Post-Coital and Intermenstrual Bleeding

Obstetrics and Gynaecology > Gynaecology > Abnormal vaginal bleeding


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1 Faster Cancer Treatment Targets

Quick info:

Faster cancer treatment health target
The Faster Cancer Treatment (FCT) health target builds on the significant improvements that have been made in the quality of cancer services over recent years. It provides a lens across the whole cancer pathway to ensure people have prompt access to excellent cancer services.

Targets:
• 85 percent of patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer and a need to be seen within two weeks by July 2016, increasing to 90 percent by June 2017.

Ministry of Health
View the Gynaecological definition (including red flags and risk factors) for high suspicion of cancer:
• Faster Cancer Treatment: High suspicion of cancer definitions April 2016
• for further information, please see also the National Gynaecology Tumour Standards

2 Care map information

Quick info:
Scope:
• primary care management of:
  • abnormal menstrual bleeding, including heavy menstrual bleeding (HMB), irregular menstrual bleeding, and intermenstrual bleeding
  • post-menopausal bleeding (PMB)
  • post-coital bleeding (PCB)
Out of scope:
• secondary care management of abnormal menstrual bleeding
• emergency management of clinically unstable patients with acute uterine bleeding
• primary care management of amenorrhoea and criteria
• non-menstrual bleeding associated with pregnancy or pregnancy loss
• specific management of bleeding problems caused by contraceptive devices
• treatment of conditions underlying HMB, such as endometriosis and adenomyosis
Definitions:
• HMB [5], or menorrhagia [6], is excessive menstrual blood loss over several consecutive cycles [6], which interferes with the woman's physical, emotional, social, and material quality of life [5]
• irregular menstrual bleeding is defined as a range of varying lengths of bleeding-free intervals exceeding 20 days within one 90-day reference period [1]
• oligomenorrhoea is defined as menses occurring less frequently than every 35 days [3]
• PMB is defined as unexplained vaginal bleeding more than 12 months after menstruation has stopped because of the menopause [4]
• intermenstrual bleeding is defined as bleeding between periods [1]
• PCB is defined as bleeding that occurs after intercourse [1]
Prevalence [6]:
• about one third of women describe their periods as heavy
• menstrual disorders are the second most common gynaecological conditions resulting in hospital referral and 12% of all gynaecological referrals

Ministry of Health Faster Cancer Treatment (FCT) timeframes:
FCT is a patient pathway approach to ensuring timely clinical cancer care and is measured by the following agreed indicators:
• for patients referred urgently with a high suspicion of cancer they receive their first cancer treatment (or other management) within 62 days
• for patients referred urgently with a high suspicion of cancer they have their first specialist assessment within 14 days
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• for patients with a confirmed diagnosis of cancer they receive their first cancer treatment (or other management) from decision-to-treat within 31 days

Ministry of Health High Suspicion of Cancer Definitions

References:
Please see the care map's Provenance.

3 Information resources for patients and carers

Quick info:
Information resources for patients and carers:
• The New Zealand Gynaecological Cancer Foundation
• Cancer Society Whanganui
• Women's Cancer Center of New Zealand
• Gynaecology Cancers - Information for all Women
• Patient Information UK
• Mirena Information

4 Information resources for clinicians

Quick info:
Resources for clinicians:
• Heavy Menstrual Bleeding: Assessment and Management - Clinical Guideline
• Combined Hormonal Contraceptives
• Parenteral Progestogen-Only Contraceptives
• Tranexamic Acid
• Combined oral contraceptive (COC) pill
• Further information about the effects of COC pill
• Progesterones: long-acting injection - Depo Provera:
• Further information about prescribing of cyclic oral progestogens.
• Faster Cancer Treatment - High suspicion of cancer definitions.
• National Gynaecology Tumour Standards

5 Updates to this care map

Quick info:
Date of publication: August 2017.
Review in 12 months post publication.

6 Hauora Maori

Quick info:
As a practitioner you will work with Maori whanau/families. Each Maori whanau is diverse with their own set of values and beliefs, inherited, practised and passed down from generation to generation.

There are some important things that you should be mindful of when working with Maori individuals and their whanau from a holistic approach to working in a Whanau ora or family / whanau centred way.

