



Management of Breakthrough Bleeding on Hormonal Contraceptives

Click content to learn more:

Algorithm for management of Break-through bleeding

Hormone free interval

Doxycycline

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NSAIDs

NEXPLANON™ irregular bleeding

Patient handout

Method Match Tool



Flow Chart to Guide Management of Break-Through Bleeding



Management of unscheduled bleeding with hormonal contraceptives and the copper IUD

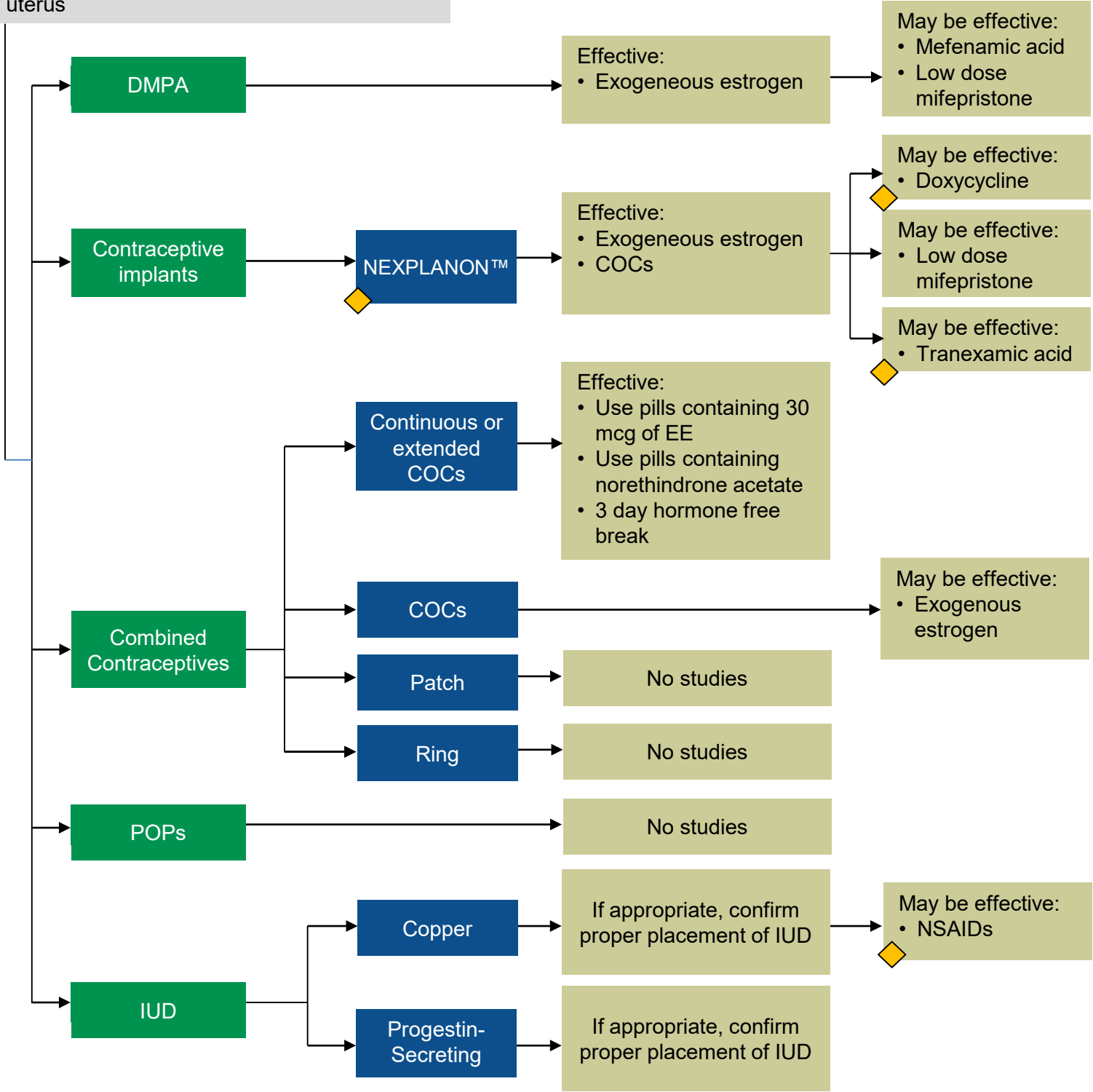


- Reassurance and encouragement
- If appropriate, reinforce consistent use and decrease missed does
- If appropriate, advise smoking cessation
- If appropriate, evaluate for pregnancy, cervicitis, or pathology of the cervix and uterus

