



QUALITY STANDARDS

Heavy Menstrual Bleeding

A guide for adults
and adolescents of
reproductive age

2024 UPDATE



Ontario
Health

Ontario Health is committed to improving the quality of health care in the province in partnership with patients, clinicians, and other organizations.

To do that, Ontario Health develops quality standards. These are documents that outline what high-quality care looks like for conditions or processes where there are large differences in how care is delivered, or where there are gaps between the care provided in Ontario and the care patients should receive. These quality standards set out important steps to improve care. They are based on current evidence and input from an expert committee that includes patients, care partners, clinicians, and researchers.

This patient guide accompanies the quality standard on [heavy menstrual bleeding](#). It outlines the top 14 areas where clinicians can take steps to improve care for people with heavy menstrual bleeding. The patient guide also includes suggestions on what to discuss with your clinicians, as well as links to helpful resources.

Summary of the top 14 areas to improve care for people with heavy menstrual bleeding

Quality Statement 1: Comprehensive Initial Assessment



What the standard says

People with symptoms of heavy menstrual bleeding have a detailed history taken, a gynecological examination, a complete blood count test, and a pregnancy test (if pregnancy is possible) at their initial assessment.



What this means for you

At your initial assessment, your clinician should ask you questions about your health. They should ask about your symptoms and how they affect your life. They should also ask about other aspects of your health that could affect your treatment options. They should do a pelvic examination and ask you to get blood and urine tests.

Quality Statement 2: Shared Decision-Making



What the standard says

People with heavy menstrual bleeding are provided with information about all potential treatment options and are supported in making an informed decision about the most appropriate treatments for them based on their values, preferences, and goals, including their desire for future fertility. People receive information about the treatment objectives, side effects, risks, impact on fertility, and anticipated out-of-pocket costs for all potential options.



What this means for you

Your clinician should help you choose your preferred treatment after they have discussed all of the treatment options with you.

They should tell you how each treatment works, and about any side effects, risks, effects on your ability to get pregnant in the future, and costs.

Quality Statement 3: Pharmacological Treatments



What the standard says

People with heavy menstrual bleeding are offered a choice of non-hormonal and hormonal pharmacological treatment options.



What this means for you

Your clinician should offer you options for non-hormonal and hormonal medication to treat your heavy menstrual bleeding.

They should also give you information about each option and any costs, so that you can make an informed decision about your treatment.

CHOOSING WHICH MEDICATIONS ARE RIGHT FOR YOU

If you have heavy periods, different types of medicines can help. Some do not contain hormones, such as tranexamic acid and nonsteroidal anti-inflammatory drugs (also called NSAIDs). Others do contain hormones, such as intrauterine devices (IUDs) and birth control pills. If you have fibroids as well as heavy periods, some medications can help shrink the fibroids and reduce the bleeding. Ask your clinician which medication would be best for you.

Quality Statement 4: Endometrial Biopsy



What the standard says

People with heavy menstrual bleeding who exhibit risk factors for endometrial cancer or endometrial hyperplasia undergo an endometrial biopsy.



What this means for you

You may need an endometrial biopsy. This is a procedure to take a tissue sample from your uterus to look for abnormal cells or an overgrowth of the lining.

Quality Statement 5: Imaging



What the standard says

People with heavy menstrual bleeding who have suspected structural abnormalities based on a gynecological examination, or who have tried pharmacological treatment but have not had substantial improvement in their symptoms, are offered imaging of their uterus.



What this means for you

You may need imaging of your uterus to help your doctor better understand what is causing your heavy menstrual bleeding. Your doctor will suggest the best type of imaging for you, based on your symptoms and your medical history.

WHAT IS IMAGING OF THE UTERUS?

Your clinician may send you for imaging so that they can have a closer look at your uterus.

One common type of imaging is called “ultrasound.” Ultrasound uses sound waves to create pictures of the inside of your body. There are two main types of ultrasound for heavy menstrual bleeding. The first is called “transabdominal ultrasound,” which involves moving the ultrasound device over your belly to get an image of your uterus. The second is called “transvaginal ultrasound,” which involves putting the ultrasound device inside the vagina.

Another type of imaging is called “hysteroscopy” or “saline-infused hysteroscopy.” This type of imaging uses a tiny camera to look directly inside the uterus. Saline-infused hysteroscopy uses salt water to make the walls of the uterus easier to see.

A third type of imaging is called “magnetic resonance imaging” or MRI. This type of imaging is done in a large scanner that uses magnets and radio waves to take very detailed pictures of the inside of your body.

