STANDARD TREATMENT WORKFLOW (STW)

Heavy Menstrual Bleeding (HMB)

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CITATION

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**Standard Treatment Workflow (STW) for the Management of HEAVY MENSTRUAL BLEEDING (HMB)**

**ICD-10-H90.5**

### MANAGEMENT OF HMB AT PRIMARY LEVEL

**HISTORY AND EXAMINATION**

<table>
<thead>
<tr>
<th>Abnormality</th>
<th>To DO</th>
<th>Supportive Treatment</th>
<th>Investigations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Hemoglobin</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Complete Blood Count (CBC) with peripheral smear</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Bleeding time / clotting time (BCT)</td>
</tr>
</tbody>
</table>

**TO DO AT ALL LEVELS**

- Age
- parity
- Detailed menstrual history including irregularities
- Other medical lines: thyroid disorder, coagulopathy, jaundice etc.
- IUD use
- Infection
- Drug intake
- General: Evaluate patient, Calculate BMI
- Systemic: CVS, ISH, and hematopoiesis
- Local examination (where indicated and feasible): P&V and PIV

**SUPPORTIVE TREATMENT**

- Resuscitation
- Hemostatics
- Transfusion during episode of heavy bleeding

* 28th pregnancy in doubt especially in all women of reproductive age group after appropriate consent

**MANAGEMENT OF HMB AT SECONDARY LEVEL (CHC)**

**HISTORY AND EXAMINATION**

<table>
<thead>
<tr>
<th>Adolescents</th>
<th>Married -40 years</th>
<th>Married &gt;40 years</th>
<th>Post Menopausal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supportive Treatment</td>
<td>Do USG</td>
<td>Enzyme or high risk for endometrial cancer</td>
<td></td>
</tr>
<tr>
<td>- Transaxial acid - OC Pills</td>
<td>No Relief</td>
<td>Refer to higher centre</td>
<td></td>
</tr>
</tbody>
</table>

**INVESTIGATIONS**

- Hemoglobin
- CBC with peripheral smear
- PT/INR
- ABO and Rh typing
- Thyroid function test
- USG of abdomen and pelvis

**MANAGEMENT OF HMB AT TERTIARY LEVEL**

**HISTORY, EXAMINATION AND ULTRASOUND**

<table>
<thead>
<tr>
<th>Adolescents</th>
<th>&lt; 40 years</th>
<th>&gt; 40 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treat underlying cause</td>
<td>- NSAIDS - Transaxial Acid - OC Pills - Progestogens</td>
<td></td>
</tr>
<tr>
<td>In absence of obvious cause</td>
<td>Hemoglobin</td>
<td></td>
</tr>
<tr>
<td>- Transaxial Acid - OC Pills - Progestogens</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If no relief</td>
<td>Hemostatics (Reversibly after second opinion)</td>
<td></td>
</tr>
</tbody>
</table>

**INVESTIGATIONS**

- Hemoglobin
- CBC with peripheral smear
- USG CT

**TREATMENT FOR ACUTE BLEEDING EPISODE**

- IV Transaxial acid by that slowly followed by oral Transaxial acid 50 mg by 6 hourly for 5 days

**HORMONE THERAPY**

- Estrogen (max daily dose 40 mg)
- Mestranol (up to 40 mg)

**KEEP A HIGH THRESHOLD FOR INVASIVE PROCEDURES**

**COUNSELING IS AN IMPORTANT ADJUNCT TO MANAGEMENT**

This STW has been prepared by national experts of India with flexibility considerations for various levels of healthcare systems in the country. These broad guidelines are advisory, and are based on expert opinion and available evidence. There may be variations in the management of an individual patient based on his/her specific condition, as decided by the treating physician. There will be an indemnity for direct or indirect consequences. Kindly visit our website: jeﬁ.org.in for more information.

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