

# Intermenstrual Bleeding

[Disclaimer](#)

See also:

- [Heavy or Irregular Menses](#)
- [Postcoital Bleeding](#)
- [Post Menopausal Bleeding](#)

## Contents

Disclaimer.....	1
<b>Background – About Intermenstrual Bleeding .....</b>	<b>2</b>
<b>Assessment .....</b>	<b>2</b>
Practice Point.....	2
<b>Management .....</b>	<b>6</b>
<b>Referral.....</b>	<b>7</b>
<b>Information.....</b>	<b>7</b>
For health professionals.....	7
For patients.....	8
Disclaimer.....	8

## Background – About Intermenstrual Bleeding

- Intermenstrual bleeding (IMB) refers to vaginal bleeding that occurs at any point during the menstrual cycle other than postcoital bleeding or normal menstruation.
- IMB is a symptom that always needs further investigation.
- Postcoital bleeding (PCB) refers to vaginal bleeding within 24 hours of vaginal intercourse.
- Breakthrough bleeding refers to irregular bleeding from the use of hormonal contraception (iatrogenic).

## Assessment

### Practice Point

#### Check endometrial cancer risk

Look for concerning pathology in patients aged > 40 years or with risk factors for endometrial cancer.

1. **Ask** and record if the patient identifies as being of Aboriginal or Torres Strait Islander origin. Consider the **specific cultural and spiritual needs** of each patient.

#### **Cultural and spiritual considerations for Aboriginal and Torres Strait Islander People**

- Consider **advice for communicating** with Aboriginal and Torres Strait Islander people.  
**Advice for communicating with Aboriginal and Torres Strait Islander people**
  - Encourage patients to book a longer consultation, to allow sufficient time for discussion and building trust.
  - Only use traditional terminology such as "Aunty" and "Uncle" if invited to do so.
  - Consider the role of factors such as gender, kinship, family ties, language barriers and socio-economic issues.
  - Offer the patient:
    - the option of seeing a health professional of the same gender or if this is not possible, referral to another [service](#).
    - the option to have support person present, such as a family member, a community member, or an Elder.
    - access to funding assistance to overcome any identified or potential financial barriers e.g., ITC Funding. See also [Integrated Team Care Program](#).
- Acknowledge and respect how cultural, spiritual and historical beliefs and experiences impact on **decision-making**.  
**Respecting Aboriginal and Torres Strait Islander people's decision-making processes**
  - Aboriginal and Torres Strait Islander knowledge, values, beliefs, cultural needs, and health history may strongly inform decision-making processes about treatment and ongoing care.
  - If possible and if requested by the patient, support the inclusion of cultural practices e.g., involvement of a traditional healer, or performing ceremonies.
- Be aware the term "survivor" may have negative connotations for historical reasons.

- Proactively explore and monitor symptoms of **pain**.  
**Considerations for assessing and managing pain in Aboriginal and Torres Strait Islander people**  
 Aboriginal and Torres Strait Islander patients may not actively report pain or other needs.
  - Offer patients the option to discuss their needs with a health professional of the same gender.
  - If available, use a pain tool that is culturally appropriate for the local community.
  - Allow sufficient time to discuss and explain the options, usage, and side-effects of pain relief in full.
  - Be aware of:
    - significant cultural practices regarding which family members can assist with providing pain relief, and how pain medication is administered.
    - fears that pain relief medicines may accelerate the passing of the patient.

- Understand how the concept of **family** is different for Aboriginal and Torres Strait Islander people.

**Considerations when discussing family with Aboriginal and Torres Strait Islander people**

For Aboriginal and Torres Strait Islander people:

- the concept of family is broader than being genetically related.
  - be sensitive when taking a family history, as discussing members of the stolen generation may be distressing
  - Be sensitive when referring to people who have died – check and ask permission. There may be cultural taboos in discussing Sorry Business (referring to people who have died).
- Be supportive and understanding if **appointments** are missed, and facilitate follow-up or rebooking.  
**Appointments for Aboriginal and Torres Strait Islander people**
    - Patients who identify as Aboriginal and Torres Strait Islander people may have complex factors e.g., family and community responsibilities, or previous experiences with mainstream medical services, that make it difficult for them to attend appointments.
    - The following supports may facilitate this process:
      - Recall and reminders
      - ITC funding
      - Referral to an Aboriginal Liaison officer, support, or health worker.
  - Aboriginal and Torres Strait Islander people are more likely to have multiple co-morbidities that can impact treatment outcomes.
  - Ensure contact details are up to date.
  - If available, use **assessment tools and resources** designed specifically for Aboriginal and Torres Strait Islander people.

