

MANAGING MENSTRUAL PROBLEMS WITH OR WITHOUT CONTRACEPTION

Jen Robinson, MS, WHNP-BC, CNM (she/they)

Adolescent Health Clinical Consultant, NMASBHC

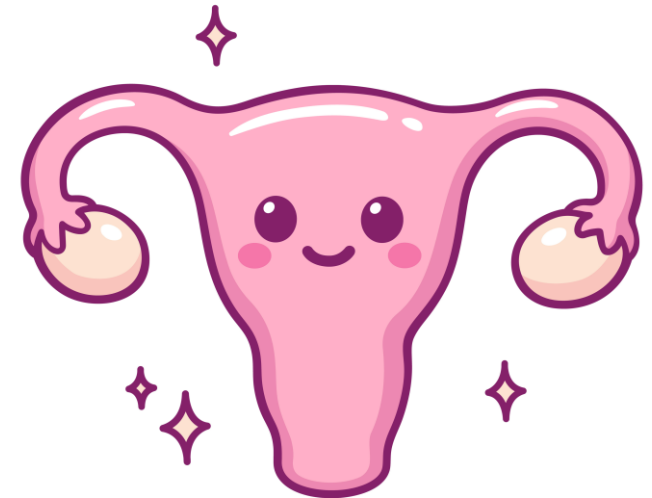
Director of Clinical Training, UNM Contraception Mentoring
Program

Slides co-created with:

Whitny Schluter, DNP, FNP-BC (she/her)

Clinical Trainer, UNM Contraception Mentoring Program

Assistant Professor-Clinician Educator, UNM College of Nursing



DISCLOSURES

**Jen Robinson, MS, WHNP-BC,
CNM** (*she/they*) has the following
financial relationships to disclose:

Organon Nexplanon trainer



OBJECTIVES



1. Review normal and abnormal menstrual bleeding patterns in children and adolescents
2. Discuss treatment recommendations for heavy and/or painful menstrual bleeding
3. Share resources to support education about heavy or painful periods with young people and their families

SCOPE OF TODAY'S PRESENTATION

Focus on:

Reproductive-aged people
with uteruses
who are not pregnant

Will not address:

