

Evidence Sources: Heavy Menstrual Bleeding Clinical Care Standard

2024

Introduction

The quality statements for the *Heavy Menstrual Bleeding Clinical Care Standard* were developed in consultation with the Heavy Menstrual Bleeding Clinical Care Standard Topic Working Group based on best available evidence and guideline recommendations.

Literature searches are conducted by the Australian Commission on Safety and Quality in Health Care (the Commission) at different stages during the development and review of a clinical care standard and include searching for current and relevant:

- Australian clinical practice guidelines, standards and policies
- International clinical practice guidelines
- Other high-level evidence, such as systematic reviews and meta-analyses.

Where limited evidence is available, the Commission consults with a range of stakeholders to explore issues and develop possible solutions.

Initial searches for the *Heavy Menstrual Bleeding Clinical Care Standard* (the Standard) were conducted in 2015 and 2017. A review of the key guidelines and other evidence sources underpinning the original Standard was conducted in 2022-23 to inform the review process.

An overview of the key evidence sources for the revised *Heavy Menstrual Bleeding Clinical Care Standard* is presented in Table 1. A full list of the evidence sources for each of the quality statements is also included.

Table 1: Overview of the key evidence sources for the Heavy Menstrual Bleeding Clinical Care Standard*

Evidence source	Relevance to the draft Quality Statements (QS)							
	QS1. Assessment and diagnosis	QS2. Informed choice and shared decision making	QS3. Initiating medical management	QS4. Quality ultrasound	QS5. Intrauterine hormonal devices	QS6. Specialist referral	QS7. Uterine-preserving alternatives to hysterectomy	QS8. Hysterectomy
Australian guidelines and standards								
Therapeutic Guidelines Limited. Sexual and reproductive health. In: Therapeutic Guidelines. Melbourne: 2020	✓		✓		✓	✓	✓	
International guidelines and standards								
National Institute for Health and Care Excellence. Heavy menstrual bleeding: assessment and management (NG88). London: NICE, 2018 [updated 24 May 2021]	✓	✓	✓	✓	✓	✓	✓	✓
Singh S, Best C, Dunn S, Leyland N, Wolfman WL. No. 292-Abnormal uterine bleeding in pre-menopausal women. J Obstet Gynaecol Can (2018)	✓			✓	✓		✓	✓
Faculty of Sexual and Reproductive Healthcare. FSRH Guideline Intrauterine contraception. BMJ Sex Reprod Health 2023				✓	✓			
Other sources								
Australian Medicines Handbook. Adelaide: Australian Medicines Handbook Pty Ltd, 2023.			✓		✓			
Bofill Rodriguez M, Lethaby A, Jordan V. Progestogen-releasing intrauterine systems for heavy menstrual bleeding. Cochrane Database Syst Rev 2020 Jun 12;6(6)			✓		✓			
Cancer Australia. Risk factors for endometrial cancer: A review of the evidence. Surry Hills: Cancer Australia, 2019				✓		✓		
Clements W, Brown N, Buckley B, Rogan C, Kok HK, Liang E. Quality							✓	

Evidence source	Relevance to the draft Quality Statements (QS)							
	QS1. Assessment and diagnosis	QS2. Informed choice and shared decision making	QS3. Initiating medical management	QS4. Quality ultrasound	QS5. Intrauterine hormonal devices	QS6. Specialist referral	QS7. Uterine-preserving alternatives to hysterectomy	QS8. Hysterectomy
care guidelines for uterine artery embolisation in women with symptomatic uterine fibroids in Australia and New Zealand: According to the AGREE-II checklist and endorsed by the Interventional Radiology Society of Australasia. J Med Imaging Radiat Oncol 2022 Sep;66(6):819-825.								
Marjoribanks J, Lethaby A, Farquhar C. Surgery versus medical therapy for heavy menstrual bleeding. Cochrane Database Syst Rev 2016 Jan 29(1)					✓			

* Only key Australian and International sources are included in this table. Other evidence sources are listed in the following tables for each quality statement.

