QUALITY STANDARDS

Heavy Menstrual Bleeding

Care for Adults and Adolescents of Reproductive Age

2024 UPDATE

Ontario Health

Scope of This Quality Standard

This quality standard includes 14 quality statements addressing areas that were identified by the Heavy Menstrual Bleeding Quality Standard Advisory Committee as having high potential for quality improvement in the way that care for heavy menstrual bleeding is currently provided in Ontario. It focuses on adults and adolescents of reproductive age presenting with either acute or chronic heavy menstrual bleeding in any care setting, regardless of the underlying cause of the bleeding. However, it does not cover the management of cancer or endometriosis once diagnosed. This quality standard does not apply to people who are pregnant or postmenopausal, or who have had a delivery, miscarriage, or abortion in the past 3 months.

In this quality standard, we consider heavy menstrual bleeding to mean excessive menstrual blood loss that interferes with people's physical, social, emotional, or material quality of life. It can occur alone or in combination with other symptoms.[1]

What Is a Quality Standard?

Quality standards outline what high-quality care looks like for conditions or processes where there are large variations in how care is delivered, or where there are gaps between the care provided in Ontario and the care patients should receive. They:

- Help patients, families, and care partners know what to ask for in their care
- Help clinicians know what care they should be offering, based on evidence and expert consensus
- Help health care organizations measure, assess, and improve their performance in caring for patients

Quality standards and their accompanying patient guides are developed by Ontario Health, in collaboration with clinicians, patients, and care partners across Ontario.

For more information, contact QualityStandards@OntarioHealth.ca.

Quality Statements to Improve Care: Summary

These quality statements describe what high-quality care looks like for people with heavy menstrual bleeding.

Quality Statement 1: Comprehensive Initial Assessment

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.

Quality Statement 2: Shared Decision-Making

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 treatment objectives, side effects, risks, impact on fertility, and anticipated out-of-pocket costs for all potential options.

Quality Statement 3: Pharmacological Treatments

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

Quality Statement 4: Endometrial Biopsy

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

Quality Statement 5: Imaging

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.

Quality Statement 6: Referral to a Gynecologist

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.

Quality Statement 7: Endometrial Ablation

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

Quality Statement 8: Acute Heavy Menstrual Bleeding

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).

Quality Statement 9: Dilation and Curettage

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.

Quality Statement 10: Offering Hysterectomy

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

Quality Statement 11: Least Invasive Hysterectomy

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

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

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

Quality Statement 13: Bleeding Disorders in Adolescents

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

Quality Statement 14: Treatment of Anemia and Iron Deficiency

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

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2024 Summary of Updates

In 2023, we completed a review of the evidence to capture new or updated clinical practice guidelines and health technology assessments published since the original release of this quality standard in 2017. This update aligns the quality standard with the most recent clinical evidence and with current practice in Ontario.

Below is a summary of changes to the overall quality standard:

- Updated the links, secondary references, and data sources where applicable
- Updated the formatting to align with current Ontario Health design and branding
- Revised the accompanying resources (e.g., patient guide, placemat, case for improvement slide deck, technical specifications) to reflect changes to the quality standard and align with current Ontario Health design and branding
- Updated the data in the Why This Quality Standard Is Needed section, the case for improvement slide deck, and data tables
- Updated audience statements; in particular, most of the patient statements were reworked
- Updated terminology throughout where applicable, including:
  - *Patients* changed to *people with heavy menstrual bleeding*
  - *Caregiver* changed to *care partner* to align with Ontario Health's preferred terminology
  - *Interdisciplinary* changed to *interprofessional* to align with advancement of the literature on interprofessional education and collaborative practice from the World Health Organization[2] and the Registered Nurses' Association of Ontario,[3] as well as with the need for common terminology in the interprofessional field[4]

Below is a summary of changes to specific quality statements:

- Quality statement 5: Changed *ultrasound imaging* to *imaging*; added a definition of *imaging*; revised the statement-specific indicator
- Quality statement 7: Added definitions for *structural abnormalities* (new content) and *non-resectoscopic endometrial ablation techniques* (moved from the original Rationale section)
- Quality statement 8: Added definitions for *presenting acutely*, *interventions to stop the bleeding*, and *therapies to rapidly correct severe anemia* (moved from the original Rationale section)
- Quality statement 10: Revised the Rationale to emphasize patient choice
- Quality statement 12: Revised the Rationale to align with current practice

Why This Quality Standard Is Needed

Heavy menstrual bleeding refers to an excessive amount of blood loss during menstruation, which disrupts a person's physical, social, emotional, and/or material quality of life.[1] Survey data suggest that heavy menstrual bleeding affects 18% to 32% of people of reproductive age,[5,6] but clinical administrative data show that much fewer seek treatment, likely due to poor self-recognition, normalization of symptoms, and under-coding of heavy menstrual bleeding in clinical databases.[5-7] For example, in Ontario, only 2.5% of women aged 13 to 55 years have sought care for heavy menstrual bleeding within the past 5 years, based on hospital administrative data and physician billing claims (2022/23 data from the Discharge Abstract Database, National Ambulatory Care Reporting System, Ontario Health Insurance Plan, and Registered Persons Database).