- Premenarchal or
postmenopausal bleeding
- Bleeding in pregnancy

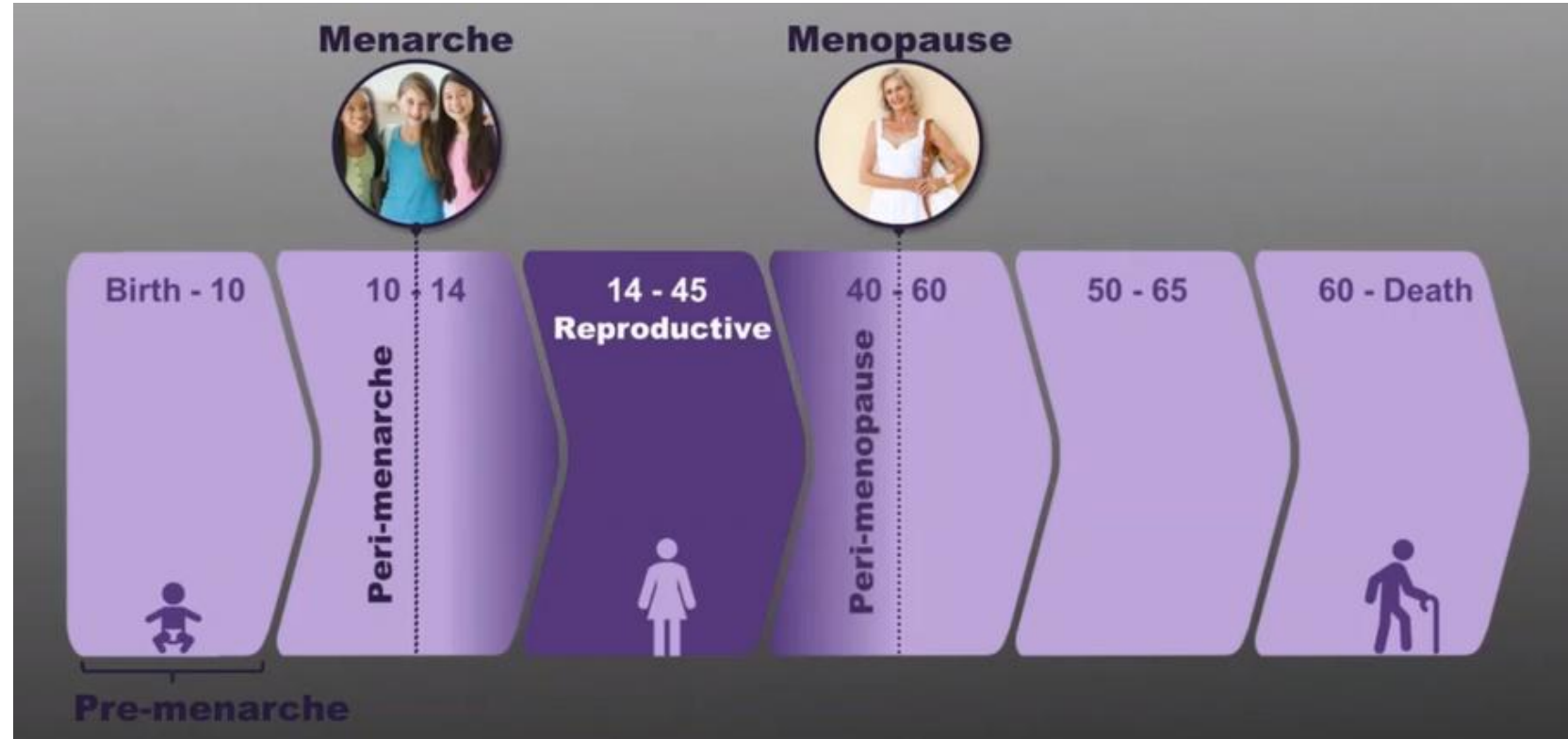


Image credit: <https://vimeo.com/397192412>

TODAY'S CASE: TATIANA

15 yo G0 cisgender woman (she/her)

Saturating a large pad q1-2 hours on first 2 days of menses

Periods regular, q27-28 days, 10 day duration

Cramps keep her home from school 1-2 days/month

HTN – BP today is 165/95

H/o migraine with aura

Tatiana's goal: “I want this bleeding and pain to stop ASAP!”

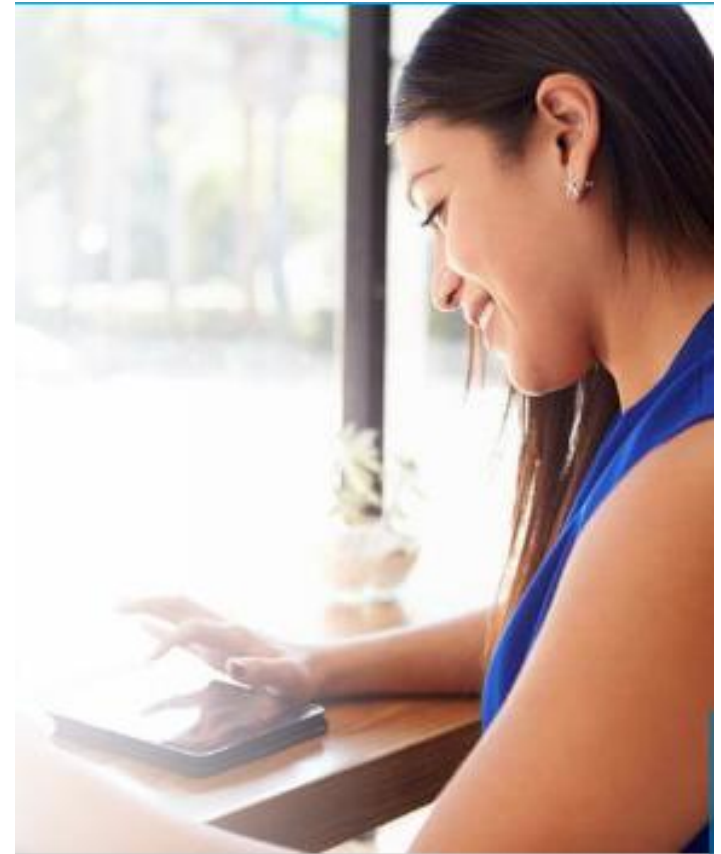


Image credit:

<https://www.womenshealth.gov/menstrual-cycle/menstrual-cycle-resources>

Normal menstruation parameters

Clinical dimensions of menstruation and menstrual cycle	Descriptive terms	Normal limits (5 th to 95 th centiles)
Frequency of menses (days)	Absent	
	Infrequent	>38
	Normal	24 to 38
	Frequent	<24
Regularity of menses (variation defined as shortest to longest cycle length, in days)	Regular	Variation ≤ 7 to 9 days*
	Irregular	Variation > 7 to 9 days*
Duration of flow (days)	Normal	≤ 8 days
	Prolonged	> 8 days
Volume of monthly blood loss (objective)	Heavy	> 80
	Normal	5 to 80
	Light	< 5
Volume of monthly blood loss (subjective)	Heavy	Clinical definition is subjective and defined as a volume that does not interfere with a woman's physical, social, emotional, and/or quality of life
	Normal	
	Light	

* Normal variation depends on age; these data are calculated excluding short and long outliers.

