Heavy Menstrual Bleeding

PALM-COEIN, first-line work-up & the medical ladder

CLINICAL PATHWAY

HMB is defined by impact on quality of life, not measured blood volume. The hormonal IUD is commonly first-line medical therapy — offer it before the combined pill or surgery — and treat any iron deficiency at the first visit rather than waiting for the bleeding to settle.

PALM-COEIN CLASSIFICATION

• Structural (PALM): polyp, adenomyosis, leiomyoma (submucosal fibroids most symptomatic), malignancy

• Non-structural (COEIN): coagulopathy (e.g. von Willebrand), ovulatory dysfunction, endometrial, iatrogenic (anticoagulants, copper IUD), not otherwise classified

FIRST-LINE INVESTIGATIONS

FBC & ferritin in all; TFTs and a coagulation screen if HMB since menarche, family history, or easy bruising. Transvaginal ultrasound on day 5–10 of the cycle. Endometrial biopsy if age >45, persistent intermenstrual or post-menopausal bleeding, or other risk factors.

MEDICAL MANAGEMENT LADDER

• Hormonal IUD: commonly first-line; ~90% reduction in flow at 12 months; suits adenomyosis and small submucosal fibroids

• Tranexamic acid during menses: reduces loss by around half; suits women wanting fertility preserved

• NSAIDs during menses: reduce loss by around a third; useful adjunct for dysmenorrhoea

• Combined pill (cyclic or extended): around 40% reduction; avoid if contraindicated

• Cyclic oral progestogen: an option when the combined pill is contraindicated

TREAT IRON DEFICIENCY AT FIRST VISIT

Ferritin <30 is deficient. Start oral iron; consider IV iron if haemoglobin <100 or oral iron isn't tolerated — don't wait for the bleeding itself to be controlled first.

ACUTE HEAVY BLEEDING — OFFICE

Tranexamic acid, continued for 5 days or until bleeding settles. Oral norethisterone for 7 days will withdraw-bleed once stopped — counsel the patient. Refer for IV management or transfusion if haemoglobin <70, or there is haemodynamic instability.

PBS LISTINGS — LNG-IUS & TXA

PBS listing status and authority requirements for the hormonal IUD and tranexamic acid change — confirm current criteria at pbs.gov.au.

■ SAFETY

• Don't attribute heavy bleeding to a benign cause without excluding malignancy where risk factors are present

• Treat iron deficiency proactively — it is common and easily missed

• Counsel that norethisterone causes a withdrawal bleed when stopped

■ RED FLAGS / REFER

• Any post-menopausal bleeding, or persistent intermenstrual/post-coital bleeding regardless of age

• Endometrial thickness >11mm pre-menopause or >4mm post-menopause, or a suspicious mass on imaging

• Failed medical therapy after 3–6 months, fibroids >3cm or submucosal, or a fertility concern

• Haemoglobin <80, transfusion-dependent, or haemodynamic compromise → same-day or ED