Heavy menstrual bleeding can be debilitating and persistent, and ultimately it can have a negative impact on a person's quality of life.[1] Fatigue due to iron deficiency anemia and worry about the bleeding may lead people to miss work or withdraw from social activities they previously enjoyed.[1] Rare complications associated with heavy menstrual bleeding include hypovolemic shock,[8] acute ischemic stroke, retinopathy, and venous sinus thrombosis.[9]

The quality of care for heavy menstrual bleeding varies across Ontario. In 2022, nearly 15% of people with heavy menstrual bleeding had an unplanned visit to the emergency department (all data in this paragraph are for 2022/23, from the Discharge Abstract Database, National Ambulatory Care Reporting System, Ontario Health Insurance Plan, and Registered Persons Database). The percentage of people who received an outpatient follow-up visit within 4 weeks of leaving hospital varied by Ontario Health region, from 32.7% in the North East region to 68.5% in the Central region. The proportion of people who received less invasive forms of hysterectomy (laparoscopic or vaginal) also varied by region, from 56.9% in the Central region to 71.7% in the West region.

Based on evidence and advisory committee consensus, the 14 quality statements that make up this standard provide guidance on high-quality care, with accompanying indicators to help clinicians and organizations measure the quality of the care they provide.

Helping people actively engage with clinicians when making treatment choices is also a focus of this quality standard. There is no single "best treatment" for all cases of heavy menstrual bleeding. The most appropriate treatment for an individual will depend on personal factors such as other health conditions, desire for future fertility, cost of treatment, and impact on quality of life.[1]

Measurement to Support Improvement

The Heavy Menstrual Bleeding Quality Standard Advisory Committee identified 4 overarching indicators to monitor the progress being made toward improving care for people with heavy menstrual bleeding in Ontario.

Indicators That Can Be Measured Using Provincial Data

- Percentage of people with heavy menstrual bleeding who have unplanned visits to the emergency department for heavy menstrual bleeding
- Rate of hysterectomies in people with heavy menstrual bleeding, by region

Indicators That Can Be Measured Using Only Local Data

- Percentage of people with heavy menstrual bleeding who report being satisfied with symptom control
- Percentage of people with heavy menstrual bleeding who report that their clinician always or often involves them in decisions about their care and treatment

Quality Statement 1: Comprehensive Initial Assessment

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.

Sources: National Institute for Health and Care Excellence, 2021[1] | Society of Obstetricians and Gynaecologists of Canada, 2018[10] | Southern California Permanente Medical Group, 2013[8]

Definition

Detailed history: The history should address the following[1,8,10]:

- Details about the bleeding
- Symptoms of anemia and iron deficiency (e.g., restless leg syndrome, hair loss)
- Sexual and reproductive history
- Impact on social and sexual functioning
- Impact on quality of life
- Symptoms suggestive of systemic causes of bleeding, such as hypothyroidism or coagulation disorders
- Associated symptoms, such as vaginal discharge or odour, pelvic pain, or pressure
- Comorbid conditions such as hormonally dependent tumours, thromboembolic disease, or cardiovascular problems that could influence treatment options
- A list of medications, including over-the-counter medications and natural or herbal remedies
- Personal history of, or risk factors for, endometrial or colon cancer (see quality statement 4 for risk factors for endometrial cancer)

Initial assessment: The following laboratory tests should *not* routinely be part of the initial assessment:

- Thyroid testing: This should be done only when the history or physical examination suggests thyroid disease[1,10]
- Hormone testing[1] and ferritin testing[1,10]: Iron supplementation for anemia can be started without ordering a serum ferritin test. Ferritin should not be ordered during an initial assessment unless iron deficiency without anemia is suspected; see quality statement 14 for indications for a serum ferritin test

- Testing for coagulation disorders: This should be considered only in people who have a history of heavy menstrual bleeding since menarche, a history of abnormal bleeding from other sites, or a family history of abnormal bleeding,[1,10] *and* who screen positive using a structured bleeding assessment tool

Rationale

Taking a detailed history and performing a physical examination will help to establish the cause of the heavy menstrual bleeding, direct further investigations, and guide management options.[1] The comprehensive initial assessment can be performed over several visits. It is not recommended that people routinely be asked to measure their blood loss. Heavy menstrual bleeding should be considered a problem if the person believes that it interferes with their life and normal functioning.[1]

What This Quality Statement Means

For People With Heavy Menstrual Bleeding

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.

For Clinicians

Ensure that you perform a detailed history, a gynecological examination, a complete blood count test, and a pregnancy test (if pregnancy is possible) at the initial assessment. Heavy menstrual bleeding should be considered a problem if your patient feels that their bleeding is too heavy, and that it interferes with their life and normal functioning.

For Organizations and Health Services Planners

Ensure that systems, processes, and resources are in place to assist clinicians with the comprehensive initial assessment of people with heavy menstrual bleeding.

Quality Indicator: How to Measure Improvement for This Statement

- Percentage of people with heavy menstrual bleeding who have a comprehensive initial assessment for heavy menstrual bleeding, including a detailed history, a complete blood count test, a gynecological examination, and a pregnancy test

Measurement details for this indicator, as well as overarching indicators to measure improvement for the goals of the entire quality standard, are available in the technical specifications.

Quality Statement 2: Shared Decision-Making

> 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.
>
> Source: National Institute for Health and Care Excellence, 2021[1]

Rationale

Shared decision-making involves a partnership between the clinician and the patient.[1] The clinician brings clinical expertise to the discussion, and the patient brings knowledge about the effect of the heavy menstrual bleeding on their life and about their goals for treatment.[1] To facilitate informed shared decision-making about treatment, clinicians should provide people with accurate information about all potential treatment options for their condition.[1]

What This Quality Statement Means

For People With Heavy Menstrual Bleeding

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.

