AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

Clinical Care Standards

Heavy menstrual bleeding – HealthPathways checklist for clinical editors

This resource is designed to assist HealthPathways clinical editors to align local pathways with the revised *Heavy Menstrual Bleeding Clinical Care Standard* (the Standard).

The Checklist itemises key components of high-quality care described in the Standard for clinicians. Editors can use the checklist as a guide when developing new pathways or reviewing existing pathways. The checklist is not intended to be an exhaustive list of content for inclusion in a pathway, but summarises key aspects of the Standard relevant to a general practitioner (GP) consultation.

The Standard aims to ensure that women with heavy menstrual bleeding (HMB) are offered the least invasive and most effective treatment appropriate to their clinical needs and preferences, and are able to make an informed choice from the range of treatments suitable to their individual situation.

General

Does the pathway clearly convey the following points?

- ☐ That post-coital, intermenstrual and postmenopausal bleeding require specific investigation.
- ☐ The importance of informed choice and shared decision making based on an understanding of treatment options, and the woman's preferences, priorities and clinical situation.

Background

Does the pathway provide relevant contextual information such as the following examples?

- ☐ An 'About heavy menstrual bleeding' section that conveys that:
  - HMB is defined as excessive menstrual blood loss that interferes with the woman's physical, social, or emotional well-being and can occur alone or with other symptoms, such as pain
  - HMB affects 25% of women of reproductive age
  - Around 50% of women with HMB do not seek medical care despite the detrimental effect on their quality of life
  - Many women who have always had heavy periods may consider their bleeding pattern to be normal
  - The ***Heavy Menstrual Bleeding Clinical Care Standard*** defines eight key areas of high quality care for women with HMB and includes guidance and resources for clinicians, healthcare services and patients.
- ☐ Local data for your PHN on rates of hysterectomy and/or endometrial ablation (available in the ***Women's Health Focus Report***). Consider linking to the Report and highlighting relevant data. For example, this might involve comparison of local hysterectomy or endometrial ablation rates with national, state/territory, or PHN level data. It might also involve examination of local data over time.

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Assessment

Are the following aspects of assessment included in the pathway?

- ☐ Consider the diverse possible causes of HMB as per the PALM-COIEN classification system[1], and other possible diagnoses such as **endometriosis** or **miscarriage**.
- ☐ Take a detailed history including:
  - **Nature of bleeding**: including duration, frequency, heaviness and pattern (regular or irregular)
  - **Impact on quality of life**: including impact on mental health and limitations on work, exercise and social functioning
  - **Related symptoms**: such as pelvic pain or pressure
  - **Symptoms suggestive of iron deficiency, with or without anaemia**
  - **Sexual and reproductive health**: including parity, desire for future fertility, contraception use, likelihood of pregnancy or miscarriage, risk of sexually transmitted infection and cervical screening status
  - **History or symptoms suggestive of systemic causes of bleeding**: such as a bleeding disorder, polycystic ovary syndrome or thyroid disease
  - **Relevant family history**: such as history of bleeding disorders, endometriosis or endometrial or colorectal cancer
  - **Current medications and use of over-the-counter supplements** that may be associated with ovulation or bleeding
  - **Other factors that may affect treatment options**: such as comorbidities or previous treatments for HMB.
- ☐ Conduct a **physical examination** including speculum and bimanual pelvic examination if appropriate and with consent. Pelvic examination may not be appropriate for women and adolescents who are not sexually active, or for women who have been sexually assaulted in the past, who have experienced birth trauma, or who decline for cultural reasons.
- ☐ Exclude pregnancy with a urinary beta HCG if indicated.
- ☐ Routinely evaluate iron deficiency and anaemia with serum ferritin and a full blood count.
- ☐ Arrange **pelvic ultrasound** (preferably transvaginal) to be performed **if indicated**, ideally in days 5–10 of the menstrual cycle, such as in patients with:
  - Increased risk of malignancy based on history
  - Features suggestive of pathology on examination (for example, enlarged or irregular uterus suggesting fibroids)
  - Symptoms such as deep dyspareunia, severe dysmenorrhoea or secondary HMB
  - No response to a reasonable duration of medical management.
- ☐ Arrange other investigations as required. Based on history and presentation these might include testing for **bleeding disorders** or **thyroid dysfunction**, a **cervical screening test** or **genital swab**.

Management

Are the following aspects of clinical management included in the pathway?