Key enablers that you should be aware of when working with Maori whanau/families are:
• building relationships and gaining trust
• effective communication with whanau /families
• understanding and involving whanau/ families in the treatment planning and care management
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- practical things to be mindful of when working with Maori whanau so that you do not breech Tikanga/Principles and practices that are important in Te Ao Maori/the Maori world

Common terms and definitions are noted here.

7 Pasifika

Quick info:
Our pasifika community:
- is a diverse and dynamic population
  - more than 22 nations represented in New Zealand
  - each with their own unique culture, language, history, and health status
  - share many similarities which we have shared with you here in order to help you work with pasifika patients more effectively

The main Pacific nations in New Zealand are
- Samoa, Cook Islands, Fiji, Tonga, Niue, Tokelau and Tuvalu

Acknowledging The FonoFale Model (pasifika mode of health) when working with pasifika peoples and families.

Acknowledging general pacific guidelines when working with pasifika peoples and families:
- cultural protocols and greetings
- building relationships with your pacific patients
- involving family support, involving religion, during assessments and in the hospital
- home visits
- pasifika phrasebook

8 Irregular non-menstrual vaginal bleeding

Quick info:

**NB: Gynaecological cancers make up approximately 10 percent of all cancer cases and 10 percent of all cancer deaths in New Zealand women. They affect about 915 New Zealand women a year (987 women in 2008)** [1]

Irregular non-menstrual vaginal bleeding

Intermenstrual bleeding is defined as [1]:
- irregular episodes of bleeding, often light and short, occurring between otherwise fairly normal menstrual periods

Post-coital bleeding is defined as [1]:
- bleeding post-intercourse

Epidemiological evidence suggests that an alteration in the menstrual cycle, intermenstrual bleeding, or post-coital bleeding may be the first symptoms of gynaecological cancer and indicate the need for a pelvic examination – persistent intermenstrual bleeding requires investigation to exclude malignancy [5].

References:
Please see the care map's Provenance.

9 Level of understanding and engagement

Quick info:

1. Apply health literacy principles:
   - Ask what the patient understands:
     - build on what the patient already knows
     - translate medical terminology into lay language
     - draw diagrams or write key phrases and messages down and give it to the patient to take with them
     - provide educational material
     - check the patient’s understanding to confirm that they understand the key messages
     - encourage patient to bring trusted support people to future consultations
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- consider other health literacy resources as appropriate:
  - Interpreter Services – Language Line (Nationwide) 0800 656 656 Monday to Friday, 9am to 6pm, and Saturday 9am to 2pm
  - Māori or Pacific Navigation Services
  - LETS PLAN is a resource to help plan your next health care visit. It will help you understand more about your health
    and treatment for an illness or injury

2. Consider any barriers to effective care:
- complexity of cancer care pathway – not knowing when or where to go next
- whānau, family and social network dynamics
- whānau support, family history
- family obligations including dependents
- work responsibilities
- whānau, hapu, and iwi obligations
- locality and geographical access to health and hospital services
  - no transport
- socio-economic factors, including source of income

10 History

Quick info:

NB: Māori and Pacific Island women have higher incidences of and mortality from endometrial and cervical cancers
(Robson and Harris 2007; Harris et al 2012; McLeod et al 2011). Specific evidence shows that Māori women have poorer
access to quality health care, and their survival rates tend to be worse (Hill et al 2013; Soeberg et al 2012) [1]

History

Ask about:
- the amount, frequency, and regularity of bleeding [1]
- if cervix view normal, check documentation from cervical screening
- the presence of:
  - post-coital bleeding [1]
  - intermenstrual bleeding [1]
  - dysmenorrhoea [1]
  - abdominal or pelvic pain [2]
  - dyspareunia [2]
  - heavy menstrual bleeding [2]
  - premenstrual symptoms [1]
  - possibility of pregnancy [2]
- symptoms suggestive of anaemia, eg [1]:
  - light-headedness
  - shortness of breath with activity
- sexual and reproductive history, eg [1]:
  - contraception
  - risk for pregnancy
  - sexually transmitted infections (STIs)
  - desire for future pregnancy
  - infertility
  - cervical screening
- risk of STI – risk is higher if [2]:
  - younger than age 25 years; or
  - new partner; or
• more than one partner in the last year
• impact on social and sexual functioning and quality of life [1]
• symptoms suggestive of systemic causes of bleeding, such as [1]:
  • hypothyroidism
  • hyperprolactinemia
  • coagulation disorders
  • polycystic ovary syndrome
  • adrenal or hypothalamic disorders
• any associated symptoms, such as [1]:
  • vaginal discharge
  • odour
  • pelvic pain or pressure
• medications that may interfere with bleeding or contraception [1,2]
• contraception history [2]:
  • method used
  • duration of use
  • compliance
  • illness or a condition that may affect absorption of orally administered hormones

References:
Please see the care map's Provenance.