Quality Statement 6: Referral to a Gynecologist



What the standard says

People with heavy menstrual bleeding have a comprehensive initial assessment and pharmacological treatments offered prior to referral to a gynecologist. Once the referral has been made, people are seen by the gynecologist within 3 months.



What this means for you

Before referring you to a gynecologist, your primary care clinician should ask you about your symptoms and how they affect your life. They should also ask you about other aspects of your health that could affect your treatment options. They should do a pelvic examination and ask you to have blood and urine tests. They should offer you a prescription for medications to relieve your symptoms.

If you are referred to a gynecologist, you should see them within 3 months.

Quality Statement 7: Endometrial Ablation



What the standard says

People with heavy menstrual bleeding are offered endometrial ablation. In the absence of structural abnormalities, patients have access to non-resectoscopic endometrial ablation techniques.



What this means for you

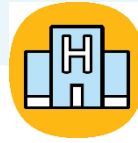
Your gynecologist may suggest a treatment called endometrial ablation. This is a procedure that removes the lining of the uterus so that you bleed less during your period. Your gynecologist should give you information about the different types of endometrial ablation.

Quality Statement 8: Acute Heavy Menstrual Bleeding



What the standard says

People presenting acutely with uncontrolled heavy menstrual bleeding receive interventions to stop the bleeding, therapies to rapidly correct severe anemia, and an outpatient follow-up appointment with a clinician at or immediately following their next period (roughly 4 weeks).



What this means for you

If your menstrual bleeding is suddenly so heavy that you need to go to hospital, the health care team will try to stop the bleeding. They may give you iron or even a blood transfusion to replace the red blood cells you lost from bleeding.

Once you are out of the hospital and back home, your clinician should book a follow-up appointment at the time of your next period to see how you are doing.

Quality Statement 9: Dilation and Curettage



What the standard says

People with heavy menstrual bleeding do not receive dilation and curettage unless they present acutely with uncontrolled bleeding and medical therapy is ineffective or contraindicated.



What this means for you

Your clinician should suggest dilation and curettage (also called a D&C) only if you have very severe bleeding, and only if medications are not slowing the bleeding.

A D&C is a procedure to remove unneeded or abnormal tissue from the lining of the uterus. If you have a D&C, you should also receive a hysteroscopy (a procedure to examine the inside of your uterus) at the same time.

Quality Statement 10: Offering Hysterectomy



What the standard says

People with heavy menstrual bleeding are offered hysterectomy only after a documented discussion about other treatment options, or after other treatments have failed.



What this means for you

If you are considering a hysterectomy (surgery to remove your uterus), your clinician should first offer you a choice of other treatments, including medication and less invasive surgeries. Your clinician should tell you about all the possible risks and benefits of having a hysterectomy.

WHY IS IT IMPORTANT TO KNOW ABOUT ALL YOUR OPTIONS?

It is important that you have a say in how your heavy periods are treated. Regardless of where you live in Ontario, you should have access to all of the different ways to manage heavy menstrual bleeding so that you can make the best choices for your health and your life. Knowing your options helps you make informed decisions.

Quality Statement 11: Least Invasive Hysterectomy



What the standard says

People with heavy menstrual bleeding who have chosen to have a hysterectomy have it performed by the least invasive route possible.



What this means for you

If you choose a hysterectomy, your clinician should offer you the type of surgery that is safest for you.

If you have anemia before surgery, you should take iron pills or receive intravenous iron to get you ready for the operation. Anemia is a condition caused by having too few healthy red blood cells in your body.

Quality Statement 12: Surgical Procedures for Fibroids Causing Heavy Menstrual Bleeding



What the standard says

People with heavy menstrual bleeding related to fibroids are offered uterine artery embolization, myomectomy, and hysterectomy as surgical treatment options.



What this means for you

If you have heavy menstrual bleeding caused by fibroids (noncancerous growths), your clinician should offer you 3 options for surgical treatment: uterine artery embolization, myomectomy, or hysterectomy.

- Uterine artery embolization shrinks the fibroids by blocking their blood supply
- Myomectomy is surgery to take out the fibroids
- Hysterectomy is surgery to take out the uterus

MORE ABOUT PROCEDURES FOR FIBROIDS

Each of the treatments for fibroids has benefits and risks. The best choice for you depends on your personal health, your symptoms, and your plans for having children in the future. Your clinician can guide you through these options to help you make the decision that's right for you.

