



Progestin-only Contraceptives: Persistent Bleeding

DEFINITION	Persistent bleeding or spotting, causing physical symptoms or emotional dissatisfaction in a client who uses a progestin-only method.
SUBJECTIVE	May include: <ol style="list-style-type: none"> 1. Description or record of bleeding patterns. 2. Medical, sexual, and contraceptive history update, as appropriate. 3. Symptoms of anemia (fatigue, weakness, paresthesia, memory loss or concentration difficulties)
OBJECTIVE	May include: <ol style="list-style-type: none"> 1. Mild anemia symptoms. (pallor and listlessness)See HM-6 Abnormal hemoglobin 2. Pelvic exam. 3. Vital signs.
LABORATORY	May include: <ol style="list-style-type: none"> 1. Anemia - Hgb/Hct screening. 2. STI vaginitis screening, as indicated. 3. Sensitive urine pregnancy test.
ASSESSMENT	Persistent bleeding with progestin-only method.
PLAN	<ol style="list-style-type: none"> 1. Provide counsel and reassurance on a prn basis 2. Rule out pregnancy and other gynecological problems that might cause bleeding 3. All treatments manage current episodes only; reoccurrence is common: 4. NSAIDS if no medical contraindication; treatment may be repeated if bleeding returns A. ibuprofen 800 mg TID for up to 5 days OR B. naproxen 500 mg BID for up to 5 days 5. Non-hormonal therapy: tranexamic acid 650 mg TID for up to 5 days 6. Hormonal therapy: A. any combination pill: short term 1 tablet (PO) daily for 14 days OR longer term: cyclic or extended pill use B. Vaginal Ring insert per vagina for up to 35 days; repeat prn C. Estrogen only therapy: Conjugated equine estrogen 1.25 mg one tablet (PO) QD for 7-14 days OR estradiol 2 mg one tablet (PO) QD for 7-14 days 7. Discuss method change 8. Treat anemia per protocol if appropriate
CLIENT EDUCATION	<ol style="list-style-type: none"> 1. Provide education handout(s), review symptoms, complications, and danger signals. Emphasize prior to implementation of progestin only method, irregular, and prolonged bleeding is common and rarely clinically significant. 2. Discuss alternate method if client desires. 3. Review safer sex education, if appropriate. 4. Recommend that client RTC for annual exam as appropriate and PRN for problems.
CONSULT/ REFER TO PHYSICIAN	<ol style="list-style-type: none"> 1. Any persistent bleeding, despite treatment, to rule out other pathology

References:

1. Hatcher RA, Nelson A, Trussell J, Cwiak C, Cason P, Policar MS, Edelman A, Aiken ARA, Marrasso J, Kowel D, eds. Contraceptive Technology. 21 edition. New York, NY: Ayer Company Publishers, Inc., 2018. pp 148-149, 213-214.
2. CDC - Summary - US SPR - Reproductive Health
3. https://www.reproductiveaccess.org/wp-content/uploads/2014/12/switching_bc.pdf

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