Data from:

1. Fraser IS, Critchley HO, Munro MG, Broder M. A process designed to lead to international agreement on terminologies and definitions used to describe abnormalities of menstrual bleeding. *Fertil Steril* 2007; 87:466.
2. Fraser IS, Critchley HO, Munro MG, Broder M. Can we achieve international agreement on terminologies and definitions used to describe abnormalities of menstrual bleeding? *Hum Reprod* 2007; 22:635.
3. Fraser IS, Munro MG, Broder M, Critchley HO. International recommendations on terminologies and definitions for normal and abnormal uterine bleeding. *Semin Reprod Med* 2011.

WHAT IS NORMAL?

Q 24-38 days (some say 21-35 days)

Regularity of cycle (variation less than 7-9 days from shortest to longest cycle)*

< 9 day duration of bleeding

Subjective volume of blood loss – does not interfere with quality of life

From Munro et al., 2018,
p. 395



Parameter	Normal	Abnormal	<input checked="" type="checkbox"/>
Frequency	Absent (no bleeding) = amenorrhea		<input type="checkbox"/>
	Infrequent (>38 days)		<input type="checkbox"/>
	Normal (≥ 24 to ≤ 38 days)		<input type="checkbox"/>
	Frequent (<24 days)		<input type="checkbox"/>
Duration	Normal (≤ 8 days)		<input type="checkbox"/>
	Prolonged (>8 days)		<input type="checkbox"/>
Regularity	Normal or "Regular" (shortest to longest cycle variation: $\leq 7-9$ days)*		<input type="checkbox"/>
	Irregular (shortest to longest cycle variation: $\geq 8-10$ days)*		<input type="checkbox"/>
Flow Volume (patient determined)	Light		<input type="checkbox"/>
	Normal		<input type="checkbox"/>
	Heavy		<input type="checkbox"/>

Intermenstrual Bleeding (IMB) Bleeding between cyclically regular onset of menses	None		<input type="checkbox"/>	
	Random		<input type="checkbox"/>	
	Cyclic (Predictable)	Early Cycle		<input type="checkbox"/>
		Mid Cycle		<input type="checkbox"/>
		Late Cycle		<input type="checkbox"/>

Unscheduled Bleeding on Progestin \pm Estrogen Gonadal Steroids (birth control pills, rings, patches or injections)	Not Applicable (not on gonadal steroid medication)		<input type="checkbox"/>
	None (on gonadal steroid medication)		<input type="checkbox"/>
	Present		<input type="checkbox"/>

DEFINITION OF ABNORMAL UTERINE BLEEDING (AUB)

Acute (FIGO MDC)

- Episode of uterine bleeding in a person of reproductive age, who is not pregnant
- Of sufficient quantity to require immediate intervention to prevent further blood loss
 - Can refer to bleeding that is heavy, prolonged, or both

Chronic

- Bleeding from the uterine body (or corpus)
- Abnormal in frequency, regularity, duration, and/or volume
- Present for at least the majority of the past six months



TATIANA

15 yo G0 cisgender woman (she/her)

Q: How do we assess the volume of Tatiana's bleeding?

A: Saturating a large pad q1-2 hours on first 2 days of menses

A: **+ soiling clothes, + quarter sized clots**

Q: How do we assess the time dimensions of her bleeding?

