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 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

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)

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.

If the woman wants to continue IUD:
- Reassess in 48 - 72 hours.
  - Clinical improvement:
    - Continue IUD.
  - No clinical improvement:
    - Continue antibiotics.
    - Consider removal of IUD.
    - Offer another contraceptive method.
    - Offer emergency contraception.

If the 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.