Flow Chart to Aid Menstrual Suppression
Decision-Making Process

Options for Menstrual Suppression

Click on box for more information

- Nonsteroidal anti-inflammatory drugs (NSAIDs)
- Progestin-only methods
- Combination Estrogen-Progesterone methods
- NuvaRing®
- Intrauterine Device (IUD)

Color Key:

- Treatment
- General flow chart pathway
- Click for more information

How to Skip Periods

How to Skip Periods

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).

NuvaRing®

- Replace the ring every 3 weeks with no 'week free' interval.
- Can do this continuously, or have a 'week free' interval every 3-4 months to have a period (this will reduce the amount of breakthrough bleeding).

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.

The Patch (Xulane and Ortho-evra): **Not Recommended to Skip Periods**

- It is not recommended to advise patients to apply a new patch after the third week to avoid their period.

Menstrual Suppression Methods: Details

Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)

Background

- Antiprostaglandin drugs, in adequate dosages based on the patient's weight, decrease ovulatory menstrual bleeding by approximately 30–40%.
- Although this treatment will not stop menses, it may help with pain and bleeding. It may help with pain, bleeding, and reduce overall duration of bleeding.

Types of NSAIDs

- Motrin® 800 mg every 8 hours orally during menses
- Celecoxib 200 mg orally daily during menses.
- Mefenamic Acid 500 mg orally three times a day during menses.

Progesterone Pills aka Micronor (Mini-Pill)

- Efficacy in achieving amenorrhea is dependent on dose and adherence to taking the hormone as close to the same time each day as possible.
- Mini-pill not a good option for contraception due to need for taking at nearly exact time each day.
- Most commonly used for breast feeding mothers postpartum.
- Does not prevent against STIs.

Intramuscular Depo Medroxyprogesterone Acetate

Background

- 150 mg (administered in 1 mL syringe).
- Given intramuscular (IM) injection (usually buttock or arm) every 3 months (13 weeks). If more than 13 weeks between injections, rule out pregnancy prior to administration.
- Suppresses ovulation, thickens cervical mucous to keep sperm from reaching egg.
- Thins endometrial lining which reduces flow and may result in amenorrhea.
- Once discontinued, may take 10+ months to resume ovulation (delay in fertility).
- 0.3% of women will have an accidental pregnancy in the first year of use.
- Ok for nursing mothers.

Impact

- By 12 months: 55% of women have amenorrhea.
- By 24 months: 68% of women have amenorrhea.
- Fracture risk—Although a decrease in bone density has been described with DMPA use, there is evidence of adequate bone density recovery after DMPA is discontinued.
- Weight gain—The average weight gain is 5.4 pounds in the first year of use, and 8.1 pounds after 2 years of therapy.

Menstrual Suppression Methods: Details

Estrogen-Progestin Oral Contraceptives

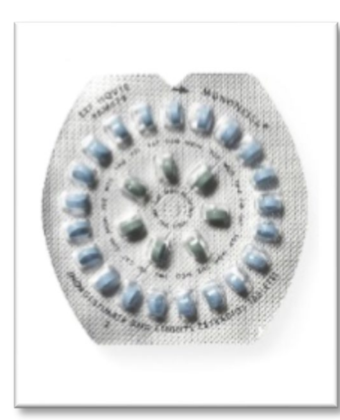
Continuous Use

- Take hormonally active pills daily indefinitely, without an induced withdrawal bleed.

Extended Use

- Take hormonally active pills daily for intervals of several months, thus minimizing scheduled bleeds to only a few times per year.
- Anticipate unscheduled bleeding and spotting, particularly during the first three months of use - improves to 80 to 90 percent by months 10 to 12.
- A higher dose of ethinyl estradiol (30 mcg vs 20 mcg) results in less unscheduled bleeding

The Pill



How to Use

- Taken daily.
- Can skip the placebo week and start a new pack in order to skip a period.
- Can help with acne and makes periods shorter and lighter (or absent if you skip the placebo week).
- Combined Oral Contraceptive Pills (OCPs) can be used continuously for an extended period to obtain optimal suppression.

