

Irregular vaginal bleeding

What is irregular bleeding?

Irregular bleeding is any bleeding from a woman's vagina that is not part of a regular menstrual period.

A normal menstrual cycle

Normally, during each monthly cycle (menstrual cycle), the lining of the uterus (womb) gets thicker in preparation for pregnancy. A period (menstruation) occurs when a pregnancy has not taken place. The lining of the womb is shed and blood loss occurs. After each period the cycle starts again.

The amount and duration of bleeding differs from woman to woman and sometimes from month to month. Some women have light periods, while others experience heavy bleeding. A period can last from three to 10 days and occur every three to six weeks. This pattern can vary with age, stress, diet, exercise and inherited factors.

The flow can also vary. As a guide, around 40mL (two tablespoons) of fluid is lost, which the body quickly replaces.

It is common for women to have cramping pain with their period. This is felt just below the navel and may spread into the legs or lower back. It can be felt as a dull ache or sharp twinge. During a period it is also common to feel bloated and heavy, get more pimples, feel tense and emotional and have sore breasts.

What causes irregular bleeding?

For some women the cause of the bleeding is not found; for others the cause depends on their age and the site of the bleeding.

Once pregnancy has been ruled out, there are several known causes:

- Hormonal (premenopause or ovulation dysfunction) changes including stress (such as from exams)
- Contraception – the pill, contraceptive injections or implants or an intrauterine device (IUD)
- Infection in the vagina or uterus
- Endometriosis, a condition where tissue similar to the lining of the womb occurs in other places
- Trauma – damage to the vagina
- Pelvic inflammatory disease, which can cause abnormal vaginal bleeding, pain and fever

- Fibroids or polyps and adenomyosis (growth of muscle or tissue) – these can form inside the uterus or cervix and cause vaginal bleeding
- Atrophic vaginitis, in which the lining of the vagina is inflamed due to low levels of the hormone oestrogen in post-menopausal women
- Medication such as anticoagulants (blood thinners) or antiepileptic drugs
- Underlying health problems such as a bleeding disorder or thyroid disorder
- Cancer in the lining of the uterus, cervix or vagina (this is rare)

The cause of the bleeding may be obvious from your medical history. Sometimes tests may be needed to find a diagnosis. These include:

- A pregnancy test
- A physical (vaginal) examination to see where the bleeding is coming from
- A cervical screening test (Pap smear) and swabs for infection
- Blood tests if the bleeding has been severe or prolonged
- An ultrasound – if abnormalities are found, you may need a biopsy to investigate further
- Referral to a gynaecologist (a specialist in female reproductive organs)
- Additional hormone tests

Treatment

The possible treatment of vaginal bleeding depends on the cause of the bleeding and includes:

- Change of contraception, including changing your oral contraceptive pill
- Anti-inflammatory medication such as ibuprofen, mefenamic acid or naproxen
- Antibiotics, if an infection is found
- Hormone therapy
- Anti-bleeding agents such as tranexamic acid
- Surgery
- Treating any underlying health problems

PATIENT INFORMATION

Home care

Your doctor can advise about home care. It may help to keep a diary of your symptoms to show your doctor.

If your bleeding is painful, the following techniques may help:

- Place a warm pack, such as a hot water bottle wrapped in a towel or wheat bag, on your abdomen. It can be applied for up to 20 minutes every hour, as needed. Check your skin after five minutes; if a rash or irritation occurs, remove the heat pack.
- Take a warm bath
- Rub or massage where it hurts
- Take pain medications such as paracetamol or anti-inflammatory medications (such as ibuprofen) if pain is severe. Avoid aspirin.
- Try relaxation techniques
- Consider magnesium or vitamin B1. Talk to your doctor about this.

Follow-up

You may be referred to a specialist doctor (gynaecologist) for further treatment. If pain or bleeding persists see your doctor.

Seeking help

Cabrini Emergency Department (ED) is staffed by experienced emergency doctors and nurses 24 hours a day, 7 days per week. If you have any questions about your ED treatment our qualified ED staff can be contacted on **(03) 9508 1500** at any time. If you need to return to Cabrini ED for ongoing care we would be glad to take care of you again and if this occurs within a week of your initial consultation the doctor's fee will be bulk-billed.

You can also expect to receive a phone call or SMS message from one of our emergency nurses the day after you have been discharged. The nurse will be able to clarify any aspect of your diagnosis, treatment, or follow-up.

In a medical emergency return to Cabrini ED if it is safe to do so or go to the nearest hospital emergency department or call an ambulance – dial triple zero (000).

If you are passing more than a pad of blood every two hours, you should seek urgent medical help. Return to Cabrini ED if it is safe to do so or go to the nearest hospital emergency department or call an ambulance – dial triple zero (000).

Want to know more?

- Contact Cabrini ED on **(03) 9508 1500**
- Ask your local doctor or healthcare professional
- Visit the Better Health Channel at www.betterhealth.vic.gov.au