Investigation of intermenstrual and postcoital bleeding

Objectives: To provide advice on the investigation of intermenstrual and postcoital bleeding.

Target audience: Health professionals providing gynaecological care, and patients.

Values: The evidence was reviewed by the Women’s Health Committee (RANZCOG), and applied to local factors relating to Australia and New Zealand.

Background: This statement was first developed by Women’s Health Committee in September 1995 and reviewed in March 2015.

Funding: The development and review of this statement was funded by RANZCOG.

This statement has been developed and reviewed by the Women’s Health Committee and approved by the RANZCOG Board and Council.

A list of Women’s Health Committee Members can be found in Appendix A.

Disclosure statements have been received from all members of this committee.

Disclaimer: This information is intended to provide general advice to practitioners. This information should not be relied on as a substitute for proper assessment with respect to the particular circumstances of each case and the needs of any patient. This document reflects emerging clinical and scientific advances as of the date issued and is subject to change. The document has been prepared having regard to general circumstances.

First endorsed by RANZCOG: September 1995
Current: March 2015
Review due: March 2018
1. Patient summary

Bleeding between periods or after intercourse is a potentially serious symptom. Although in most cases abnormal bleeding is not related to serious disease, conditions such as chlamydial infection or cervical cancer should be ruled out in women with persistent abnormal bleeding.

2. Summary of recommendations

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Genital tract malignancy is an uncommon cause of abnormal bleeding at any age, is rare in young women, but must be considered in all patients.</td>
<td>Consensus-based recommendation</td>
</tr>
<tr>
<td>Women at risk of sexually transmitted infection should have appropriate tests performed. Women with persistent intermenstrual bleeding (IMB) should have a cervical Pap smear, a pelvic ultrasound and referral to a gynaecologist for further assessment.</td>
<td>Consensus-based recommendation</td>
</tr>
<tr>
<td>Women complaining of postcoital bleeding (PCB) should have tests to exclude cervical cancer and Chlamydia. 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 or persistence of this symptom mandates colposcopic examination.</td>
<td>Consensus-based recommendation</td>
</tr>
</tbody>
</table>

3. Introduction

The purpose of this statement 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.

4. Discussion and recommendations

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 and the commonest presenting symptom for Chlamydia. Therefore women complaining of PCB should have tests to exclude this. 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 or persistence of this symptom mandates colposcopic examination.
5. **References**


6. **Other suggested reading**


**Farrell, L. Postcoital bleeding [Q&A]**. O&G Magazine Vol.11, No.3: 54.

7. **Links to other College statements**

**Evidence-based Medicine, Obstetrics and Gynaecology (C-Gen 15)**

8. **Patient information**

A range of RANZCOG Patient Information Pamphlets can be ordered via: [https://www.ranzcoq.edu.au/Womens-Health/Patient-Information-Guides/Patient-Information-Pamphlets](https://www.ranzcoq.edu.au/Womens-Health/Patient-Information-Guides/Patient-Information-Pamphlets)
Appendices

