PATIENT EDUCATION

The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

Gynecologic Problems • EP095

Abnormal Uterine Bleeding

Abnormal uterine bleeding is one of the most common reasons why women see their obstetrician–gynecologists (ob-gyns). It can occur at any age and has many causes. Finding the cause is the first step in treatment.

This pamphlet explains

- *definition of abnormal uterine bleeding*
- *causes of the condition*
- *diagnosis*
- *treatment*

Definition

A normal menstrual period generally lasts up to 8 days. The normal length of the ***menstrual cycle*** (the number of days between the first day of one period and the first day of the next period) typically is between 24 days and 38 days. Bleeding in any of the following situations may be considered abnormal:

- Bleeding or spotting between periods or after sex
- Heavy bleeding during your period
  - — Bleeding that soaks through one or more tampons or pads every hour
  - — Bleeding that lasts more than 8 days
- Menstrual cycles that are longer than 38 days or shorter than 24 days
- "Irregular" periods in which cycle length varies by more than 7–9 days
- Not having a period for 3–6 months
- Bleeding after ***menopause***

Chronic and Acute Abnormal Uterine Bleeding

Abnormal uterine bleeding can be a chronic condition, which means that it has happened often for at least the past 6 months. But sudden, unusual episodes of abnormal bleeding also can occur. This is called acute abnormal uterine bleeding. If you are changing pads or tampons every hour for more than 2 hours in a row, and you also have chest pain, have shortness of breath, and are lightheaded or dizzy, seek emergency medical care right away.

Causes

At certain times in a woman's life, it is not unusual for the menstrual cycle to be irregular. Periods may not occur regularly when a girl first starts having them (around age 9–14 years). During ***perimenopause*** (around age 50 years), the number of days between menstrual cycles may change. It is common to skip periods or for bleeding to get lighter or heavier at this time. Although these changes may be expected,

any abnormal uterine bleeding should be checked by your ob-gyn or other health care professional. Some of the causes of abnormal uterine bleeding include the following:

- Problems with ***ovulation***—Lack of ovulation can cause irregular, sometimes heavy, menstrual bleeding. If you do not ovulate for several menstrual cycles, areas of the ***endometrium*** (the tissue that lines the ***uterus***) can become too thick. This condition can occur during the first few years after you start having periods and during perimenopause. It also can occur in women with certain medical conditions, such as ***polycystic ovary syndrome (PCOS)*** and ***hypothyroidism***.
- ***Fibroids*** and ***polyps***—Fibroids are noncancerous growths that form from the muscle tissue of the uterus. Polyps are another type of noncancerous growth. They can be found inside the uterus or on the ***cervix***. Both can cause irregular or heavy menstrual bleeding.
- ***Adenomyosis***—In this condition, the endometrium grows into the wall of the uterus. Signs and symptoms may include heavy menstrual bleeding and menstrual pain that worsens with age.
- Bleeding disorders—When a woman's blood does not clot properly, there can be heavy bleeding. You may have a bleeding disorder if you have had heavy periods since you first started menstruating. Other signs include heavy bleeding after childbirth or during surgery, gum bleeding after dental work, easy bruising, and frequent nosebleeds.
- Medications—Hormonal birth control methods can cause changes in bleeding, including breakthrough bleeding (bleeding at a time other than your period). Some medications, such as blood thinners and aspirin, can cause heavy menstrual bleeding. The copper ***intrauterine device (IUD)*** can cause heavier menstrual bleeding, especially during the first year of use.
- Cancer—Abnormal uterine bleeding can be an early sign of ***endometrial cancer***. Most cases of endometrial cancer occur in women in their mid-60s who are past menopause. It usually is diagnosed at an early stage when treatment is most effective. A condition that can lead to endometrial cancer is called ***endometrial intraepithelial neoplasia***. It also causes abnormal uterine bleeding. Treatment of this condition can prevent endometrial cancer.
- Other causes—Other causes of abnormal uterine bleeding include those related to pregnancy, such as ***ectopic pregnancy*** and ***miscarriage***. ***Pelvic inflammatory disease*** also can be a cause. Sometimes, there is more than one cause.

Diagnosis

To find the cause of your abnormal uterine bleeding, your ob-gyn or other health care professional will ask about your personal and family health history, such as past and present illnesses and surgical procedures, pregnancy history, and medications, including those you buy over the counter and your birth control method. Information about when bleeding occurs and the amount of bleeding also is helpful. If possible, keep track for several weeks before your visit (see box "Abnormal Bleeding Diary"). You also can use a smartphone app designed to track menstrual cycles.

If you have an acute episode of heavy bleeding, you will be treated right away to control it. If you have lost a great deal of blood, you may need to be given fluids or a blood transfusion. After your condition is stable, your ob-gyn will begin to look for the cause of your bleeding.

