

3.5 MANAGE BREAKTHROUGH BLEEDING (BTB) OR UNSCHEDULED BLEEDING RELATED TO COMBINED HORMONAL CONTRACEPTIVES

TITLE	DESCRIPTION
DEFINITION:	A woman may experience unscheduled spotting or bleeding if her combined hormonal contraceptive (CHC) method is not providing adequate support to her endometrium. The most common causes of unscheduled spotting and bleeding are missed pills or other interruption of CHC use, followed by cervical infection. Women who smoke tobacco are also at a higher risk for unscheduled bleeding because they metabolize estrogen faster. Other causes of bleeding, such as pregnancy, infection, new medications, and neoplasia must also be considered. Unscheduled bleeding or spotting is usually a self-resolving problem that is confined to the first 2-3 cycles, but the client may need to be switched to a different formulation or different delivery system if the problem is bothersome or persists.
SUBJECTIVE:	<p>Must Include:</p> <ol style="list-style-type: none"> 1. LMP. 2. Contraceptive use problems, e.g., missed pills, delayed patch placement, patch detachment, prolonged ring-free times (e.g. > 3 hours in 24 hours). 3. Timing of bleeding or spotting within cycle, amount of bleeding, and associated/precipitating activities (e.g., intercourse). 4. Recent weight loss or gain. 5. Symptoms of pregnancy (must rule out pregnancy before proceeding).
OBJECTIVE:	<p>May Include:</p> <ol style="list-style-type: none"> 1. BP. <p>Assess as Indicated:</p> <ol style="list-style-type: none"> 1. Pelvic exam (infection, uterine fibroids, cervical polyps).
LABORATORY:	<ol style="list-style-type: none"> 1. Test for STIs if indicated by history or physical findings (post-coital bleeding, mucopurulent cervicitis, high risk STI). 2. Pregnancy test as indicated. 3. Pap test as indicated.
ASSESSMENT:	Breakthrough bleeding with combination hormonal contraceptive.
PLAN:	<ol style="list-style-type: none"> 1. Discuss options of continuation with current oral CHC or change of current oral CHC prescription. 2. Consider trial of 1.25 mg conjugated estrogen or 2 mg estradiol for 7 days. Can be repeated as necessary. If BTB continues despite this treatment, consider a different pill or method. <ol style="list-style-type: none"> a. The vaginal contraceptive ring provides excellent cycle control and may be an alternative for women with unscheduled bleeding or spotting on other combination hormonal contraceptive methods. If client has started new medication (e.g. anticonvulsants) that decreases hormone levels and causes unscheduled bleeding or spotting, consider switching to:

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	<ul style="list-style-type: none"> i. CHC formulation with a better bleeding profile (such as increased EE). ii. DMPA. iii. Hormonal IUCs. <p>3. Women using extended cycle birth control pills or vaginal rings who experience unscheduled spotting or bleeding after the first month of use may try one of the following:</p> <ul style="list-style-type: none"> a. Add Ibuprofen 800mg orally 3 times a day for up to 5 days. b. If client can tolerate bleeding at the time of the episode, discontinue use of method for 3 days to establish flow, and then restart method. c. If woman does not want to have bleeding episode at this time, add an additional pill each day for a day or two until bleeding stops (OC users only). <p>4. Advise smoking cessation for women using tobacco.</p> <p>5. Document client verbalizes understanding of information.</p> <p>6. RTC annually/PRN if continued problems</p>
EDUCATION:	<ul style="list-style-type: none"> 1. Reassurance for resolution of BTB. 2. Reinforce proper usage of oral CHCs. 3. Advise BTB does not interfere with CHC effectiveness when used correctly.
REFERRAL TO MEDICAL PROVIDER:	Any unresolved bleeding issues as indicated.
REFERENCES:	<ul style="list-style-type: none"> 1. Hatcher RA, et al (editors). <i>Contraceptive Technology</i>, 20th Ed. New York: Ardent Media. 2012. 2. Sulak PJ, Kaunitz AM, London AM, et al. Extended regimen oral contraceptives – Practical management. (https://mdedge-files-live.s3.us-east-2.amazonaws.com/files/s3fs-public/Document/September-2017/EROG_JFP_032207_0.pdf) <i>J Family Practice</i>. 2007;56(1 Suppl): S1-8. 3. Centers For Disease/U.S. Medical Eligibility Criteria for Contraceptive use, 2015.4th edition, Vol. 59/No. RR-4, June 18, 2016.