Heavy Menstrual Bleeding

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FAST FACTS

.6–1.3%

Prevalence of von Willebrand disease among all American females

5–24%

Prevalence of von Willebrand disease among American females with chronic heavy menstrual bleeding

Heavy menstrual bleeding is a common cause of iron-deficiency anemia and reduced quality of life in adolescents and menstruating females. The condition can lead to anemia, fatigue and hemodynamic instability, especially when associated with prolonged or frequent menses. These concerns may result in emergency department utilization, hospitalization, the need for blood product transfusion and use of oral or intravenous therapies.

ASSESSMENT

Perform a menstrual cycle history, paying particular attention to frequency, length and amount of bleeding. Note that many patients consider heavy menstrual bleeding "normal"; always ask for specific details.

Inquire about risk factors for heavy menstrual bleeding, including bleeding disorders, hormone-related problems and a family history of heavy menstrual bleeding, hysterectomy due to heavy menstrual bleeding and additional bleeding symptoms. Consider blood testing for anemia.

HPE (HISTORY AND PHYSICAL EXAM) RED FLAGS

- Presence of anemia due to heavy menstrual bleeding (see the "Iron-Deficiency Anemia Community Practice Support Tool" for guidance)
- Experience of "flooding" or "gushing" during menstrual period, passing blood clumps bigger than a quarter, and/or profuse menstrual bleeding that requires change of sanitary protection in 2 hours or less
- Concerning family history related to heavy menstrual bleeding
- Length of menstrual cycle ≥7 days

DIAGNOSIS

The cause of heavy menstrual bleeding can be difficult to diagnose. Pediatricians may want to test for clotting factor deficiencies, thrombocytopenia and von Willebrand disease. An alternative is to refer to pediatric hematology to explore these and other possible causes of heavy menstrual bleeding.

MANAGEMENT/TREATMENT

A referral to a pediatric hematologist is appropriate for any patient with heavy menstrual bleeding. Pediatricians may wish to provide acute or long-term management (see next page for options).

WHEN TO REFER

Refer the patient to pediatric hematology if:

- Presence of any HPE red flag
- Anemia is unresponsive to oral iron replacement therapy
- Patient cannot take oral iron replacement therapy
- Patient's heavy menstrual bleeding is affecting her quality of life

For urgent issues or to speak with a pediatric hematologist on call 24/7, call the Physician Priority Line at 1-888-987-7997.

To refer a patient to pediatric hematology, call 513-517-2234.

If you would like additional copies of this tool, or would like more information, please contact the Physician Outreach and Engagement team at Cincinnati Children's.

Tool developed by Cincinnati Children's physician-hospital organization (known as Tri-State Child Health Services, Inc.) and staff in the James M. Anderson Center for Health Systems Excellence. Developed using expert consensus and informed by Best Evidence Statements, Care Practice Guidelines, and other evidence-based documents as available. For Evidence-Based Care Guidelines and references, see www.cincinnatichildrens.org/evidence.

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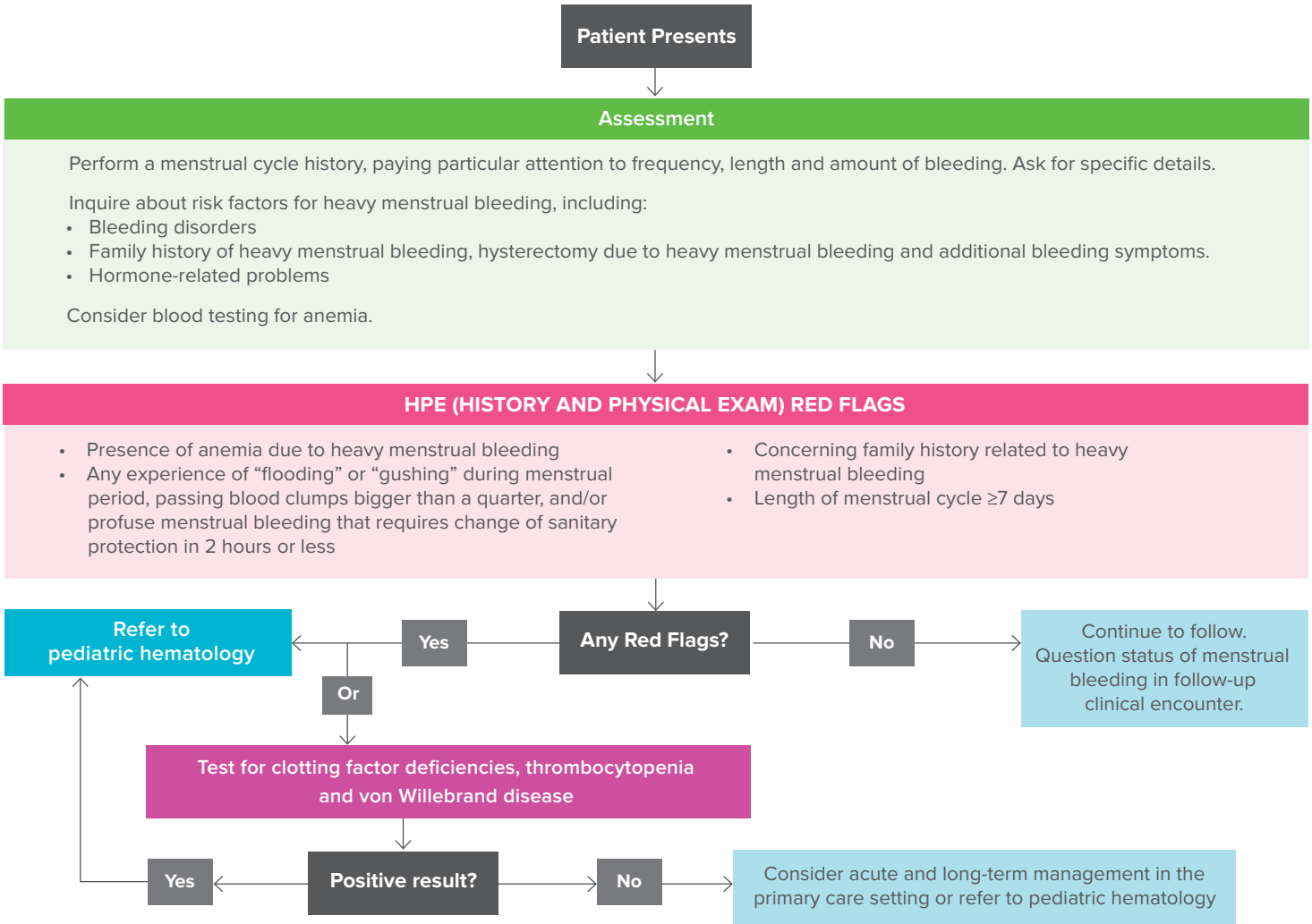

TREATMENT/MANAGEMENT IN THE PRIMARY CARE SETTING		
	Hormonal	Non-Hormonal
Acute management to stop bleeding	Monophasic combined oral contraceptive Oral progesterone-only therapy	Antifibrinolytic therapy: tranexamic acid or aminocaproic acid
Long-term management to prevent consequence like anemia	Combined oral contraceptive Transdermal contraceptive patch Vaginal ring Intrauterine device (Mirena IUD)	Antifibrinolytic therapy: tranexamic acid or aminocaproic acid Oral iron replacement therapy. Note: a multivitamin with iron is insufficient for the treatment of iron-deficiency anemia. (Always prescribe treatment dosing for iron-deficiency anemia)

For urgent issues, or to speak with the specialist on call 24/7, call the Physician Priority Link® at 1-888-987-7997.