Pros

- 91% effective at preventing unplanned pregnancy.
- Easily reversible (you can stop taking it to try for pregnancy).
- Can help regulate and skip periods.

Cons

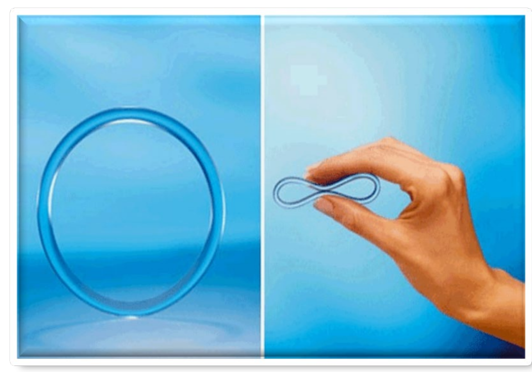
- Needs to be taken daily.
- May need to obtain frequent refills
- Does not prevent against STIs.

Implications for Military Service

- Challenging for long-term, deployed settings.
- Breakthrough bleeding can often occur during first few months of use.

Menstrual Suppression Methods: Details

NuvaRing® "The Ring" ***is not ideal for deployed settings due to need to keep nuva ring at regulated temperature***

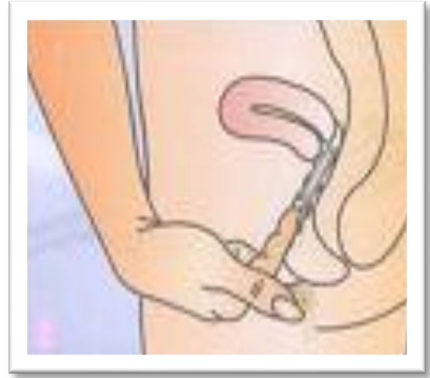


How to Use

- Placed inside the vagina for 3 weeks.
- Fourth week: leave it out and have a period
- Insert a new ring the following week.
- May remove the ring for up to 3 hours.

Pros

- 93% effective at preventing unplanned pregnancy.
- Easily reversible (you can stop insertion it to try for pregnancy).
- Can skip a period by placing a new ring every 3 weeks
- Makes periods shorter and lighter.



Cons

- Often needs to be stored in a refrigerator.
- Lack of privacy in communal space.
- Does not prevent against STIs.

Implications for Military Service

- Not optimal if deploying to very hot environment (needs to be stored around 77° F, no hotter than 86° F).
- Not optimal in close quarters for privacy.

Menstrual Suppression Methods: Details

IUDs and Implants – various effects on menstrual cycle

Name	Type	Coverage	Additional Information
Kyleena®	IUD	5	• 99% effective at preventing pregnancy • Fewer hormones than Mirena, but more than Skyla • May have irregular periods or no period • Slightly smaller than Mirena
Liletta®	IUD	4	• 99% effective at preventing pregnancy • May have irregular periods or no period at all • Slightly smaller than Mirena
Mirena®	IUD	7*	• 99% effective at preventing pregnancy • Highest dose of hormones and slightly larger
NEXPLANON®	Implant	4*	• 99% effective at preventing pregnancy • May have irregular spotting or no period at all
ParaGard®	IUD	12*	• 99% effective at preventing pregnancy • Hormone free • Periods are usually regular or slightly heavier
Skyla®	IUD	3	• 99% effective at preventing pregnancy • Slightly smaller than Mirena, less hormone dose • May have irregular spotting or no period at all

IUD Myths
- Abortifacients
- Large in size
- Cause ectopic pregnancies
- Cause pelvic infection
- Decrease the likelihood of future pregnancies
- Need to be removed for pelvic inflammatory disease (PID)
- Need removal for inflammatory changes on a Pap Smear test
- Fetal abnormality if pregnancy occurs

IUDs Do Not Cause PID or Infertility
- PID incidence among IUD users is similar to that among the general population.
- Risk is increased only during the first month after insertion.
- Preexisting STI at time of insertion, not IUD itself, increases risk.
- Chlamydial infection, not use of IUD, is associated with increased risk of tubal occlusion (NOTE: test if indicated based on risk factors/treat through if positive).