Abbreviations:
DMPA: Depo-Provera® & Depo-Ralovera®
COCs: Combined oral contraceptives
IUD: intrauterine contraceptive device
POPs: progestin only pills
NSAIDs: nonsteroidal anti-inflammatory drugs
EE: ethinyl estradiol

Color Key:

- General flow chart pathway
- Management Choice
- Contraception Type
- Level of Effectiveness
- Click for more information





Hormone Free Interval Bleeding with Continuous use Combined Hormonal Contraceptives

- The use of the antibiotic doxycycline was not effective in decreasing unscheduled bleeding in continuous combined oral contraceptive users when taken at the onset of unscheduled bleeding.
- Doxycycline was studied because it inhibits matrix metalloproteinases. Matrix metalloproteinases play a role in endometrial degradation and are thought to be upregulated by the progestin dominant effect of hormonal contraceptives.
- However, co-administration of doxycycline (40 mg daily) for the first 84 days after beginning continuous oral contraceptive pills resulted in a significant reduction in the length of time needed to achieve amenorrhea (62 versus 85 days).





Doxycycline



- United States Selected Practice Recommendations for Contraceptive Use (2016) recommend discontinuing the combined hormonal contraceptive for **3-4 consecutive days** (i.e., a hormone-free interval), as long as this is done **after the first 21 days of hormone use**.
- The intervention of scheduling a short hormone-free interval can be repeated whenever bothersome breakthrough bleeding occurs while on continuous hormonal contraception.
 - Most patients do well with a scheduled bleed for 3-4 days every 3 months.
 - Over time, breakthrough bleeding episodes will become spaced out and stop.
- **This technique should not be used more frequently than every three weeks in order to maintain contraceptive effectiveness.**
- Women using contraceptive ring continuously
 - For women using the vaginal ring continuously, a randomized trial found that when unscheduled bleeding persisted for five or more days, women who removed the ring for four days and then reinserted it generally had fewer subsequent days of bleeding than those who continued use of the ring.

Source: UptoDate





Tranexamic Acid



- Tranexamic acid is an antifibrinolytic used primarily during operative procedures in patients with hemophilia. A randomized placebo-controlled trial of 100 DMPA users with unscheduled bleeding found that tranexamic acid 250 mg orally four times per day for five days was effective in halting bleeding. The tranexamic acid group had a significantly higher percentage of subjects in whom unscheduled bleeding stopped during the first week of treatment (88% versus 8.2% with placebo), and during the four-week follow-up period (68% versus 0% with placebo). The mean number of bleeding/spotting days was also significantly different between the groups (5.7 versus 17.5 days).