For Clinicians

Provide people with information about all potential treatment options – including those that may be more challenging to access – to support informed decision-making.

For Organizations and Health Services Planners

Ensure that systems, processes, policies, and resources are in place so that people have access to their treatment of choice, regardless of their insurance coverage.

Quality Indicators: How to Measure Improvement for This Statement

- Percentage of people with heavy menstrual bleeding who report that they received information from their clinician about treatment options, including treatment objectives, side effects, risks, impact on fertility, and anticipated out-of-pocket costs for each option
- Percentage of people with heavy menstrual bleeding who report that they received their preferred treatment option

Measurement details for these indicators, as well as overarching indicators to measure improvement for the goals of the entire quality standard, are available in the technical specifications.

Quality Statement 3: Pharmacological Treatments

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

Sources: National Institute for Health and Care Excellence, 2021[1] | Ontario Health Technology Advisory Committee, 2016[11] | Society of Obstetricians and Gynaecologists of Canada, 2018[10] | Society of Obstetricians and Gynaecologists of Canada, 2019[12]

Definitions

Non-hormonal pharmacological treatment options: The following non-hormonal options can be used to treat heavy menstrual bleeding[1,10]:

- Tranexamic acid
- Nonsteroidal anti-inflammatory drugs (note: these drugs also help relieve symptoms of dysmenorrhea[1])

Hormonal pharmacological treatment options: The following hormonal options can be used to treat heavy menstrual bleeding:

- Levonorgestrel-releasing intrauterine system[1,11]
- Combined hormonal contraceptives[1,10]
- High-dose continuous progestins[10,12]

People with fibroids associated with heavy menstrual bleeding can try any of the above medications as well as the following 2 additional options, which may be effective in shrinking fibroids and reducing associated bleeding symptoms[12]:

- Gonadotropin-releasing hormone analogues[1,10,13]
- Selective progesterone-receptor modulators[12]

Rationale

A variety of pharmacological treatment options are available for people with heavy menstrual bleeding. These can be grouped into non-hormonal and hormonal treatments; each category has special considerations.[1,10] People with heavy menstrual bleeding should be aware of the potential

out-of-pocket costs for these options, because many are not publicly funded or covered under private insurance plans.

What This Quality Statement Means

For People With Heavy Menstrual Bleeding

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.

For Clinicians

Ensure that you provide people with information about all available pharmacological options. Make people aware of potential out-of-pocket costs: many of these treatments are not publicly funded or covered under private insurance plans. Inform people that if they do not see results in 3 to 6 months, they should come back for a follow-up appointment to reassess their treatment plan.

For Organizations and Health Services Planners

Ensure that systems, processes, and resources are in place so that people have access to their pharmacological treatment of choice, regardless of their insurance coverage.

Quality Indicator: How to Measure Improvement for This Statement

- Percentage of people with heavy menstrual bleeding whose medical records indicate that they were offered a choice of pharmacological treatments (non-hormonal and hormonal options)

Measurement details for this indicator, as well as overarching indicators to measure improvement for the goals of the entire quality standard, are available in the technical specifications.

Quality Statement 4: Endometrial Biopsy

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

Sources: National Institute for Health and Care Excellence, 2021[1] | Society of Obstetricians and Gynaecologists of Canada, 2018[10] | Southern California Permanente Medical Group, 2013[8]

Definition

Risk factors for endometrial cancer[1,8,10]:

- Age older than 40 years
- Bleeding that does not improve with pharmacological treatment
- Chronic anovulation
- Persistent intermenstrual bleeding
- Obesity
- Prolonged exposure to unopposed estrogens or tamoxifen
- Diabetes
- Nulliparity
- Early menarche
- Family history of endometrial cancer

Rationale

Endometrial biopsy is a minimally invasive procedure that provides information about abnormalities of the endometrial cells.[1,8,10] If a patient exhibits risk factors for endometrial cancer or hyperplasia, they require an endometrial biopsy to confirm or rule out these conditions. Endometrial biopsy will not identify focal lesions of the endometrium. Clinicians should assess the contributing risk factors for endometrial cancer when deciding to recommend an endometrial biopsy.

What This Quality Statement Means

For People With Heavy Menstrual Bleeding

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.

For Clinicians

Ensure that your patient has an endometrial biopsy if they have risk factors for endometrial cancer or hyperplasia.

For Organizations and Health Services Planners

Ensure that systems, processes, and resources are in place so that people are able to receive an endometrial biopsy if they exhibit risk factors for endometrial cancer. This includes access to skilled professionals capable of performing a biopsy, the equipment required to do so, and the laboratories required to test the samples once obtained.

Quality Indicators: How to Measure Improvement for This Statement

- Percentage of people with heavy menstrual bleeding who have an endometrial biopsy
- Percentage of people with heavy menstrual bleeding who have an endometrial biopsy but do not have the listed risk factors for endometrial cancer or endometrial hyperplasia

Measurement details for this indicator, as well as overarching indicators to measure improvement for the goals of the entire quality standard, are available in the technical specifications.