A: Periods regular, q27-28 days, 10 day duration

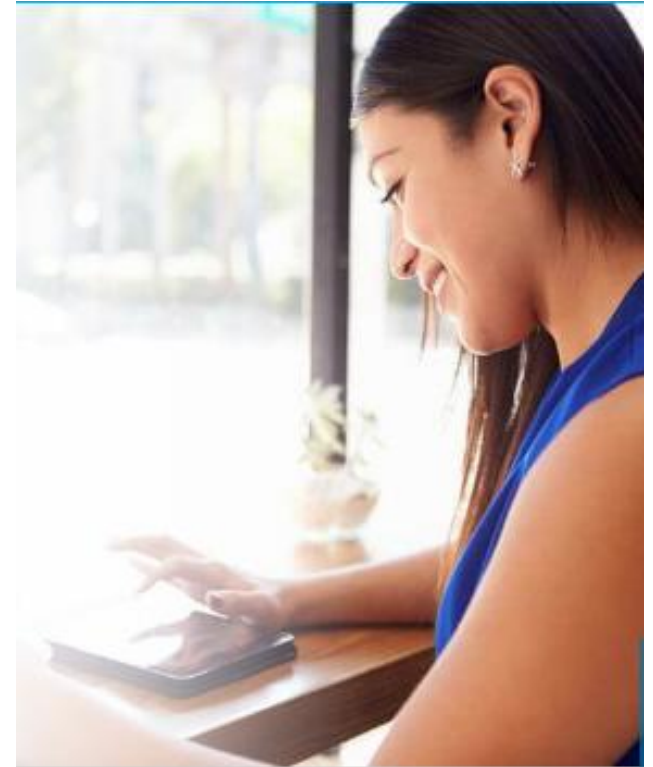


Image credit:

<https://www.womenshealth.gov/menstrual-cycle/menstrual-cycle-resources>

PALM—COEIN SYSTEM: PATHOPHYSIOLOGY OF AUB

P olyp
A denomyosis
L eiomyoma
M alignancy & hyperplasia



C oagulopathy
O vulatory dysfunction
E ndometrial
I atrogenic
N ot otherwise classified



Munro MG, Critchley HO, & Fraser IS. (2018). The two FIGO systems for normal and abnormal uterine bleeding symptoms and classification of causes of abnormal uterine bleeding in the reproductive years: 2018 revisions. *International Journal of Gynecology and Obstetrics* 143(3):393-408, DOI: 10.1002/ijgo.12666

WHAT THE HECK TO ASK?

Medical History

- Age of menarche and menopause
- Menstrual bleeding patterns
- Severity of bleeding (clots or flooding)
- Pain (severity and treatment)
- Medical conditions
- Surgical history
- Use of medications
- Symptoms and signs of possible hemostatic disorder



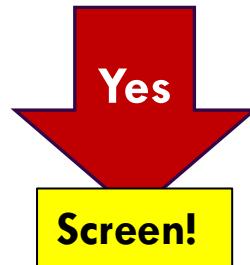
Image credit:

<https://www.giantmicrobes.com/us/products/uterus.html>

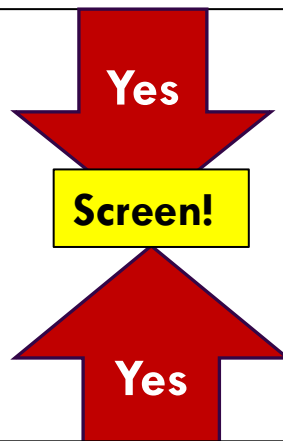
ACOG 2012

TO SCREEN OR NOT SCREEN: BLEEDING DISORDERS

1. Has the patient had heavy menses since menarche?



2. Has the patient had postpartum hemorrhage, surgical bleeding complication, or serious bleeding from dental work?



3. Has the patient had two or more symptoms: bruising or nose bleeding 1-2x/month, frequent gum bleeding, or FH of bleeding?

Box 1. Clinical Screening for an Underlying Disorder of Hemostasis in the Patient With Excessive Menstrual Bleeding

Initial screening for an underlying disorder of hemostasis in patients with excessive menstrual bleeding should be structured by medical history (positive screen comprises any of the following): *

Heavy menstrual bleeding since menarche

One of the following:

Postpartum hemorrhage

Surgery-related bleeding

Bleeding associated with dental work

Two or more of the following symptoms:

Bruising one to two times per month

Epistaxis one to two times per month

Frequent gum bleeding

Family history of bleeding symptoms

*Patients with a positive screen should be considered for further evaluation, including consultation with a hematologist and testing of von Willebrand factor and ristocetin cofactor.