11 Post-coital bleeding (PCB)

Quick info:
PCB:
• is the cardinal sign of cervical neoplasia [17,22]:
  • however, other causes such as chlamydia infection are more likely in younger women [17]
• in the rare cases of cervical cancer in women younger than age 25 years, delays in diagnosis are relatively common [18]

References:
Please see the care map's Provenance.

12 Intermenstrual or breakthrough bleeding

Quick info:
 Intermenstrual or breakthrough bleeding:

13 RED FLAGS! - suspected cancer

Quick info:
High Suspicion of Cancer
Rule out cervical cancer. Always view the cervix and refer if abnormal appearance even if the cervical smear is normal. Consider endometrial causes e.g. endometrial cancer or hyperplasia.
The following symptoms and signs may be the first symptoms of cancer and indicate the need for further investigation:
• persistent intermenstrual bleeding [5]
• post-coital bleeding [5]
• post-menopausal bleeding (PMB) [4]
• visible haematuria [4]
• unexplained vaginal discharge [4]
• palpable abdominal mass that is not obviously fibroids [6]
• unexplained vulval lump, ulceration or bleeding [4]
• pelvic pain or pressure symptoms [5]
• anaemia [4]

Ministry of Health
View the Gynaecological definition (including red flags and risk factors) for high suspicion of cancer:
• Faster Cancer Treatment: High suspicion of cancer definitions April 2016

References:
Please see the care map's Provenance.

14 Offer examination

Quick info:
Examination:
• all women with post-coital bleeding should be offered a:
  • speculum
  • pelvic examination
  • STI Swab
  • consider pregnancy test if indicated

References: [17,18,21].
Please see the care map's Provenance.

15 Consider possible causes

Quick info:
Consider the following potential causes:
• very regular mid-cycle periovulatory light bleeding that causes unnecessary anxiety and does not require gynaecological assessment if the ultrasound is normal
• no periods/less that normal periods (<4 a year)
• PCOS investigation
• cervical ectropion [18]
• endometrial polyps [6]
• endometrial hyperplasia [6]
• hormonal contraception [2]
• pregnancy, also including [2]:
  • ectopic pregnancy [24]
  • miscarriage [24]
• fibroids [2]
• cancers of the cervix or endometrium [2]:
• sexually transmitted infection (STI) [2]:
  • pelvic inflammatory disease [6]
  • Chlamydia trachomatis is the most common bacterial STI in the UK and is a likely cause of post-coital and irregular bleeding [2,17]
• risk factors for STIs include [2]:
  • younger than age 25 years; or
  • a new sexual partner; or
  • more than one partner in the last year
16 Referral to support services

Quick info:
Referral to support services:
1. Cancer Nurse Coordinator Whanganui
   Cancer nurse coordinators can improve the experience for patients including:
   • their family and whānau, with cancer or suspected cancer
   • they also help improve overall access and timeliness of access to diagnostic and treatment services for patients with cancer
   • Contact 06 348 3182
2. Cancer Society:
   • an information guide for women with gynaecological cancer
   • for additional support services phone the cancer information nurses on the Cancer Information Helpline 0800 226 237
3. Central Region Cancer Services Directory: The directory provides a list of cancer support services available across Whanganui including:
   • ethnic and cultural
   • accommodation
   • disability support
   • government health services
   • medication
   • legal advice

17 Consider further investigations and/or referral

Quick info:
Consider further investigations and/or referral.
If there is any possibility of pregnancy, a test should be performed [1]:
• the test may need to be repeated depending on the last menstrual period [24]
If appearances are not suspicious of cancer:
• if a local, benign cause is found, such as a polyp or ectropion, treat or refer to gynaecology [18,21]
• test for sexually transmitted infection, eg chlamydia [18,21,22]:
  • treat infection if found [18]
• refer to gynaecology if:
  • chlamydia test is negative and no local cause is found [21]
  • if symptoms persist despite treatment of infection [18]

**NB:** For the management of *post-menopausal women with post-coital bleeding*, see the 'Abnormal vaginal bleeding' page.