Quality Statement 5: Imaging

> 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.
>
> Sources: National Institute for Health and Care Excellence, 2021[1] | Society of Obstetricians and Gynaecologists of Canada, 2018[10] | Southern California Permanente Medical Group, 2013[8]

Definition

Imaging: If imaging is needed, a lower abdominal ultrasound is typically done, followed by transvaginal ultrasound to visualize the uterine cavity. Transabdominal pelvic evaluation alone may be more appropriate in patients who are not sexually active.[10] If further investigations are needed, the clinician may consider saline-infused hysterography, hysteroscopy, or magnetic resonance imaging.[1]

Rationale

Imaging of the uterus is indicated if the clinician suspects that a patient with heavy menstrual bleeding has structural abnormalities in the pelvis that require further investigation.[10]

What This Quality Statement Means

For People With Heavy Menstrual Bleeding

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.

For Clinicians

Do a pelvic examination before considering imaging. Your patient is a candidate for imaging if, based on the results of the pelvic examination, you suspect structural abnormalities that need further investigation. If you have conducted a pelvic examination and do not suspect a structural abnormality, but your patient's symptoms are not improving with pharmacological treatment, it is acceptable to order imaging.

For Organizations and Health Services Planners

Ensure that systems, processes, and resources are in place so that all people have access to appropriate uterine imaging when needed.

Quality Indicator: How to Measure Improvement for This Statement

- Percentage of people with heavy menstrual bleeding who have imaging of the uterus but did not have a pelvic or gynecological examination in the preceding year

Measurement details for this indicator, as well as overarching indicators to measure improvement for the goals of the entire quality standard, are available in the technical specifications.

Quality Statement 6: Referral to a Gynecologist

> 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.
>
> Source: Advisory committee consensus

Rationale

Before referring a patient with heavy menstrual bleeding to a gynecologist, primary care clinicians should perform a comprehensive initial assessment (see quality statement 1 for details), consider initiating a trial of pharmacological therapy (see quality statement 3), and order imaging if indicated (see quality statement 5). Some people may not want to try a pharmacological treatment, but pharmacological options should be offered to every patient. Taking these steps before referral will ensure the appropriate use of specialist resources, provide the gynecologist with vital information to help identify the cause of the bleeding, and decrease the wait time for the start of treatment and for specialist consultation. Specialists should see referred patients within 3 months of referral.

What This Quality Statement Means

For People With Heavy Menstrual Bleeding

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.

For Clinicians

Primary care clinicians: Always do a comprehensive initial assessment before considering referral to a gynecologist. The combination of results from the history, physical examination (including pelvic examination), laboratory tests, and imaging (as indicated) should be shared with the gynecologist before they see the patient.

Gynecologists: Ensure that you see the patient within 3 months of receiving the referral.

For Organizations and Health Services Planners

Ensure that systems, processes, and resources are in place so that all people have access to a gynecologist, if needed, within 3 months of referral by their primary care clinician.

Quality Indicators: How to Measure Improvement for This Statement

- Percentage of people with heavy menstrual bleeding who are seen by a gynecologist within 3 months of referral
- Percentage of people with heavy menstrual bleeding who are seen by a gynecologist and who have a comprehensive initial assessment prior to referral (including a detailed history, a complete blood count test, a gynecological examination, and a pregnancy test if indicated)
- Percentage of people with heavy menstrual bleeding who are seen by a gynecologist and who are offered pharmacological treatment to address heavy menstrual bleeding prior to referral

Measurement details for these indicators, as well as overarching indicators to measure improvement for the goals of the entire quality standard, are available in the technical specifications.

Quality Statement 7: Endometrial Ablation

> People with heavy menstrual bleeding are offered endometrial ablation. In the absence of structural abnormalities, patients have access to non-resectoscopic endometrial ablation techniques.
>
> Sources: National Institute for Health and Care Excellence, 2021[1] | Society of Obstetricians and Gynaecologists of Canada, 2018[10] | Society of Obstetricians and Gynaecologists of Canada, 2019[12]

Definitions

Structural abnormalities: A structural abnormality of the uterus refers to a growth or lesion of 3 cm or larger.[1]

Non-resectoscopic endometrial ablation techniques: Non-resectoscopic endometrial ablation techniques (also known as second-generation techniques) use a variety of energy sources to nonselectively destroy the endometrial lining.[12] These are the ablation methods of choice.[10] These techniques are preferred because they require shorter surgical time and less specialized training, and they are easier to perform. They can be performed in an outpatient setting with local or conscious sedation, and they result in fewer complications related to fluid overload and uterine perforation.[12] All people considering endometrial ablation should have access to non-resectoscopic endometrial ablation techniques.[1]

Rationale

Endometrial ablation is an effective treatment option for people with heavy menstrual bleeding and a normal uterine cavity.[1] People who choose to have endometrial ablation require endometrial sampling to rule out cancer before the procedure; testing for cancer becomes difficult once the endometrial lining is destroyed.[12]

What This Quality Statement Means

For People With Heavy Menstrual Bleeding

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.

For Clinicians

Provide information about endometrial ablation and offer it as a first-line treatment option for heavy menstrual bleeding. If your patient chooses this option, first perform endometrial sampling. Non-resectoscopic techniques performed without general anesthetic are the methods of choice for endometrial ablation.

For Organizations and Health Services Planners

Ensure that systems, processes, and resources are in place so that all people have access to non-resectoscopic endometrial ablation techniques. Ensure that clinicians are aware of gynecologists who accept referrals for endometrial ablation.

Quality Indicators: How to Measure Improvement for This Statement

- Percentage of people with heavy menstrual bleeding who have endometrial ablation, by type of ablation (any, resectoscopic, non-resectoscopic)
- Percentage of people with heavy menstrual bleeding who have endometrial ablation and who have endometrial sampling within 3 months before the procedure

Measurement details for these indicators, as well as overarching indicators to measure improvement for the goals of the entire quality standard, are available in the technical specifications.