Tests and Exams

You will have a physical exam, including a ***pelvic exam***. Several laboratory tests may be done. A ***complete blood count*** can help determine if you have anemia or an infection. You may have tests for certain bleeding disorders. You may have a pregnancy test and tests for some ***sexually transmitted infections***. Based on your symptoms and your age, other tests may be needed:

- ***Ultrasound exam***—Sound waves are used to make a picture of the pelvic organs.

Abnormal Bleeding Diary

Patient _____ Phone _____ Year _____

Address _____

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
January																															
February																													■	■	■
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July																															
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November																															■
December																															

Type of Flow

- L Light
- M Medium
- H Heavy
- S Spotting

- ***Hysteroscopy***—A thin, lighted scope is inserted through the vagina and the opening of the cervix. It allows your ob-gyn or other health care professional to see the inside of the uterus.
- ***Endometrial biopsy***—A sample of the endometrium is removed and looked at under a microscope.
- ***Sonohysterography***—Fluid is placed in the uterus through a thin tube while ultrasound images are made of the uterus.
- ***Magnetic resonance imaging (MRI)***—This imaging test uses powerful magnets to create images of the internal organs.
- ***Computed tomography (CT)***—This X-ray procedure shows internal organs and structures in cross section.

Treatment

Treatment of abnormal uterine bleeding is based on what is causing it. If no cause is found, treatment is aimed at relieving symptoms.

Medications

Medications often are tried first to treat irregular or heavy menstrual bleeding. Some of them also prevent pregnancy. This can be useful if you also need a birth control method. Medications that may be used include the following:

- Hormonal birth control methods—Irregular bleeding and heavy bleeding caused by problems with ovulation, PCOS, and fibroids often can be managed with certain hormonal birth control methods. These methods also are helpful for heavy menstrual bleeding that occurs during perimenopause. Combined hormonal birth control pills, the skin patch, and the vaginal ring contain both ***estrogen*** and ***progestin***. They can lighten menstrual flow and help make periods more regular. Taken continuously, they can reduce the number of periods you have or stop them completely. Progestin-only hormonal methods, including the hormonal IUD, pills, and injection, also may reduce bleeding. The IUD and injection may stop bleeding completely after 1 year of use.
- ***Gonadotropin-releasing hormone (GnRH) agonists***—GnRH agonists can stop the menstrual cycle and reduce the size of fibroids. They are used only for short periods (less than 6 months). Their effect on fibroids is temporary. Once you stop taking the drug, fibroids usually return to their original size.
- ***Tranexamic acid***—This prescription medication treats heavy menstrual bleeding. It comes in a tablet and is taken each month at the start of the menstrual period.
- ***Nonsteroidal anti-inflammatory drugs***—These drugs, which include ibuprofen, also may help control heavy bleeding and relieve menstrual cramps.
- If you have a bleeding disorder, your treatment may include special medications to help your blood clot.
- If you have an infection, you may be given an antibiotic.

Surgery

If medication does not reduce your bleeding, a surgical procedure may be needed. There are different types of surgery depending on your condition, your age, and whether you want to have more children:

- ***Endometrial ablation*** destroys the lining of the uterus. It stops or reduces the total amount of bleeding. Pregnancy is not likely after ablation, but it can happen. If it does, the risk of serious complications, including life-threatening bleeding, is greatly increased. If you have this procedure, you will need to use birth control until after menopause. Sterilization (permanent birth control) may be a good option to prevent pregnancy for women who get ablation. Another risk is that it may be harder to detect endometrial cancer after ablation.
- Fibroid treatments that do not remove the uterus—Several procedures can be used to treat fibroids that leave the uterus in place:
  - ***Uterine artery embolization***: The blood vessels to the uterus are blocked, stopping the blood flow that allows fibroids to grow.
  - MRI-guided ultrasound surgery: Ultrasound waves are used to destroy fibroids.
  - ***Myomectomy***: This surgery removes just the fibroids, not the uterus. A drawback is that fibroids may regrow after this surgery.
  - Hysteroscopy: This procedure can be used to remove fibroids or stop bleeding caused by fibroids in some cases.
- ***Hysterectomy*** is the removal of the uterus. This surgery is used to treat fibroids and adenomyosis when other types of treatment have failed or are not an option. It also is used to treat endometrial cancer. A hysterectomy can be done in different ways: through the vagina, through the abdomen, or with ***laparoscopy***. After the uterus is removed, a woman can no longer get pregnant and will no longer have periods.

Finally…

If you are having abnormal uterine bleeding, see your ob-gyn or other health care professional. It may signal an underlying medical condition. Finding the cause can lead to effective treatment.

Glossary

Abnormal Uterine Bleeding: Bleeding from the uterus that differs in frequency, regularity, duration, or amount from normal uterine bleeding in the absence of pregnancy.

