



Abnormal Uterine Bleeding

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What is a normal menstrual cycle?

The normal length of the **menstrual cycle** is typically between 24 days and 38 days. A normal menstrual period generally lasts up to 8 days.

When is bleeding abnormal?

Bleeding in any of the following situations is considered **abnormal uterine bleeding**:

- Bleeding or spotting between periods
- Bleeding or spotting after sex
- Heavy bleeding during your period
- Menstrual cycles that are longer than 38 days or shorter than 24 days
- “Irregular” periods in which cycle length varies by more than 7–9 days
- Bleeding after **menopause**

At what ages is abnormal bleeding more common?

Abnormal bleeding can occur at any age. However, at certain times in a woman's life it is common for periods to be somewhat irregular. Periods may not occur regularly when a girl first starts having them (around age 9–14 years). During **perimenopause** (beginning in the mid–40s), the number of days between periods may change. It also is normal to skip periods or for bleeding to get lighter or heavier during perimenopause.

What causes abnormal bleeding?

Some of the causes of abnormal bleeding include the following:

- Problems with **ovulation**
- **Fibroids** and **polyps**
- A condition in which the **endometrium** grows into the wall of the **uterus**
- Bleeding disorders
- Problems linked to some birth control methods, such as an **intrauterine device (IUD)** or birth control pills

- **Miscarriage**
- **Ectopic pregnancy**
- Certain types of cancer, such as cancer of the uterus

Your **obstetrician–gynecologist (ob-gyn)** or other health care professional may start by checking for problems most common in your age group. Some of them are not serious and are easy to treat. Others can be more serious. All should be checked.

How is abnormal bleeding diagnosed?

Your ob-gyn or other health care professional will ask about your health history and your menstrual cycle. It may be helpful to keep track of your menstrual cycle before your visit. Note the dates, length, and type (light, medium, heavy, or spotting) of your bleeding on a calendar. You also can use a smartphone app designed to track menstrual cycles.

You will have a physical exam. You also may have blood tests. These tests check your blood count and hormone levels and rule out some diseases of the blood. You also may have a pregnancy test and tests for **sexually transmitted infections (STIs)**.

What tests may be needed to diagnose abnormal bleeding?

Based on your symptoms and your age, other tests may be needed. Some of these tests can be done in your ob-gyn's office. Others may be done at a hospital or surgical center:

- **Ultrasound exam**—Sound waves are used to make a picture of the pelvic organs.
- **Hysteroscopy**—A thin, lighted scope is inserted through the vagina and the opening of the **cervix**. It allows your ob-gyn or other health care professional to see the inside of the uterus.
- **Endometrial biopsy**—A sample of the endometrium is removed and looked at under a microscope.
- **Sonohysterography**—Fluid is placed in the uterus through a thin tube while ultrasound images are made of the inside of the uterus.
- **Magnetic resonance imaging (MRI)**—An MRI exam uses a strong magnetic field and sound waves to create images of the internal organs.
- **Computed tomography (CT)**—This X-ray procedure shows internal organs and structures in cross section.

What medications are used to help control abnormal bleeding?

Medications often are tried first to treat irregular or heavy menstrual bleeding. The medications that may be used include the following:

- **Hormonal birth control methods**—Birth control pills, the skin patch, and the vaginal ring contain hormones. These hormones can lighten menstrual flow. They also help make periods more regular.
- **Gonadotropin-releasing hormone (GnRH) agonists**—These drugs can stop the menstrual cycle and reduce the size of fibroids.
- **Tranexamic acid**—This medication treats heavy menstrual bleeding.
- **Nonsteroidal anti-inflammatory drugs**—These drugs, which include ibuprofen, may help control heavy bleeding and relieve menstrual cramps.
- **Antibiotics**—If you have an infection, you may be given an antibiotic.
- **Special medications**—If you have a bleeding disorder, your treatment may include medication to help your blood clot.

What types of surgery are performed to treat abnormal bleeding?

If medication does not reduce your bleeding, a surgical procedure may be needed. There are different types of surgery depending on your condition, your age, and whether you want to have more children.

Endometrial ablation destroys the lining of the uterus. It stops or reduces the total amount of bleeding. Pregnancy is not likely after ablation, but it can happen. If it does, the risk of serious complications, including life-threatening bleeding, is greatly increased. If you have this procedure, you will need to use birth control until after menopause.

Uterine artery embolization is a procedure used to treat fibroids. This procedure blocks the blood vessels to the uterus, which in turn stops the blood flow that fibroids need to grow. Another treatment, **myomectomy**, removes the fibroids but not the uterus.

Hysterectomy, the surgical removal of the uterus, is used to treat some conditions or when other treatments have failed. Hysterectomy also is used to treat endometrial cancer. After the uterus is removed, a woman can no longer get pregnant and will no longer have periods.

Glossary

Abnormal Uterine Bleeding: Bleeding from the uterus that differs in frequency, regularity, duration, or amount from normal uterine bleeding in the absence of pregnancy.

Cervix: The opening of the uterus at the top of the vagina.

Ectopic Pregnancy: A pregnancy in which the fertilized egg begins to grow in a place other than inside the uterus, usually in the fallopian tubes.

Endometrium: The lining of the uterus.

Fibroids: Benign (noncancerous) growths that form on the inside of the uterus, on its outer surface, or within the uterine wall itself.

Gonadotropin-releasing Hormone (GnRH) Agonists: Medical therapy used to block the effects of certain hormones.

Intrauterine device (IUD): A small device that is inserted and left inside the uterus to prevent pregnancy.

Menopause: The process in a woman's life when ovaries stop functioning and menstruation stops.

Menstrual Cycle: The monthly process of changes that occur to prepare a woman's body for possible pregnancy. A menstrual cycle is defined as the first day of menstrual bleeding of one cycle to the first day of menstrual bleeding of the next cycle.

Miscarriage: The spontaneous loss of a pregnancy before the fetus can survive outside the uterus.

Obstetrician–Gynecologist (Ob-Gyn): A physician with special skills, training, and education in women's health.

Ovulation: The release of an egg from one of the ovaries.

Perimenopause: The period before menopause that usually extends from age 45 years to 55 years.

Polyyps: Growths that develop from membrane tissue, such as that lining the inside of the uterus.

Sexually Transmitted Infections (STIs): Infections that are spread by sexual contact, including chlamydia, gonorrhea, human papillomavirus (HPV), herpes, syphilis, and human immunodeficiency virus (HIV, the cause of acquired immunodeficiency syndrome [AIDS]).

Tranexamic Acid: A medication prescribed to treat or prevent heavy bleeding.

Uterus: A muscular organ located in the female pelvis that contains and nourishes the developing fetus during pregnancy.

If you have further questions, contact your obstetrician–gynecologist.

FAQ095: Designed as an aid to patients, this document sets forth current information and opinions related to women's health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to the institution or type of practice, may be appropriate.

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