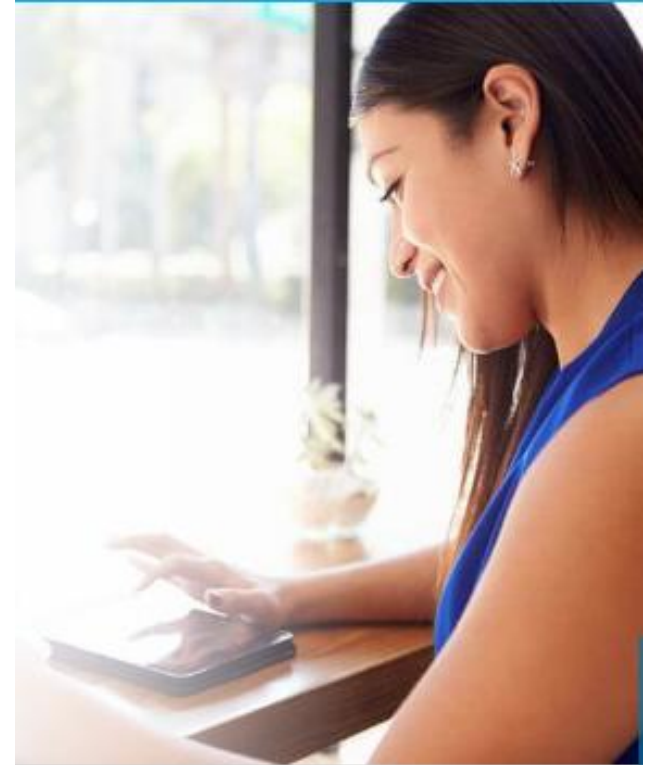
Reprinted from Kouides PA, Conard J, Peywandi F, Lukes A, Kadir R. Hemostasis and menstruation: appropriate investigation for underlying disorders of hemostasis in women with excessive menstrual bleeding. *Fertil Steril* 2005;84(5):1345-51.

TATIANA

15 yo G0 cisgender woman (she/her)

Saturating a large pad q1-2 hours on first 2 days of menses
+ soiling clothes, + quarter sized clots

Periods regular, q27-28 days, 10 day duration



Q: How do we decide if Tatiana needs to be screened for bleeding disorders?

A: Heavy menstrual bleeding since menarche!

Image credit:

<https://www.womenshealth.gov/menstrual-cycle/menstrual-cycle-resources>

DIAGNOSIS OF AUB – PHYSICAL EXAMINATION

General physical

Neck: Thyromegaly, masses, buffalo hump

Abdomen: Masses, CVA tenderness

MSK and neuro: proximal muscle wasting, delayed DTRs

Vitals and CV/pulm: Hemodynamic parameters

Head and hair: Alopecia, moon-faces, hirsutism, moon faces

Skin and mucosa: Acne, hirsutism, striae, pallor, petechiae or purpura

Pelvic examination:

For non-adolescent patients:

Speculum: Vaginitis, cervicitis

Bimanual: Masses, tenderness, CMT

External: Anatomy, lesions, clitoromegaly

DIAGNOSIS OF AUB — LABS

Pregnancy test

CBC, ferritin

TSH

Chlamydia + gonorrhea (also consider vaginitis panel)

Targeted screening for bleeding disorders (when indicated)

