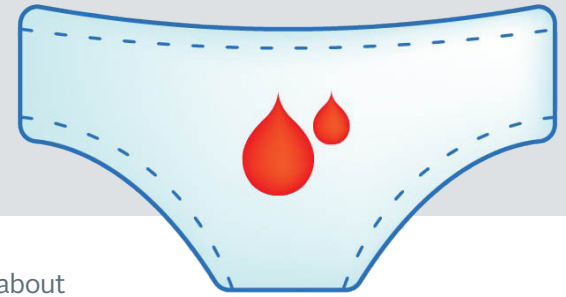


# MESSAGES TO CLIENTS USING CONTRACEPTION

## Changes to Menses are **NORMAL**



Many women have misconceptions about changes to menses (periods) that occur with use of hormonal contraception or the copper IUD. Use this simple tool to help your clients understand that changes to their menses when they use a hormonal contraceptive method or the copper IUD are **NORMAL**. Provide your clients with evidence-based

information about method-specific changes that may occur. In addition, in each counseling session, reassure your clients about these changes and discuss the potential benefits of reduced bleeding and amenorrhea. Use the **NORMAL** acronym to address these points with them.

# N O R M A L

**NORMAL** — Changes to your menses are **NORMAL** when you use a contraceptive method. With hormonal methods, menses could become heavier or lighter, occur more frequently or when you don't expect it, or you could have no menses at all. Changes to your menses may also be different over time.<sup>1</sup> With the copper IUD, menses could become longer and heavier, but remain regular; spotting could also occur during the first few months after IUD insertion.

**OPPORTUNITIES** — Lighter or no menses can provide **OPPORTUNITIES** that may benefit your health and personal life.

**RETURN** — Once you stop using a method, your menses will **RETURN** to your usual pattern, and your chances of getting pregnant will **RETURN** to normal.<sup>2</sup>

**METHODS** — Different contraceptive **METHODS** can lead to different bleeding changes. Let your provider know what types of bleeding changes you would find acceptable.

**ABSENCE OF MENSES** — If you are using a hormonal method, absence of menses does not mean that you are pregnant. If you have another symptom of pregnancy or if you missed your menses while using the copper IUD, talk to your health care provider or use a pregnancy test.<sup>3</sup>

**LIMIT** — If changes to your menses **LIMIT** your daily activities, there are simple treatments available. Talk to your provider.<sup>4</sup>

Illustration credit: Period emoji, Plan International UK. <https://plan-uk.org/act-for-girls/break-the-taboo-vote-for-your-favourite-period-emoji>

<sup>1</sup> In addition to these points, provide method-specific information about potential changes to menses both before and after a client selects a hormonal contraceptive method.

<sup>2</sup> If applicable, inform your client that when using injectable contraception (e.g., DMPA), return to fertility will likely be delayed after discontinuing the method. For other methods, return to fertility will be immediate.

<sup>3</sup> If applicable, inform your client that when using oral contraceptive pills, absence of menses can be a sign of pregnancy. Absence of menses during the first month after initiation of the implant or progestin-only injectables may also be a sign of pregnancy (e.g., when the method was initiated as part of the Quick Start, without pregnancy being ruled out with reasonable certainty). Tell your client to return to the clinic if she is unsure of her pregnancy status.

<sup>4</sup> Treatment for heavy/prolonged bleeding due to hormonal methods include a 5-day course of ibuprofen or another NSAID (except aspirin), or a 21-day course of COCs or ethynyl estradiol. Treatment for bleeding associated with the copper IUD includes a 5-day course of tranexamic acid or NSAIDs (except aspirin). In most cases, however, providing supportive counseling and/or reassurance to clients is sufficient.

