



### ABNORMAL UTERINE BLEEDING

Abnormal uterine (womb) bleeding is a common problem in women. Abnormal uterine bleeding can occur as either a change in your normal menstrual period or as bleeding in between your normal menses.

#### How Do I Know if I Have Abnormal Uterine Bleeding?

You might have abnormal uterine bleeding if you have one of the following symptoms. If you have any of these symptoms, you should discuss it with your health care provider:

- Bleeding for more than 7 days—Normal menstrual bleeding (your period) lasts for 2 to 7 days. Bleeding that lasts for more than 7 days may indicate a problem.
- Frequent episodes of bleeding—Your menstrual cycle length is determined by counting the number of days from the start (day 1 of bleeding) of one menstrual period to the start (day 1) of the next menstrual period. Most women have a cycle length of 21 to 35 days. Bleeding more often than every 21 days or less often than every 35 days may indicate a problem.
- Bleeding between menstrual periods—Any bleeding at times other than during your normal menstrual period is considered abnormal.
- Bleeding after sexual activity—If you have vaginal bleeding after having sexual activity, especially after vaginal intercourse, it might be a sign of a problem.
- Clots—An occasional small blood clot during your menses, the size of a quarter or smaller, is nothing to worry about. However, there may be a problem if you regularly pass larger clots or many small clots when you have your period.
- Bleeding that changes your life—If your menstrual bleeding makes you avoid social events, miss work or school, sleep on towels, or set your alarm to get up in the middle of the night to change your pad or tampon, you may have too much bleeding. If you find yourself asking the question, “Am I bleeding too much?,” you should discuss your bleeding with your health care provider.
- Bleeding after menopause—After you stop having menstrual periods, *any* vaginal bleeding is considered abnormal and must be discussed with your health care provider.

#### What Causes Abnormal Uterine Bleeding?

There are many causes of abnormal uterine bleeding, including the following:

- Pregnancy-related causes—Some women experience vaginal bleeding early in their pregnancies, even when the pregnancy is normal. Sometimes vaginal bleeding can signal important problems, such as a miscarriage or an ectopic (tubal) pregnancy. Always tell your health care provider if you have bleeding while you are pregnant.
- Reproductive tract problems—Uterine fibroids and polyps (growths) or infections are common causes of abnormal bleeding. Precancer or cancer in the uterus, cervix (opening of the uterus), or vagina can also cause abnormal bleeding.
- Medical conditions—Obesity, thyroid problems, blood clotting problems, and liver disease can all contribute to abnormal bleeding.
- Medications—Many medications, including over-the-counter drugs and herbal remedies, can cause abnormal bleeding. In particular, hormones, psychiatric (mental health) drugs, and blood thinners are associated with abnormal bleeding. Birth control methods such as pills, implants, shots, and intrauterine devices (IUDs) can also cause a change in your bleeding.
- Dysfunctional uterine bleeding—When no cause can be found for abnormal bleeding, it is called dysfunctional uterine bleeding.

## Medical Treatments for Abnormal Uterine Bleeding

- Combined hormonal contraceptive (birth control) methods—Combined contraceptive methods contain synthetic forms of the hormones estrogen and progesterone. They come in pills, a vaginal ring, and a patch, and can decrease the amount of bleeding in many women.
- Progestins—Progestins are a synthetic form of the hormone progesterone that can be taken as pills or placed in the uterus as an IUD.
- Intrauterine device—The IUD called Mirena is often used to treat abnormal bleeding. The IUD is placed in the uterus through the vagina during an office visit. The progestin in the Mirena IUD helps decrease the amount of bleeding from the endometrium (uterine lining) and may make your periods stop completely.
- Nonsteroidal antiinflammatory drugs—These kinds of medications include drugs like ibuprofen (Advil or Motrin) and naproxen (Aleve). Although aspirin is included in this category of drugs, women with heavy menstrual bleeding should not use aspirin.
- Other medications—Other medications that are less commonly used to treat abnormal uterine bleeding include gonadotropin-releasing hormone agonists (sometimes called GnRH agonists), danazol, and anti-fibrinolytic medications.

## Surgical Treatments for Abnormal Uterine Bleeding

- Endometrial ablation—This procedure removes or destroys layers of the endometrium without removing the uterus and can be done as an office procedure. It usually reduces the amount of bleeding. This procedure is only appropriate for women who *do not* want to have more or any children.
- Fibroid-specific procedures—There are a number of procedures that can be used to remove or shrink the size of uterine fibroids:
  - *Myomectomy*—Myomectomy is the surgical removal of the fibroid through an incision (cut) in the uterus, while leaving the uterus in place.
  - *Myolysis*—Myolysis involves destroying the fibroid using heat, laser, or freezing.
  - *Resection*—Resection cuts away a fibroid in the uterine cavity using an instrument that goes through the cervix and does not require a uterine incision.
  - *Uterine artery embolization*—Uterine artery embolization involves injecting small particles into the blood supply of the uterus to block the blood vessels that supply uterine fibroids.
- Hysterectomy—Hysterectomy is removal of the uterus. It is often used to treat the problems that cause abnormal bleeding, such as uterine fibroids. Hysterectomy is major surgery, and a woman can no longer get pregnant afterwards.
- Dilatation and curettage (D&C)—A D&C may be done for a woman with heavy bleeding. In this procedure, the cervix is dilated and the top layer of the endometrium where the bleeding is coming from is gently scraped away. Usually a woman is given general anesthesia (put to sleep) for a D&C, but she can go home the same day.

## How Do I Keep Track of My Menstrual Bleeding?

A menstrual diary is the best way to keep track of when, how long, and how much you bleed. Your provider may provide these diaries for you, or you can download one at [www.midwife.org/share\\_with\\_women.cfm](http://www.midwife.org/share_with_women.cfm).

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Instructions: Mark each day that you have bleeding with the letter that best describes how much bleeding you have:

- H: Heavy bleeding—You soak through pads and/or tampons in a short period of time and may have large clots and/or bloodstains on clothes or sheets.
- M: Moderate bleeding—You change pads or tampons regularly.
- L: Light bleeding—You need a pad or tampon to prevent staining of underwear.
- S: Spotting—You do not need a pad or tampon.