Irregular Menses

Irregular menses are common during the time immediately following menarche. Most irregular menses resolve over time with maturity of the hypothalamic-pituitary-ovarian axis without needing evaluation or intervention.

**ASSESSMENT**
Perform a standard health history and physical exam (HPE) with probing questions around the timing of menarche and frequency, duration and severity of vaginal bleeding.

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

<table>
<thead>
<tr>
<th>Situational History</th>
<th>Patient History</th>
<th>Family History</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dizziness, lightheadedness</td>
<td>Hypercoagulable</td>
<td>First-degree family history of deep vein thrombosis (DVT)</td>
</tr>
<tr>
<td>Reports of heart racing (resting or orthostatic tachycardia)</td>
<td>Migraines WITH aura</td>
<td>First-degree family history of pulmonary embolism (PE)</td>
</tr>
<tr>
<td>The need to change protection hourly to avoid leakage/soaking</td>
<td></td>
<td>First degree family history of known bleeding disorder</td>
</tr>
</tbody>
</table>

**MANAGEMENT/TREATMENT**
Manage menstrual irregularity with precautions around frequency, duration, and amount of menstrual flow.

Provide the 1/10/20 rule (*with 2 month add-on, as indicated below*) to the patient as a good guideline for her to use to know when she should contact you about menstrual pattern disturbances. The patient MUST track her menses to know when her cycle is ‘breaking the rules.’

<table>
<thead>
<tr>
<th>1</th>
<th>Soaking 1 pad every 1 hour</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Period lasts for 10+ days</td>
</tr>
<tr>
<td>20</td>
<td>Less than 20 days from the start of one period to the start of the next</td>
</tr>
<tr>
<td>2 months</td>
<td>No period for 2 months</td>
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Laboratory evidence of anemia and/or iron deficiency may indicate the need for medical therapy.

If patient does NOT have migraines with aura or a personal/family history of thrombosis, consider combined hormonal options as a safe method of management.

Consider intermittent hormonal management versus daily use of hormonal contraceptives.

If you have clinical questions about patients with irregular menses, email gynecology@cchmc.org.

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**FAST FACTS**

| 10–15 | age at which most girls experience menarche |
| 21–35 | average days in length of a teenage girl’s menstrual cycle |

**WHEN TO REFER**
Refer as follows to Cincinnati Children’s Gynecology:
- If patient HPE reveals any of the red flags shown
- If symptoms or anemia fail to improve or patient experiences side effects with initial medical treatment
- If patient desires a long-acting, reversible contraceptive (LARC) option

With a referral, it is beneficial to obtain a baseline assessment for anemia and ferritin level. You may also consider assessing TSH and prolactin levels. Encourage your patient to track her menstrual pattern with a period tracker app.

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Tool developed by Cincinnati Children’s physician-hospital organization (known as Tri-State Child Health Services, Inc.) and staff in the James M. Anderson Center for Health Systems Excellence. Developed using expert consensus and informed by Best Evidence Statements, Care Practice Guidelines, and other evidence-based documents as available. For Evidence-Based Care Guidelines and references, see www.cincinnatichildrens.org/evidence.
Irregular Menses

### Inclusion Criteria

Menstrual history breaking the 1/10/20 rule

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### Patient Presents

#### Standard Workup

- Menstrual History
- Family History
- Physical Exam

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

#### Situational History
- Dizziness, lightheadedness
- Shortness of breath
- Reports of heart racing (resting tachycardia or orthostatic)
- Need to change protection hourly to avoid leakage/soaking

#### Patient History
- DVT/PE (hypercoagulable)
- Migraines WITH aura
- Seizure medications

#### Family History
- First-degree family history of deep vein thrombosis (DVT)
- First-degree family history of pulmonary embolism (PE)

### GOAL

- Safely manage menstrual bleeding

**Refer to Cincinnati Children’s Gynecology:**
- Significant or symptomatic anemia
- Contraindication to estrogen, such as thrombosis, migraines with aura, or interacting medications
- Lack of improvement with first line therapy

### GOAL

- Appropriate testing and management

**Consider** basic screening with CBC, ferritin, TSH, PRL
**Consider** observation versus use of hormonal management of bleeding. Manage with precautions around frequency, duration, and amount of menstrual flow.

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