Uterine artery embolization: With this procedure, a doctor uses a special material to block the blood vessels that supply blood to the fibroids. Without a blood supply, the fibroids shrink, and this can decrease the heavy bleeding.

Myomectomy: With this surgery, doctors carefully remove the fibroids from your uterus. Many people choose this option if they are hoping to have children in the future, or if they want to keep their uterus.

Hysterectomy: This surgery involves removing the entire uterus. It is a permanent solution that completely stops menstrual bleeding.

Quality Statement 13: Bleeding Disorders in Adolescents



What the standard says

Adolescents with heavy menstrual bleeding are screened for risk of inherited bleeding disorders using a structured assessment tool.



What this means for you

If you are an adolescent with heavy menstrual bleeding, your clinician should ask you about your bleeding history. They may suggest that you have extra blood tests to check for bleeding disorders.

INHERITED BLEEDING DISORDERS

Some people have a condition passed down through their family that means their blood does not clot the way it should. This can be one reason why people have heavy menstrual bleeding. One common condition like this is called “von Willebrand disease,” in which the body does not have enough of a type of protein that helps blood to clot.

Quality Statement 14: Treatment of Anemia and Iron Deficiency



What the standard says

People with heavy menstrual bleeding who have been diagnosed with anemia or iron deficiency are treated with oral and/or intravenous iron.



What this means for you

If you have low iron or a low red blood cell count, your clinician should advise you to start taking iron pills.

If the pills do not work or if they make you feel sick, you may need to receive intravenous iron instead. Intravenous (or IV) iron is given directly into the blood stream, through a vein.

WHAT IS ANEMIA?

Anemia happens when you do not have enough red blood cells to carry oxygen to your body's tissues. Losing a lot of blood during your period can cause anemia, and low iron levels. It can leave you feeling tired and weak. The body needs iron to make new red blood cells, so if you have anemia, you may need to take extra iron to treat it.

Suggestions on what to discuss with your health care team

Ask your care team:

- What is causing my heavy periods? What tests can we do to find out why?
- Can I treat heavy periods without surgery? Would medicine or lifestyle changes help?
- How can medicines help my heavy periods, and do they have any side effects?
- Should I take iron pills to stop me from getting too tired or sick?
- If medicines do not work, what surgeries can help with heavy periods? What are the benefits and risks of each surgery option?
- What symptoms should I watch for? When should I get help?
- How often do I need to see the doctor to make sure the treatment is working?
- If I want to have children someday, how will treating my heavy periods affect that?

Share with your care team:

- How heavy your periods are, and how long they typically last
- When your periods start and end, along with any changes in flow (you may want to track this on a calendar)
- Any symptoms related to your heavy bleeding, such as tiredness, weakness, dizziness, or trouble managing your daily activities
- Information about any medications you are taking, including over-the-counter drugs and supplements
- Information about any family history of bleeding disorders, anemia, or reproductive issues
- Information about any past medical conditions, surgeries, or procedures related to your reproductive health
- Details about pregnancies, miscarriages, or difficulty getting pregnant
- Factors such as stress, physical activity, and diet that could affect your menstrual health
- How heavy periods affect your daily life, including work, school, and social activities
- Any worries or questions you have about heavy menstrual bleeding, its possible causes, and treatment options

Learn more

The Ottawa Hospital Research Institute has a tool for people with heavy menstrual bleeding: [Abnormal Uterine Bleeding: Should I Have a Hysterectomy?](#)

The [Self-Administered Bleeding Assessment Tool \(Self-BAT\)](#) is a tool from Queen's University that can help you decide whether a bleeding episode is normal or abnormal.

[Hemophilia Ontario](#) offers information about bleeding disorders such as von Willebrand disease.

[YourPeriod.ca](#) is a website managed by the Society of Obstetricians and Gynaecologists of Canada. It has information about menstrual health, including heavy menstrual bleeding. It offers resources, guidelines, and information about conditions that cause heavy menstrual bleeding, diagnostic tests, and treatment options.

If you have uterine fibroids, HealthLink BC offers a tool to help you understand your choices and talk to your doctor: [Uterine Fibroids: Should I have Uterine Fibroid Embolization?](#)

The National Institute for Health and Care Excellence in the United Kingdom has developed a [Shared Decision Making Aid for Heavy Menstrual Bleeding](#) to help you understand your treatment options and talk to your doctor about them.

Need more information?

If you have any questions or feedback about this guide, please contact us at QualityStandards@OntarioHealth.ca or 1-877-280-8538 (TTY: 1-800-855-0511).

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