**Aboriginal and Torres Strait Islander assessment tools and resources**

See SCNAT-IP – online tool that assesses the supportive care needs of Aboriginal and Torres Strait Islander cancer patients and their families.

### **Ask if the patient identifies as being of Aboriginal or Torres Strait Islander origin**

If a patient or their family want to know why you are asking this question, you may reply with:

- We ask this question of everyone.
- It enables us to help you access extra services that are funded for Aboriginal and Torres Strait Islander peoples, such as support to buy medications and extra funded visits with some health care providers.
- This information helps our practice and the health care providers we refer you to, to provide culturally safe care.

For more information, see [principles for care provision for Aboriginal and Torres Strait Islander Peoples](#).

## 2. Take a history:

- ask about **menstrual, gynaecological, and obstetric history**.

- Menstrual history, including:

- Regularity
- Cycle length
- Dysmenorrhoea

Consider advising the patient to use a menstrual diary or suggest patient download an menstrual tracking app.

- Duration, frequency, and severity of IMB symptoms
- [Postcoital bleeding](#)
- Cervical screening and gynaecological history
- Type, method, and correct use of hormonal contraception
- Obstetric history, and if currently breastfeeding

- assess for **causes of breakthrough bleeding** if using combined [hormonal contraceptives \(CHC\)](#).

### **Causes of breakthrough bleeding**

- Recently started CHC (within 3 to 4 months)
- Recent missed pills, vomiting, or diarrhoea
- Continuous use of active pills without having regular withdrawal bleeding
- Medicines or supplements that affect hormonal contraceptive metabolism e.g., St John's wort, grapefruit juice, anticonvulsants

- check for **risk factors for cancer**.

- Weight 90 kg or more, often with hypertension and diabetes
- History of chronic anovulation, PCOS, or infertility
- Nulliparity
- Exposure to unopposed oestrogen, either prescribed over-the-counter (OTC) or bioidentical agents
- Exposure to tamoxifen
- Endometrial thickness over 4 mm in postmenopausal women
- Pelvic ultrasound showing cystic endometrial changes
- Strong family history of endometrial or colon cancer

- consider **differential diagnoses**.

- Physiological – 1 to 2% of women get spotting around ovulation
- Pregnancy-related bleeding
- Breakthrough bleeding from hormonal contraceptive use

- [Intrauterine device \(IUD\)](#)
- Anovulatory menstrual cycle e.g., adolescence, perimenopause, [polycystic ovarian syndrome \(PCOS\)](#)
- [Pelvic inflammatory disease](#) e.g., cervicitis, endometritis
- Bleeding lesion of vulva or vagina
- [Cervical pathology](#):
  - Cervical or endometrial polyp
  - [Cervical cancer](#)
- [Endometrial cancer](#)

3. Perform an **examination**. Be mindful that some women may have experienced sexual trauma and intimate examinations can be particularly challenging for them. Adopt a [trauma-informed approach](#).

#### **Examination**

- Abdominal examination – check for masses or tenderness.
- Speculum examination and cervical screening/co-test – inspect the vulva, vagina, and cervical appearance.
- Pelvic examination – bimanual palpation, cervical excitation.

4. Arrange investigations if indicated:

- Pregnancy test
- [Cervical co-test](#) (HPV and LBC) – repeat if previous cervical screening > 6 months ago, if previous result was abnormal or if only HPV screen (and not co-test) at previous test
- Offer [sexually transmitted infection \(STI\) screen](#).
- Transvaginal ultrasound:
  - Best performed on day 5 to 10 of menstrual cycle.
  - Transabdominal pelvic ultrasound can be performed for patients who have not become sexually active or have declined a transvaginal pelvic ultrasound.
- Consider the need for additional **pathology tests**:
  - If significant bleeding, consider:*
    - FBE
    - Iron studies
    - Coagulation studies
  - If irregular menstrual cycles and not on hormonal contraceptive, consider other hormone studies:*
    - Thyroid-stimulating hormone (TSH)
    - Prolactin
    - Luteinizing hormone (LH), follicle-stimulating hormone (FSH), and estradiol – all best performed on day 2 to 3 of menstrual cycle
    - Others as indicated based on clinical presentation e.g., [PCOS](#)

1. If patient is pregnant (this is not intermenstrual bleeding), see [Early Pregnancy Bleeding](#).
2. If present, manage [postcoital bleeding](#) (PCB).
3. If suspected or risk factors for malignancy (cervical or endometrial), refer for [urgent gynaecology assessment](#).
4. If abnormal cervical screening or co-test, manage according to [Cervical Screening](#) pathway.
5. If any infection, manage according to the [Sexual Health Screening](#).
6. If **features suspicious of endometrial cancer** on pelvic ultrasound, refer for [urgent gynaecology assessment](#).