IUD Truths
- *Can* be used by women who have had an ectopic pregnancy
- Can be inserted same day
- Can be started immediately postpartum or post-abortion
- Can be used by nulliparous women
- *Have* high continuation rates (76 to 87% at 1 year)

Contraindications to Consider
- Known or suspected pregnancy
- Sepsis (Postpartum & Abortion)
- Unexplained vaginal bleeding at initiation
- Pelvic tuberculosis at initiation
- Uterine fibroids that interfere with placement
- Uterine distortion (congenital or acquired)
- Cervical cancer at initiation
- Endometrial cancer at initiation
- Active purulent cervicitis/PID
- Breast cancer <5 years (hormonal IUDs)

*FDA approval for NEXPLANON® use is 3 years, for ParaGard® use 10 years and Mirena® use 5 years. However, clinical data supports their use beyond this time period as mentioned per American Congress of Obstetricians and Gynecologists Bulletin #186 (November 2017).

Centers for Disease Control, *MMWR;* 2016. WHO. *Medical Eligibility Criteria for Contraceptive Use. 4th ed.* 2009.

Menstrual Products

Menstrual Cups

- Folded and inserted in the vagina for up to 12 hours
- Reusable: patients wash the cup with soap and water and reinsert 2-3 times per day
- Durable: menstrual cups can be used up to 10 years
- Can be used with IUDs

Menstrual Discs

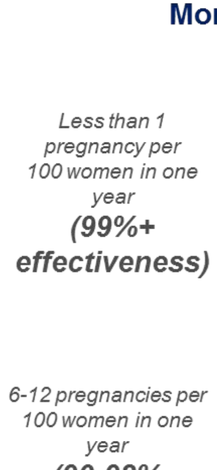
- Folded and inserted in the vagina for up to 12 hours
- Disposable: patients dispose of the product and insert a new one after up to 12 hours
- Average use of 8 discs per cycle
- Can be used with IUDs

Menstrual Underwear

- Collects menstrual blood, keeping area dry and bacteria-free
- Can hold up to 2 tampons worth of menstrual blood.
- Can provide back-up protection for tampons and pads
- Can be used with IUDs

Contraception Effectiveness Scale

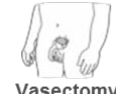
More effective



Less than 1 pregnancy per 100 women in one year
(99%+ effectiveness)

Implant (NEXPLANON)

Intrauterine Device (IUD)



Vasectomy

Female Sterilization

6-12 pregnancies per 100 women in one year
(90-92% effectiveness)

Injections

Pills

Patch

Ring

Diaphragm

18 or more pregnancies per 100 women in one year
(80-85% effectiveness)

Male Condoms

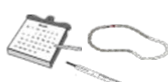
Female Condoms

Sponge

Withdrawal

Cervical Cap

Spermicides



Fertility Awareness-Based Methods

Less effective

How to use your method

After procedure, minimal maintenance needed in this category

Vasectomy and female sterilization: Use another method for first 3 months. Acts as permanent contraception.

Implant and IUDs: Effective for up to 10 years. Can be removed at any time, but cannot be maintained for more than 10 years.

Injections: Get repeat injections every 3 months

Pills: Take a pill at the same time each day

Patch or ring: Keep in place for 3 weeks, remove on 4th week

Diaphragm: Use as instructed every time you have vaginal sex

Condoms, sponge, withdrawal, cervical caps, spermicides: Use as instructed every time you have vaginal sex.

