Heavy menstrual bleeding is a common cause of iron-deficiency anemia and reduced quality of life in adolescents and menstruating females. The condition can lead to anemia, fatigue and hemodynamic instability, especially when associated with prolonged or frequent menses. These concerns may result in emergency department utilization, hospitalization, the need for blood product transfusion and use of oral or intravenous therapies.

**ASSESSMENT**

Perform a menstrual cycle history, paying particular attention to frequency, length and amount of bleeding. Note that many patients consider heavy menstrual bleeding “normal”; always ask for specific details.

Inquire about risk factors for heavy menstrual bleeding, including bleeding disorders, hormone-related problems and a family history of heavy menstrual bleeding, hysterectomy due to heavy menstrual bleeding and additional bleeding symptoms. Consider blood testing for anemia.

**DIAGNOSIS**

The cause of heavy menstrual bleeding can be difficult to diagnose. Pediatricians may want to test for clotting factor deficiencies, thrombocytopenia and von Willebrand disease. An alternative is to refer to pediatric hematology to explore these and other possible causes of heavy menstrual bleeding.

**MANAGEMENT/TREATMENT**

A referral to a pediatric hematologist is appropriate for any patient with heavy menstrual bleeding. Pediatricians may wish to provide acute or long-term management (see next page for options).

**WHEN TO REFER**

Refer the patient to pediatric hematology if:

- Presence of any HPE red flag
- Anemia is unresponsive to oral iron replacement therapy
- Patient cannot take oral iron replacement therapy
- Patient’s heavy menstrual bleeding is affecting her quality of life

For urgent issues or to speak with a pediatric hematologist on call 24/7, call the Physician Priority Line at 1-888-987-7997.

To refer a patient to pediatric hematology, call 513-517-2234.

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**FAST FACTS**

- **.6–1.3%**
  
  Prevalence of von Willebrand disease among all American females

- **5–24%**
  
  Prevalence of von Willebrand disease among American females with chronic heavy menstrual bleeding

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**HPE (HISTORY AND PHYSICAL EXAM) RED FLAGS**

- Presence of anemia due to heavy menstrual bleeding (see the “Iron-Deficiency Anemia Community Practice Support Tool” for guidance)
- Experience of “flooding” or “gushing” during menstrual period, passing blood clumps bigger than a quarter, and/or profuse menstrual bleeding that requires change of sanitary protection in 2 hours or less
- Concerning family history related to heavy menstrual bleeding
- Length of menstrual cycle ≥7 days

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For additional information or questions, please contact the Physician Outreach and Engagement team at Cincinnati Children’s.
Heavy Menstrual Bleeding

**Patient Presents**

**Assessment**

Perform a menstrual cycle history, paying particular attention to frequency, length and amount of bleeding. Ask for specific details.

Inquire about risk factors for heavy menstrual bleeding, including:

- Bleeding disorders
- Family history of heavy menstrual bleeding, hysterectomy due to heavy menstrual bleeding and additional bleeding symptoms.
- Hormone-related problems

Consider blood testing for anemia.

**HPE (HISTORY AND PHYSICAL EXAM) RED FLAGS**

- Presence of anemia due to heavy menstrual bleeding
- Any experience of “flooding” or “gushing” during menstrual period, passing blood clumps bigger than a quarter, and/or profuse menstrual bleeding that requires change of sanitary protection in 2 hours or less
- Concerning family history related to heavy menstrual bleeding
- Length of menstrual cycle ≥7 days

Refer to pediatric hematology

Test for clotting factor deficiencies, thrombocytopenia and von Willebrand disease

Positive result?

Yes

No

Consider acute and long-term management in the primary care setting or refer to pediatric hematology

**TREATMENT/MANAGEMENT IN THE PRIMARY CARE SETTING**

<table>
<thead>
<tr>
<th></th>
<th>Hormonal</th>
<th>Non-Hormonal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute management to stop bleeding</td>
<td>Monophasic combined oral contraceptive</td>
<td>Antifibrinolytic therapy: tranexamic acid or aminocaproic acid</td>
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<tr>
<td>Oral progesterone-only therapy</td>
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</tr>
<tr>
<td>Long-term management to prevent consequence like anemia</td>
<td>Combined oral contraceptive</td>
<td>Antifibrinolytic therapy: tranexamic acid or aminocaproic acid</td>
</tr>
<tr>
<td>Transdermal contraceptive patch</td>
<td>Oral iron replacement therapy. Note: a multivitamin with iron is insufficient for the treatment of iron-deficiency anemia. (Always prescribe treatment dosing for iron-deficiency anemia)</td>
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<tr>
<td>Vaginal ring</td>
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<tr>
<td>Intrauterine device (Mirena IUD)</td>
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</table>

For urgent issues, or to speak with the specialist on call 24/7, call the Physician Priority Link® at 1-888-987-7997.