



The American College of
Obstetricians and Gynecologists



FREQUENTLY ASKED QUESTIONS

FAQ095

GYNECOLOGIC PROBLEMS

Abnormal Uterine Bleeding

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What is abnormal uterine bleeding?

Bleeding in any of the following situations is abnormal:

- Bleeding between periods
- Bleeding after sex
- Spotting anytime in the menstrual cycle
- Bleeding heavier or for more days than normal
- Bleeding after **menopause**

Menstrual cycles that are longer than 35 days or shorter than 21 days are abnormal. The lack of periods for 3–6 months (amenorrhea) also is abnormal.

What is a normal menstrual cycle?

The menstrual cycle begins with the first day of bleeding of one period and ends with the first day of the next. In most women, this cycle lasts about 28 days. Cycles that are shorter or longer by up to 7 days are normal.

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. They may not occur on schedule in the first few years after a girl has her first period (around age 9–16 years). The cycle may get shorter near age 35 years. It often gets shorter as a woman nears menopause (around age 50 years). It also is normal then to skip periods or for bleeding to get lighter or heavier.

What causes abnormal bleeding?

Too much or not enough of the hormones that regulate the menstrual cycle can cause abnormal or heavy bleeding. This imbalance can be caused by many things, including thyroid problems or some medications. Other causes include the following:

- Pregnancy
- **Miscarriage**

- **Ectopic pregnancy**
- Problems linked to some birth control methods, such as an **intrauterine device (IUD)** or birth control pills
- Infection of the **uterus** or **cervix**
- **Fibroids**
- Problems with blood clotting
- **Polyps**
- Certain types of cancer, such as cancer of the uterus, cervix, or vagina
- Chronic medical conditions (for instance, thyroid problems and diabetes)

Your health care provider 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?

To find the cause, your health care provider will ask about your personal and family health history as well as 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 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 test to see if you are pregnant.

What tests may be needed to diagnose abnormal bleeding?

Based on your symptoms, other tests may be needed. Some of these tests can be done in your health care provider's office. Others may be done at a hospital or surgical center:

- Ultrasound—Sound waves are used to make a picture of the pelvic organs.
- Endometrial biopsy—Using a small or thin catheter (tube), tissue is taken from the lining of the uterus (endometrium). It is looked at under a microscope.
- Sonohysterography—Fluid is placed in the uterus through a thin tube, while ultrasound images are made of the uterus.
- Hysteroscopy—A thin device is inserted through the vagina and the opening of the cervix. It lets the health care provider view the inside of the uterus.
- Hysterosalpingography—Dye is injected into the uterus and fallopian tubes. Then an X-ray is taken.
- Dilation and curettage (D&C)—The opening of the cervix is enlarged. Tissue is gently scraped or suctioned from the lining of the uterus. It is examined under a microscope.
- Laparoscopy—A thin device like a telescope is inserted through a small cut just below or through the navel to view the inside of the abdomen.

What factors are considered when deciding on a type of treatment?

Treatment falls into three types: 1) you may be given medications, such as hormones; 2) you may need to have surgery; and 3) you may decide with your health care provider to "watch and wait" before trying the other two treatments. The type of treatment will depend on many factors, including the cause of the bleeding. Your age and whether you want to have children also play a role. Most women can be treated with medications.

What medications are used to help control abnormal bleeding?

Hormonal medications often are used to control abnormal uterine bleeding. The type of hormone you take will depend on whether you want to get pregnant as well as your age. Birth control pills can help make your periods more regular. Hormones also can be given as an injection, as a vaginal cream, or through an IUD that releases hormones. An IUD is a birth control device that is inserted in the uterus. The hormones in the IUD are released slowly and may control abnormal bleeding.

Bleeding may be caused by **endometrial hyperplasia**. This condition occurs when the lining of the uterus grows too thick. Hormonal medication can help treat and prevent it.

What types of surgery are performed to treat abnormal bleeding?

Some women may need to have surgery to remove growths (such as polyps or fibroids) that cause bleeding. Some fibroids can be removed with hysteroscopy. Sometimes other techniques are used.

Endometrial ablation may be used to control bleeding (see the FAQ [Endometrial Ablation](#)). It is intended to stop or reduce bleeding permanently. An endometrial biopsy is needed before ablation is considered.

Hysterectomy may be done when other forms of treatment have failed or they are not an option. Hysterectomy is major surgery. Afterward, a woman no longer has periods. She also cannot get pregnant.

Glossary

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.

Endometrial Hyperplasia: A condition that occurs when the lining of the uterus (endometrium) grows too much.

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

Hysterectomy: Removal of the uterus.

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.

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

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

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 institution or type of practice, may be appropriate.

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