Heavy Menstrual Bleeding Clinical Practice Guideline

Inpatient Management

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

Algorithm

Patient admitted with Heavy Menstrual Bleeding
If admitted from ED, continue current hormone therapy regimen

- Ask and document screening questions if not completed in ED (Use smartphrase .hmb – refer to Box 1 on page 2)
- Order labs if not already obtained (See Box 2 on page 2)
- Obtain Ferritin & Iron panel
- Order Pelvic Ultrasound
- Consult Gynecology

Oral hormone therapy (see Table 1)

Any ONE of the following present?
- PO Intolerance
- Soaking >6ppd
- Hypotensive
- Hgb ≤5

IV hormone Therapy (see Table 1)

Any ONE of the following present?
- Symptomatic anemia
- Hypotension
- Hgb <6

• Continue hormone therapy
• If Hgb 6-8 and asymptomatic, consult Hematology for consideration of IV Iron infusion

Discharge Instructions

Follow-up with Gynecologist at CHOA Pediatric Gynecology office (404.785.1491), or 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 work-up
Continue hormone taper until daily regimen achieved. If bleeding recurs, return to previous dose and call PCP. Do not take placebo pills until seen for follow-up (see Table 1).
Physician should work with case manager when writing discharge hormone therapy orders to ensure access to the necessary quantity.
Continue iron supplementation and encourage iron rich foods
Keep menstrual calendar
Provide teaching sheet: “When Your Child Has Iron-Deficiency Anemia”

Definitions

• ppd = pads per day

Considerations

- If known history of blood thinners, consult Hematology
- Start iron when patient tolerating PO
- If unstable/hypotension, consider PICU transfer

General Care

- Monitor vitals per routine
- Obtain orthostatic blood pressure and HR on admission and Qshift
- Start IV if indicated
- Case management consult for discharge medication needs

1 Symptoms of Anemia

- Tachycardia
- Orthostatic hypotension
- Headache/Dizziness
- Fatigue

2 Bleeding Improved

- <3 ppd
- Orthostasis resolved
- Fatigue resolved
- No headache/dizziness

3 Discharge Criteria

- Tolerating PO
- In room air
- No longer bleeding or only spotting
- No longer orthostatic

4 Discharge Instructions

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Box 1: Screening Questions (Adapted from Claire Philipp Screening tool; AMJOG 2011)

1. On average does your period last 7 or more days?
2. Do you experience “flooding” or overflow bleeding thru 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

Box 2: Labs (if not already obtained)

- If Obesity (BMI ≥29.5%), 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.
- If sexually active: Consider Urine GC/Chlamydia, Serum RPR and HIV
- If strong personal history of bleeding or family history of bleeding disorder: Consider VWD profile, PT, PTT, and fibrinogen

<table>
<thead>
<tr>
<th>Medication</th>
<th>Indications</th>
<th>Dosage</th>
<th>Max Dose</th>
<th>Contraindications/Comments</th>
<th>Medication</th>
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<th>Dosage</th>
<th>Max Dose</th>
<th>Contraindications/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Norethindrone Acetate</td>
<td>For patients &gt;16 years of age</td>
<td>3 tablets PO QD for 3 days after bleeding stops then start maintenance dose.</td>
<td>1 tablet PO QD</td>
<td>N/A</td>
<td>Tramadol</td>
<td>50 mg PO</td>
<td>200 mg</td>
<td>N/A</td>
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<tr>
<td>Aminocaproic acid</td>
<td>For admitted patients only</td>
<td>50 mg/kg IV or PO, max 1 g/hr</td>
<td>1 g</td>
<td>N/A</td>
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<td></td>
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**Reference**
- CDC Summary of Medical Eligibility Criteria for Contraceptive Use
- For a complete list of contraindications for each medication, refer to the Heavy Menstrual Bleeding Clinical Practice Guideline
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