



# Heavy Menstrual Bleeding

## Normal Periods

A normal period is a blood loss between 30 and 40ml (six to eight teaspoonfuls) per month. Bleeding can last up to eight days, but bleeding for five days is average.

## Heavy Menstrual Bleeding

A heavy period is a blood loss of 80ml, about half a teacupful, or more. Heavy periods, or heavy menstrual bleeding, can also

be defined as when there is excessive menstrual blood loss that interferes physical, emotional, social and material quality of life, which can occur alone or in combination with other symptoms.

The medical term for menstrual periods with abnormally heavy or prolonged bleeding is menorrhagia.

You may have heavy menstrual bleeding if you are:

- Losing more than 5– 6 tablespoons of blood (80mls)
- Passing clots that are larger than a 50 cent coin
- Bleeding so much that you have to change your pad/tampon every hour
- Having to get up most nights to change your pad/tampon
- Having to put a towel in your bed or use large maternity pads when you sleep
- Bleeding through clothing
- Have bleeding that lasts more than eight days (prolonged bleeding)

Heavy menstrual bleeding can result in a drop of iron levels and red blood cells so you may: feel tired more easily; feel weak or dizzy; or be short of breath and have chest pains.

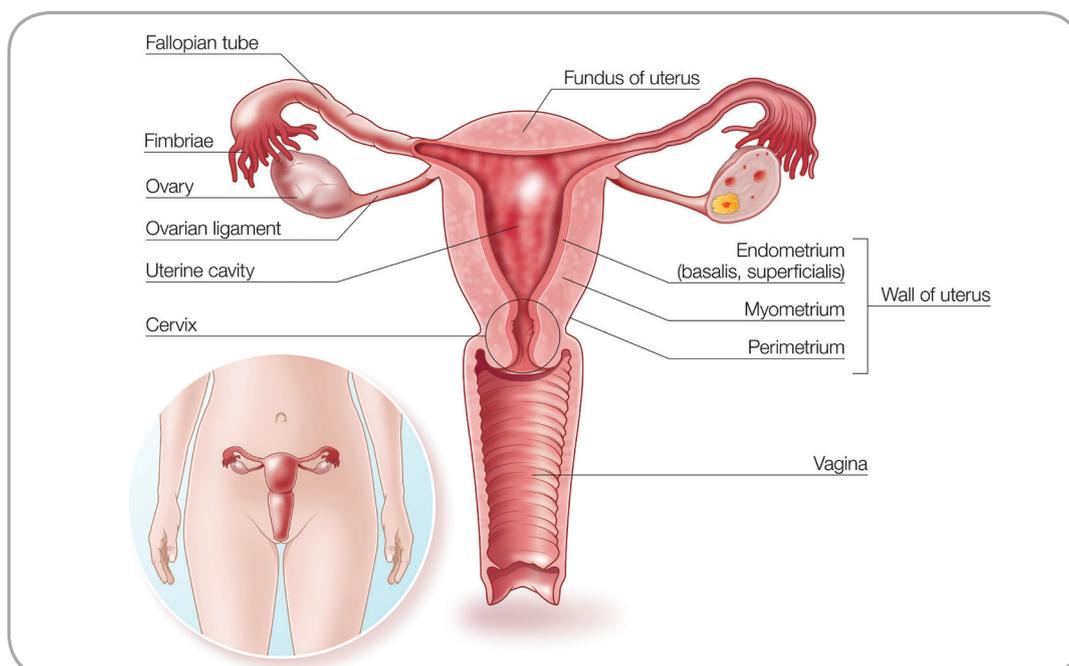
Heavy periods can generally be managed using medicine or surgery.

## Causes of heavy menstrual bleeding

Heavy menstrual bleeding can be as a result of a hormonal imbalance or changes, abnormalities within the uterus (womb) or bleeding disorders. Some causes of heavy menstrual bleeding can be identified through investigations, but where there is no abnormality in the uterus the most common cause is thought to be a disorder of blood clotting in the lining of the uterus (endometrium), for which no test exists.

### Hormone-related problems

If a woman's menstrual period is irregular or absent or as a woman approaches menopause, changes in the levels of hormones that affect the lining of the uterus can result in heavy menstrual bleeding.





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Common conditions include:

- Polycystic Ovarian Syndrome (PCOS)
- Peri-menopause (the time just before menopause when periods stop all together)
- An underactive thyroid

## Uterine-related problems

The uterus can have abnormalities in the muscle that prevent it squeezing and contracting well and hence allow blood vessels to continue to bleed. There may also be abnormalities in the lining of the uterus that increase the amount of bleeding each month.

