

Breakthrough Bleeding on the Etonogestrel Implant (Nexplanon)

Management and Treatment Options

For more provider resources, visit NationwideChildrens.org/BC4Teens







FAST FACTS:

- Changes in menstrual bleeding are expected with use of the etonogestrel (ENG) implant.
- Bleeding pattern experienced during the initial phase generally predicts future patterns of bleeding.
- Before prescribing give anticipatory guidance regarding irregular bleeding.
- Remind users that changes in vaginal bleeding are not indicative of decreased effectiveness of their method and are not harmful to their health.
- Please note, there are no comparisons of the effectiveness of the different treatment options for unscheduled bleeding, so the optimal treatment strategy is not known.

OF BLEEDING PATTERN

Bleeding pattern before and during ENG implant use, bleeding days/month, medication history, other associated symptoms

BLEEDING IS BOTHERSOME

BLEEDING IS TOLERABLE OR INSIGNIFICANT

RULE OUT PREGNANCY AND INFECTION, CERVICITIS, PID, ETC. BASED ON SYMPTOMS REASSURANCE AND GUIDANCE ON WHEN TO RETURN TO CLINIC

Pelvic pain, soaking a pad/tampon every hour, abdominal pain, nausea, vomiting, vaginal discharge or other abnormal vaginal symptoms

POSITIVE FOR INFECTION OR PREGNANCY?
MANAGE APPROPRIATELY

NEGATIVE FOR PREGNANCY
AND INFECTION?
OFFER TREATMENT OPTIONS

NAPROXEN 500 MG BID X 5 DAYS COMBINED ORAL
CONTRACEPTIVE PILLS**
ONE PILL PACK

Ethinyl estradiol .03 mg Levonorgestrel .15 mg (ex. Levora or Nordette) OR

Ethinyl estradiol .035 mg Norgestimate .25 mg (ex. Sprintec, Ortho-Cyclen) NORETHINDRONE ACETATE

If contraindicated or patient prefers to avoid estrogen:
5 mg once a day x 30 days

ENG IMPLANT REMOVAL

If patient does not wish to pursue treatment of bleeding OR if treatment of bleeding fails: Remove ENG implant and counsel on alternative methods of contraception

IF SUCCESSFUL, REASSURANCE AND GUIDANCE AS ABOVE IF UNSUCCESSFUL, OR IF BREAKTHROUGH BLEEDING RECURS, OFFER REMOVAL

PATIENT – CENTERED DECISION MAKING

Alternative methods of birth control can be discussed at any point in the algorithm based on the wishes of the patient.

The implant should be removed at any time the user requests.

**If estrogen is contraindicated, do not start combined oral contraceptive pills.