**IUD COMPLICATIONS: ABNORMAL BLEEDING**

**DEFINITION**

Women with copper IUDs often experience a moderate increase in regular menstrual blood loss. Usually LNG-IUS users experience frequent unscheduled spotting/bleeding for the first 1-4 months of use, after which there is decreased menstrual bleeding. Acute bleeding can also result from IUD complications (partial or impending expulsion), infection or pregnancy. The patient should be evaluated to determine the cause of her bleeding if the pattern of her bleeding is unusual or if she is worried. Decision about management depends upon the patient’s clinical status and her preferences.

**SUBJECTIVE**

May include:

1. Acute vaginal bleeding.

2. Prolonged and/or heavy menses.

3. Intermenstrual bleeding or post-coital bleeding.

4. Symptoms of anemia.

**OBJECTIVE**

May include:

1. Signs of anemia and/or hypovolemia (e.g., orthostatic BP or pulse changes).

2. Blood from cervical os.

3. IUD string(s) length increased.

4. IUD in cervical canal.

5. Missing IUD strings.

**LABORATORY**

Must include:

1. Sensitive urine pregnancy test.

a. If positive pregnancy test consider Zika screening if indicated by Zika Risk Assessment.

2. Hemoglobin/hematocrit, if heavy bleeding seen or if patient symptomatic.

3. Tests to rule out STI, cervicitis or trichomonal vaginitis, if indicated.

**ASSESSMENT**

Abnormal bleeding with IUD if:

**PREGNANT**

**PLAN**

1. Refer to ER to rule out ectopic pregnancy or threatened abortion, or PID in pregnancy if:

a. Patient is unstable or is experiencing excessive blood loss or if hemoglobin <8. (May remove IUD first if it is obviously expelling in cervical os.) Arrange ER transportation appropriate to patient’s clinical status.

b. Cervical os open (inevitable abortion).

c. Patient complaining of pelvic pain, has cervical motion or uterine/adnexal tenderness, has an adnexal mass or is currently bleeding.

2. If the patient is stable with no symptoms or signs of ectopic pregnancy see *IUD Complications: Delayed Menses* protocol.

3. Zika Risk Assessment

1. Travel-self and partner(s)

a. Past travel –last 8 months –where and when

b. Plans for future travel –where and when

**PATIENT EDUCATION**

Advise patient to tell future pregnancy care providers about the IUD whether or not it is removed.

**REFER TO MD/ER**

1. All pregnant women with an IUD (see PLAN above).

**NON-PREGNANT**

**PLAN**

1. Refer to ER if patient unstable, severely anemic or is experiencing excessive blood loss. (May remove IUD first if it is obviously expelling.) Arrange transportation appropriate to patient’s clinical status.

2. If patient is stable and she has an expelling IUD, remove IUD according to manufacturer’s instructions with the patient’s consent. Provide birth control. The patient may be a candidate for placement of another IUD at this visit.

3. If IUD string is visible, the choice of other actions depend on the patient’s preferences and presenting complaint:

a. If the patient requests IUD removal, see *IUD Removal* protocol.

b. For post-coital bleeding: test for other causes of post coital bleeding, such as cervical infection, cervical polyps or cervical dysplasia/cancer.

c. For heavy or prolonged bleeding:

1) Offer NSAIDs to start at onset of each menses to reduce menstrual blood loss, (e.g., Ibuprofen 800 mg orally 3 times a day for first 3-5 days each cycle).[[1]](#footnote-1) **Contraindicated in women with gastric ulcers, renal failure or other problems using ASA.**

2) Have the woman keep a menstrual calendar, with pad count for 2 cycles.

3) Instruct patient to RTC to evaluate effectiveness of treatment.

4) Provide FeS04 325 mg 1 to 3 times a day, if anemic. FeSO4 is most effective if taken on an empty stomach, if tolerated. Constipation can be a side effect

d. For spotting and bleeding with LNG-IUS:

1) If in the first 4-6 months of use, reassure patient that bleeding pattern should soon improve.

2) If patient requests treatment may use one of the following:

a) See table 2 for medical interventions

e. If bleeding is persistent accompanies by cramping consider referral for evaluation and possible ultrasound.

**PATIENT EDUCATION**

1. Reinforce IUD education as appropriate.

2. Remind patient to bring menstrual calendar to next visit.

**REFER TO MD/ER**

1. Patients with intermenstrual bleeding/spotting not explained at this visit.

2. Patients with abnormal physical findings.

3. Patients with persistent bleeding/spotting.

4. Patients who by protocol should have IUD removed but decline to have it removed.

**REFERENCES**

1. Centers for Disease Control and Prevention (CDC). Zika Virus Homepage-<http://www.cdc.gov/zika/index.html>
2. Centers for Disease Control and Prevention (CDC). U.S. Medical Eligibility Criteria for Contraceptive Use, 2016. Available at <http://www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6503.pdf>
3. Friedlander E, Kaneshiro B. Obstet Gynecol Clin North Am. 2015 Dec;42(4):593-603
4. Hatcher RA, et al (editors). Contraceptive Technology, 20th edition. New York: Ardent Media. 2011:147-192, 550.

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Table 2

Efficacy of medical interventions for irregular bleeding/spotting in LNG IUD users

|  | Medication Class | Medication | Dose (mg) | Frequency | Length of Time |
| --- | --- | --- | --- | --- | --- |
| Decreased bleeding | NSAID | Naproxen | 500 | 2 Times daily | 5 d |
|  | Antifibrinolytic | Tranexamic acid | 500 | 3 Times daily | Until bleeding stops |
|  | Antiprogestin | Mifepristone | 100 | Once | Monthly |
| No effect on bleeding | NSAID | Mefenamic acid | 500 | 3 Times daily | Until bleeding stops |
| Increased bleeding | Estrogen | Estradiol | 0.1 | Transdermal | Changed weekly |
|  | SPRM | Ulipristal acetate | 50 | Daily | 3 d (Starting 21 d after insertion) |

Friedlander E, Kaneshiro B. Obstet Gynecol Clin North Am. 2015 Dec; 42(4):593-603

Historically, clinicians prescribed cyclic combined oral contraceptive pills in addition to the IUD if bothersome unscheduled bleeding occurred. This prescription provided endometrial stabilization with estrogen while maintaining the superior contraceptive efficacy of the IUD. Although this was shown to be beneficial in levonorgestrel implant (Norplant) users, no data currently support this practice with the LNG IUD.

1. [↑](#footnote-ref-1)