References:
Please see the care map's Provenance.

18 Woman using hormonal contraception

Quick info:
Woman using hormonal contraception:
Endometrial cancers are rare in women of reproductive age who are using hormonal contraception and who do not have risk factors [2].

Reference:
Please see the care map's Provenance.

20 Refer urgently to Gynaecologist

Quick info:
Refer urgently to Gynaecologist
Include relevant information:
• reason for referral
• expectation of referral
• history and co-morbidities
• current management and/or options already pursued
• examination findings
• investigation results
• current medication
• allergies and adverse drug reactions
• any other relevant clinical information

Referral Form

21 Refer to Gynaecology Clinic

Quick info:
Refer to Gynaecologist
Include relevant information:
• reason for referral
• expectation of referral
• history and co-morbidities
• current management and/or options already pursued
• examination findings
• investigation results
• current medication
• allergies and adverse drug reactions
• any other relevant clinical information

Referral Form

If there is a high suspicion of underlying cancer, the woman should be seen within 2 weeks.
NB: Consider referral to patient support services - see 'referral to support services' box.

22 RED FLAGS! - suspected cancer

Quick info:
High Suspicion of Cancer.
Rule out cervical cancer. Always view the cervix and refer if abnormal appearance even if the cervical smear is normal. Consider endometrial causes e.g. endometrial cancer or hyperplasia.
The following symptoms and signs may be the first symptoms of cancer and indicate the need for further investigation:
• persistent intermenstrual bleeding [5]
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- post-coital bleeding [5]
- post-menopausal bleeding (PMB) [4]
- visible haematuria [4]
- unexplained vaginal discharge [4]
- palpable abdominal mass that is not obviously fibroids [6]
- unexplained vulval lump, ulceration or bleeding [4]
- pelvic pain or pressure symptoms [5]
- anaemia [4]

Ministry of Health

View the Gynaecological definition (including red flags and risk factors) for high suspicion of cancer:

- Faster Cancer Treatment: High suspicion of cancer definitions April 2016

References:
Please see the care map's Provenance.

23 Examination

Quick info:
If there is no suspected contraceptive problem, speculum and pelvic examination is recommended [18].
Examination may also include [1]:

- weight/body mass index
- thyroid exam
- skin exam, eg:
  - pallor
  - bruising
- abdominal exam – to check for mass or hepatosplenomegaly
- gynaecological exam

References:
Please see the care map's Provenance.

24 Expected bleeding patterns

Quick info:
Expected bleeding patterns.
Before starting hormonal contraception, women should be advised about the bleeding patterns expected both initially and in the longer term [2]:

- if bleeding patterns fall outside of the expected 'normal' patterns associated with different contraceptive methods, examination, investigation, or treatment may be indicated

Expected bleeding patterns when using the following contraceptives are as follows [2]:

- combined hormonal contraception:
  - up to 20% of combined oral contraceptive (COC) users experience irregular bleeding in the first 3 months of use
  - in the longer term:
    - irregular bleeding usually settles
    - the combined vaginal ring may afford better cycle control, eg less unscheduled bleeding when compared to the pill
  - NB: users of estradiol COC have reported shorter, lighter bleeds and a higher rate of absent withdrawal bleeds than women using an ethinylestradiol (EE)-containing COC
- progestogen-only pill (POP):
  - bleeding is unpredictable – one-third of women have a change in bleeding when using traditional POPs
  - in the longer term bleeding may not settle with time:
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- NB: traditional POP users can be advised that frequent and irregular bleeding are common, while prolonged bleeding and amenorrhoea are less likely
- progestogen-only injectable:
  - bleeding disturbances, eg spotting, light, heavy, or prolonged bleeding are common
  - around 1 in 10 women may be amenorrhoea
  - specify depo provera irregular bleeding usually settles by the fourth injection
- progestogen-only implant:
  - bleeding disturbances are common in the first 3 months of use:
    - NB: the bleeding pattern in the first 3 months is broadly predictive of future bleeding patterns for many women
  - in the longer term, around:
    - 2 in 10 women are amenorrhoea
    - 3 in 10 women have infrequent bleeding
    - fewer than 1 in 10 women have frequent bleeding
    - 2 in 10 women have prolonged bleeding
- levonorgestrel releasing intrauterine system (LNG-IUS) – Mirena®:
  - infrequent and erratic bleeding/spotting is common after insertion in the first few months
  - in the longer term:
    - there is a decrease over time in the number of bleeding and spotting days with all doses of LNG-IUS
    - a 90% reduction in menstrual blood loss has been demonstrated over 12 months of 52mg LNG-IUS use
    - at 1 year, infrequent bleeding is usual with the LNG-IUS and some women will be amenorrhoeic
    - 24% of 52mg LNG-IUS users are amenorrhoea at 3 years
- LNG-IUS – Jaydess®:
  - frequent bleeding/spotting is common in the first few months after insertion
  - in the longer term:
    - there is a decrease over time in the number of bleeding and spotting days with all doses of LNG-IUS
    - users of the 13.5mg LNG-IUS report more spotting days than bleeding days over the duration of licensed use
    - fewer women (13% at 3 years) will experience amenorrhoea with this dose of LNG-IUS compared to the 52mg LNG-IUS

