Provincial Adult Abnormal Uterine Bleeding Primary Care Clinical Pathway

Normal cyclical bleeding refers to a regular bleed occurring at 24-38-day intervals (cycle length may vary)

1. History

- Evaluate bleed (pattern, quantity and non-gynecological sources)
- Pregnancy risk / sexual activity
- Risk factors for gynecological cancers

Patients > 40 years old, with history of amenorrhea > 1 year and new episode of bleeding → Follow Post-Menopausal Bleeding Pathway

2. Assessment

- Vitals / general appearance
- Vulva / vagina/ cervix: Atrophic change, trauma, ulcer or mass
- **Pelvic exam**

Trauma Informed Exam Guide

3. Red Flags

- Patient looks unwell
- Tachycardia / hypotension
- Soaking through >1 high protection product consistently per hour (pad/ tampon/ menstrual cup)
- Fever

Yes

4. Investigations

- Cervical Cancer Screening — If abnormal → Manage as per guidelines
- STI Screening — If positive → Treat as per guidelines
- Pregnancy Test — If positive → Manage pregnancy
- CBC/Ferritin — If low → Consider transfusion as per guidelines; Follow Iron Deficiency Anemia Pathway
- Endometrial biopsy (if available): >40 years old, or <40 y/o with significant risk factors present
- Transvaginal ultrasound (If not available/ appropriate complete trans abdominal pelvic ultrasound)

If urgent abnormal results → **6. Urgent Advice or Referral**. See referral guideline tab for details.

5. Management

Start Medical Management:

Non-Hormonal Options	Hormonal Options
• NSAIDs • Tranexamic acid	• Progesterone only • Combined contraceptive

Consider Imaging and Biopsy Results

- Intermenstrual / post-coital bleeding → If cervix friable, treat for mucopurulent cervicitis as per guideline
- Polyp **or** submucosal fibroid **or** large / multiple fibroids **or** concerning findings
- Failed or declined medical management
- If endometrial biopsy was indicated but unable to be completed or insufficient tissue obtained
- Hyperplasia without atypia → Continue/start progesterone treatment. Repeat endometrial sampling in 3-6 months. Reassess and if persistent or reoccurring symptoms refer.
- Hyperplasia with atypia or malignancy → **7. Refer to Gyne-Oncology.** See referral guideline tab for details.

If symptoms persist → **7. Refer to Gynecology** See referral guideline tab for details.