



Abnormal Premenopausal Bleeding

Pre-Referral Considerations:

1. Heavy menses:
 - A. Adolescence (coagulopathies, thyroid) check CBC, TSH, VanWillebrands
 - B. Age <40 check (ITP, Thyroid, weight changes) check CBC, TSH, consider endometrial biopsy if appropriate
 - C. Age >40 check (ITP, Thyroid, weight changes) CBC, TSH and Endometrial biopsy,
 - i. Treatment correct underlying abnormality and use oral contraceptives if no contraindications, levonorgestrel Intrauterine device IUD; if over 40 may be candidate for ablation
2. Irregular periods:
 - A. Oligo menorrhea, especially with hirsutism, obesity and/or Diabetes (PCOS, Prolactin amenorrhea) check FSH, LH, estradiol, DHEAs, Fasting insulin, prolactin
 - B. Other patterns (thyroid, ITP, weight changes, hormone changes) TSH, CBC, Gonorrhea, chlamydia
 - i. Treatment Oral contraceptives, NSAIDs tranexamic acid, Depo Provera, levonorgesterol IUD, referral

Red Flags:

1. Consider imaging, alternate referral or emergent referral
2. Active bleeding especially hemodynamic instability

Lab Studies:

See above for recommendations

Imaging Studies:

None

What to Avoid Ordering:

1. Routine pelvic ultrasound if History and Physical doesn't suggest structural lesion

Note: Endometrial stripe testing is not reliable in premenopausal women