Quality Statement 8: Acute Heavy Menstrual Bleeding

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).

Sources: National Institute for Health and Care Excellence, 2021[1] | Society of Obstetricians and Gynaecologists of Canada, 2018[10] | Southern California Permanente Medical Group, 2013[8]

Definitions

Presenting acutely: An episode of heavy menstrual bleeding, not related to pregnancy, that is of sufficient quantity to require immediate intervention to prevent further blood loss.[10]

Interventions to stop the bleeding: Interventions to stop the bleeding include pharmacological therapies,[8,10] intracavitary tamponade,[8] dilation and curettage with hysteroscopy,[8,10] resectoscopic endometrial ablation,[8,10] uterine artery occlusion,[8,10] and hysterectomy.[8,10] Hysterectomies in the acute setting should be a last resort because of the risks associated with surgery in people with acute anemia.[8,10]

Therapies to rapidly correct severe anemia: Therapies to correct severe anemia (a hemoglobin level of less than 90 g/L) are recommended (see quality statement 14). First-line therapy is intravenous iron. Red blood cell transfusion using the lowest number of units required is recommended only if the patient has serious symptoms of anemia, such as hypotension, chest pain, syncope, or tachycardia.

Rationale

People presenting with acute heavy menstrual bleeding should be managed promptly to minimize morbidity and reduce the likelihood of requiring blood transfusions.[10]

A follow-up appointment scheduled to correlate with the patient's next period is important, because it allows clinicians to assess whether the problem is ongoing and to review the efficacy of any medications started in the hospital.

What This Quality Statement Means

For People With Heavy Menstrual Bleeding

If your menstrual bleeding is suddenly so heavy that you need to go to the 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.

For Clinicians

When someone presents with acute heavy menstrual bleeding, stabilize and manage them in a way that minimizes the need for blood transfusions. Ensure that the patient has a follow-up outpatient appointment booked within 4 weeks, at or immediately following their next period, to assess whether the problem is ongoing and to review the efficacy of any medications started in hospital.

For Organizations and Health Services Planners

Ensure that systems, processes, and resources are in place so that people have access to all options to stop acute bleeding, receive rapid resuscitation, and start appropriate anemia treatment while in hospital. Ensure that resources are available to enable timely follow-up appointments.

Quality Indicators: How to Measure Improvement for This Statement

- Percentage of people who have an outpatient follow-up visit with a clinician within 4 weeks of leaving the hospital for an unplanned emergency department visit or hospital admission for heavy menstrual bleeding
- Percentage of people who have an unplanned emergency department visit for heavy menstrual bleeding within 60 days after an initial emergency department visit or hospital discharge for heavy menstrual bleeding

Measurement details for these indicators, as well as overarching indicators to measure improvement for the goals of the entire quality standard, are available in the technical specifications.

Quality Statement 9: Dilation and Curettage

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.

Sources: National Institute for Health and Care Excellence, 2021[1] | Southern California Permanente Medical Group, 2013[8]

Rationale

Dilation and curettage has been used historically as a treatment and diagnostic tool for both acute and chronic heavy menstrual bleeding. Unfortunately, the benefits of this procedure are temporary.[1] When dilation and curettage is performed, simultaneous hysteroscopy should also be performed to decrease the incidence of missed lesions (e.g., polyps) that may be contributing to or causing the acute heavy menstrual bleeding.[8] See quality statement 8 for additional guidance on treating acute heavy menstrual bleeding.

What This Quality Statement Means

For People With Heavy Menstrual Bleeding

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.

For Clinicians

Use dilation and curettage only for people presenting to the emergency department with acute heavy menstrual bleeding and for whom medications are not working to suppress the bleeding. In these cases, use simultaneous hysteroscopy to visualize lesions that may be causing the bleeding.

For Organizations and Health Services Planners

Ensure that systems, processes, and resources are in place so that people do not receive dilation and curettage for investigation or treatment of heavy menstrual bleeding unless it is absolutely necessary to treat acute heavy menstrual bleeding that is not responding to medical intervention.

Quality Indicators: How to Measure Improvement for This Statement

- Percentage of people with nonacute heavy menstrual bleeding who undergo dilation and curettage
- Percentage of people with acute heavy menstrual bleeding who undergo dilation and curettage and who also have a hysteroscopy

Measurement details for these indicators, as well as overarching indicators to measure improvement for the goals of the entire quality standard, are available in the technical specifications.

Quality Statement 10: Offering Hysterectomy

> People with heavy menstrual bleeding are offered hysterectomy only after a documented discussion about other treatment options, or after other treatments have failed.
>
> Source: National Institute for Health and Care Excellence, 2021[1]

Rationale

Prioritizing patient choice in treatment decisions around heavy menstrual bleeding is vital, but the high rates of hysterectomies conducted in Ontario's rural and remote areas suggest that limited treatment options are available. Consideration of hysterectomy necessitates thorough discussions about its impact on sexual, reproductive, and psychological health, among other factors. To ensure equitable health care, it is crucial that patients (especially in remote locations) be fully informed and have access to a spectrum of treatments.[1]

What This Quality Statement Means

For People With Heavy Menstrual Bleeding

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.

For Clinicians

If your patient is considering a hysterectomy, ensure that you have a detailed discussion with them about the effects that a hysterectomy may have on their sexual feelings, fertility, bladder function, ovarian function, need for future treatments, and psychological well-being, as well as potential surgical complications.