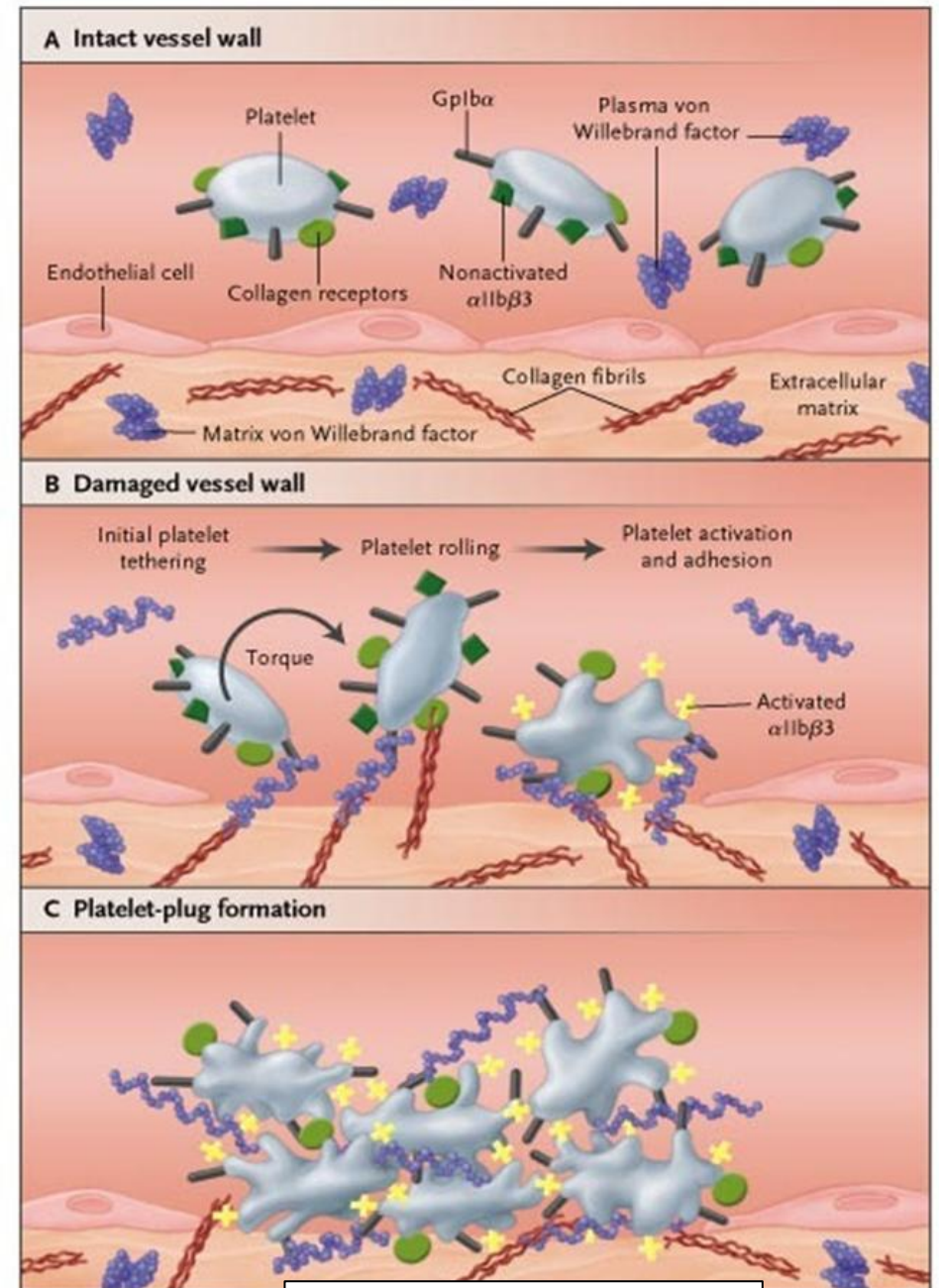
PT, PTT

Von-Willebrand panel* includes:

ristocetin cofactor activity: measure VWF function

von Willebrand factor antigen: Quantifies level of VWF

factor VIII: VWF prevents factor VIII from breaking down



From Mannucci, 2004.

DIAGNOSIS OF AUB – DIAGNOSTIC OR IMAGING TESTS (WHEN INDICATED)

Diagnostic or imaging tests

- **Primary imaging test:**
 - **Transvaginal ultrasonography**
- If further eval needed:
 - Saline infusion hysteroscopy
 - Hysteroscopy
- Not primary imaging modality:
 - MRI

Tissue sampling methods

Office endometrial biopsy

- **>45 yo – first line test**
- **<45 yo – unopposed estrogen, failed medical mgmt., persistent AUB despite treatment**

Hysteroscopy directed endometrial sampling (office or operating room)

TREATMENT



AT WHAT POINT IS TREATMENT APPROPRIATE?

Same-day treatment:

1. If unstable
2. If stable and low risk for endometrial hyperplasia, cancer, or uterine structural issues, **i.e. Adolescents**

Delayed treatment

1. Initiate treatment after a complete diagnostic evaluation has been completed if increased risk:
 - Genetic risk factors for endometrial cancer
 - Older than 45 years
 - Prolonged anovulatory cycles are associated with unopposed estrogen



MEDICAL MANAGEMENT - CHRONIC AUB

Hormonal*

Progestins – oral

Combination oral contraceptives

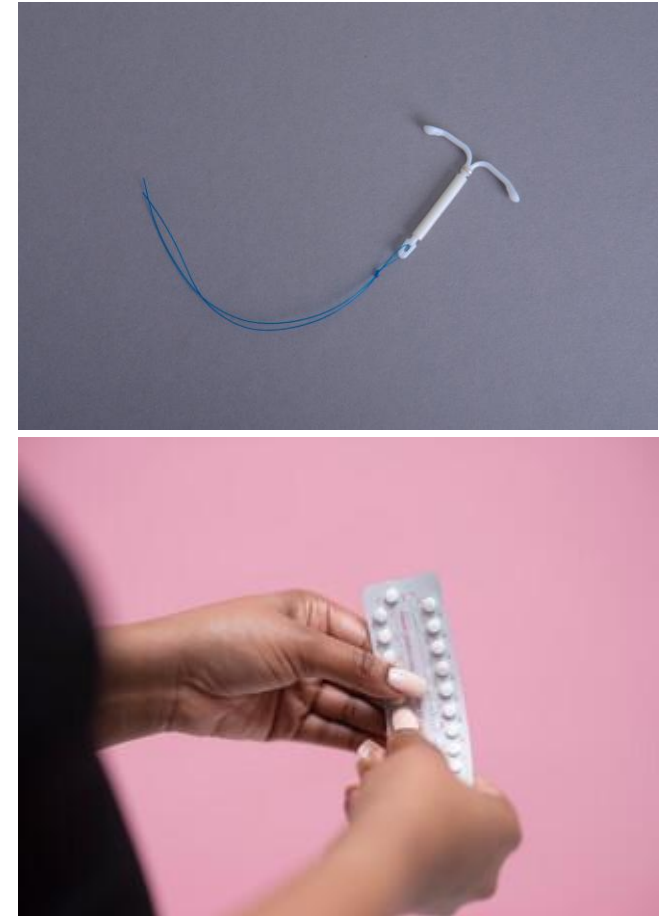
52 mg Levonorgestrel intrauterine device

