Management of Women with Bleeding Irregularities While Using Contraception

If bleeding persists, or if woman requests it, medical treatment can be considered.

Cu-IUD users
- For unscheduled spotting or light bleeding or for heavy or prolonged bleeding:
  - NSAIDs (5-7 days of treatment)

LNG-IUD users
- For unscheduled spotting or light bleeding or for heavy or prolonged bleeding:
  - NSAIDs (5-7 days of treatment)
- Hormonal treatment (if medically eligible) with COCs or estrogen (10-20 days of treatment)

Implant users
- For unscheduled spotting or light bleeding or heavy or prolonged bleeding:
  - NSAIDs (5-7 days of treatment)
- Hormonal treatment (if medically eligible) with COCs or estrogen (10-20 days of treatment)

Injectable (DMPA) users
- For unscheduled spotting or light bleeding:
  - NSAIDs (5-7 days of treatment)
- For heavy or prolonged bleeding:
  - NSAIDs (5-7 days of treatment)
  - Hormonal treatment (if medically eligible) with COCs or estrogen (10-20 days of treatment)

CHC users (extended or continuous regimen)
- Hormone-free interval for 3-4 consecutive days
- Not recommended during the first 21 days of extended or continuous CHC use
- Not recommended more than once per month because contraceptive effectiveness might be reduced

If bleeding disorder persists or woman finds it unacceptable
- Counsel on alternative methods, offer another method, if desired

* If clinically warranted, evaluate for underlying condition. Treat the condition or refer for care. Heavy or prolonged bleeding, either unscheduled or menstrual, is uncommon among LNG-IUD users and implant users.

Abbreviations: CHC = combined hormonal contraceptive; COC = combined oral contraceptive; Cu-IUD = copper-containing intrauterine device; DMPA = depot medroxyprogesterone acetate; LNG-IUD = levonorgestrel-releasing intrauterine device; NSAIDs = nonsteroidal anti-inflammatory drugs.

Source: For full recommendations and updates, see the U.S. Selected Practice Recommendations for Contraceptive Use webpage at http://www.cdc.gov/reproductivehealth/unintendedpregnancy/usspr.htm.
Management of the IUD When a Cu-IUD or an LNG-IUD User is Found to Have Pelvic Inflammatory Disease

• Treat PID*.
• Counsel about condom use.
• IUD does not need to be removed.

Woman wants to continue IUD.

Reassess in 24–48 hours.

Clinical improvement

Continues IUD.

No clinical improvement

• Continue antibiotics.
• Consider removal of IUD.

• Offer another contraceptive method.
• Offer emergency contraception.

Woman wants to discontinue IUD.

Remove IUD after beginning antibiotics.

• Offer another contraceptive method.
• Offer emergency contraception.

Abbreviations: Cu-IUD = copper-containing intrauterine device; IUD = intrauterine device; LNG-IUD = levonorgestrel-releasing intrauterine device; PID = pelvic inflammatory disease
*Treat according to the CDC Sexually Transmitted Diseases Treatment Guidelines (available at http://www.cdc.gov/std/treatment).

Source: For full recommendations and updates, see the U.S. Selected Practice Recommendations for Contraceptive Use webpage at http://www.cdc.gov/reproductivehealth/unintendedpregnancy/usspr.htm.