

Heavy Menstrual Bleeding Clinical Practice Guideline

Urgent Care Management

FINAL:
2/3/21



Page 1 of 2

Inclusion Criteria: Menstruating females with concern for heavy bleeding

Exclusion Criteria:

- Previously identified bleeding disorder (Rheumatology, Cancer, Anti-Coagulation, Congenital Heart Disease)
- Patients with altered mental status, severe hypotension, requiring intubation, or who are otherwise clinically unstable

Screening Questions (Adapted from Claire Philip Screening tool; AMJOG 2011)

1. On average does your period last 7 or more days?
2. Do you experience “flooding” or overflow bleeding through your tampon or pad?
3. Do you need to change your tampon or pad more than every 1-2 hours at times during your period?
4. Have you ever been treated (PO iron, IV iron, blood transfusion) for iron deficiency anemia in the past?
5. Do you have a family history of a bleeding disorder?
6. Have you had excessive bleeding with a dental extraction or dental surgery?
7. Have you had excessive bleeding with a miscarriage or following delivery of a child?

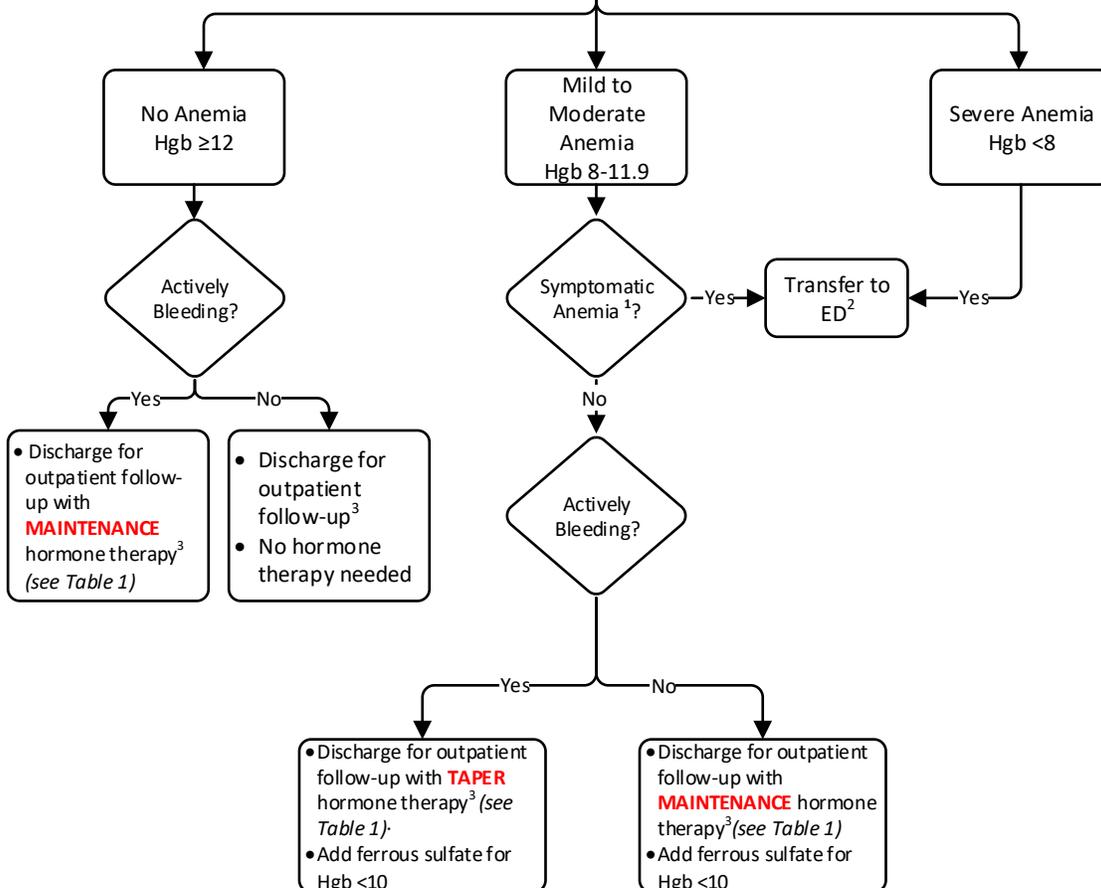
Considered to be positive if answered yes to any of the above questions

Algorithm

Concern for Heavy Menstrual Bleeding or Positive Screening

Consult Hematology if known history of blood thinners

- Ask and document screening questions (smartphrase .hmb)
- Obtain CBC and Urine Pregnancy Test for all patients.
- Additional work-up, if indicated (See Box 1 on page 2)



Definitions

- ppd = pads per day

General Care

- Monitor vitals per routine
- Start IV if indicated

¹ Symptoms of Anemia

- Tachycardia
- Orthostatic Hypotension
- Headache/Dizziness
- Acute fatigue

² Transfer Criteria

- Hgb <8
- Soaking >6 ppd
- Symptomatic anemia
- If unstable, severely hypotensive, or Hgb <5, consider ambulance transfer.