*Note: other hormonal tx can also help but are not included in ACOG recommendations

Non-hormonal

NSAIDs

Tranexamic acid



TATIANA

15 yo G0 cisgender woman (she/her)

How can the US MEC help guide decisions?

HTN – BP today is 165/95

H/o migraine with aura

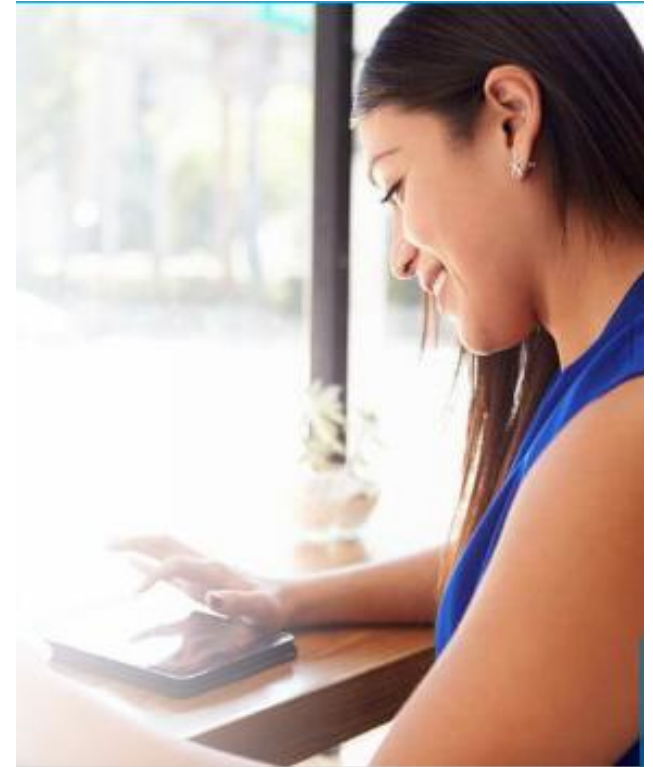


Image credit:

<https://www.womenshealth.gov/menstrual-cycle/menstrual-cycle-resources>

CDC MEDICAL ELIGIBILITY CRITERIA

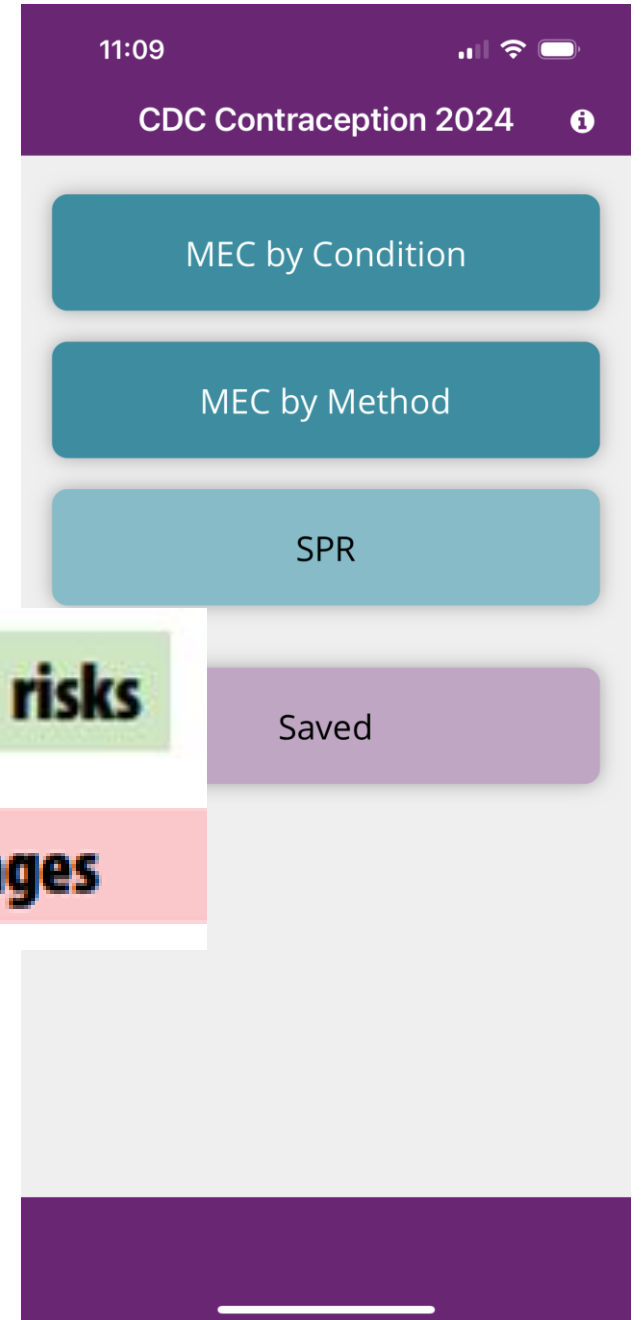
Let's practice using the app!

