



College Statement

Title	Investigation of intermenstrual and postcoital bleeding
Statement No.	C-Gyn 6
Date of this document	July 2007
First endorsed by Council	1995
Next review due	July 2009

Background

These guidelines were first developed in 1995 by the Royal Australian College of Obstetricians and Gynaecologists (RANZCOG), the Royal Australian College of General Practitioners (RACGP), the Australian Society for Colposcopy and Cervical Pathology (ASCCP) and the Commonwealth Department of Human Services and Health (DHS).

The purpose of this guideline is to assist in the triage of women with intermenstrual bleeding (IMB), or postcoital bleeding (PCB) for further tests or referral to a specialist gynaecologist.

IMB is vaginal bleeding at any time other than during normal menstruation or following intercourse. PCB is vaginal bleeding after intercourse. IMB and PCB are not diagnoses; IMB and PCB are symptoms that warrant further assessment.

Genital tract malignancy is an uncommon cause of bleeding at any age, is rare in young women but must be considered in all patients.

IMB is common, especially in women using hormonal contraception or hormonal therapies. It is impractical and unnecessary to refer every woman with a single episode of IMB for immediate investigation. Women at risk of sexually transmitted infection should have appropriate tests performed. Women with persistent IMB should have a cervical Pap smear, a transvaginal ultrasound and referral to a gynaecologist for further assessment.

PCB is regarded as a cardinal symptom of cervical cancer. It is commonly accepted that a single episode of PCB in a woman who has a normal smear and cervical appearance does not warrant immediate referral, but recurrence of this symptom mandates referral for colposcopy. The importance of colposcopy was highlighted by a retrospective study (of women attending a colposcopy clinic) that showed 0.6% of women with PCB, a normal Pap smear and a clinically normal cervix had cervical cancer. Any woman who has persistent or recurrent episodes of PCB must be referred for colposcopy.

References

Rosenthal AN, Panoskaltsis T, Smith T, Soutter WP The frequency of significant pathology in women attending a general gynaecological service for postcoital bleeding. BJOG. 2001 Jan;108(1):103-6.

Disclaimer

This college statement is intended to provide general advice to Practitioners. The statement should never be relied on as a substitute for proper assessment with respect to the particular circumstances of each case and the needs of each patient.

The statement has been prepared having regard to general circumstances. It is the responsibility of each Practitioner to have regard to the particular circumstances of each case, and the application of this statement in each case. In particular, clinical management must always be responsive to the needs of the individual patient and the particular circumstances of each case.

This College statement has been prepared having regard to the information available at the time of its preparation, and each Practitioner must have regard to relevant information, research or material which may have been published or become available subsequently.

Whilst the College endeavours to ensure that College statements are accurate and current at the time of their preparation, it takes no responsibility for matters arising from changed circumstances or information or material that may have become available after the date of the statements.