

# Progestin-only Contraceptives: Persistent Bleeding – CON 7

## DEFINITION

Persistent vaginal bleeding or spotting, causing physical symptoms or emotional dissatisfaction in a client who uses a progestin-only method.

## SUBJECTIVE

May include:

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)
4. ROS for abnormal gynecologic symptoms

## OBJECTIVE

May include:

1. Mild anemia symptoms. (pallor and listlessness) See HM-6 Abnormal hemoglobin
2. Physical examination including Pelvic exam.
3. Vital signs.
4. Diagnostic testing for infectious etiology

## LABORATORY

May include:

1. Anemia - Hgb/Hct screening.
2. STI and vaginitis screening, as indicated.
3. Sensitive urine pregnancy test.

## ASSESSMENT

Persistent bleeding with the progestin-only method.

## PLAN

1. Provide counsel and reassurance on a prn basis
2. Rule out pregnancy and other gynecological problems or infections 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 5-7 days OR
  - b. Naproxen 500 mg BID for 5-7 days
5. Non-hormonal therapy: tranexamic acid 650 mg TID for up to 5 days; start medication on the first day of menses.
6. Hormonal therapy:
  - a. Monophasic combined oral contraceptives: short term 1 tablet (PO) daily for 10-20 days OR longer term: cyclic or extended pill using only active pills
  - 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 10-20 days OR estradiol 2 mg one tablet (PO) QD for 10-20 days
7. Discuss method change
8. Treat anemia per protocol if appropriate

Effective Date: 12/1/2023

Last Reviewed: 10/24/2023

Next Scheduled Review: 10/1/2024

### CLIENT EDUCATION

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. Advise patients to keep menstrual calendars or track via electronic app.
3. Discuss alternate method if client desires.
4. Review safer sex education, if appropriate.
5. Recommend that client RTC for annual exam as appropriate and PRN for problems.

### CONSULT / REFER TO PHYSICIAN

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, Marrazzo 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](#)