These abnormalities include:

- **Fibroids.** A non-cancerous tumour that grows in the muscle of the uterus. Large fibroids can cause heavy menstrual bleeding, pelvic pressure or pain and problems with fertility and pregnancy. However, fibroid symptoms tend to get better after menopause. Fibroids can bulge from the inside or outside of the uterus. They can range in size from microscopic to the size of a grapefruit or even larger. The majority of fibroids are small and do not cause any symptoms at all.
- **Uterine polyps.** These are small growths of non-cancerous tissue that grow from the lining of the uterus (endometrium). They can also occur at the cervix. Polyps may cause heavy menstrual bleeding, bleeding between periods or bleeding after sexual intercourse. Occasionally, polyps can develop abnormalities, particularly in older women, so it is generally advisable to remove them before they become harmful.
- **Adenomyosis.** This is where the lining of the uterus grows into the muscle wall of the uterus, preventing contraction of the muscle.
- **Cancer or precancerous changes in the lining of the uterus** are rare, but serious, causes of heavy menstrual bleeding. Due to the lining of the uterus becoming abnormally thick, women often have heavy menstrual bleeding, irregular bleeding or a bloodstained vaginal discharge.

Women are at an increased risk of developing cancer if they:

- Are over the age of 45 years
- Are over 90kg in weight
- Have never had children
- Have a family history of endometrial, ovarian or bowel cancer
- Have polycystic ovarian syndrome
- Carry a gene that increases their cancer risk

## Bleeding-related problems

Women with medical conditions, or those that take medicines that impair clotting, can have heavy menstrual bleeding. These include:

- Abnormalities in platelet function, (platelets are blood cells that act like cement to control bleeding)
- Blood-thinning medication such as warfarin

Other, uncommon, causes of heavy menstrual bleeding include:

- Some liver and kidney conditions
- Using hormone contraception such as the Pill

## What tests might be needed?

Your doctor may examine the cervix (neck of the uterus) to see if this is the source of bleeding. This is done in a similar way as a Pap smear or HPV screening test.

Blood tests may be ordered to look for anaemia, iron levels, thyroid disease or a bleeding disorder.

An ultrasound of your uterus and ovaries (preferably done vaginally) can be used to detect abnormalities in the uterus such as polyps or fibroids.

Internal swabs may be done to exclude any pelvic infection. A sample of the lining of the uterus may be taken (biopsy) to determine if there are any precancerous or cancerous changes. A hysteroscopy which is a procedure used to examine the inside of the uterus using a narrow telescope may be performed. Samples of the lining of the uterus may be taken at the same time. This can be done either awake or with an anaesthetic. Further information about hysteroscopy can be found on the RANZCOG website under patient information.



## Treatments for heavy or prolonged menstrual bleeding

Treatments are dependent on the following:

- Cause of bleeding
- Desire for birth control
- Whether you wish to have children in the future
- Other medical concerns you may have

Treatments can be either medical or surgical.

### Medical treatments

Medical treatments can be divided into either hormonal or non-hormonal treatments.

**Hormonal treatments** use hormones that mimic those in your body, either a combination of oestrogen and progesterone or progesterone alone. The most effective method is the intrauterine device, which releases progesterone hormone into the local area of the lining of the uterus. The device is very effective at reducing blood loss and also prevents pregnancy. It can stay in place in the uterus for up to 5 years.

The oral contraceptive pill, can be used to control heavy bleeding. Doctors may advise taking the Pill continuously without a break. This is perfectly safe.

Other forms of hormonal birth control can be used to reduce bleeding include a vaginal ring, Depo intramuscular injection and skin patches.

**Non-hormonal treatments** aim to decrease blood flow and reduce cramping and pain.

The most effective non-hormonal treatment is tranexamic acid, which prevents the breakdown of clots that form on bleeding vessels. In this way, it blocks the loss of blood from the uterus. It reduces the flow by approximately 50% though it doesn't reduce the number of days bleeding occurs.

Anti-inflammatory painkillers – these are also called nonsteroidal anti-inflammatory drugs (NSAIDs) – such as ibuprofen reduce menstrual flow by up to a quarter, but have no effect on the length of time the period lasts.



## Surgical treatments

Surgical treatment is used specifically to target structural abnormalities in the uterus. During a hysteroscopy – done using a thin, lighted tube that is inserted into the vagina – polyps and small fibroids can be removed. Larger fibroids may be removed either by keyhole surgery or with an open incision. The aim of the surgery is to remove the fibroid and correct the structure of the uterus.

Where medical management has not worked, there are several options to control bleeding:

1. Endometrial ablation. This treatment involves using heat to destroy the lining of the uterus. It is only suitable if you do not plan to become pregnant. Endometrial ablation can be done as a day procedure, with most women returning to work the next day.
2. Hysterectomy. This treatment involves an operation to remove the uterus via keyhole, vaginal or abdominal surgery. Hysterectomy is a permanent cure of heavy bleeding and is discussed when other treatment options have not been effective, are not suitable, or if this is the treatment you would prefer.

Further information about endometrial ablation and hysterectomy can be found on the RANZCOG website under patient information.

If you experience heavy menstrual bleeding you should see your doctor. Heavy menstrual bleeding can have a profound negative effect on your life. By discussing your symptoms with your doctor, a number of treatment options can be offered to alleviate the abnormal heavy bleeding and get you back to enjoying life.

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