EVIDENCE SOURCES FOR EACH QUALITY STATEMENT

Quality Statement 1: Assessment and diagnosis	The initial assessment of a woman presenting with heavy menstrual bleeding includes a thorough history, assessment of impact on quality of life, a physical examination (where clinically appropriate), and exclusion of pregnancy, iron deficiency and anaemia. Further investigations are based on the initial assessment.
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EVIDENCE SOURCES

Australian guidelines and standards
Therapeutic Guidelines Limited. Sexual and reproductive health. In: Therapeutic Guidelines. Melbourne: 2020. https://www.tg.org.au
Australian Government Department of Health and Aged Care. Providing cervical screening. Canberra: DoH; 2022 https://www.health.gov.au/our-work/national-cervical-screening-program/providing-cervical-screening
International guidelines and standards
National Institute for Health and Care Excellence. Heavy menstrual bleeding: assessment and management (NG88). London: NICE, 2018 [updated 24 May 2021] https://www.nice.org.uk/guidance/ng88
National Institute for Health and Care Excellence. Heavy menstrual bleeding Quality Standard 47. London: NICE; 2013 [updated October 2020]. https://www.nice.org.uk/guidance/qs47
Singh S, Best C, Dunn S, Leyland N, Wolfman WL. No. 292-Abnormal uterine bleeding in pre-menopausal women. J Obstet Gynaecol Can 2018 May;40(5):e391–415.
Additional sources
Munro MG, Critchley HO, Broder MS, Fraser IS, FIGO Working Group on Menstrual Disorders. FIGO classification system (PALM-COEIN) for causes of abnormal uterine bleeding in nongravid women of reproductive age. Int J Gynaecol Obstet 2011 Apr;113(1):3-13.
Munro MG, Critchley HOD, Fraser IS. The two FIGO systems for normal and abnormal uterine bleeding symptoms and classification of causes of abnormal uterine bleeding in the reproductive years: 2018 revisions. Int J Gynaecol Obstet 2018;143(3):393-408.
MacLean B, Sholzberg M, Weyand AC, Lim J., Tang G, Richards T. Identification of women and girls with iron deficiency in the reproductive years. Aust Fam Physician 2016 Nov; 45(11):837-841.

**Quality Statement 2:
Informed choice and
shared decision making**

A woman with heavy menstrual bleeding is informed about her treatment options and their potential benefits and risks. She is supported to participate in shared decision making based on her preferences, priorities and clinical situation.

EVIDENCE SOURCES

Australian guidelines and standards

Australian Commission on Safety and Quality in Health Care. National Safety and Quality Health Service (NSQHS) Standards. 2nd ed. ACSQHC; 2021.

International guidelines and standards

National Institute for Health and Care Excellence. Shared decision making (NG197). London: NICE; 2021.
<https://www.nice.org.uk/guidance/ng197>

National Institute for Health and Care Excellence. Heavy menstrual bleeding: assessment and management (NG88). London: NICE, 2018 [updated 24 May 2021] <https://www.nice.org.uk/guidance/ng88>

National Institute for Health and Care Excellence. Heavy menstrual bleeding Quality Standard 47. London: NICE; 2013 [updated October 2020]. <https://www.nice.org.uk/guidance/qs47>

Additional sources

Hoffman T, Legare F, Simmons M, McNamara K, McCaffery K, Trevena L, et al. Shared decision making: what do clinicians need to know and why should they bother? *Med J Aust* 2014;201(1):35–39.

**Quality Statement 3:
Initiating medical
management**

A woman presenting with heavy menstrual bleeding is offered medical management, taking into account evidence-based guidelines, her individual needs and preferences and any associated symptoms. Oral treatment is offered at first presentation when clinically appropriate including when a woman is undergoing further investigation or waiting for other treatment.

EVIDENCE SOURCES

Australian guidelines and standards

Therapeutic Guidelines Limited. Sexual and reproductive health. In: Therapeutic Guidelines. Melbourne: 2020. <https://www.tg.org.au>

International guidelines and standards

National Institute for Health and Care Excellence. Heavy menstrual bleeding: assessment and management (NG88). London: NICE, 2018 [updated 24 May 2021] <https://www.nice.org.uk/guidance/ng88>

Singh S, Best C, Dunn S, Leyland N, Wolfman WL. No. 292-Abnormal uterine bleeding in pre-menopausal women. J Obstet Gynaecol Can 2018 May;40(5):e391-415.

Additional sources

Australian Medicines Pty Ltd. Australian Medicines Handbook. Adelaide: AMH; 2023. <https://amhonline.amh.net.au/auth>

Bofill Rodriguez M, Lethaby A, Jordan V. Progestogen-releasing intrauterine systems for heavy menstrual bleeding. Cochrane Database Syst Rev 2020 Jun 12;6(6).