**Features suspicious of endometrial cancer**

*Irregular endometrium, cystic, or focal lesion on ultrasound.*

*Note: endometrial thickness depends on the stage of the menstrual cycle and may vary between individual patients. It is not generally used for diagnosis in premenopausal women.*

7. Be aware that normal investigations are not reassuring if bleeding persists. If persistent or unexplained intermenstrual bleeding:
  - If patient aged < 40 years, with normal investigations and no risk factors, and IMB episode of recent onset:
    - Observe for 1 to 2 cycles to see if IMB resolves.
    - If IMB persists, refer for [urgent or routine gynaecology assessment](#).
  - If patient aged > 40 years, or with [risk factors](#) for endometrial cancer, ensure early referral for [gynaecology assessment](#) even if investigations are normal.
8. If patient taking hormonal contraception:
  - ensure normal cervical screening/co-test, negative results for STI screening, and negative results for pregnancy test.
  - always consider **other pathological causes** of IMB, especially if bleeding persists.
  - manage according to contraception type:
    - **Combined hormonal contraceptives (CHC)** – if symptoms persist despite a 3 month trial of hormonal manipulation, refer for [urgent or routine gynaecology assessment](#).

**Combined hormonal contraceptives (CHC)**

- *Ask the patient to take CHC strictly as prescribed, with no missed tablets or skipped periods, for at least one full cycle.*
- *Trial different oestrogen dosage or type (note that CHCs containing 20 micrograms of ethinyloestradiol are associated with higher initial rates of breakthrough bleeding. Consider changing to a preparation containing 30 to 40 micrograms of ethinyloestradiol or, alternatively, one of the newer oestradiol pills.*
- *Trial different progestogen.*
- *Consider stopping CHC to see if IMB resolves, with the patient using condoms instead. This may place sexually active patients at unacceptably high risk of unplanned pregnancy, and is not recommended in many cases.*

- **Progestogen-only contraception** – a change in usual pattern is concerning and needs further investigation. Request urgent or routine gynaecology assessment.
  - **Progestogen-only contraception**
    - *Irregular bleeding is common and expected with progestogen-only contraception e.g., POP, Implanon, DMPA, or Mirena.*
    - *For advice on how to manage troublesome bleeding patterns, see Family Planning NSW – [Factsheet](#).*

9. If patient identifies as Aboriginal or Torres Strait Islander, understand their **specific cultural and spiritual needs** when discussing and delivering treatment options.

#### **Cultural and spiritual considerations for Aboriginal and Torres Strait Islander People**

- Offer referral to culturally appropriate social and emotional wellbeing [services](#).
- Consider including an [expert](#) in the multidisciplinary team, to provide culturally appropriate care to Aboriginal and Torres Strait Islander people.
- Provide culturally appropriate information or resources about the signs and symptoms of recurrent disease, secondary prevention, and healthy living.

## Referral

- Refer for [urgent gynaecology referral](#) if:
  - persistent or unexplained intermenstrual bleeding
  - suspected or risk factors for malignancy (cervical or endometrial).
  - **features suspicious of endometrial cancer** found on ultrasound.
  - patient taking CHC, and not responding to trial of hormonal manipulation.
  - patient taking progestogen-only contraception, and has a change in usual pattern requiring further investigation.
- If Aboriginal or Torres Strait Islander patient, offer referral to **specific Indigenous services**. For all referrals, to both mainstream and Indigenous services, ensure Indigenous status is clearly marked on the referral.

#### **Referral Options for Aboriginal and Torres Strait Islander people**

- For hospital referrals, consider engaging support from the [Aboriginal Hospital Liaison Officers](#).
- For community referrals, consider referral to an Aboriginal Community Controlled Health [service](#).
- For care coordination, support and advocacy throughout treatment, consider referral to [Integrated Team Care Program](#).

## Information

### For health professionals

#### Further information

- Cancer Australia – [Abnormal Vaginal Bleeding in Pre- and Peri-Menopausal Women](#)
- Patient – [Intermenstrual and Postcoital Bleeding](#)

- Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG)  
– [Investigation of Intermenstrual and Postcoital Bleeding](#)

## For patients

- Better Health Channel – [Vaginal Bleeding: Irregular](#)
- HealthDirect – [Irregular Periods](#)
- Jean Hailes – [Is Your Period Regular?](#)

### [Disclaimer](#)

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