³ Discharge Instructions

- See Table 1 for discharge meds
- Follow-up with a Gynecologist in the CHOA Pediatric Gynecology clinic (404.785.1491), or in the Hughes Spalding Adolescent Medicine Clinic (404.785.9850) in 2-4 weeks
- Follow-up with the Hematology Clinic (404.785.1319) in 4-8 weeks to complete bleeding disorder workup
- If bleeding recurs, return to previous dose and call PCP. Skip placebo pills until seen for follow-up.
- Iron supplementation if indicated and encourage iron rich foods
- Provide teaching sheet: “When Your Child Has Iron-Deficiency Anemia.”



Box 1: Additional Lab Work-up (if indicated)

- **If Obesity (BMI $\geq 95\%$), Acanthosis Nigricans, Hirsutism, or missed period for more than 3 months in a row:**
 - Prior to starting hormone therapy, draw FSH, LH, Estradiol, Prolactin, Testosterone. Results not needed prior to starting therapy.
- **Consider:** Urine GC/Chlamydia, Serum RPR and HIV if sexually active

Table 1: Discharge Medications

Discharge Medications	Indications	Dosage	Max Dose	Comments	Prescription Details
Discharge Hormone Therapy (If already taking a combined oral contraceptive (COC), discontinue and begin the following therapy)					
Norethindrone Acetate <i>Preferred</i>	Preferred discharge hormone therapy if no contraindications present	TAPER: 10 mg BID until 3 days after bleeding stops. Then, start maintenance dose MAINTENANCE: 10 mg once a day until follow-up appointment.**	10 mg/dose	Contraindication: Previous intolerance Not a preferred method of birth control	Prescribe as 90 tabs for 30 days with 1 refill
Lo-Ovral <i>Alternate</i>	Alternate if: - Norethindrone acetate is contraindicated	TAPER: - 1 tab PO Q8H x 3 days from initiation - Then, 1 tab PO Q12H x 2 days. - Then, start maintenance dose MAINTENANCE: 1 tab PO QD until follow-up.**	1 tab/dose	Alternate for Medicaid Patients: Seasonique (uses same dosing schedule as Lo-Ovral) Common Contraindications: Personal history of thrombosis or stroke, thrombosis in first degree relative or family history of hypercoagulability, migraine with aura, SBP >160 or DBP >100, <6 weeks post-partum, congenital heart disease, active cancer, renal failure, or uncontrolled rheumatologic disease.* Call Hematology or Gynecology if if contraindications present	Lo-ovral: Prescribe as a 1-month supply with 3 refills Seasonique: Prescribe 1 (84-pill) pack with 1 refill
Medroxyprogesterone <i>Alternate</i>	Alternate if: - Norethindrone acetate and Lo-Ovral are contraindicated	TAPER: 20 mg BID until 3 days after bleeding stops, then start maintenance dose MAINTENANCE: 20 mg once a day until follow-up appointment.**	20 mg/dose	Contraindication: Previous intolerance Not a preferred method of birth control	Prescribe as 90 tabs for 30 days with 1 refill
Discharge Medications:					
Ferrous Sulfate	If Hgb <10	325 mg (65mg elemental iron) PO BID		N/A	Prescribe 60 tabs for 30 days with 1 refill
Other Medications (As Appropriate)					
Ondansetron (Zofran)	For side effects related to oral hormone therapy	0.15 mg/kg PO Q8H x 4 days, then 0.15 mg/kg PO Q8H PRN	8 mg/dose	N/A	Prescribe per patient's needs
Famotidine (Pepcid)	For side effects related to oral hormone therapy	10-20 mg PO Q12H	20 mg/dose	N/A	Prescribe per patient's needs
Docosate (Colace)	If iron given	50-100 mg PO QD	100 mg/dose	N/A	Prescribe per patient's needs

*Refer to CDC Summary of Medical Eligibility Criteria for Contraceptive Use for complete list of contraindications for estrogens

**If bleeding recurs, return to previous dose and call PCP. Skip placebo pills until seen for follow-up.