

Fact Sheet

Intermenstrual bleeding [IMB]

womensnewbornhealth.com.au

Intermenstrual Bleeding (IMB) is bleeding or spotting that happens in-between your periods. The usual menstrual cycle is 28 days, although the time between periods can vary from 21-35 days.

Bleeding at times in between periods is not normal, but it is very common; in fact most women will have this type of bleeding at some time in their lives.

IMB is not the same as 'irregular' periods which is when the period itself comes at infrequent or unpredictable times (closer than 21 days or further apart than 35 days).

What are reasons for Intermenstrual Bleeding?

IMB is common and there are quite a number of possible causes - many are completely harmless but some can be serious. Causes of IMB include:

- **Pregnancy** – problems which can happen in early pregnancy, like miscarriage or ectopic pregnancy (the pregnancy growing in the tube instead of in the womb), may seem like IMB to you if you don't know you are pregnant.
- **Midcycle bleeding with ovulation** – some women have spotting for a day or two in the middle of their cycle when they ovulate (release an egg). As long as this only happens about 2 weeks before your period and at no other time, this is quite normal and generally does not need treatment. However if it happens several times, you should still have a check-up with your general practitioner (GP) to exclude other causes.
- **Hormonal** – young women who have just started their periods or middle aged women close to the menopause (when your periods stop, usually around age 51) may have menstrual cycles that are not regular, or spotting between cycles, because their female hormones (estrogen and progesterone) are not following a regular pattern. However if you are close to menopause, you should not assume that your IMB is 'just age' but still see your GP about it.

- **Hormone therapy (HRT) after menopause** – this is a common and harmless cause of irregular bleeding which may happen just after starting HRT. It usually settles after a few months of taking the HRT.
- **Some types of contraception**
 - The Oral Contraceptive Pill ('the pill') - any type of OCP, mini-pill or the contraceptive ring can cause intermenstrual bleeding. When IMB happens on contraception it is called breakthrough bleeding (BTB). It is important to know that this type of bleeding often happens for the first three months after you start the pill but then it usually settles. It can also happen if you miss taking a pill, or have vomiting or diarrhoea while on the pill. Remember that if you have missed a pill, or have vomiting or diarrhoea, you may not be protected from falling pregnant so extra contraception, like a condom, is required.
 - Injectable contraceptives like Depot Provera® or implants like ImplanonNXT® may cause irregular bleeding. This usually settles after 3-6 months, although with Depot Provera, the problem may occasionally continue for 12 months after the last injection.
 - The Intrauterine Contraceptive Device (IUCD) – BTB is especially common with hormone (Progesterone) containing IUCDs like Mirena®. The breakthrough bleeding with this type of IUCD usually stops after about 6 months.
- **Infections** – particularly sexually transmitted infections (STIs), like Chlamydia or Gonorrhoea, can cause intermenstrual bleeding. Sometimes, but not always, these infections also give other symptoms like abnormal or increased vaginal discharge, tummy pain, stinging when passing urine, fevers, and bleeding with or after sex (called post-coital bleeding).

Fact Sheet

Intermenstrual bleeding [IMB]

womensnewbornhealth.com.au

- **Polyps** – these are small areas of thickening of the endometrium (lining of the uterus) or cervix (neck of the womb). They are usually benign (harmless, not cancerous).
- **Fibroids** – these are benign muscle growths of the uterus or cervix. Depending on their location they can occasionally cause IMB.
- **Thickening of the endometrium** (also called hyperplasia) – this is not a cancer but if it is left and not treated it can, over time, turn into a cancer.
- **Polycystic ovary syndrome (PCOS)** – if you have polycystic ovary syndrome and you get IMB, you should see your doctor because women with PCOS are more likely to develop endometrial thickening (hyperplasia) which needs treatment.
- **Endometriosis** – occasionally causes spotting which starts a few days before your period (this is known as pre-menstrual spotting)
- **Medicines** – sometimes medicines, like Warfarin® which thins your blood, may cause bleeding in between your periods.
- **Cancer of the endometrium** – this is a very rare reason for intermenstrual bleeding.
- **Cancer of the cervix** - this is a very rare reason for intermenstrual bleeding.

If IMB is common, when should I see my doctor about it?

