p>DIAPHRAGMS / CAPS A flexible rubber or silicone device, used with spermicide, that the woman fits inside her vagina</p>	Every time you have sex > Must stay in place for at least six hours after sex but not more than 30 hours > Fittings should be checked by a doctor every year	Few side-effects as no hormones are needed > Urinary tract infections (cystitis) can be a problem for some users > May protect against cancer of the cervix	An initial consultation with the doctor is needed to select the correct size and type > Insertion takes practice > Can be put in any time before sex (if more than three hours before extra spermicide may be needed) > It can be re-used
 <p>NATURAL METHODS Involves recording the fertile and infertile times of your cycle to plan when to avoid sex or take extra measures to avoid pregnancy</p>	Record body temperature, changes in cervical mucus and other signs of ovulation every day	No side-effects as no hormones or devices are needed > Becomes less reliable as you get older due to cycle changes	Requires keeping a daily record > Needs the cooperation of both partners > Some methods require a few days' abstinence from intercourse each month > Lack of knowledge and events which disturb the woman's cycle e.g. stress, illness, childbirth may make the method less reliable > Disagreement as to whether natural methods can be safely used during the perimenopause