Source: UptoDate





NSAIDs

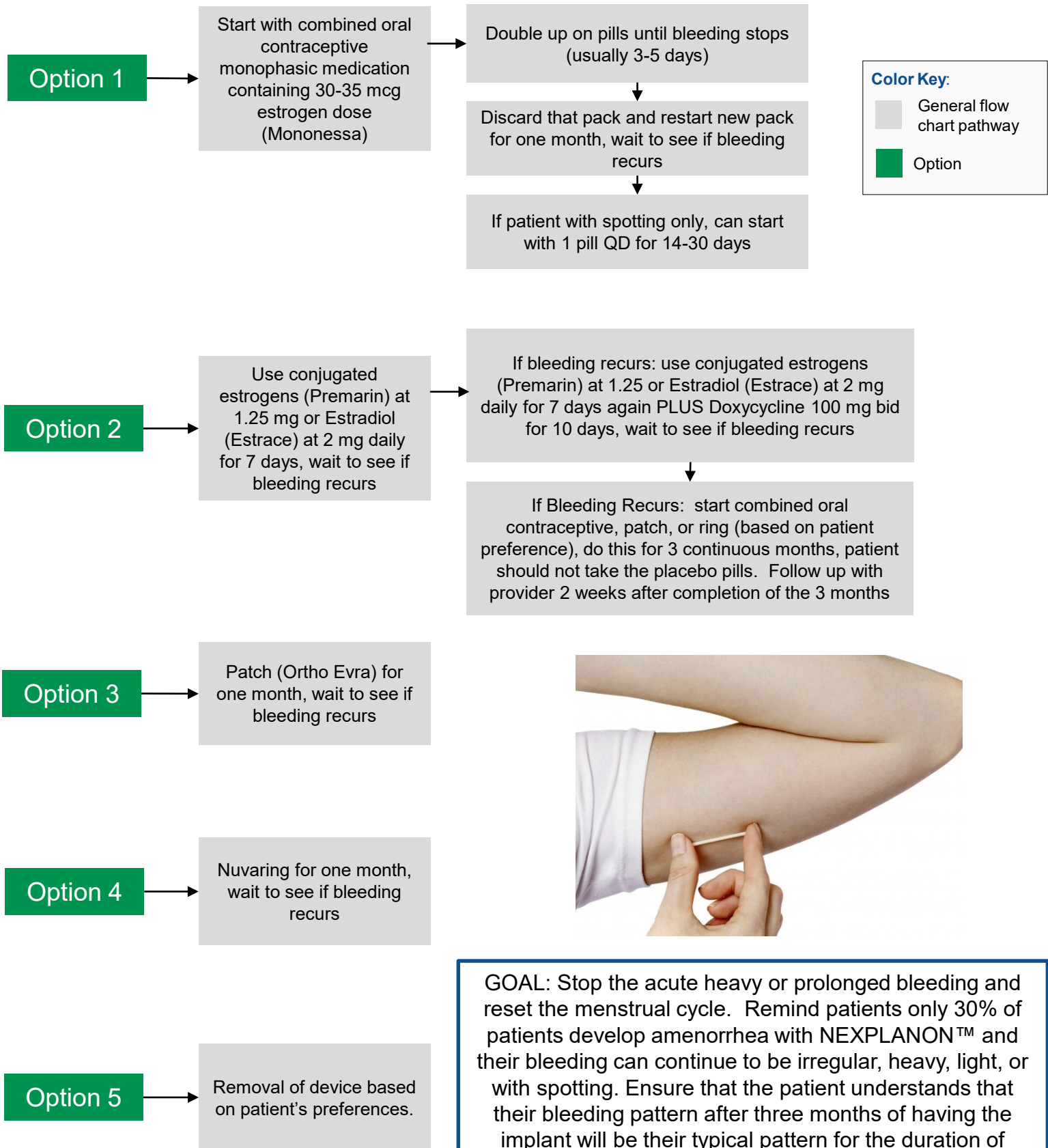
Non-Steroidal Anti-Inflammatory Drugs

- May decrease overall bleeding
- Motrin 800 mg every 8 hours orally for 5-7 days
- Celecoxib 200 mg orally for 5-7 days
- Mefenamic Acid 500 mg orally three times a day for 5-7 days





Protocols for NEXPLANON™ Related Irregular Bleeding



GOAL: Stop the acute heavy or prolonged bleeding and reset the menstrual cycle. Remind patients only 30% of patients develop amenorrhea with NEXPLANON™ and their bleeding can continue to be irregular, heavy, light, or with spotting. Ensure that the patient understands that their bleeding pattern after three months of having the implant will be their typical pattern for the duration of maintaining the implant. If the patient is uncomfortable with this pattern, allow them to refer to option 5.



Patient Handouts

How to Skip Periods

- **Hormonal IUD:** No daily maintenance required. If breakthrough bleeding occurs, try taking Motrin 800 mg every 8 hours for 7 days, or speak to your provider about options.
- **NEXPLANON™** : No daily maintenance required. If breakthrough bleeding occurs, try taking Motrin 800 mg every 8 hours for 7 days, or speak to your provider about options.
- **Depo Provera:** No daily maintenance required. If breakthrough bleeding occurs, try taking Motrin 800 mg every 8 hours for 7 days, or speak to your provider about options.
- **Oral Contraceptives:** Skip the last week (placebo), start a new pack.
 - Can do this continuously, or can take the placebo week every 3-4 months to have a period (this will reduce the amount of breakthrough bleeding).
- **Nuva Ring:** Replace the ring every 3 weeks with no “week free” interval.
 - You can do this continuously, or have a ‘week free’ interval every 3-4 months.
 - Patients using the BC ring continuously may have more breakthrough bleeding.
 - “Week free” interval can be 3-4 days, all 7 days not required.
- **Birth Control Patch (Ortho Evra/Xulane): NOT RECOMMENDED**
 - Continuous use with the patch is not recommended due to increasing serum estrogen levels with transdermal absorption.
 - May use continuously for short periods (no more than 12 weeks) for special occasions only and should not be routine use.



Association of Reproductive Health Professionals AHRP.org tools



Method Match is an interactive tool designed to help women choose the form of contraception that best fits their needs.

Click here to follow link: <http://ww1.arhp.org/methodmatch/>

**Click link for further information on Menstrual Suppression:
<https://www.arhp.org/clinical-fact-sheets/menstrual-suppression>**