MANAGEMENT OF SIDE EFFECTS OF COMBINATION HORMONAL CONTRACEPTIVE METHODS: UNSCHEDULED BLEEDING OR SPOTTING

DEFINITION  A woman may experience unscheduled spotting or bleeding if her combination hormonal contraceptive (CHC) method is not providing adequate support to her endometrium. The most common causes of unscheduled spotting and bleeding are missed pills or other interruption of CHC use followed by cervical infection. Women who smoke tobacco are also at a higher risk for unscheduled bleeding because they metabolize estrogen faster. Other causes of bleeding, such as pregnancy, infection, new medications, and neoplasia, must also be considered. Unscheduled bleeding or spotting is usually a self-resolving problem that is confined to the first 2-3 cycles, but the patient may need to be switched to a different formulation or different delivery system if the problem is bothersome or persists.

SUBJECTIVE  Must include:
1. LNMP and PMP.
2. Update of medical, sexual, smoking, and medication history, including herbal drugs (e.g. St. John’s Wort).
3. Contraceptive use problems, e.g., missed pills, delayed patch placement, patch detachment, prolonged ring-free times (i.e. > 3 hours in 24 hours).
4. Timing of bleeding or spotting within cycle, amount of bleeding, and associated/precipitating activities (e.g., intercourse).
5. Recent weight loss or gain.

Must exclude: Symptoms of pregnancy (must rule out pregnancy before proceeding).

OBJECTIVE  Must include:
1. BP, weight, BMI.
2. Normal pelvic exam: exam needed only if suspect pathology, such as infection or polyps.

LABORATORY  1. Negative sensitive pregnancy test if sexually active woman has any interruption in contraceptive use or if patient has symptoms of pregnancy.
2. Perform Hgb/HCT if bleeding has been significant or if patient is symptomatic for anemia.
3. Test for STIs if indicated by history or physical findings (post coital bleeding, mucopurulent cervicitis).
4. Perform Pap test if postcoital bleeding and cytology not done within standard interview. Refer for biopsy if obvious abnormalities.

ASSESSMENT  Patient experiencing unscheduled bleeding or spotting with use of combination hormonal contraceptive.

PLAN  1. Reinforce need for correct and consistent contraceptive use, if recent use suboptimal.
2. Reassure patient.
3. Monitor with menstrual calendar if spotting is of short duration or occurs in first 1-3 cycles of combination hormonal contraceptive use.
4. Consider shortening pill-free interval if unscheduled bleeding occurs with low dose OC formulation.
5. For women who want monthly scheduled bleeding, treat as described on the Table below if unscheduled spotting or bleeding is persistent or if OC bleeding pattern is unacceptable to patient:

<table>
<thead>
<tr>
<th>Problem(s)</th>
<th>Timing of Unscheduled Spotting or Bleeding</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Early in Cycle</td>
</tr>
<tr>
<td>Too little estrogen, OR Excessive progestin</td>
<td>Inadequate estrogen or progestin</td>
</tr>
</tbody>
</table>

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### PLAN (Continued)

<table>
<thead>
<tr>
<th><strong>Switch to formulation</strong></th>
<th><strong>Monophasic pills with higher estrogen and/or lower progestin.</strong></th>
<th><strong>Monophasic pills with higher estrogen and progestin levels.</strong></th>
<th><strong>Monophasic pills with higher progestin levels.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OR</strong></td>
<td>Triphasic formulation with lower initial progestin levels.</td>
<td>Triphasic formulation with midcycle increase in estrogen and progestin.</td>
<td>Triphasic formulation that increases progestin in last active pills.</td>
</tr>
<tr>
<td><strong>OR</strong></td>
<td>Formulation with shorter pill-free interval</td>
<td><strong>OR</strong></td>
<td></td>
</tr>
</tbody>
</table>

6. The vaginal contraceptive ring provides excellent cycle control and may be an alternative for women with unscheduled bleeding or spotting on other combination hormonal contraceptive methods.

7. If patient has started new medication (e.g., anticonvulsants, St. John’s Wort) that decreases hormone levels and causes unscheduled bleeding or spotting, consider switching to:
   - a. COC formulation with at least 35 mcg EE
   - b. DMPA
   - c. IUD.

8. Women using extended cycle birth control pills or vaginal rings who experience unscheduled spotting or bleeding after the first month of use may try one of the following:
   - a. Add Ibuprofen 800mg orally 3 times a day for up to 5 days to stop each episode.
   - b. If patient can tolerate bleeding at the time of the episode, discontinue use of method for 2-4 days to establish flow, and then restart method. Use backup method during method cessation and for 7 days after restart.
   - c. If woman does not want to have bleeding episode at this time, add an additional pill each day for a day or two until bleeding stops (OC users only).

9. Advise smoking cessation for women using tobacco.

### PATIENT EDUCATION

1. Reinforce consistent use of hormonal contraception.
2. Reassure patient that unscheduled bleeding or spotting is not serious or uncommon during first few cycles of method use or if use has been inconsistent, but she may also need to use backup method and/or EC.
3. Instruct patient to return if bleeding or spotting does not improve.
4. Encourage smoking cessation, if patient smokes.
5. Encourage patient to keep menstrual calendar to monitor response to therapy.

### REFER to MD/ER

1. Patients with heavy or prolonged bleeding.
2. Patients with unscheduled bleeding or spotting, which persists despite treatment.

### REFERENCES

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