

Heavy Menstrual Bleeding

Clinical Care Standard Clinician Fact Sheet

The goal of the *Heavy Menstrual Bleeding Clinical Care Standard* is to ensure that women with heavy menstrual bleeding are offered the least invasive and most effective treatment appropriate to their clinical needs, and have the opportunity to make an informed choice from the range of suitable treatments. Clinicians and health services can use this clinical care standard to support the delivery of high-quality care.

Download the standard from www.safetyandquality.gov.au/ccs

Under this clinical care standard



1 Assessment and diagnosis. The initial assessment of a woman presenting with heavy menstrual bleeding includes a detailed medical history, assessment of impact on quality of life, a physical examination, and exclusion of pregnancy, iron deficiency and anaemia. Further investigations are based on the initial assessment.



2 Informed choice and shared decision making. A woman with heavy menstrual bleeding is provided with consumer-focused information about her treatment options and their potential benefits and risks. She is asked about her preferences in order to support shared decision making for her clinical situation.



3 Initial treatment is pharmaceutical. A woman with heavy menstrual bleeding is offered pharmaceutical treatment, taking into account evidence-based guidelines, her individual needs and any associated symptoms. Initial treatment is provided to a woman who is undergoing further investigations to exclude malignancy and significant pathology.



4 Quality ultrasound. A woman having an ultrasound to investigate the cause of her heavy menstrual bleeding has a pelvic (preferably transvaginal) ultrasound, which assesses endometrial thickness and uterine morphology in days 5–10 of her menstrual cycle.



5 Intra-uterine hormonal devices. When pharmaceutical treatment is being considered, the woman is offered the levonorgestrel intra-uterine system if clinically appropriate, as it is the most effective medical option for managing heavy menstrual bleeding.



6 Specialist referral. A woman with heavy menstrual bleeding is referred for early specialist review when there is a suspicion of malignancy or other significant pathology based on clinical assessment or ultrasound. Referral is also arranged for a woman who has not responded after six months of medical treatment.



7 Uterine-preserving alternatives to hysterectomy. A woman who has heavy menstrual bleeding of benign causes and who is considering surgical management is offered a uterine-preserving procedure, if clinically appropriate. The woman receives information about procedures that may be suitable (such as endometrial ablation or removal of local pathology) and is referred appropriately.



8 Hysterectomy. Hysterectomy for management of heavy menstrual bleeding is discussed when other treatment options are ineffective or are unsuitable, or at the woman's request. A woman considering a hysterectomy is given balanced information about the risks and benefits of the procedure before making a decision.

The Australian Commission on Safety and Quality in Health Care has produced this clinical care standard to support the delivery of appropriate care for a defined condition. The clinical care standard is based on the best evidence available at the time of development. Healthcare professionals are advised to use clinical discretion and consideration of the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian, when applying information contained within the clinical care standard.

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