For Organizations and Health Services Planners

Ensure that systems, processes, and resources are in place so that all patients have access to all appropriate surgical procedures and treatment options – not only hysterectomy.

Quality Indicator: How to Measure Improvement for This Statement

- Percentage of people with heavy menstrual bleeding who have a hysterectomy and who have a documented discussion about other treatment options

Measurement details for this indicator, as well as overarching indicators to measure improvement for the goals of the entire quality standard, are available in the technical specifications.

Quality Statement 11: Least Invasive Hysterectomy

> People with heavy menstrual bleeding who have chosen to have a hysterectomy have it performed by the least invasive route possible.
>
> Source: National Institute for Health and Care Excellence, 2021[1]

Rationale

If a person chooses hysterectomy as treatment for heavy menstrual bleeding, they should be offered the least invasive method possible to minimize complications and recovery time.[1,10] Both vaginal and laparoscopic approaches are less invasive than open abdominal hysterectomy and are associated with reduced morbidity and length of stay in hospital.[1,10] Prior to the surgery, management of anemia is recommended with oral or intravenous iron to optimize the patient's hemoglobin level to greater than 120 g/L.[10]

What This Quality Statement Means

For People With Heavy Menstrual Bleeding

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.

For Clinicians

If your patient elects to have a hysterectomy, always use the least invasive method possible. If your patient has a hemoglobin level of less than 120 g/L, use oral or intravenous iron to raise their hemoglobin above 120 g/L before surgery.[10]

For Organizations and Health Services Planners

Ensure that systems, processes, and resources are in place so that people have access to the least invasive options possible for hysterectomy, and that physicians have the training and equipment necessary to use newer and less invasive techniques, such as vaginal and laparoscopic approaches rather than abdominal hysterectomies.

Quality Indicators: How to Measure Improvement for This Statement

- Proportion of hysterectomies among people with heavy menstrual bleeding that are performed as vaginal, laparoscopic, or abdominal
- Percentage of people with heavy menstrual bleeding who have a hysterectomy and who have a preoperative hemoglobin concentration greater than 120 g/L

Measurement details for these indicators, as well as overarching indicators to measure improvement for the goals of the entire quality standard, are available in the technical specifications.

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

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

Sources: National Institute for Health and Care Excellence, 2021[1] | Society of Obstetricians and Gynaecologists of Canada, 2018[10] | Society of Obstetricians and Gynaecologists of Canada, 2019[12]

Rationale

Fibroids are one of the primary causes of heavy menstrual bleeding.[12] Uterine artery embolization, myomectomy, and hysterectomy are effective surgical options for patients with symptomatic fibroids.[1,12] For people who do not wish to preserve fertility and have been counselled about the risks and benefits of hysterectomy, this treatment can be offered (see quality statements 10 and 11 for details).[12] Non-resectoscopic endometrial ablation should be considered as a treatment choice for people with fibroids of at least 3 cm in diameter. For people with submucosal fibroids, hysteroscopic removal should be taken into consideration.[1]

Prior to any surgical intervention for fibroids, anemia management with oral or intravenous iron is recommended to optimize the patient's hemoglobin level to greater than 120 g/L.[10] Gonadotropin-releasing hormone analogues or selective progesterone-receptor modulators can be used to suppress menstruation and facilitate minimally invasive approaches.[12]

What This Quality Statement Means

For People With Heavy Menstrual Bleeding

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.

For Clinicians

Offer uterine artery embolization, myomectomy, and hysterectomy as surgical treatment options to all people with heavy menstrual bleeding related to fibroids. Ensure that people have the information they need to make an informed choice. If your patient has a hemoglobin level of less than 120 g/L, use oral or intravenous iron to raise their hemoglobin above 120 g/L before their operation.

For Organizations and Health Services Planners

Ensure that systems, processes, and resources are in place so that people have access to uterine artery embolization, myomectomy, and hysterectomy as treatment options for fibroids causing heavy menstrual bleeding. Ensure that clinicians are aware of gynecologists who accept referrals for these procedures.

Quality Indicator: How to Measure Improvement for This Statement

- Percentage of people with heavy menstrual bleeding who have a diagnosis of fibroids and who are offered a choice of 3 surgical procedures: uterine artery embolization, myomectomy, and hysterectomy

Measurement details for this indicator, as well as overarching indicators to measure improvement for the goals of the entire quality standard, are available in the technical specifications.

Quality Statement 13: Bleeding Disorders in Adolescents

> Adolescents with heavy menstrual bleeding are screened for risk of inherited bleeding disorders using a structured assessment tool.
>
> Sources: Society of Obstetricians and Gynaecologists of Canada, 2018[10] | Southern California Permanente Medical Group, 2013[8]

Definition

Adolescents: Adolescence is the period of human growth and development that occurs after childhood and before adulthood. For the purpose of this quality standard, we define this as ages 10 to 19 years.[14]

Rationale

Almost half of adolescents presenting with heavy menstrual bleeding at or closely following menarche have an underlying bleeding disorder.[10] Clinicians should ask if the patient has had heavy menstrual bleeding since menarche and if they have had postpartum hemorrhage, surgery-related bleeding, or bleeding associated with dental work. If the patient answers "yes" to any of the above questions, clinicians should use a structured bleeding assessment tool to ask about bruising, nose bleeds, frequent gum bleeding, blood in urine, and a family history of bleeding symptoms.[8] Additional laboratory evaluations are necessary if the patient has a positive screen for inherited coagulopathy.[8]

What This Quality Statement Means

For People With Heavy Menstrual Bleeding

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.

