

Menstruation - abnormal bleeding

Abnormally heavy or prolonged menstrual bleeding is also termed as 'abnormal uterine bleeding'. We sometimes use this general term to describe bleeding that does not follow a normal pattern, such as spotting between periods. It used to be referred to as menorrhagia, but this term is no longer used medically.

On average, a typical woman passes around 40 ml of blood during her menstrual period, which lasts around four to seven days. For some women, however, bleeding may be excessively heavy or go on for longer than normal.

A woman may have 'chronic' heavy or prolonged bleeding (for more than six months) or it may be 'acute' (sudden and severe). In most cases, the causes of disturbed menstrual bleeding are unknown. See your doctor about any abnormal menstrual bleeding.

Symptoms of abnormal uterine bleeding

Symptoms include:

- heavy (more than 80 ml) or prolonged (more than eight days) blood loss during the menstrual period. If you think you may be experiencing heavy menstrual bleeding, you may find it useful to keep a pictorial blood loss assessment chart
- bleeding or spotting between periods (intermenstrual bleeding)
- cramping and pain in the lower abdomen
- fatigue.

Causes of abnormal uterine bleeding

While in many cases, it is not possible to determine the exact cause, there are a number of reasons a woman may experience abnormal uterine bleeding. Some of the known causes of abnormal uterine bleeding include:

- spontaneous miscarriage in pregnancy
- ectopic pregnancy – lodgement of the fertilised egg in the slender fallopian tube instead of the uterine lining
- hormonal disorders – conditions such as hypothyroidism (low levels of thyroxine), polycystic ovarian syndrome (PCOS) and hyperprolactinemia can disrupt the menstrual cycle
- ovulatory dysfunction – this is when the ovary does not release an egg each month. Most commonly, this occurs at either end of a woman's reproductive years, either during puberty or at menopause
- endometriosis – the cells lining the uterus (endometrial cells) can travel to, attach and grow elsewhere in the body, most commonly within the peritoneal cavity, (including on the outside of the uterus or on the ovarian surface)
- infection – including chlamydia or pelvic inflammatory disease (PID)
- medication – may include anticoagulants, which hinder the clotting ability of the blood, phenothiazides, which are antipsychotic tranquilisers, and tricyclic antidepressants, which affect serotonin uptake
- intrauterine device (IUD) – is a contraceptive device that acts as a foreign body inside the uterus and prompts heavier periods
- hormonal contraceptives – may include the combined oral contraceptive pill, injections of a long-acting synthetic progesterone, a rod containing slow-release progesterone (implanted in the upper arm), or intrauterine system devices (progesterone-releasing contraceptive devices inserted into the uterus). The progesterone-only treatments commonly cause spotting

- hormone replacement therapy – used as a treatment for menopausal symptoms
- fibroids – benign tumours that develop inside the uterus
- polyps – small, stalk-like projections that grow out of the uterus lining (endometrium). Polyps may be associated with fibroids
- bleeding disorders – may include leukaemia and Von Willebrand’s disease
- cancer – most uterine cancers develop in the lining of the uterus, though some cancers grow in the muscle layers of the uterus. They are most common after menopause.

Diagnosis of abnormal uterine bleeding

The diagnosis and identification of potential causes of abnormal uterine bleeding involves a number of tests including:

- general examination
- medical history
- menstrual history
- physical examination
- pap test
- blood tests
- vaginal ultrasound
- endometrial biopsy.

Treatment for abnormal uterine bleeding

Treatment will depend on the cause, but may include:

- medication – such as prostaglandin inhibitors, hormone replacement therapy or antibiotics
- dilatation and curettage (D&C) – involving dilation and gentle scraping of the cervix and the lining of the uterus
- change of contraception – it may be necessary to explore methods of contraception other than the IUD or hormones
- surgery – to remove tumours, polyps or fibroids or to treat ectopic pregnancy
- treatment of underlying disorders – such as hypothyroidism or a bleeding disorder
- hysterectomy – the removal of the entire uterus is a drastic last resort, generally only considered in cases where treatment for abnormal uterine bleeding, unless serious disease, such as cancer, is also present.

Self-help suggestions for managing abnormal uterine bleeding

Suggestions for managing abnormal uterine bleeding include:

- Get plenty of rest.
- Avoid aspirin, since this is an anticoagulant and may contribute to excessive bleeding.
- Eat a well-balanced diet.
- Take iron supplements to prevent anaemia.

Where to get help

- Your doctor
- Gynaecologist
- Family planning clinic
- Family Planning Victoria Tel. (03) 9257 0100

Things to remember

- Abnormal uterine bleeding is excessive menstrual bleeding or bleeding between periods.
- In most cases, the cause is not known.
- Known causes of abnormal uterine bleeding include polyps, fibroids, endometriosis, medication, infection and some forms of contraception.

- Treatment can include medications, or dilatation and curettage (D&C) to remove the uterine lining.

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