## IUD COMPLICATIONS: Excessive or Unscheduled Bleeding

<table>
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<th>DEFINITION</th>
<th>Women with copper IUDs often experience a moderate increase in menstrual blood loss. Usually LNG-IUS users experience frequent unscheduled spotting/bleeding for the first 1-4 months of use, after which there is decreased monthly menstrual bleeding. Acute bleeding can also result from IUD complications (partial or impending expulsion, infection or pregnancy). The patient should be evaluated to determine the cause of her bleeding if the pattern of her bleeding is unusual or if she is worried. Decision about management depends upon the patient’s clinical status and her preferences.</th>
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| SUBJECTIVE | May include:  
1. Acute vaginal bleeding.  
2. Prolonged and/or heavy menses.  
3. Intermenstrual bleeding or post-coital bleeding.  
4. Symptoms of anemia (weakness, fatigue). |
| OBJECTIVE | May include:  
1. Signs of anemia and/or hypovolemia (e.g., orthostatic BP or pulse changes).  
2. Blood from cervical os.  
3. IUD string(s) length increased.  
4. IUD in cervical canal.  
5. Missing IUD strings. |
| LABORATORY | Must include:  
1. Sensitive urine pregnancy test.  
2. Hemoglobin/hematocrit, if heavy bleeding seen or if patient symptomatic.  
3. Tests to rule out cervicitis or trichomonal vaginitis, if indicated. |
| ASSESSMENT | Abnormal bleeding with IUD requiring evaluation. |

### Pregnant

| PLAN | 1. Refer to ER to rule out ectopic pregnancy or threatened abortion, or PID in pregnancy if:  
   a. Patient is unstable or is experiencing excessive blood loss or if hemoglobin <8. (May remove IUD first if it is obviously expelling in cervical os.) Arrange ER transportation appropriate to patient’s clinical status.  
   b. Cervical os open (inevitable abortion).  
   c. Patient complaining of pelvic pain, has cervical motion or uterine/adnexal tenderness, has an adnexal mass or is currently bleeding.  
2. If the patient is stable with no symptoms or anemia or signs of ectopic pregnancy see *IUD Complications: Delayed Menses/Pregnancy* protocol. |
| PATIENT EDUCATION | Advise patient to tell future pregnancy care providers about the IUD whether or not it is removed. |
| REFER TO MD/ER | 1. All pregnant women with an IUD if symptomatic. |

### Non-Pregnant

| PLAN | 1. Refer to ER if patient unstable, severely anemic or is experiencing excessive blood loss. (May remove IUD first if it is obviously expelling.) Arrange transportation appropriate to patient’s clinical status.  
2. If patient is stable and she has an expelling IUD, remove IUD according to manufacturer’s instructions with the patient’s consent (See *IUD Removal* protocol). Provide birth control. The |
### PLAN (Continued)

3. If IUD is properly placed and the patient is not bleeding heavily is not severely anemic or symptomatic from anemia, the choice of other actions depend on the patient’s preferences and presenting complaint:
   a. If the patient requests IUD removal, see *IUD Removal* protocol.
   b. For post-coital bleeding: test for other causes of post coital bleeding, such as cervical infection cervical polyps or cervical dysplasia/cancer, if indicated.
   c. For heavy or prolonged bleeding:
      1) Offer NSAIDs to start at onset of each menses to reduce menstrual blood loss, (e.g., Ibuprofen 800 mg or mefenamic acid 500mg orally 3 times a day for first 3-5 days each cycle). **Contraindicated in women with gastric ulcers, renal failure or other problems using ASA.**
      2) Have the woman keep a menstrual calendar, with pad count for 1-2 cycles.
      3) Instruct patient to RTC to evaluate effectiveness of treatment.
      4) Provide FeSO4 300 mg 1 to 3 times a day, if mildly anemic. FeSO4 is most effective if taken on an empty stomach, if tolerated.
   d. For spotting and bleeding with LNG-IUS:
      1) If in the first 4 months of use, reassure patient that bleeding pattern should soon improve.
      2) If patient requests treatment may use one of the following:
         a) NSAIDs (e.g., Ibuprofen 800 mg or mefenamic acid 500mg orally 3 times a day for 5 days).
         b) 1 cycle oral contraceptives or with postmenopausal estrogen therapy for 30 days.
            (1) Advise patient to use back-up method for 10 days if using estrogen therapy.
            (2) Advise patient that spotting may return when estrogen supplement stops.
         c) Tranexamic acid 650 mg two tabs orally three times a day for 3-5 days.

### PATIENT EDUCATION

1. Reinforce IUD education as appropriate.
2. Remind patient to bring menstrual calendar to next visit.

### REFER TO MD/ER

1. Patients with intermenstrual bleeding/spotting not explained at this visit.
2. Patients with abnormal physical findings.
3. Patients with persistent bleeding/spotting.
4. Patients who by protocol should have IUD removed but decline to have it removed.

### REFERENCES