Post-coital and intermenstrual bleeding

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1 Care map information

Quick info:
Scope:
- primary and secondary care management of:
  - abnormal menstrual bleeding, including heavy menstrual bleeding (HMB), irregular menstrual bleeding, and intermenstrual bleeding
  - post-menopausal bleeding (PMB)
  - post-coital bleeding (PCB)
Out of scope:
- primary care management of amenorrhoea and criteria for referral into secondary care – see 'Amenorrhoea' care map
- non-menstrual bleeding associated with pregnancy or pregnancy loss:
  - see 'Suspected ectopic pregnancy' care map
  - see 'Threatened miscarriage' care map
  - see 'Placenta praevia - diagnosis' care map
- premenstrual syndrome (PMS) – see 'Premenstrual syndrome (PMS)' care map
- chronic pelvic pain
- specific management of bleeding problems caused by contraceptive devices
- treatment of conditions underlying HMB, such as endometriosis and adenomyosis
Definitions:
- HMB, or menorrhagia, is excessive menstrual blood loss over several consecutive cycles which interferes with the woman's physical, emotional, social, and material quality of life
- irregular menstrual bleeding is defined as between three and five episodes with fewer than three bleeding-free intervals of length 14 days or more [2]
- oligomenorrhea is defined as menstrual bleeding at intervals of between 35 days and 6 months [31]
- PMB is defined as:
  - unexplained vaginal bleeding more than 12 months after menstruation has stopped because of the menopause [34]
  - any breakthrough bleeding in a woman receiving cyclical hormone replacement therapy (HRT)
  - breakthrough bleeding after the first 6 months of continuous HRT, or after full amenorrhoea has been established [3]
- intermenstrual bleeding is defined as bleeding between periods [4]
- PCB is defined as bleeding that occurs after sexual intercourse [7]
Prevalence of HMB:
- 10% of reproductive-aged women have objective evidence of HMB
- 30% of reproductive-aged women self-report HMB
References:
Please see the care map's Provenance.

2 Information resources for patients and carers

Quick info:
Recommended resources for patients and carers, produced by organisations certified by The Information Standard:
- 'Endometriosis' (URL) from Patient UK at http://www.patient.co.uk
- 'Fibroids' (URL) from Patient UK at http://www.patient.co.uk
- 'Heavy Periods (Menorrhagia)' (URL) from Patient UK at http://www.patient.co.uk
- 'Cervical cancer' (URL) from Patient UK at http://www.patient.co.uk
- 'Gynaecological cancer information leaflet' (PDF) from the Eve Appeal at www.eveappeal.org.uk
- 'Understanding NICE guidance: Treatment and care for women with heavy periods' (PDF) from National Institute of Health and Clinical Excellence (NICE) at http://www.nice.org.uk
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For details on how these resources are identified, please see Map of Medicine’s document on Information Resources for Patients and Carers (URL).

3 Updates to this care map

Quick info:
Date of publication: 31-Aug-2015
This care map has been updated to incorporate new guidance from the National Institute for Health and Care Excellence (NICE) regarding urgent referral and direct access tests for patients with symptoms or signs of gynaecological cancers in line with:


Please see the care map’s Provenance for additional information on references, contributors, and the editorial methodology.

Date of publication: 31-Oct-2013
The clinical content of this care map has been accredited by the Royal College of Obstetricians and Gynaecologists (RCOG).

This care map has been updated using the Map of Medicine editorial methodology (URL) and represents best clinical practice according to the highest quality evidence available, including the following guidelines:


Further information was provided by the following references including practice-based knowledge:

• [28] Contributors representing the Royal College of Obstetricians and Gynaecologists (RCOG), 2013


Please see the care map’s Provenance for additional information on references, accreditations from national clinical bodies, contributors, and the editorial methodology.

4 Post-coital bleeding/ intermenstrual bleeding - clinical presentation

Quick info:
Post-coital bleeding is defined as bleeding that occurs after sexual intercourse [7].

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Intermenstrual bleeding is defined as bleeding between periods [4]. Epidemiological evidence suggests that an alteration in the menstrual cycle, intermenstrual bleeding, or post-coital bleeding may be the first symptoms of gynaecological cancer and indicate the need for a pelvic examination – persistent intermenstrual bleeding requires investigation to exclude malignancy [5].

NB: Be aware that in the rare cases of cervical cancer which occur in women under the age of 25 years, delays in diagnosis are relatively common – the cardinal symptom of cervical cancer in this age group is post-coital bleeding [18].

References:
Please see the care map's Provenance.