Even with the list of possible causes of IMB above, if IMB happens only once or twice, it is reasonable to 'wait and see' if it settles since it commonly does. However in the following situations, you should see your GP:

- if the bleeding happens more than a few times in a month, or happens for several months.
- if the bleeding is very heavy or you feel unwell, particularly if you feel dizzy or sick because of the bleeding.
- if you have other symptoms with the bleeding like
 - pain
 - fever
 - unusual vaginal discharge

- if you are older than 45 years of age.
- if you also have bleeding after sex - this is called post-coital bleeding. [see our fact sheet on post-coital bleeding]

NOTE: if there is any possibility you could be pregnant, you should do a pregnancy test and see your doctor straight away.

How will my doctor find the cause of my bleeding?

Your GP will generally ask you questions about your health, periods, medicines you may be taking, and also whether you could be pregnant. She/he will also check your abdomen (tummy), do an internal examination, and look at your cervix with a speculum. This is the same as when you have a pap smear.

The tests your GP does will depend on what she/he thinks might be the cause of your bleeding and may include any of the following:

- a Pap smear
- swabs for infection - these are samples taken from the cervix and vagina to look for STIs. Sometimes your doctor will ask you to take a vaginal swab (sample) yourself. This is very simple and not uncomfortable for you to do. It is a very small swab which you put into the vagina and then into a tube which is sent to the laboratory for testing.
- a pregnancy test
- an ultrasound – this is usually done both through the tummy wall and as a transvaginal scan (TVS). During a TVS, a narrow, hand-held transducer (also called a probe or wand) is placed into the vagina. This method allows the ultrasound to get very close to your uterus (womb), as well as the cervix and ovaries; this usually gives very clear pictures. Although a TVS sounds uncomfortable, most women find it more comfortable than a scan done through the tummy wall which requires a full bladder.

Fact Sheet

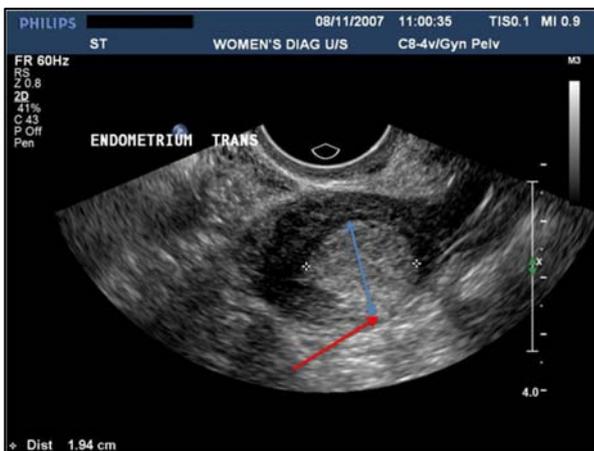
Intermenstrual bleeding [IMB]

womensnewbornhealth.com.au

Your GP may also refer you to a gynaecologist, including one of our specialists in the Westmead Gynaecology Clinic.



Patient having an ultrasound scan



Ultrasound picture of thick endometrium

What treatment will I need for my bleeding?

Possible treatment depends on the reason for your IMB and what you'd like to do about the bleeding.

- If the bleeding is due to your contraceptive or menopausal hormone therapy, you may need to try a different pill option. If the bleeding is not bothering you, it may not be necessary to change anything.

- If your GP has diagnosed an infection you will be treated with the appropriate antibiotics. For STIs, your partner also needs to be treated, otherwise you will probably get the infection back again. However, if the infection is simply candida ('thrush'), just treating you is sufficient.
- If your GP has found a polyp, fibroid, or thickened endometrium she/he will refer you to a specialist gynaecologist for advice about these. The gynaecologist may decide that you need a few more tests including a hysteroscopy which looks inside the uterus for a cause for your bleeding, or even a laparoscopy which looks inside the tummy for endometriosis. *[Please read our fact sheets on hysteroscopy and laparoscopy]*
- If your Pap smear is abnormal, or your GP thinks your cervix bleeds easily, she/he may refer you for a colposcopy. This is a simple test to look closely at your cervix and see if any treatment is needed. *[See fact sheet on colposcopy]*
- If your GP or gynaecologist is concerned that a cancer may be causing your bleeding, they will refer you to a specialist in women's cancer, who will advise you of the best treatment for your particular situation.

If you experience bleeding in between your periods, talk with your doctor about the problem so that he/she can make sure that your bleeding is not due to an infection or cancer. Remember that most IMB is not due to a serious cause and can easily be treated.

We welcome further feedback on this brochure as a way of continually improving our service.

Send your feedback to:

WSLHD-Get_Involved@health.nsw.gov.au