

## 5.2 INTRAUTERINE CONTRACEPTIVE (IUC) COMPLICATION: EXCESSIVE OR UNSCHEDULED BLEEDING VARIATIONS

TITLE	DESCRIPTION
DEFINITION:	Women with IUCs may experience an increase in menstrual or irregular bleeding. Women using a copper IUC may find their menses become heavier, longer, more uncomfortable, particularly in the first several cycles of copper IUC use. Partial IUC expulsion often presents with acute vaginal bleeding. However, the client needs to be evaluated to exclude other sources of bleeding. Decision about management depends upon the client's clinical status. LNG releasing IUC users often experience amenorrhea.
SUBJECTIVE:	<p><b>Should Include:</b></p> <ol style="list-style-type: none"> <li>1. LMP.</li> <li>2. Comprehensive medical, family, social, sexual, reproductive life plan and contraceptive history (initial, or updated as indicated).</li> <li>3. Intermenstrual bleeding with or without pain.</li> <li>4. Heavy menstrual bleeding.</li> <li>5. Prolonged menses.</li> <li>6. Bleeding that is a nuisance to the client.</li> <li>7. Symptoms of anemia.</li> </ol>
OBJECTIVE:	<p><b>May Include:</b></p> <ol style="list-style-type: none"> <li>1. String(s) visible on speculum exam, string length noted.</li> <li>2. Signs of anemia – pale conjunctivae, nail beds, pallor.</li> <li>3. Evaluation of character and amount of bleeding.</li> <li>4. Signs and symptoms of infection – pain with bimanual exam consistent with PID.</li> </ol>
LABORATORY:	<p><b>May Include:</b></p> <ol style="list-style-type: none"> <li>1. Hemoglobin/Hematocrit.</li> <li>2. Pregnancy test.</li> <li>3. STI testing, as indicated.</li> <li>4. Wet mount.</li> </ol>
ASSESSMENT:	<ol style="list-style-type: none"> <li>1. Bleeding pattern variation with IUC.</li> <li>2. Normal or abnormal hemoglobin/hematocrit.</li> </ol>
PLAN:	<ol style="list-style-type: none"> <li>1. Hemoglobin/hematocrit normal:             <ol style="list-style-type: none"> <li>a. Reassure client and have her keep a menstrual calendar.</li> </ol> </li> <li>2. Consider ultrasound with bleeding pattern variation greater than 6 months to rule out new uterine conditions (e.g. polyps or fibroids, malposition of IUC).</li> <li>3. Evaluate changes in sexual partners, and STI screening if indicated.</li> <li>4. NSAIDs for bleeding, NSAIDs (e.g. Ibuprofen 800 mg or mefenamic acid 500mg orally 3 times a day for 5 days).</li> <li>5. May use CHC for bleeding irregularities.</li> <li>6. RTC annually, PRN if problems or follow-up evaluation.</li> </ol>
EDUCATION:	<ol style="list-style-type: none"> <li>1. Counsel regarding spotting or light bleeding during first 3-6 months of use, over time bleeding generally decreases.</li> <li>2. All adolescent counseling must include:</li> </ol>

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	<ol style="list-style-type: none"> <li>a. Abstinence.</li> <li>b. Ways to resist sexual coercion.</li> <li>c. Encourage family involvement.</li> </ol> <ol style="list-style-type: none"> <li>3. Document client verbalizes clear understanding of information provided.</li> </ol>
REFERRAL TO MEDICAL PROVIDER:	<ol style="list-style-type: none"> <li>1. Refer client with acute excessive blood loss to ER.</li> <li>2. Per clinician discretion as warranted.</li> </ol>
REFERENCES:	<ol style="list-style-type: none"> <li>1. <i>Hatcher RA, et al (editors). Contraceptive Technology, 20th Ed. New York: Ardent Media. 2011:147-192.</i></li> <li>2. <i>U.S. Selected Practice Recommendation for Contraceptive use, 2013. Volume 62/No 5. June 21, 2013.</i></li> <li>3. <i>Zieman M, Managing Contraception for Your Pocket 13<sup>th</sup> Edition 2015-2016.</i></li> </ol>