For Clinicians

If your patient is an adolescent presenting with heavy menstrual bleeding at or close to menarche, use a structured bleeding assessment tool to screen for risk of inherited bleeding disorders. If they screen positive using this tool, consult with a hematologist and test your patient for bleeding disorders.

For Organizations and Health Services Planners

Ensure that systems, processes, and resources are in place so that people have access to hematological consultation if needed and the laboratory facilities to test for bleeding disorders.

Quality Indicator: How to Measure Improvement for This Statement

- Percentage of people aged 10 to 19 years with heavy menstrual bleeding who are screened for risk of inherited bleeding disorders

Measurement details for this indicator, as well as overarching indicators to measure improvement for the goals of the entire quality standard, are available in the technical specifications.

Quality Statement 14: Treatment of Anemia and Iron Deficiency

> People with heavy menstrual bleeding who have been diagnosed with anemia or iron deficiency are treated with oral and/or intravenous iron.
>
> Source: Advisory committee consensus

Definition

Treated with oral and/or intravenous iron: Anemia and iron deficiency should be treated with oral or intravenous iron, in the following order:

1. Oral iron for a minimum of 3 months to correct hemoglobin level and treat symptoms of iron deficiency (fatigue, cognitive impairment, exercise intolerance, restless legs)[15]
2. Intravenous iron for people with severe anemia (hemoglobin concentration of less than 90 g/L) or severe symptoms of anemia, people unresponsive or intolerant to oral iron, or people in need of rapid correction prior to an operative procedure[15]
3. Transfusion only if the patient is suffering from serious side effects such as hypotension, chest pain, syncope, or tachycardia. Transfusion is associated with adverse events, including a 1-in-13 chance of alloimmunization that can complicate future pregnancies[16]

Rationale

People presenting with heavy menstrual bleeding are at an increased risk of developing anemia and iron deficiency due to the excessive blood loss they experience each month. Anemia and iron deficiency need to be treated to improve the patient's mental and physical functioning and prevent the need for transfusion.

All people who have anemia (hemoglobin concentration of less than 120 g/L in a nonpregnant menstruating patient[17]), a low mean cell volume, a low red blood cell count, and a clear history of bleeding should be treated with iron but do not need a ferritin test. However, if people with anemia do not respond to oral iron, their ferritin should be tested. People who are not anemic but exhibit symptoms of iron deficiency, such as restless legs, fatigue, and hair loss, should also have a ferritin test. Ferritin levels of less than 15 mcg/L are diagnostic of iron deficiency and levels of 15 to 50 mcg/L are strongly suggestive of iron deficiency.[15]

What This Quality Statement Means

For People With Heavy Menstrual Bleeding

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.

For Clinicians

If your patient has iron deficiency anemia from heavy menstrual bleeding, treat them with iron in the following order: oral iron and then intravenous iron. Use transfusion only if the patient is experiencing serious side effects such as hypotension, chest pain, syncope, or tachycardia.

For Organizations and Health Services Planners

Ensure that systems, processes, and resources are in place so that people with heavy menstrual bleeding have equal access to all options to correct their iron deficiency anemia. Ensure that clinicians have access to the appropriate laboratory tests for their patients, and to protocols to avoid unnecessary transfusions in this population.

Quality Indicators: How to Measure Improvement for This Statement

- Percentage of people with heavy menstrual bleeding who are diagnosed with anemia or iron deficiency and are treated with iron (oral or intravenous)
- Percentage of people with heavy menstrual bleeding who are diagnosed with anemia and who have a blood transfusion

Measurement details for these indicators, as well as overarching indicators to measure improvement for the goals of the entire quality standard, are available in the technical specifications.

Appendix 1: About This Quality Standard

How to Use This Quality Standard

Quality standards inform patients, clinicians, and organizations about what high-quality care looks like for health conditions or processes deemed a priority for quality improvement in Ontario. They are based on the best evidence.

Guidance on how to use quality standards and their associated resources is included below.

For People With Heavy Menstrual Bleeding

This quality standard consists of quality statements. These describe what high-quality care looks like for people with heavy menstrual bleeding.

Within each quality statement, we've included information on what these statements mean for you as a patient.

In addition, you may want to download this accompanying patient guide on heavy menstrual bleeding to help you and your family have informed conversations with your clinicians. Inside, you will find information and questions you may want to ask as you work together to make a plan for your care.

For Clinicians and Organizations

The quality statements within this quality standard describe what high-quality care looks like for people with heavy menstrual bleeding. They are based on the best evidence and designed to help you know what to do to reduce gaps and variations in care.

Many clinicians and organizations are already providing high-quality, evidence-based care. However, there may be elements of your care that can be improved. This quality standard can serve as a resource to help you prioritize and measure improvement efforts.

Tools and resources to support you in your quality improvement efforts accompany each quality standard. These resources include indicators and their definitions, available in the technical specifications. Measurement is key to quality improvement. Collecting and using data when implementing a quality standard can help you assess the quality of care you are delivering and identify gaps in care and areas for improvement.

