SYMPTOM

Abnormal uterine bleeding

Abnormal uterine bleeding is bleeding that is heavier, longer, more frequent, or less predictable than expected.

WHAT IT FEELS LIKE
Bleeding heavier, longer, or less predictably than usual

WHERE IT IS FELT
The vagina, with bleeding usually coming from the uterus

MOST COMMON CAUSES
Ovulation changes, fibroids, hormonal contraception

WHEN IT IS URGENT
Hourly bleeding for two hours with dizziness or breathlessness

USUALLY LASTS
Days to months, depending on the cause and treatment

SEE A DOCTOR IF
Bleeding repeats, disrupts life, or occurs after menopause

Overview

Abnormal uterine bleeding is bleeding from the uterus that differs from your usual pattern. It may be unusually heavy, last longer than expected, occur between periods, or happen after sex or menopause.

It is a symptom rather than one diagnosis. Causes include changes in ovulation, growths in the uterus, medicines, pregnancy-related problems, and conditions affecting the uterine lining.

What counts as abnormal depends partly on your usual pattern. Repeated bleeding that affects sleep, work, school, exercise, or daily activities should be assessed.

What it may feel or look like

Abnormal bleeding can include:

Ongoing blood loss can cause iron-deficiency anaemia, meaning the blood cannot carry enough oxygen around the body. Other signs include pale skin, poor concentration, or a racing heartbeat.

Pain may feel like cramps, pelvic pressure, or pain during sex. Sudden or severe pain needs urgent assessment, especially if pregnancy is possible.

- Periods that are much heavier or longer than usual
- Bleeding or spotting between periods
- Periods that come closer together or unpredictably
- Bleeding after sex
- Any vaginal bleeding after menopause
- Passing clots or bleeding through clothes or bedding
- Tiredness, weakness, dizziness, headaches, or breathlessness

Common causes

Irregular ovulation is common. When an egg is not released regularly, the uterine lining may build up and shed unpredictably. This can happen soon after periods begin, during perimenopause, or with polycystic ovary syndrome.

Hormonal pills, injections, implants, and intrauterine devices may cause spotting or irregular bleeding, especially after starting or changing them. A copper intrauterine device can make periods heavier.

Fibroids are non-cancerous growths in the uterine muscle that may cause heavy periods or pelvic pressure. Adenomyosis, in which tissue similar to the uterine lining grows into the muscle, often causes heavy, painful periods.

Other causes include polyps, thyroid problems, bleeding disorders, pelvic infections, and medicines that affect hormones or clotting. Precancer or cancer is less common but may need to be ruled out. Bleeding after menopause always requires assessment.

If pregnancy is possible, take a pregnancy test. Miscarriage and ectopic pregnancy can cause bleeding. An ectopic pregnancy develops outside the uterus and can become an emergency.

When to seek medical care

Seek emergency help for bleeding with fainting, confusion, severe weakness, chest pain, trouble breathing, or cold, clammy skin. Also seek emergency care for severe or worsening pelvic pain when pregnancy is possible, particularly with shoulder pain, faintness, or one-sided pain.

Get same-day medical advice if you soak through a pad or tampon every hour for two hours, especially with dizziness or breathlessness. Prompt advice is also needed for bleeding during a known or possible pregnancy, or bleeding with fever, severe pain, or foul-smelling discharge.

Book an appointment if bleeding:

Light postmenopausal bleeding is not usually an emergency if you otherwise feel well, but it should be checked promptly.

- Keeps returning or becomes heavier
- Lasts longer than your usual period
- Happens between periods or after sex
- Disrupts sleep or daily activities
- Causes possible symptoms of anaemia
- Begins after menopause

How the cause is found

A healthcare professional will ask about the bleeding pattern, pain, pregnancy possibility, contraception, medicines, and personal or family history of bleeding problems.

Tests may include a pregnancy test and blood tests for anaemia or iron deficiency. Thyroid or clotting tests may be appropriate. A pelvic examination can look for bleeding from the vagina or cervix, and infection testing may be offered.

Ultrasound can show fibroids, polyps, or changes in the uterine lining. Hysteroscopy uses a thin camera passed through the cervix to look inside the uterus. An endometrial biopsy may be recommended depending on age, menopause status, symptoms, results, and risk factors.

Treatment and self-care

Treatment depends on the cause, bleeding severity, anaemia, and future pregnancy plans.

Options may include anti-inflammatory pain relievers, tranexamic acid, hormonal contraception, or other progestogen treatment. These are not suitable for everyone, so a clinician or pharmacist should check your medical conditions and other medicines.

Iron may be recommended for iron deficiency. Fibroids, polyps, or persistent lining problems may require a procedure or surgery. Emergency bleeding may need hospital treatment.

Record bleeding days, products used, clots, pain, and other symptoms. Note missed

contraception or medicine changes. Do not stop prescribed blood thinners or aspirin without medical advice.

Rest and drink fluids if bleeding makes you tired. Iron-rich foods may support recovery, but food alone may not correct significant iron deficiency.

What to expect

Some episodes settle as ovulation or contraception patterns stabilise. Fibroids, adenomyosis, and other ongoing conditions may cause recurring symptoms.

Treatment often aims to make bleeding manageable rather than stop periods completely. Arrange follow-up if treatment does not help, side effects are difficult, or the pattern changes. Seek urgent care if bleeding becomes very heavy or you develop faintness, breathing difficulty, or severe pain.

Common questions

How can I tell whether bleeding is too heavy?

It is concerning if you soak products hourly, need double protection, repeatedly wake to change protection, pass frequent large clots, bleed through clothing, or develop anaemia symptoms.

Is spotting between periods always serious?

No. It can occur with ovulation or hormonal contraception. Repeated or unexplained spotting should be assessed, especially after sex or menopause.

Can stress cause abnormal bleeding?

Stress can affect hormones that control ovulation. Do not assume it is the cause when bleeding is heavy, persistent, painful, or new.

Should I take a pregnancy test?

Take one if pregnancy is possible, even if bleeding resembles a period. Seek prompt advice for a positive test with bleeding, and emergency care for severe pain, faintness, or breathing difficulty.

Sources

- American College of Obstetricians and Gynecologists. Abnormal Uterine Bleeding: Frequently Asked Questions
- National Institute for Health and Care Excellence. Heavy Menstrual Bleeding: Assessment and Management, Guideline NG88
- Wouk N, Helton M. Abnormal Uterine Bleeding in Premenopausal Women. American Family Physician. 2019;99(7):435-443
- Munro MG, Critchley HOD, Fraser IS, FIGO Menstrual Disorders Committee. The two FIGO systems for normal and abnormal uterine bleeding symptoms and classification of causes: 2018 revisions. International Journal of Gynecology & Obstetrics. 2018;143(3):393-408
- American College of Obstetricians and Gynecologists. The Role of Transvaginal Ultrasonography in Evaluating the Endometrium of Women With Postmenopausal Bleeding, Committee Opinion No. 734