Reference:
Please see the care map's Provenance.

25 Consider further investigations and/or referral

Quick info:
Consider further investigations and/or referral.
In all women [1]:
- if there is any possibility of pregnancy, a test should be performed [1]:
  - the test may need to be repeated depending on the last menstrual period [24]
- test for sexually transmitted infection if at risk [1]
- thyroid function tests are not indicated unless there are clinical findings suggestive of thyroid disease [1]
- consider increasing progestogen or adding brevinol 1
- combine Jadell and COC - 3 month, L/T ok today

Refer:
- to gynaecology for biopsy if intermenstrual bleeding is persistent [1,5]
- to gynaecology if on examination a local, benign cause is found, such as a polyp or ectropion [18]
- to gynaecology/genito-urinary medicine (GUM) according to local guidance if infection is found and treated but symptoms persist [18]:
  - NB: it is always beneficial to refer to GUM in cases of sexually transmitted infection for contact tracing [24]
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- using an urgent suspected cancer pathway referral, for an appointment within 2 weeks, if the appearance of the cervix is suspicious of cervical cancer [4]:
  - a smear test is not required before referral and referral should not be delayed by a previous negative result [9]
  - if there is uncertainty about whether a referral is needed, consider asking a specialist for advice and guidance [4]

References:
Please see the care map's Provenance.

26 Referral to support services

Quick info:
Referral to support services:
1. Cancer Nurse Coordinator Whanganui
Cancer nurse coordinators can improve the experience for patients including:
- their family and whānau, with cancer or suspected cancer
- they also help improve overall access and timeliness of access to diagnostic and treatment services for patients with cancer
- Contact 06 348 3182
2. Cancer Society:
  - an information guide for women with gynaecological cancer
  - for additional support services phone the cancer information nurses on the Cancer Information Helpline 0800 226 237
3. Central Region Cancer Services Directory: The directory provides a list of cancer support services available across Whanganui including:
  - ethnic and cultural
  - accommodation
  - disability support
  - government health services
  - medication
  - legal advice

27 Less than 3 months since starting method - initial assessment

Quick info:
Test for chlamydia if at risk of sexually transmitted infection, ie [2]:
- age younger than 25 years; or
- new partner; or
- more than one partner in the last year
- a history of [24]: drug or alcohol abuse; or
- domestic abuse
NB: gonorrhoea testing depends on:
- sexual risk
- availability of dual test
- local prevalence
Carry out:
- a cervical smear if eligible for, but has not been participating in, a cervical screening programme [2]
- a pregnancy test if sexually active [2]:
  - the test may need to be repeated depending on the last menstrual period [24]
In all cases a speculum examination (and do a bi-annual) to visualise the cervix is warranted if [2]:
- a woman has not participated in a national screening programme
- requested by the woman
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- there are symptoms, such as:
  - pain
  - dyspareunia
  - post-coital bleeding

**NB:** these symptoms would also warrant a bimanual examination

If a structural abnormality, such as polyps, fibroids, or ovarian cysts, is suspected [2]
- a transvaginal ultrasound scan and/or hysteroscopy may be indicated

Reference: Please see the care map's Provenance.