5 History and examination

Quick info:
Take a thorough history to include [2]:
- the woman's concerns
- possibility of pregnancy and pregnancy history
- menstrual cycle history, including:
  - last menstrual period
  - age at menarche
  - length of cycle
  - duration of menstruation
  - variability of cycle
  - any intermenstrual bleeding
- if using hormonal contraception, also ask about bleeding pattern prior to treatment commencement
- presence of additional symptoms that may suggest possible underlying pathology, such as:
  - dyspareunia
  - dysmenorrhoea
  - pelvic pain and pressure symptoms
  - post-menopausal bleeding [34]
  - visible haematuria [34]
  - unexplained vaginal discharge [34]
  - current contraceptive method (including duration of use and compliance)
  - medical conditions that may affect the absorption of orally-administered hormones
  - current medications that may interact with contraceptive method
  - cervical screening history (check if participating in a National Cervical Screening Programme)
  - risk of sexually-transmitted infections

Speculum examination:
- recommended for all women who present with post-coital bleeding [18]
- should include bimanual examination if there is pain, dyspareunia, or abnormal vaginal discharge [2]
- can be performed:
  - either in primary care or at a genito-urinary medicine (GUM) clinic
  - by a practice nurse experienced in cervical screening

Reference:
Please see the care map's Provenance.

6 RED FLAG!

Quick info:
If the cervix appears abnormal/suspicious upon speculum examination, refer urgently for colposcopy (2 week wait) [18].

The following alarm symptoms may be the first symptoms of cancer and indicate the need for a pelvic examination and/or biopsy:
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- sudden increase in blood loss [8]
- bulky uterus palpable abdominally (size more than a 10 week pregnancy) [5,6]
- pelvic mass [5]
- an unexplained vulval lump or vulval bleeding due to ulceration [6]
- dyspareunia [5]
- pelvic pain, tenderness, or pressure symptoms [5]
- severe anaemia [5]

Cervical and endometrial cancers are rare in women of reproductive age who are using hormonal contraception or who do not have risk factors [2].

Risk factors for cervical and endometrial cancers include:

- age 45 years and over [5]
- nulliparity [5]
- family history [5]
- abnormal smear result [5]
- obesity [2,5]
- tamoxifen use [2,5]
- unopposed oestrogen treatments [2,5]
- polycystic ovary syndrome (PCOS) [2,5]

If there is any suspicion of underlying cancer the woman should be seen within 2 weeks [5,6].

The National Institute for Health and Care Excellence (NICE) referral recommendations for suspected symptoms and examination findings of gynaecological cancers are as follows [34]:

- arrange an urgent suspected cancer pathway referral (to be seen within 2 weeks) for:
  - endometrial cancer:  
    - for women aged 55 years and older with post-menopausal bleeding (unexplained vaginal bleeding more than 12 months after menstruation has stopped because of the menopause)
    - NB: consider an urgent referral for endometrial cancer in women younger than age 55 years with post-menopausal bleeding
  - ovarian cancer:
    - if physical examination identifies ascites and/or a pelvic or abdominal mass (which is not obviously uterine fibroids)
- consider an urgent suspected cancer pathway referral (to be seen within 2 weeks) for:
  - cervical cancer if the appearance of their cervix on examination is consistent with cervical cancer
  - vulval cancer in women with an unexplained vulval lump, ulceration, or bleeding
  - for vaginal cancer in women with an unexplained palpable mass in or at the entrance to the vagina

Fibroids [5]:

- benign uterine tumours composed of muscle and connective tissue with a thin covering capsule
- most common tumour found in the female reproductive system
- three different subtypes:
  - submucosal (most likely type to give rise to irregular or heavy menstrual bleeding)
  - intramural
  - subserosal
- occasionally present with symptoms similar to those associated with uterine cancer, such as:
  - intermenstrual or postcoital bleeding
  - dyspareunia
  - dysmenorrhoea
  - bulky uterus (size greater than a 10 week pregnancy)
  - pelvic mass
  - pelvic pain or tenderness
  - severe anaemia
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• offer immediate referral to a specialist if:
  • fibroids are palpable abdominally
  • intra-cavity fibroids are present
  • uterine length as measured at ultrasound or hysteroscopy is greater than 12 cm

References:
Please see the care map's Provenance.

8 Consider possible causes

Quick info:
Consider the following potential causes:
• cervical ectropion [28]
• pelvic inflammatory disease (PID) [6]
• endometrial polyps [6]
• endometrial hyperplasia [6]
• hormonal contraception [2]
• pregnancy [2]
• ectopic pregnancy [8]
• myomas [2]
• adenomyosis (more common in parous women) [2]
• cancers of the cervix or endometrium [2]:
  • very rare in women of reproductive age who are using hormonal contraception or who do not have risk factors
  • risk factors include obesity, polycystic ovarian syndrome (PCOS), tamoxifen use, or unopposed oestrogen therapy
• sexually transmitted infection (STI) [2]:
  • *Chlamydia trachomatis* is the most common bacterial STI in the UK and chlamydial infection is a likely cause of post-coital bleeding [17]
  • risk factors for STIs include:
    • younger than age 25 years
    • a new sexual partner; or
    • more than one partner in the last year

References:
Please see the care map's Provenance.

