

# Progestin-Only Methods: Persistent Bleeding – CON 7

DEFINITION
Persistent vaginal bleeding or spotting, causing physical symptoms or emotional dissatisfaction in a client who uses a progestin-only method.
SUBJECTIVE
May include: <ol style="list-style-type: none"><li>1. Description or record of bleeding patterns</li><li>2. Medical, sexual, and contraceptive history update, as appropriate</li><li>3. Symptoms of anemia (fatigue, weakness, paresthesia, memory loss or concentration difficulties)</li><li>4. ROS for abnormal gynecologic symptoms</li></ol>
OBJECTIVE
May include: <ol style="list-style-type: none"><li>1. Mild anemia symptoms. (pallor and listlessness) See HM-6 Abnormal hemoglobin</li><li>2. Physical examination including Pelvic exam</li><li>3. Vital signs</li><li>4. Diagnostic testing for infectious etiology</li></ol>
LABORATORY
May include: <ol style="list-style-type: none"><li>1. Anemia - Hgb/Hct screening</li><li>2. STI and vaginitis screening, as indicated</li><li>3. Sensitive urine pregnancy test</li></ol>
ASSESSMENT
Persistent bleeding with the progestin-only method
PLAN
<ol style="list-style-type: none"><li>1. Provide counsel and reassurance on a prn basis</li><li>2. Rule out pregnancy and other gynecological problems or infections that might cause bleeding</li><li>3. All treatments manage current episodes only; reoccurrence is common</li><li>4. NSAIDS if no medical contraindication; treatment may be repeated if bleeding returns<ol style="list-style-type: none"><li>a. Ibuprofen 800 mg TID for 5 days OR</li><li>b. Naproxen 500 mg BID for 5 days</li></ol></li></ol> <p>Non-hormonal therapy: a. tranexamic acid 650 mg TID for up to 5 days B. doxycycline 100mg (PO) BID for 5 days</p> <p>Hormonal therapy: Rule out contraindications to estrogen use</p> <ol style="list-style-type: none"><li>a. Monophasic combined oral contraceptives:<ol style="list-style-type: none"><li>i. short term -1 tablet (PO) daily for 14 days or cyclic/continuous use for 3 months</li><li>ii. longer term – cyclic/continuous pill use for 6 months and potentially longer</li></ol></li><li>b. Vaginal Ring insert per vagina for up to 35 days; repeat prn</li><li>e. Estrogen-only therapy: Conjugated equine estrogen 1.25 OR estradiol 2 mg one tablet (PO) QD for 7-14 days</li><li>d. Medroxyprogesterone acetate 10 mg (PO) BID OR norethindrone 5 mg (PO) BID for 21 days</li><li>e. Tamoxifen 10 mg (PO) BID for 7-190 days</li></ol>

Effective Date: December 2024

Last Reviewed: November 2024

Next Scheduled Review: November 2025

5. Discuss method change
6. Treat anemia per protocol if appropriate

#### CLIENT EDUCATION

1. Provide education handout(s), review symptoms, complications, and danger signals. Emphasize prior to implementation of progestin only method, irregular, and prolonged bleeding is common and rarely clinically significant
2. Advise patients to keep menstrual calendars or track via electronic app
3. Discuss alternate method if client desires
4. Review safer sex education, if appropriate
5. Recommend that client RTC for annual exam as appropriate and PRN for problems

#### CONSULT / REFER TO PHYSICIAN

1. Any persistent bleeding, despite treatment, to rule out other pathology

#### REFERENCES

1. Chen, M. & Matulich, M. (2025). Contraceptive implant. ). In R. A. Hatcher, P. Cason, C. Cwiak, A. Edelman, D. Kowal, J. M. Marrazzo, ... M. S. Policar (Eds.), *Contraceptive technology* (pp. 265-296). (22nd ed.). Jones & Bartlett Learning.
2. U.S. Centers for Disease Control and Prevention. (2024). U.S. selected practice recommendations for contraceptive use, 2024. *Morbidity and Mortality Weekly Report*, 73(3), 1-77. Retrieved from [https://www.cdc.gov/mmwr/volumes/73/rr/rr7303a1.htm#:~:text=The%202024%20U.S.%20Selected%20Practice%20Recommendations%20for%20Contraceptive%20Use%20\(U.S.](https://www.cdc.gov/mmwr/volumes/73/rr/rr7303a1.htm#:~:text=The%202024%20U.S.%20Selected%20Practice%20Recommendations%20for%20Contraceptive%20Use%20(U.S.)