### 28 More than 3 months since starting method - initial assessment

**Quick info:**
Test for chlamydia if at risk of sexually transmitted infection, ie [2]:
- **offer chlamydia and gonorrhoea NAAT swab, high vaginal swab. Consider STI blood test**

There is increase risk for:
- age younger than 25 years; or
- new partner; or
- more than one partner in the last year
- a history of [24]:
  - drug or alcohol abuse; or
  - domestic abuse

Carry out [2]:
- a cervical smear if not up to date with cervical screening programme
- a pregnancy test if sexually active:
  - the test may need to be repeated depending on the last menstrual period [24]

A speculum examination to visualise the cervix is warranted for women in most cases with [2]:
- bleeding that persists beyond the first 3 months of use
- new symptoms or a change in bleeding after the first 3 months of use

References:
Please see the care map's Provenance.

### 29 Refer urgently to Gynaecologist

**Quick info:**

Refer to Gynaecologist
Include relevant information:
- reason for referral
- expectation of referral
- history and co-morbidities
- current management and/or options already pursued
- examination findings
- investigation results
- current medication
- allergies and adverse drug reactions
- any other relevant clinical information

Refer to Gynaecologist

**Reference Form**

If there is a high suspicion of underlying cancer, the woman should be seen within two weeks


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30 Refer for Ultrasound

Quick info:

Direct access to transvaginal ultrasound scans:
- is available via Whanganui's Radiology Department
- these exams maybe outsourced if we cannot see them in an appropriate time frame

Private Radiology Providers
Patients can also be referred to one of the following private radiology providers
- River City (Whanganui)
- Broadway (Palmerston North)
- Pacific (Palmerston North)

NB: With regard to the request, it should be for an ultrasound of the pelvis, the clinical information provided on the form will guide the Sonographer as to what scans they will perform, TA/TV normally both.

It should be noted that often patients refuse TV scans. This information will be documented on the report but may be worth the referrer discussing the importance of the TV scan with the patient before requesting the scan so they understand before coming for the exam.

Transabdominal ultrasound is inaccurate for the assessment of endometrial thickness.

31 Management

Quick info:

Management.
Provided causes other than the method of contraception have been considered and excluded (see initial assessment care point), reassure and arrange a follow-up [2]:
- it is not generally recommended that a combined oral contraceptive pill is changed within the first 3 months of use, as bleeding disturbances often settle in this time [2]
- if requested, medical management can be considered [2] – see 'Consider medical management' care point
- consider ALL IUD's

In all women, if the appearance of the cervix is suspicious of cervical cancer, consider an urgent suspected cancer pathway referral, for an appointment within 2 weeks [4]:
- a smear test is not required before referral, and referral should not be delayed by a previous negative result [9]
- if there is uncertainty about whether a referral is needed, consider discussing with a specialist [4]

NB: levonorgestrel releasing intrauterine system (LNG-IUS) users with pain, discharge, or non-visible threads in addition to bleeding require investigation to exclude expulsion, perforation, or infection [2] – symptoms of perforation can include [16]:
- severe pelvic pain after insertion – worse than period cramps
- pain or heavy bleeding after insertion, which continues for more than a few weeks
- sudden changes in periods
- pain during intercourse
- not being able to feel the threads (many women cannot feel the threads)

References:
Please see the care map's Provenance.

32 Consider further investigation/referral

Quick info:

In all women, if the appearance of the cervix is suspicious of cervical cancer, consider an urgent suspected cancer pathway referral for an appointment within 2 weeks [4]:
- a smear test is not required before referral, and referral should not be delayed by a previous negative result [9]
• if there is uncertainty about whether a referral is needed, consider asking for advice and guidance from a specialist [4]
If findings are normal, but symptoms include pain, dyspareunia, and/or heavy bleeding consider referral for further assessment, eg ultrasound, biopsy, hysteroscopy [2].
Consider referral for endometrial biopsy and/or hysteroscopy in women with persistent problematic bleeding after the first 3 months of use of a hormonal contraceptive method if they have the following risk factors for endometrial cancer eg [2]:
• obesity
• polycystic ovary syndrome
• diabetes
If a structural abnormality, such as polyps, fibroids, or ovarian cysts, is suspected [2]:
• a transvaginal ultrasound scan and/or hysteroscopy may be indicated

References:
Please see the care map’s Provenance.

