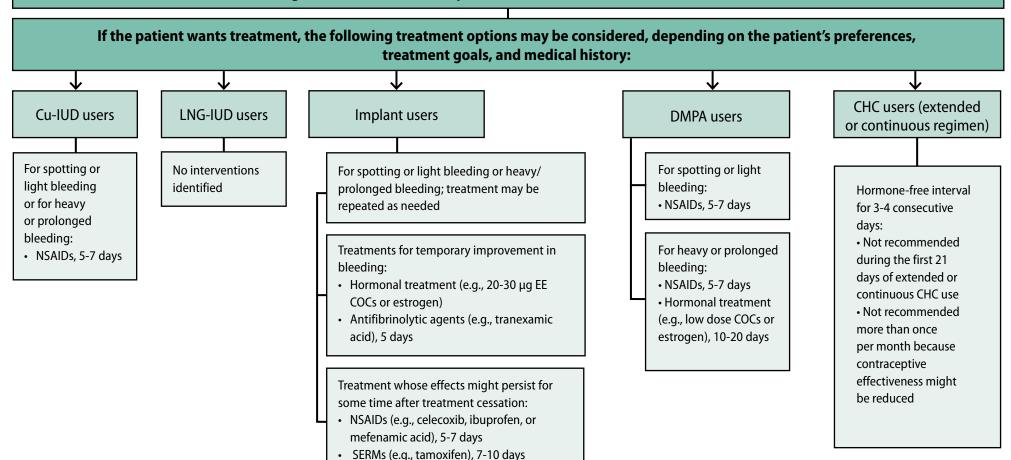


Management of Bleeding Irregularities While Using Contraception*

Explore patient goals, including continued method use (with or without treatment for bleeding irregularities) or method discontinuation.

If the patient wants to continue use, provide reassurance and advise the patient that they may contact their provider at any time to discuss bleeding irregularities or other side effects.

If the patient desires removal or discontinuation of the method at any time, remove the method (if IUD or implant), offer counseling on alternative contraceptive methods, and initiate another method if desired.

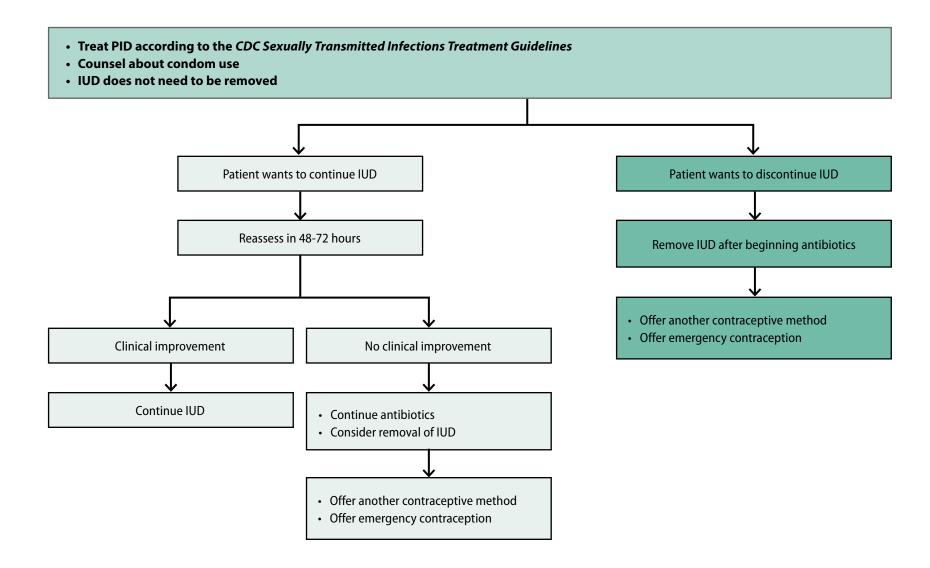


^{*} If clinically indicated, consider an underlying health condition, such as interactions with other medications, sexually transmitted infections, pregnancy, thyroid disorders, or new pathologic uterine conditions (e.g., polyps or fibroids). If an underlying health condition is found, treat the condition or refer for care.

Abbreviations: CHC = combined hormonal contraceptive; COC = combined oral contraceptive; Cu-IUD = copper intrauterine device; DMPA = depot medroxyprogesterone acetate; EE = ethinyl estradiol; LNG-IUD = levonorgestrel intrauterine device; NSAIDs = nonsteroidal anti-inflammatory drugs; SERM = selective estrogen receptor modulator.



Management of IUDs When Users are Found to Have Pelvic Inflammatory Disease*



^{*}Refer to CDC Sexually Transmitted Infections Treatment Guidelines (https://www.cdc.gov/std/treatment-guidelines/default.htm) for information on PID diagnostic considerations and treatment regimens.

Abbreviations: IUD = intrauterine device; PID = pelvic inflammatory disease **Source:** For full recommendations and updates, see the U.S. *Selected Practice Recommendations for Contraceptive Use* webpage at https://www.cdc.gov/contraception/hcp/usspr/

