IUD COMPLICATIONS: DELAYED MENSES/PREGNANCY

DEFINITION
A copper IUD user who complains of delayed menses (no vaginal bleeding at the expected interval) may be pregnant. In the absence of pregnancy symptoms, amenorrhea is less likely to represent pregnancy in LNG-IUS users. Up to 20% of LNG-IUS users have amenorrhea by 12 months of use; 40% have amenorrhea by 2 years. If an IUD user becomes pregnant, she is at higher risk of having an ectopic pregnancy, preterm delivery, septic abortion and chorioamnionitis. IUD removal decreases the risk, but not to levels of baseline risk of pregnancy without an IUD. Management of such patients depends upon pregnancy location, gestational age, and visibility of tailstrings.

See below for:

Pregnant and Non-pregnant management.

Pregnant

SUBJECTIVE
May include:
1. Delayed menses.
2. Patient denies IUD expulsion.
3. Pregnancy symptoms.

OBJECTIVE
Must include: IUD strings visible from cervical os. If strings not visible, see IUD Complications-Missing String(s) protocol.

LABORATORY
Positive pregnancy test.

ASSESSMENT
Pregnant IUD user with visible IUD tailstrings.

PLAN
1. If patient has complaint of abdominal pain or has an adnexal mass or tenderness, refer immediately to ER to rule out ectopic pregnancy or other pregnancy complication.
2. Discuss pregnancy options and refer for appropriate pregnancy care.
3. If dates and size consistent with IUP in the first trimester and patient considering pregnancy continuation and the IUD tailstrings are visible:
   a. Advise patient that the risks of removal of IUD (infection, abortion, bleeding) at this gestational age are less than the risks of retaining the IUD. Recommend IUD removal.
   b. If experienced in IUD removal in this circumstance and able to handle possible hemorrhage, obtain the patient’s informed consent and remove IUD. Give patient threatened abortion precautions.
   c. If clinician decides not to remove IUD, refer to appropriate facility for prompt removal.
   d. If patient declines IUD removal, have her sign a statement acknowledging risks for IUD continuation and stating her reasons for declining to have the IUD removed. Give ectopic, threatened abortion, and PID precautions.
4. If patient plans pregnancy termination she may elect to have IUD removed at time of procedure.
5. If tailstrings are not visible, do not attempt to remove. See IUD Complications-Missing String(s) protocol.
6. If dates or size consistent with IUP of gestational age greater than 13 weeks, advise patient of need for prompt evaluation of IUD position with pregnancy care provider.

PATIENT EDUCATION
1. Reinforce ectopic pregnancy precautions, if applicable.
2. Educate regarding signs and symptoms of infections and spontaneous abortion.
3. Instruct patient to tell her pregnancy care provider about her ongoing IUD or this IUD removal procedure.

MD CONSULT
1. Practitioner request.
2. Complicated IUD removal.
3. Practitioner not able to deal with possible uterine hemorrhage.
| REFER TO ER | 1. Patient with suspected or possible ectopic pregnancy.  
2. Patients at high risk for hemorrhage with IUD removal. |
| Non-Pregnant |
| SUBJECTIVE | Must include:  
1. LMP, PMP and menstrual history.  
2. Patient denies IUD expulsion. |
| OBJECTIVE | Must include: IUD string(s) visible from cervical os, no change in string length. (If tailstrings not visible, see IUD Complications-Missing String(s) protocol). |
| LABORATORY | Negative urine pregnancy test. |
| ASSESSMENT | Non-pregnant IUD user with delayed menses or secondary amenorrhea. |
| PLAN | 1. Copper IUD user:  
a. If LMP less than 2 months ago or only slightly more than her usual interval, reassure her and urge her to return in 2 weeks for repeat pregnancy test.  
b. If LMP more than 2 months ago or more than twice her usual interval, see Delayed Menses or Secondary Amenorrhea protocol.  
2. Levonorgestrel-releasing IUS user:  
a. Reassure patient that amenorrhea and oligomenorrhea are known side effects (and health benefits) of the hormonal IUS, especially Mirena® IUS. Skyla® has lower rates of amenorrhea  
b. Encourage patient to RTC if she develops any other symptoms of pregnancy or notes a change in the length of her tailstrings. |
| PATIENT EDUCATION | 1. Advise patient that lack of menses with LNG-IUS is healthy and that menses will resume after IUS removal.  
2. Remind LNG-IUS users that pregnancy testing is appropriate if other symptoms of pregnancy develop, but is not needed on a routine basis once amenorrhea has been established.  
3. Copper IUD users should be advised that the copper IUD does not cause decrease in menses and any decrease in menses should be evaluated. |
| MD CONSULT | 1. Complicated IUD removal. |