33 Refer to Gynaecology Clinic

Quick info:
Refer:
• to gynaecology for biopsy if intermenstrual bleeding is persistent [1,5]
• to gynaecology if on examination a local, benign cause is found, such as a polyp or ectropion [18]
• to gynaecology/genito-urinary medicine (GUM) according to local guidance if infection is found and treated but symptoms persist [18]:
  • NB: it is always beneficial to refer to GUM in cases of sexually transmitted infection for contact tracing [24]
• using an urgent suspected cancer pathway referral, for an appointment within 2 weeks, if the appearance of the cervix is suspicious of cervical cancer [4]:
  • a smear test is not required before referral and referral should not be delayed by a previous negative result [9]
  • if there is uncertainty about whether a referral is needed, consider asking a specialist for advice and guidance [4]

Referral Form

If there is a high suspicion of underlying cancer, the woman should be seen within 2 weeks.

NB: Consider referral to patient support services - see ‘referral to support services’ box.

34 Consider medical management

Quick info:
Consider medical management.
Combined hormonal contraception users [2]:
• review pill taking (if the patient is continuously pill taking without a monthly pill free interval, putting back the pill free interval will reduce intermenstrual bleeding)
• continue with the same pill for at least 3 months, as bleeding may settle in time
• use a combined oral contraceptive (COC) with a dose of ethinylestradiol (EE) to provide the best cycle control
• could consider increasing the EE dose up to a maximum of 35 micrograms
• although there is no evidence for switching pills or changing the progestogen dose or type, it may help the individual
• consider increasing progesterone e.g. Brevinor 1
• combine Jadelle and COC - 3 month
Progestogen-only contraception [2]:
• bleeding is common in the initial months of a progestogen-only method
• however, treatment can be considered if it encourages the patient to continue with the method
• progestogen-only pill (POP):
• although there is no evidence that changing the POP will improve bleeding problems, patterns may vary with different preparations and so may help individuals
• there is no evidence to support the following to improve bleeding patterns:
  • the use of two POPs per day
  • the routine use of estrogen supplementation or tranexamic acid
• progestogen-only injectable:
  • mefenamic acid taken for 5 days may reduce the length of a bleeding episode
  • a first-line COC can be considered for up to 3 months continuously or in the usual cyclical regime (unlicensed):
    • NB: the use of COC for this indication is outside of its marketing authorisation (product licence) in the UK - check NZ?
• there is no evidence that reducing the injection interval improves bleeding:
  • however, depot medroxyprogesterone acetate (DMPA) may be given after a 10-week interval:
    • NB: the use of DMPA for this indication is outside of its marketing authorisation
• progestogen-only implant and mirena intrauterine system:
  • a first-line COC can be considered for up to 3 months continuously or in the usual cyclical regime (unlicensed):
    • NB: the use of COC for this indication is outside of its marketing authorisation NB: persistent bleeding is common in the first 6 months of use with these methods
  • if there has been a change in bleeding habit consider further investigation

References:
Please see the care map's Provenance.

35 Refer for Ultrasound

Quick info:

Direct access to transvaginal ultrasound scans:
• is available via Whanganui’s Radiology Department
• these exams maybe outsourced if we cannot see them in an appropriate time frame

Private Radiology Providers

Patients can also be referred to one of the following private radiology providers:
• River City (Whanganui)
• Broadway (Palmerston North)
• Pacific (Palmerston North)

NB: With regard to the request, it should be for an ultrasound of the pelvis, the clinical information provided on the form will guide the Sonographer as to what scans they will perform, TA/TV normally both.
It should be noted that often patients refuse TV scans. This information will be documented on the report but may be worth thereferrer discussing the importance of the TV scan with the patient before requesting the scan so they understand before coming for the exam

Transabdominal ultrasound is inaccurate for the assessment of endometrial thickness.

36 Follow-up - reassess

Quick info:

Follow-up - reassess.
Continue with the method of contraception if the bleeding settles [2].
Carry out a speculum examination to visualise the cervix if [2]:
• bleeding persists beyond the first 3 months of use
• there are new symptoms or a change in bleeding after the first 3 months of use
• medical treatment fails

References:
Post-Coital and Intermenstrual Bleeding
Obstetrics and Gynaecology > Gynaecology > Abnormal vaginal bleeding

Please see the care map's Provenance.

