

Clinical Practice Guideline for the Evaluation and Treatment of Abnormal Uterine Bleeding (AUB)

Initial Evaluation

Physical Exam: Orthostatic Vital Signs

- Confirm breasts >Tanner 3
- Assess for acne/hirsutism
- bruising, petechiae
- Heart murmur, hepatomegaly-
- External genital exam

In office labs:

- Hgb
- HCG

History:

- Pad/tampon count
- Dizziness
- Sexual activity

Severe Bleeding

- Active profuse heavy bleeding
- Consistently < 2 hrs to soak a pad/tampon
- OR Hgb < 8
- OR Orthostatic Hypotension (SBP drop >20)
- DBP drop > 10, HR increase > 20 BPM, lying → sitting)
- Severely symptomatic (dizzy, pallor, extreme fatigue, syncope)

Outpatient Management

No

Yes

Send to ER for labs and possible admission

Moderate

Mild

Lab Evaluation²

- HcG
- CBCD
- TSH
- ft4
- Prolactin
- PT, PTT, INR
- vWF Panel
- Ferritin
- Fibrinogen
- GC/Chlam (as appropriate)
- IF > 2 yrs s/p menarche or hirsutism:
 - Free/total Testosterone
 - DHEA-S
 - 17-OH progesterone

MILD: Moderately increased menstrual flow with Hgb >10

1. OCPs¹ (standard use)
2. and/or NSAIDs
3. and/or Tranexamic acid³

MODERATE: Prolonged or frequent menses, moderate to heavy flow & Hgb 8-10

1. Obtain labs² prior to starting medication
2. Begin OCP taper¹
3. Zofran prn nausea
4. Oral iron
5. Tranexamic acid³ as needed
6. Return to clinic if not improved in 24 hours
7. If bleeding not resolved in 72 hours contact AYA medicine

Reassess within 72 hours in clinic. If not improved, contact AYA on call or place E Consult Refer to Hematology and write "Combined AYA/ Heme Heavy Menstrual Bleeding Clinic" for patients who:

- Require inpatient admission or blood transfusion
- Hgb persistently <10 despite hormone therapy and oral iron
- Have abnormal coagulation studies, thrombocytopenia, confirmed or strongly suspected bleeding disorder

For other patients who require additional assistance with contraceptive management and/or desire IUD insertion, refer to AYA for reproductive health consult.

Maintenance Therapy

- Continuous (active pills, no placebo) OCPs¹ x 3 months
- PO iron- stool softeners prn

Yes

1-week Follow-up
Bleeding Resolved & Hgb > 8 & no orthostatic hypotension

Moderate AUB Management

Norgestimate-ethinyl estradiol taper¹:

- (Ortho-Cyclen (28)) 0.25 mg-0.035 mg Oral Tablet)
- 1 pill QID until bleeding resolved
- 1 pill TID x 3 days, then BID for 2 days, then daily.
- Skip the placebo row of pills for 3 months and start the next pack immediately.
- Continue OCP x 6 months AND hgb > 11 minimum, ideal hgb 12.5 or greater

Estrogen Contraindications¹:

- Migraine with FOCAL NEUROLOGICAL DEFICIT (not just blurry vision, dizziness, or self-report of 'aura')
- Uncontrolled HTN (> 160/100)
- Prior DVT/PE
- At increased risk for blood clots (SLE, antiphospholipid ab)
- Significant liver disease
- NOTE: Nicotine use is NOT a contraindication

If contraindication to Estrogen

- Use medroxyprogesterone acetate at a dose of 10 mg tabs TID x 10 days, then BID x 7 days then daily OR norethindrone acetate at a dose of 5 mg tab TID x 10 days then BID x 7 days then daily

Iron Supplement

- FE Sulfate 325 mg once daily until hgb >12.5 x 3 months. Start once on one OCP pill per day.

Tranexamic Acid³

- For heavy periods not responding to OCPs within 3 months consider adding tranexamic acid 650 mg tabs, 2 PO TID x 5days during placebo days OR while on progesterone-only pills. Avoid on days taking active estrogen OCP OR for patients with concern for increased risk of clotting.

Breakthrough Bleeding

If the patient develops persistent or heavy BTB while using pills continuously, take a 7 day break and then restart pills with typical schedule that includes placebos. For patients strongly suspected to have immaturity of HPO axis with no identifiable contributor to bleeding, recommend keeping OCP on for at least 1 year. After that, could do trial of discontinuation if desired by patient.

Adapted from:
<https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2019/09/screening-and-management-of-bleeding-disorders-in-adolescents-with-heavy-menstrual-bleeding>