24. What can be done if a woman experiences menstrual abnormalities when using a copper-bearing IUD?

**Spotting or light bleeding**
- Spotting or light bleeding is common during the first 3–6 months of copper-bearing IUD use. It is not harmful and usually decreases over time.
- If she desires treatment, a short course of nonsteroidal anti-inflammatory drugs (NSAIDs) may be given during the days of bleeding.
- In women with persistent spotting and bleeding, exclude gynaecologic problems when clinically warranted. If a gynaecologic problem is identified, treat the condition or refer for care.
- If no gynaecologic problems are found, and she finds the bleeding unacceptable, remove the IUD and help her choose another method.

**Heavier or longer menstrual bleeding than with normal menstrual periods**
- Heavier and longer menstrual bleeding is common during the first 3–6 months of copper-bearing IUD use. Usually this is not harmful, and bleeding usually becomes lighter over time.
- The following treatment may be offered during the days of menstrual bleeding:
  - Nonsteroidal anti-inflammatory drugs (NSAIDs)
  - Tranexamic acid (a haemostatic agent)
  - Aspirin should NOT be used.
- Exclude gynaecologic problems when clinically warranted. If a gynaecologic problem is identified, treat the condition or refer for care.
- If the bleeding continues to be very heavy or prolonged, especially if there are clinical signs of anaemia, or if she finds the bleeding unacceptable, remove the IUD and help her choose another method.
- To prevent anaemia, provide an iron supplement and/or encourage foods containing iron.

**Comments**

The expert Working Group noted that menstrual abnormalities are common in the first 3–6 months of IUD use and concluded that treatment during the days of bleeding can sometimes be effective. The expert Working Group indicated that aspirin should not be used to treat IUD-related menstrual bleeding because it may worsen the problem.
**Systematic review question**

What is the evidence for effective treatment regimens for menstrual abnormalities during IUD use? **Level of evidence:** I, fair, direct.

**References from systematic review**


**Key unresolved issues**

What are the mechanisms underlying IUD-associated bleeding abnormalities and how do they vary among hormonal and copper-bearing devices?

How can bleeding abnormalities with hormonal and copper-bearing devices best be treated?

What are the most effective counselling and other communication strategies for assisting women with bleeding abnormalities?