9 Investigations

Quick info:
Woman with post-coital bleeding should be referred for an ultrasound [5].
Upon speculum examination, if [18]:
• the cervix appears:
  • normal:
    • consider a pregnancy test (where appropriate)
    • consider cervical swabs in general practice or refer to family planning or genito-urinary medicine (GUM) clinic
  • abnormal/suspicious, refer urgently for colposcopy (2 week wait)
  • there is a benign lesion, e.g. cervical polyp, a routine gynaecological referral will suffice
A cervical screen can be taken if due or overdue [2].
Testing for sexually transmitted infection (STI) [2]:
• abnormal bleeding may be a presenting symptom of *Chlamydia trachomatis*
• genital examination not generally required if there are no risk factors for STIs
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- a self-obtained low vaginal swab (SOLVS) (if available locally) or a first-void urine (FVU) sample can be tested, if a speculum examination is not being performed
- decision to test for Neisseria gonorrhoeae will depend on the woman’s individual sexual risk, the prevalence of this infection locally, and whether dual testing is available routinely

Levonorgestrel intrauterine system (LNG-IUS) users with pain, discharge, or lost threads (in addition to bleeding) require investigation to exclude expulsion, perforation, or infection [2].

Consider a direct access ultrasound scan to assess for endometrial cancer in women aged 55 years and older with [34]:

- unexplained symptoms of vaginal discharge who:
  - are presenting with these symptoms for the first time; or
  - have thrombocytosis; or
  - report haematuria
- visible haematuria and:
  - low haemoglobin levels; or
  - thrombocytosis; or
  - high blood glucose levels

Reference:
Please see the care map's Provenance.

10 Clinical suspicion of cervical cancer

Quick info:
Women presenting with symptoms of cervical cancer, such as post-coital bleeding (particularly in women over age 40 years), intermenstrual bleeding, and persistent vaginal discharge should be urgently referred for gynaecological examination and onward referral for colposcopy if cancer is suspected [17,18].

References:
Please see the care map's Provenance.

11 Consider referral for further investigation

Quick info:
Please note – if you are referring for an ultrasound, please use the appropriate form for that hospital or system, eg ICE for Chesterfield Royal Hospital.

Refer:
- urgently if post-coital bleeding (PCB) persists for more than 4 weeks in women age over 35 years [7]
- if findings from speculum examination are abnormal, refer appropriately to a gynaecologist or oncologist [2]
- if there is any suspicion of underlying cancer, the woman should be seen within 2 weeks [5]
  - see the ‘RED FLAG!’ care point for further information
- if findings are normal, but symptoms include pain, dyspareunia, and/or heavy bleeding, or patient is age 45 years and over, consider referral for further assessment (eg ultrasound, biopsy, hysteroscopy) [2]

Those referred for investigation in secondary care for PCB include patients [5]:

- with features suggestive of underlying pathology, such as:
  - a bulky uterus palpable abdominally (size more than a 10 week pregnancy)
  - a pelvic mass
  - intermenstrual bleeding
  - significant change in blood loss
  - dyspareunia
  - dysmenorrhea
  - pelvic pain, tenderness or pressure feeling
  - severe anaemia
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The National Institute for Health and Care Excellence (NICE) referral recommendations for suspected symptoms and examination findings of gynaecological cancers are as follows [34]:

• arrange an urgent suspected cancer pathway referral (to be seen within 2 weeks) for:
  • endometrial cancer:
    • for women aged 55 years and older with post-menopausal bleeding (unexplained vaginal bleeding more than 12 months after menstruation has stopped because of the menopause)
    • NB: consider an urgent referral for endometrial cancer in women aged younger than 55 years with post-menopausal bleeding
  • ovarian cancer:
    • if physical examination identifies ascites and/or a pelvic or abdominal mass (which is not obviously uterine fibroids)
• consider an urgent suspected cancer pathway referral (to be seen within 2 weeks) for:
  • cervical cancer if the appearance of their cervix on examination is consistent with cervical cancer
  • vulval cancer in women with an unexplained vulval lump, ulceration, or bleeding
  • for vaginal cancer in women with an unexplained palpable mass in or at the entrance to the vagina
• consider a direct access ultrasound scan to assess for endometrial cancer in women aged 55 years and over with [34]:
  • unexplained symptoms of vaginal discharge who:
    • are presenting with these symptoms for the first time; or
    • have thrombocytosis; or
    • report haematuria
  • visible haematuria and:
    • low haemoglobin levels; or
    • thrombocytosis; or
    • high blood glucose levels

References:
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Provenance certificate
This care map was adapted by North Derbyshire and Hardwick CCG from the Map of medicine international pathway (published on 20 August 2015).