Appendix A Women’s Health Committee Membership

<table>
<thead>
<tr>
<th>Name</th>
<th>Position on Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Associate Professor Stephen Robson</td>
<td>Chair and Board Member</td>
</tr>
<tr>
<td>Dr James Harvey</td>
<td>Deputy Chair and Councillor</td>
</tr>
<tr>
<td>Associate Professor Anusch Yazdani</td>
<td>Member and Councillor</td>
</tr>
<tr>
<td>Associate Professor Ian Pettigrew</td>
<td>Member and Councillor</td>
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<tr>
<td>Dr Ian Page</td>
<td>Member and Councillor</td>
</tr>
<tr>
<td>Professor Yee Leung</td>
<td>Member of EAC Committee</td>
</tr>
<tr>
<td>Professor Sue Walker</td>
<td>General Member</td>
</tr>
<tr>
<td>Dr Lisa Hui</td>
<td>General Member</td>
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<tr>
<td>Dr Joseph Sgroi</td>
<td>General Member</td>
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<tr>
<td>Dr Marilyn Clarke</td>
<td>General Member</td>
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<tr>
<td>Dr Donald Clark</td>
<td>General Member</td>
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<tr>
<td>Associate Professor Janet Vaughan</td>
<td>General Member</td>
</tr>
<tr>
<td>Dr Benjamin Bopp</td>
<td>General Member</td>
</tr>
<tr>
<td>Associate Professor Kirsten Black</td>
<td>General Member</td>
</tr>
<tr>
<td>Dr Jacqueline Boyle</td>
<td>Chair of the ATSIWHC</td>
</tr>
<tr>
<td>Dr Martin Byrne</td>
<td>GPOAC representative</td>
</tr>
<tr>
<td>Ms Catherine Whitby</td>
<td>Community representative</td>
</tr>
<tr>
<td>Ms Sherryn Elworthy</td>
<td>Midwifery representative</td>
</tr>
<tr>
<td>Dr Nicola Quirk</td>
<td>Trainee representative</td>
</tr>
</tbody>
</table>

Appendix B Overview of the development and review process for this statement

i. Steps in developing and updating this statement

This statement was originally developed in September 1995 and was most recently reviewed in March 2015. The Women’s Health Committee carried out the following steps in reviewing this statement:

- Declarations of interest were sought from all members prior to reviewing this statement.
- Structured clinical questions were developed and agreed upon.
- An updated literature search to answer the clinical questions was undertaken.
- At the March 2015 face-to-face committee meeting, the existing consensus-based recommendations were reviewed and updated (where appropriate) based on the available body of evidence and clinical expertise. Recommendations were graded as set out below in Appendix B part iii)

ii. Declaration of interest process and management

Declaring interests is essential in order to prevent any potential conflict between the private interests of members, and their duties as part of the Women’s Health Committee.

A declaration of interest form specific to guidelines and statements was developed by RANZCOG and approved by the RANZCOG Board in September 2012. The Women’s Health Committee members were required to declare their relevant interests in writing on this form prior to participating in the review of this statement.
Members were required to update their information as soon as they become aware of any changes to their interests and there was also a standing agenda item at each meeting where declarations of interest were called for and recorded as part of the meeting minutes.

There were no significant real or perceived conflicts of interest that required management during the process of updating this statement.

iii. Grading of recommendations

Each recommendation in this College statement is given an overall grade as per the table below, based on the National Health and Medical Research Council (NHMRC) Levels of Evidence and Grades of Recommendations for Developers of Guidelines. Where no robust evidence was available but there was sufficient consensus within the Women’s Health Committee, consensus-based recommendations were developed or existing ones updated and are identifiable as such. Consensus-based recommendations were agreed to by the entire committee. Good Practice Notes are highlighted throughout and provide practical guidance to facilitate implementation. These were also developed through consensus of the entire committee.

<table>
<thead>
<tr>
<th>Recommendation category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evidence-based</td>
<td></td>
</tr>
<tr>
<td>A</td>
<td>Body of evidence can be trusted to guide practice</td>
</tr>
<tr>
<td>B</td>
<td>Body of evidence can be trusted to guide practice in most situations</td>
</tr>
<tr>
<td>C</td>
<td>Body of evidence provides some support for recommendation(s) but care should be taken in its application</td>
</tr>
<tr>
<td>D</td>
<td>The body of evidence is weak and the recommendation must be applied with caution</td>
</tr>
<tr>
<td>Consensus-based</td>
<td>Recommendation based on clinical opinion and expertise as insufficient evidence available</td>
</tr>
<tr>
<td>Good Practice Note</td>
<td>Practical advice and information based on clinical opinion and expertise</td>
</tr>
</tbody>
</table>
Appendix C Full Disclaimer

This information is intended to provide general advice to practitioners, and should not be relied on as a substitute for proper assessment with respect to the particular circumstances of each case and the needs of any patient.

This information 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. Clinical management should be responsive to the needs of the individual patient and the particular circumstances of each case.

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

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