Adenomyosis: A condition in which the tissue that normally lines the uterus begins to grow in the muscle wall of the uterus.

Complete Blood Count: A blood test that describes the size, shape, appearance, and amount of different cell types in the blood, such as white blood cells, red blood cells, and platelets. It also includes the hematocrit (the percentage of blood that is made up of red blood cells) and measurement of the level of hemoglobin (the protein that carries oxygen in red blood cells).

Computed Tomography (CT): A type of X-ray procedure that shows internal organs and structures in cross section.

Ectopic Pregnancy: A pregnancy in which the fertilized egg begins to grow in a place other than inside the uterus, usually in one of the fallopian tubes.

Endometrial Ablation: A minor surgical procedure in which the lining of the uterus is destroyed to stop or reduce menstrual bleeding.

Endometrial Biopsy: A procedure in which a small amount of the tissue lining the uterus is removed and examined under a microscope.

Endometrial Cancer: Cancer of the lining of the uterus.

Endometrial Intraepithelial Neoplasia: A precancerous condition in which areas of the lining of the uterus grow too thick.

Endometrium: The lining of the uterus.

Estrogen: A female hormone produced in the ovaries.

Fibroids: Growths, usually benign, that form in the muscle of the uterus.

Gonadotropin-Releasing Hormone (GnRH) Agonist: Medical therapy used to block the effects of certain hormones.

Hypothyroidism: A condition in which the thyroid gland makes too little thyroid hormone.

Hysterectomy: Removal of the uterus.

Hysteroscopy: A procedure in which a device called a hysteroscope is inserted into the uterus through the cervix to view the inside of the uterus or perform surgery.

Intrauterine Device (IUD): A small device that is inserted and left inside the uterus to prevent pregnancy.

Laparoscopy: A surgical procedure in which an instrument called a laparoscope is inserted into the pelvic cavity through a small incision. The laparoscope is used to view the pelvic organs. Other instruments can be used with it to perform surgery.

Magnetic Resonance Imaging (MRI): A method of viewing internal organs and structures by using a strong magnetic field and sound waves.

Menopause: The time in a woman's life when menstruation stops; defined as the absence of menstrual periods for 1 year.

Menstrual Cycle: The monthly process of changes that occur to prepare a woman's body for possible pregnancy. A menstrual cycle is defined from the first day of menstrual bleeding of one cycle to the first day of menstrual bleeding of the next cycle.

Miscarriage: Loss of a pregnancy that occurs in the first 13 weeks of pregnancy.

Myomectomy: Surgical removal of uterine fibroids only, leaving the uterus in place.

Nonsteroidal Anti-inflammatory Drugs: A type of pain reliever that relieves pain by reducing inflammation. Many types are available over the counter.

Obstetrician–Gynecologist (Ob-Gyn): A physician with special skills, training, and education in women's health.

Ovulation: The release of an egg from one of the ovaries.

Pelvic Exam: A physical examination of a woman's reproductive organs.

Pelvic Inflammatory Disease: An infection of the uterus, fallopian tubes, and nearby pelvic structures.

Perimenopause: The period before menopause that usually extends from age 45 years to 55 years.

Polycystic Ovary Syndrome (PCOS): A condition characterized by two of the following three features: the presence of growths called cysts on the ovaries, irregular menstrual periods, and an increase in the levels of certain hormones.

Polyps: Benign (noncancerous) growths that develop from tissue lining an organ, such as that lining the inside of the uterus.

Progestin: A synthetic form of progesterone that is similar to the hormone produced naturally by the body.

Sexually Transmitted Infections: Infections that are spread by sexual contact, including chlamydia, gonorrhea, human papillomavirus, herpes, syphilis, and human immunodeficiency virus (HIV, the cause of acquired immunodeficiency syndrome [AIDS]).

Sonohysterography: A procedure in which sterile fluid is injected into the uterus through the cervix while ultrasound images are taken of the inside of the uterus.

Tranexamic Acid: A medication prescribed to treat or prevent heavy bleeding.

Ultrasound Exam: A test in which sound waves are used to examine internal structures. During pregnancy, it can be used to examine the fetus.

Uterine Artery Embolization: A procedure in which the blood vessels to the uterus are blocked. It is used to treat postpartum hemorrhage and other problems that cause uterine bleeding.

Uterus: A muscular organ located in the female pelvis that contains and nourishes the developing fetus during pregnancy.

This Patient Education Pamphlet was developed by the American College of Obstetricians and Gynecologists. Designed as an aid to patients, it sets forth current information and opinions on subjects related to women's health. The average readability level of the series, based on the Fry formula, is grade 6–8. The Suitability Assessment of Materials (SAM) instrument rates the pamphlets as "superior." To ensure the information is current and accurate, the pamphlets are reviewed every 18 months. The information in this pamphlet does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to the institution or type of practice, may be appropriate.

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