- ☐ Offer early referral to **appropriate specialist care** for patients with suspicious clinical findings on assessment or ultrasound.
- ☐ Consider **risk factors** for endometrial cancer such as[2]:
  - Age, with increased suspicion warranted in a woman aged over 45 years
  - Personal or family history of endometrial cancer or colorectal cancer
  - Use of unopposed oestrogen or tamoxifen
  - Obesity
  - Young age at menarche or older age at menopause
  - Nulliparity
  - Diabetes
  - Endometrial hyperplasia.
- ☐ Offer early referral to **appropriate specialist care** for patients with **significant pelvic pathology** on ultrasound such as large fibroids or endometrial polyps, or with severe symptoms at initial presentation.
- ☐ Consider **medical management** before more invasive options[3,4,5], such as:
  - Non-hormonal options include tranexamic acid and non-steroidal anti-inflammatory drugs (NSAIDs)
  - The 52 mg levonorgestrel-releasing intrauterine device (LNG-IUD), which is currently the most effective medical therapy for HMB in women without significant pathology; refer for **intrauterine device (IUD) insertion** as required
  - Other hormonal options such as
    - combined oral contraceptives
    - oral progestogens or depot medroxyprogesterone.
- ☐ Where clinically appropriate, offer initial oral treatment such as tranexamic acid and/or NSAIDs for symptom relief if waiting for investigations or preferred treatment.
- ☐ Discuss **treatment options** including their benefits, risks and likely outcomes including the possibility of treatment failure.
- ☐ Where medical management is unsuitable or ineffective, treatment options include procedures that leave the uterus in place, such as endometrial ablation, uterine artery embolisation or surgical removal of pathology, or hysterectomy. Offer referral to **appropriate specialist care**.
- ☐ Advise patients to return for review if their chosen treatment option is unsatisfactory. Offer referral to **appropriate specialist care** for patients who have not responded to medical management.

Request/referral

In addition to information on Gynaecology requests/referrals, is the following request information available and incorporated into the pathway?

- ☐ Pelvic ultrasound – with referral information that identifies the ideal timing as days 5–10 of the menstrual cycle.
- ☐ Intrauterine device (IUD) insertion – with comprehensive information on local providers (including whether there will be out-of-pocket costs). Potential providers may include GP colleagues, sexual health or family planning clinics, public and private gynaecology clinics/services.

Information

Are links to the following key resources included?

For clinicians:

- ☐ ***Heavy Menstrual Bleeding Clinical Care Standard***.

For consumers:

- ☐ ***Heavy menstrual bleeding treatment options*** – A tool to support healthcare providers and patients to discuss their treatment options.
- ☐ Jean Hailes for Women's Health **Heavy Periods Fact Sheet**.

Background information on the Commission's Clinical Care Standards

The Australian Commission on Safety and Quality in Health Care (the Commission) develops **Clinical Care Standards** to support clinical quality improvement in areas of unwarranted clinical variation. Each clinical care standard contains a small number of evidence-based quality statements which describe the care that patients should be offered by clinicians or healthcare services for a specific clinical condition or procedure. They include a set of indicators to enable local monitoring for quality improvement.

Clinical care standards are developed with the guidance and advice of a topic working group comprising expert clinicians, researchers and consumers. The group uses the most current evidence from guidelines, information about gaps between evidence and practice, expertise and knowledge of the issues affecting the appropriate delivery of care, and consideration of issues that are important to consumers. A public consultation process is conducted on each draft clinical care standard.

See the Commission's website for more information on the Clinical Care Standard **development process**, and the **Australian Atlas of Healthcare Variation series**.

For more information

Further information and links to relevant resources, including the *Heavy Menstrual Bleeding Clinical Care Standard*, are available on the Australian Commission on Safety and Quality in Health Care **website**.

References

1. 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.
2. Cancer Australia. Risk factors for endometrial cancer: a review of the evidence. Sydney: Cancer Australia; 2019.
3. National Institute for Health and Care Excellence. Heavy menstrual bleeding: assessment and management (NG88). London: NICE; 2018 [updated 24 May 2021]
4. Therapeutic Guidelines Limited. Sexual and reproductive health. In: Therapeutic Guidelines [Internet]. Melbourne: 2020 [cited 2024 Mar 15]. Available from: **www.tg.org.au**
5. Australian Medicines Handbook. Adelaide: Australian Medicines Handbook Pty Ltd, 2017.