Condoms provide protection against some STIs.

Fertility-awareness based methods: Abstain or use condoms on fertile days (11-16 days into menstrual cycle)

How to Reasonably Rule Out Pregnancy

How to be Reasonably Certain That a Woman is Not Pregnant

A health-care provider can be reasonably certain that a woman is not pregnant if she has no symptoms or signs of pregnancy and meets any one of the following criteria:

- Is ≤ 7 days after the start of normal menses
- Has not had sexual intercourse since the start of last normal menses
- Has been correctly and consistently using a reliable method of contraception
- Is ≤ 7 days after spontaneous or induced abortion
- Is within 4 weeks postpartum
- Is fully or nearly fully breastfeeding (exclusively breastfeeding or the vast majority [≥85%] of feeds are breastfeeds), amenorrheic, and ≤6 months postpartum

Guidance on Uncertain Pregnancy Situations

In situations in which the health-care provider is uncertain whether the woman might be pregnant, the benefits of starting the implant, depot medroxyprogesterone acetate (DMPA), combined hormonal contraceptives, and progestin-only pills likely exceed any risk. Therefore, starting the method should be considered at any time, with a follow up pregnancy test in 2-4 weeks. For intrauterine device (IUD) Insertion, in situations in which the healthcare provider is uncertain that the woman is not pregnant, the woman should be provided with another contraceptive method to use until the healthcare provider can be reasonably certain that she is not pregnant and can insert the IUD.

References & Resources

References for slides 5 – 8

- http://www.cdc.gov/reproductivehealth/contraception/usspr.htm
- http://www.bedsider.org
- Food and Drug Administration (FDA) Office of Women's Health: www.fda.gov/womens
- FDA Pt. Education Materials: www.fda.gov/womenshealthplus

General References

- http://www.arhp.org
- https://www.cdc.gov/reproductivehealth/index.html**)**
- http://www.med.navy.mil/sites/nmcphc/health-promotion/reproductive-sexual-health/pages/sharp.aspx
- https://www.plannedparenthood.org/

Patient & Provider Handouts

- http://www.arhp.org/Publications-and-Resources
- Video on Abortion: http://www.arhp.org/Professional-Education/Chalk-Talk-Is-Medication-Abortion-Right-for-Me
- FDA Resource on Contraception Geared Towards College Age: https://www.fda.gov/downloads/ForConsumers/ByAudience/ForWomen/TakeTimetoCareProgram/UCM515773.pdf
- FDA free publications for women that can be ordered online: https://www.fda.gov/ForConsumers/ByAudience/ForWomen/FreePublications/default.htm (u)
- https://orders.gpo.gov/fda-womens-health.aspx
- Military women's health family planning sub-community with links to handouts on Contraceptive Walk-in clinic, etc: https://www.milsuite.mil/book/groups/womens-health-family-planning-sub-community/
- SHARP website for women's health: http://www.med.navy.mil/sites/nmcphc/health-promotion/reproductive-sexual-health/Pages/reproductive-and-sexual-health.aspx
- U.S. Medical Eligibility Criteria (MEC) / U.S. Selected Practice Recommendations (SPR) CDC app on how to choose contraception for a patient. Search via patient's symptoms (migraines, obesity, HTN, etc) and it will provide allowable and unallowable options based upon medical criteria. To find it in the app store search for "CDC Contraception"
- A 'paper' version of this is: https://www.cdc.gov/reproductivehealth/contraception/pdf/summary-chart-us-medical-eligibility-criteria_508tagged.pdf (also see attached PDF 'summary chart'; it's great to determine who can get what contraception). Also is the "FDA contraception chart" which shows efficacy.
- Contraception Method Match Tool: http://www.arhp.org/MethodMatch
- Understanding Menstrual Suppression Factsheet: http://www.arhp.org/Publications-and-Resources/Patient-Resources/fact-sheets/Understanding-Menstrual-Suppression/