There are also a number of resources online to help you, including:

- Our patient guide on heavy menstrual bleeding, which you can share with patients and families to help them have conversations with you and their other clinicians. Please make the patient guide available where you provide care
- Our measurement resources, including the technical specifications for the indicators in this quality standard, the "case for improvement" slide deck to help you to share why this standard

was created and the data behind it, and our measurement guide containing supplementary information to support the data collection and measurement process

- Our placemat, which summarizes the quality standard and includes links to helpful resources and tools
- Our *Getting Started Guide*, which includes links to templates and tools to help you put quality standards into practice. This guide shows you how to plan for, implement, and sustain changes in your practice
- Quorum, an online community dedicated to improving the quality of care across Ontario. This is a place where clinicians can share information and support each other, and it includes tools and resources to help you implement the quality statements within each standard
- Our *Spotlight Report*, which will help you understand what successful quality standard implementation looks like, based on examples from the field

How the Health Care System Can Support Implementation

As you work to implement this quality standard, there may be times when you find it challenging to provide the care outlined due to system-level barriers or gaps. These challenges have been identified and documented as part of the development of the quality standard, which included extensive consultation with clinicians and lived experience advisors and a careful review of available evidence and existing programs. Many of the levers for system change fall within the purview of Ontario Health, and as such we will continue to work to address these barriers to support the implementation of quality standards. We will also engage and support other provincial partners, including the Ministry of Health or other relevant ministries, on policy-level initiatives to help bridge system-level gaps.

In the meantime, there are many actions you can take on your own, so please read the standard and act where you can.

Appendix 2: Glossary

Term	Definition
Acute heavy menstrual bleeding	An episode of heavy menstrual bleeding, not related to pregnancy, that is of sufficient quantity to require immediate intervention to prevent further blood loss.[7]
Adults	People aged 18 years and older.
Care partner	An unpaid person who provides care and support in a nonprofessional capacity, such as a parent, other family member, friend, or anyone else identified by the person with heavy menstrual bleeding. Other terms commonly used to describe this role include "caregiver," "informal caregiver," "family caregiver," "carer," and "primary caregiver."
Clinicians	Regulated professionals who provide care to patients or clients. Examples are nurses, nurse practitioners, pharmacists, and physicians.
Family	The people closest to a person in terms of knowledge, care, and affection; this may include biological family or family of origin, family through marriage, or family of choice and friends. The person defines their family and who will be involved in their care.
Gynecologists	Clinicians who specializes in the health of the female reproductive systems (vagina, uterus, and ovaries) and the breasts. Beyond medical and surgical care of women's reproductive system, gynecologists are also involved in general women's health and may act as primary care providers for women.
Heavy menstrual bleeding	Excessive menstrual blood loss that interferes with people's physical, social, emotional, or material quality of life. It can occur alone or in combination with other symptoms.[1]
Primary care clinician	A family physician (also called a primary care physician) or nurse practitioner.

Appendix 3: Values and Guiding Principles

Values That Are the Foundation of This Quality Standard

This quality standard was created, and should be implemented, according to the Patient, Family and Caregiver Declaration of Values for Ontario. This declaration "is a vision that articulates a path toward patient partnership across the health care system in Ontario. It describes a set of foundational principles that are considered from the perspective of Ontario patients, and serves as a guidance document for those involved in our health care system."

These values are:

- Respect and dignity
- Empathy and compassion
- Accountability
- Transparency
- Equity and engagement

A quality health system is one that provides good access, experience, and outcomes for all people in Ontario, no matter where they live, what they have, or who they are.

Guiding Principles

In addition to the above values, this quality standard is guided by the principles outlined below.

Acknowledging the Impact of Colonization

Clinicians should acknowledge and work toward addressing the historical and present-day impacts of colonization in the context of the lives of Indigenous Peoples throughout Canada. This work involves being sensitive to the impacts of intergenerational and present-day traumas and the physical, mental, emotional, and social harms experienced by Indigenous people, families, and communities, as well as recognizing their strength and resilience. This quality standard uses existing clinical practice guideline sources that may not include culturally relevant care or acknowledge traditional Indigenous beliefs, practices, and models of care.

French Language Services

In Ontario, the *French Language Services Act* guarantees an individual's right to receive services in French from Government of Ontario ministries and agencies in 26 designated areas and at government head offices.[18]

Social Determinants of Health

Homelessness and poverty are 2 examples of economic and social conditions that influence people's health, known as the social determinants of health. Other social determinants of health include employment status and working conditions, race and ethnicity, food security and nutrition, gender, housing, immigration status, social exclusion, and residing in a rural or urban area. Social determinants of health can have strong effects on individual and population health; they play an important role in understanding the root causes of poorer health.

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About Us

We are an agency created by the Government of Ontario to connect, coordinate, and modernize our province's health care system. We work with partners, providers, and patients to make the health system more efficient so everyone in Ontario has an opportunity for better health and wellbeing.

Equity, Inclusion, Diversity, and Anti-Racism

Ontario Health is committed to advancing equity, inclusion and diversity and addressing racism in the health care system. As part of this work, Ontario Health has developed an Equity, Inclusion, Diversity and Anti-Racism Framework, which builds on existing legislated commitments and relationships and recognizes the need for an intersectional approach.

Unlike the notion of equality, equity is not about sameness of treatment. It denotes fairness and justice in process and in results. Equitable outcomes often require differential treatment and resource redistribution to achieve a level playing field among all individuals and communities. This requires recognizing and addressing barriers to opportunities for all to thrive in our society.

For more information about Ontario Health, visit OntarioHealth.ca

Looking for More Information?

Visit hqontario.ca or contact us at QualityStandards@OntarioHealth.ca if you have any questions or feedback about this quality standard.

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