National Institute for Health and Care Excellence. Heavy menstrual bleeding (update) B: Evidence reviews for management of heavy menstrual bleeding. London: NICE; 2018.

**Quality Statement 4:
Quality ultrasound**

When a woman requires an ultrasound to investigate the cause of her heavy menstrual bleeding she is offered a pelvic (preferably transvaginal) ultrasound, which assesses all pelvic structures including the uterus and endometrium and is ideally performed in days 5–10 of her menstrual cycle.

EVIDENCE SOURCES**Australian guidelines and standards**

Cancer Australia. Abnormal vaginal bleeding in pre- and peri-menopausal women. A diagnostic guide for general practitioners and gynaecologists. 2011. <https://canceraustralia.gov.au/publications-and-resources/cancer-australia-publications/abnormal-vaginal-bleeding-pre-peri-and-post-menopausal-women-diagnostic-guide-general-practitioners>

International guidelines and standards

Faculty of Sexual and Reproductive Healthcare. FSRH guideline intrauterine contraception. *BMJ Sex Reprod Health* 2023 Mar;49(Suppl 1):1–142.

National Institute for Health and Care Excellence. Heavy menstrual bleeding: assessment and management (NG88). London: NICE, 2018 [updated 24 May 2021] <https://www.nice.org.uk/guidance/ng88>

Singh S, Best C, Dunn S, Leyland N, Wolfman WL. No. 292-Abnormal uterine bleeding in pre-menopausal women. *J Obstet Gynaecol Can* 2018 May;40(5):e391-415.

Additional sources

Australasian Society for Ultrasound in Medicine. Guidelines on the Performance of a Gynaecological Ultrasound Examination. ASUM, 2020.

Cancer Australia. Risk factors for endometrial cancer: A review of the evidence. Surry Hills: Cancer Australia, 2019.

Cancer Council. Optimal care pathway for women with endometrial cancer. Melbourne: Cancer Council Victoria, 2021.

Robbins JB, Sadowski EA, Maturen KE, Akin EA, Ascher SM, Brook OR, et al. ACR Appropriateness Criteria® Abnormal Uterine Bleeding. *J Am Coll Radiol* 2020 Nov;17(11s):S336-s345.

**Quality Statement 5:
Intrauterine
hormonal devices**

When medical management options are being considered, a woman is offered the 52 mg levonorgestrel-releasing intrauterine device if clinically appropriate, as it is the most effective medical option for managing heavy menstrual bleeding.

EVIDENCE SOURCES

Australian guidelines and standards

Therapeutic Guidelines Limited. Sexual and reproductive health. In: Therapeutic Guidelines. Melbourne: 2020. <https://www.tg.org.au>

International guidelines and standards

Faculty of Sexual and Reproductive Healthcare. FSRH guideline intrauterine contraception. BMJ Sex Reprod Health 2023 Mar;49(Suppl 1):1–142.

National Institute for Health and Care Excellence. Heavy menstrual bleeding: assessment and management (NG88). London: NICE, 2018 [updated 24 May 2021] <https://www.nice.org.uk/guidance/ng88>

Singh S, Best C, Dunn S, Leyland N, Wolfman WL. No. 292-Abnormal uterine bleeding in pre-menopausal women. J Obstet Gynaecol Can 2018 May;40(5):e391-415.

Additional sources

Australian Medicines Pty Ltd. Australian Medicines Handbook. Adelaide: AMH; 2017. <https://amhonline.amh.net.au/auth>

Bofill Rodriguez M, Lethaby A, Jordan V. Progestogen-releasing intrauterine systems for heavy menstrual bleeding. Cochrane Database Syst Rev 2020 Jun 12;6(6):Cd002126.

Marjoribanks J, Lethaby A, Farquhar C. Surgery versus medical therapy for heavy menstrual bleeding. Cochrane Database Syst Rev 2016 Jan 29(1):CD003855.

National Institute for Health and Care Excellence. Heavy menstrual bleeding (update) B: Evidence reviews for management of heavy menstrual bleeding. London: NICE, 2018.

**Quality Statement 6:
Specialist referral**

A woman with heavy menstrual bleeding is referred for early specialist review when there is a suspicion of malignancy or other significant pathology based on clinical assessment or ultrasound. Referral is also offered to a woman who has not responded to medical management.