37 Refer to Gynaecology Clinic

Quick info:
Refer:
• to gynaecology for biopsy if intermenstrual bleeding is persistent [1,5]
• to gynaecology if on examination a local, benign cause is found, such as a polyp or ectropion [18]
• to gynaecology/genito-urinary medicine (GUM) according to local guidance if infection is found and treated but symptoms persist [18]:
  • NB: it is always beneficial to refer to GUM in cases of sexually transmitted infection for contact tracing [24]
• using an urgent suspected cancer pathway referral, for an appointment within 2 weeks, if the appearance of the cervix is suspicious of cervical cancer [4]:
  • a smear test is not required before referral and referral should not be delayed by a previous negative result [9]
  • if there is uncertainty about whether a referral is needed, consider asking a specialist for advice and guidance [4]

Referral Form
If there is a high suspicion of underlying cancer, the woman should be seen within 2 weeks.
NB: Consider referral to patient support services - see 'referral to support services' box.

38 Consider medical management

Quick info:
Consider medical management.

If examination findings are normal, no other symptoms are present, and there are no indications for further investigation/referral, consider medical management [2].

Combined hormonal contraception users [2]:
• continue with the same pill for at least 3 months, as bleeding may settle in time
• use a combined oral contraceptive (COC) with a dose of ethinylestradiol (EE) to provide the best cycle control
• could consider increasing the EE dose up to a maximum of 35 micrograms
• although there is no evidence for switching pills or changing the progestogen dose or type, it may help the individual

Progestogen-only contraception [2]:
• bleeding is common in the initial months of a progestogen-only method
• however, treatment can be considered if it encourages the patient to continue with the method
• progestogen-only pill (POP):
  • although there is no evidence that changing the POP will improve bleeding problems, patterns may vary with different preparations and so may help individuals
  • there is no evidence to support the following to improve bleeding patterns:
    • the use of two POPs per day
    • the routine use of estrogen supplementation or tranexamic acid
• progestogen-only injectable:
  • mefenamic acid taken for 5 days may reduce the length of a bleeding episode
  • a first-line COC can be considered for up to 3 months continuously or in the usual cyclical regime (unlicensed):
    • NB: the use of COC for this indication is outside of its marketing authorisation (product licence) in the UK
  • there is no evidence that reducing the injection interval improves bleeding:
    • however, depot medroxyprogesterone acetate (DMPA) may be given after a 10-week interval
    • NB: the use of DMPA for this indication is outside of its marketing authorisation (product licence) in the UK
• progestogen-only implant and intrauterine system:
  • a first-line COC can be considered for up to 3 months continuously or in the usual cyclical regime (unlicensed):
• NB: the use of COC for this indication is outside of its marketing authorisation (product licence) in the UK
• persistent bleeding is common in the first 6 months of use with these methods

NB: longer-term use of the COC for managing problematic bleeding in women using progestogen-only methods has not been studied:
• if bleeding recurs after 3 months, longer-term use is a matter of clinical judgement

References:
Please see the care map's Provenance.

39 Follow-up - reassess

Quick info:
Follow-up - reassess.
A speculum examination to visualise the cervix is warranted if [2]:
• there are new symptoms or a change in bleeding after the first 3 months of use
• medical treatment has failed
In all women, if the appearance of the cervix is suspicious of cervical cancer, consider an urgent suspected cancer pathway referral for an appointment within 2 weeks [4]:
• a smear test is not required before referral, and referral should not be delayed by a previous negative result [9]
• if there is uncertainty about whether a referral is needed, consider asking for advice and guidance from a specialist [4]
If findings are normal, but symptoms include pain, dyspareunia, and/or heavy bleeding, or patient is age 45 years and over, consider referral for further assessment, eg ultrasound, biopsy, hysteroscopy [2].
Consider referral for endometrial biopsy and/or hysteroscopy in women with persistent problematic bleeding after the first 3 months of use of a hormonal contraceptive method if they are [2]:
• aged 45 years or older
• younger than age 45 years with risk factors for endometrial cancer eg:
  • obesity
  • polycystic ovary syndrome
  • diabetes
If a structural abnormality is suspected [2]:
• a transvaginal ultrasound scan and/or a hysteroscopy may be indicated

References:
Please see the care map's Provenance.