Abnormal Uterine Bleeding Pathway

This guideline covers the management of women presenting with pre-menopausal, non-gestational abnormal uterine bleeding including heavy menstrual, intermenstrual and post coital bleeding.

Heavy Menstrual Bleeding (HMB) is defined as excessive menstrual blood loss which interferes with a woman's physical, social, emotional and/or material quality of life. It can occur alone or in combination with other symptoms.

Intermenstrual Bleeding (IMB) refers to vaginal bleeding (other than post coital) at any time during the menstrual cycle other than during normal menstruation.

Postcoital Bleeding (PCB) refers to spotting or bleeding unrelated to menstruation that occurs during or after sexual intercourse.

It has been estimated that in those women who present to primary care with menstrual problems, around one third will have IMB or PCB in addition to heavy menstrual loss. This pathway has been designed to guide the management of all three presentations.

For the management of women who present with abnormal uterine bleeding and who have an abnormal looking cervix on speculum examination, please refer to the **“Abnormal Looking Cervix”** pathway.

Ensure that all women presenting with abnormal uterine bleeding have an up to date cervical smear

Always consider STIs in women presenting with IMB and/or PCB

It is important to consider pregnancy in any woman presenting with abnormal uterine bleeding or abdominal pain. This guideline is not relevant for women who might be pregnant.

FIGO* classification of causes of non-gestational abnormal uterine bleeding

Structural – PALM

- Polyps
- Adenomyosis
- Leiomyoma
- Malignancy and hyperplasia

Non-structural – COEIN

- Coagulopathy
- Ovulatory dysfunction
- Endometrial
- Iatrogenic
- Not otherwise classified

*Federation of International Gynaecologists and Obstetricians – classification of causes of abnormal uterine bleeding in the reproductive years – 2018 revision

Initial assessment

Points to note in the history	• Nature of menstrual bleeding – including cycle length, duration of bleeding and flow • Related features – IMB, pain or pressure symptoms • PCB • Risk factors for endometrial hyperplasia including obesity, PCOS and Tamoxifen
Examination requirements	• Abdominal examination - all women • Vaginal examination – if related features ie IMB, pain or pressure symptoms and prior to LNG-IUS insertion • Speculum examination – if PCB or IMB
Investigations in primary care	• FBC – consider clotting studies • Ferritin and TFTs not indicated • STI screen – if PCB or IMB
Indications for ultrasound scan	• Uterus palpable per abdomen • Pelvic mass • Indeterminate examination findings owing to obesity for example • Dysmenorrhoea • Bulky, tender uterus suggestive of adenomyosis

Management in Primary Care

Abnormal looking cervix	• See "Abnormal Looking Cervix" pathway
Heavy menstrual bleeding with no identified pathology, fibroids < 3cm or suspected/proven adenomyosis	• LNG-IUS • Tranexamic Acid • NSAID • Combined oral contraceptive pill • Cyclical progestogens
Heavy menstrual bleeding with fibroids > 3cm in diameter	• Tranexamic Acid • NSAID • Ulipristal Acetate • LNG-IUS • Combined oral contraceptive pill • Cyclical progestogens • Consider secondary care referral
Indications for Secondary Care referral	• For hysteroscopy and endometrial sampling if persistent IMB or risk factors for endometrial hyperplasia • For consideration of surgical management where medical management has been unsuccessful

Management in Secondary Care

Hysteroscopy and endometrial sampling	Indications: • Persistent IMB • Risk factors for endometrial hyperplasia including obesity, PCOS, Tamoxifen and treatment failure
Second generation endometrial ablation	Indication: • HMB with no identified pathology, fibroids or suspected/proven adenomyosis where treatment in primary care has failed
Hysteroscopic myomectomy	Indication: • HMB with submucous fibroids where treatment in primary care has failed
Uterine artery embolization	Indication: • HMB with fibroids > 3cm in diameter where conservative management has failed
Myomectomy	Indication: • HMB with fibroids > 3cm in diameter where conservative management has failed Consider prior treatment with GNRH analogue or Ulipristal Acetate
Hysterectomy	Indication: • HMB with no identified pathology, fibroids or suspected/proven adenomyosis where all other treatments have failed Consider prior treatment with GNRH analogue or Ulipristal Acetate