EVIDENCE SOURCES**Australian guidelines and standards**

Cancer Australia. Abnormal vaginal bleeding in pre- and peri-menopausal women. A diagnostic guide for general practitioners and gynaecologists. 2011 <https://canceraustralia.gov.au/publications-and-resources/cancer-australia-publications/abnormal-vaginal-bleeding-pre-peri-and-post-menopausal-women-diagnostic-guide-general-practitioners>

Therapeutic Guidelines Limited. Sexual and reproductive health. In: Therapeutic Guidelines. Melbourne: 2020. <https://www.tg.org.au>

International guidelines and standards

National Institute for Health and Care Excellence. Heavy menstrual bleeding: assessment and management (NG88). London: NICE, 2018 [updated 24 May 2021] <https://www.nice.org.uk/guidance/ng88>

Additional sources

Cancer Australia. Risk factors for endometrial cancer: A review of the evidence. Surry Hills: Cancer Australia, 2019.

Cancer Council. Optimal care pathway for women with endometrial cancer. Melbourne: Cancer Council Victoria, 2021.

**Quality Statement 7:
Uterine-preserving
treatment options**

A woman who has heavy menstrual bleeding from benign causes and who is considering non-medical management is offered uterine-preserving procedures that may be suitable (such as endometrial ablation, uterine artery embolisation or surgical removal of local pathology). She is supported to make an informed decision and is referred appropriately.

EVIDENCE SOURCES

Australian guidelines and standards
Therapeutic Guidelines Limited. Sexual and reproductive health. In: Therapeutic Guidelines. Melbourne: 2020. https://www.tg.org.au
International guidelines and standards
National Institute for Health and Care Excellence. Heavy menstrual bleeding: assessment and management (NG88). London: NICE, 2018 [updated 24 May 2021] https://www.nice.org.uk/guidance/ng88
Laberge P, Leyland N, Murji A, Fortin C, Martyn P, Vilos G, et al. Endometrial ablation in the management of abnormal uterine bleeding. J Obstet Gynaecol Can 2015 Apr;37(4):362-379.
Singh S, Best C, Dunn S, Leyland N, Wolfman WL. No. 292-Abnormal uterine bleeding in pre-menopausal women. J Obstet Gynaecol Can 2018 May;40(5):e391-415.
Additional sources
Bofill Rodriguez M, Lethaby A, Fergusson RJ. Endometrial resection and ablation versus hysterectomy for heavy menstrual bleeding. Cochrane Database of Systematic Reviews 2021 Feb 23;2
Clements W, Brown N, Buckley B, Rogan C, Kok HK, Liang E. Quality care guidelines for uterine artery embolisation in women with symptomatic uterine fibroids in Australia and New Zealand: According to the AGREE-II checklist and endorsed by the Interventional Radiology Society of Australasia. J Med Imaging Radiat Oncol 2022 Sep;66(6):819-825.
Royal Australian and New Zealand College of Obstetricians and Gynaecologists. Uterine artery embolisation for the treatment of uterine fibroids. Melbourne: RANZCOG; 2014 [reviewed 2020].
Vilos GA, Allaire C, Laberge PY, Leyland N. The management of uterine leiomyomas. J Obstet Gynaecol Can 2015 Feb;37(2):157-178.

**Quality Statement 8:
Hysterectomy**

Hysterectomy to manage heavy menstrual bleeding is considered when other treatment options are ineffective or are unsuitable, or at the woman’s request. A woman considering a hysterectomy is fully informed about the risks and benefits of the procedure before making a decision.

EVIDENCE SOURCES

International guidelines and standards

National Institute for Health and Care Excellence. Heavy menstrual bleeding: assessment and management (NG88). London: NICE, 2018 [updated 24 May 2021] <https://www.nice.org.uk/guidance/ng88>

Singh S, Best C, Dunn S, Leyland N, Wolfman WL. No. 292-Abnormal uterine bleeding in pre-menopausal women. J Obstet Gynaecol Can 2018 May;40(5):e391-415.

Additional sources

Pickett CM, Seeratan DD, Mol BWJ, Nieboer TE, Johnson N, Bonestroo T, et al. Surgical approach to hysterectomy for benign gynaecological disease. Cochrane Database Syst Rev 2023 Aug 29;8(8).