1 = No restriction (method can be used)

2 = Advantages generally outweigh theoretical or proven risks

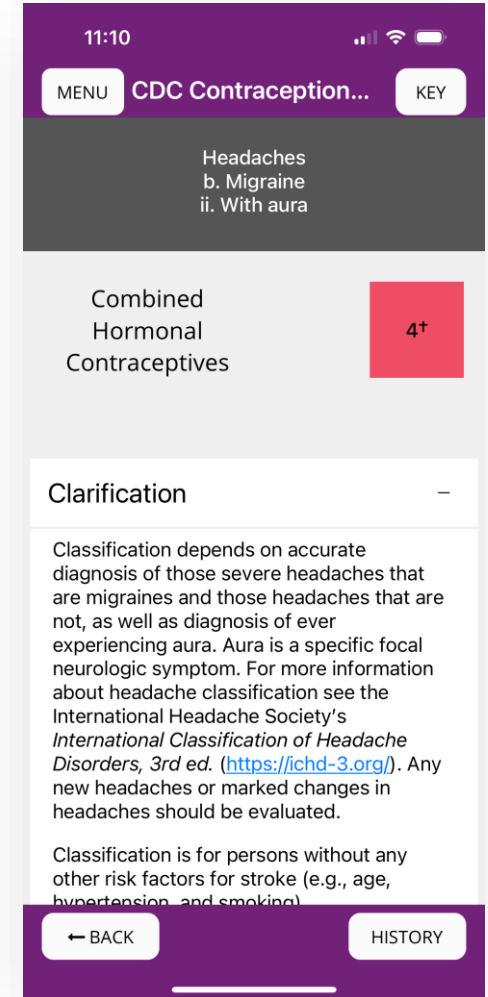
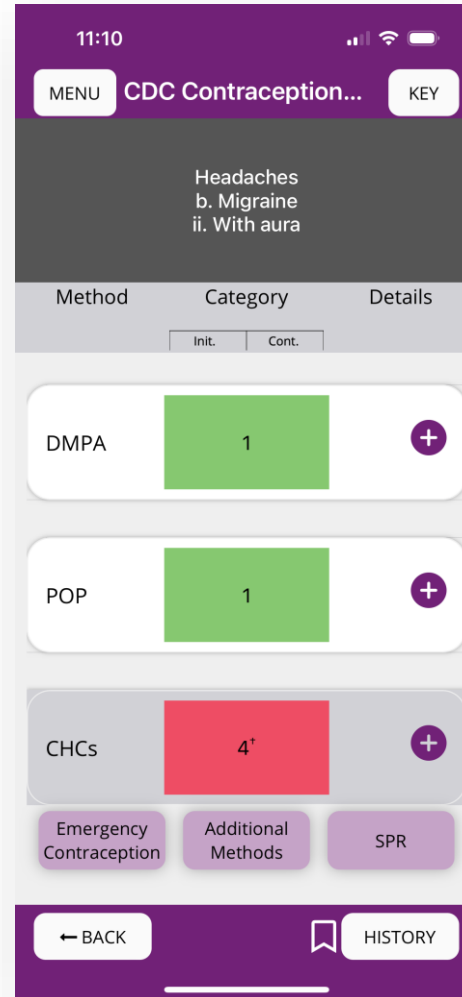
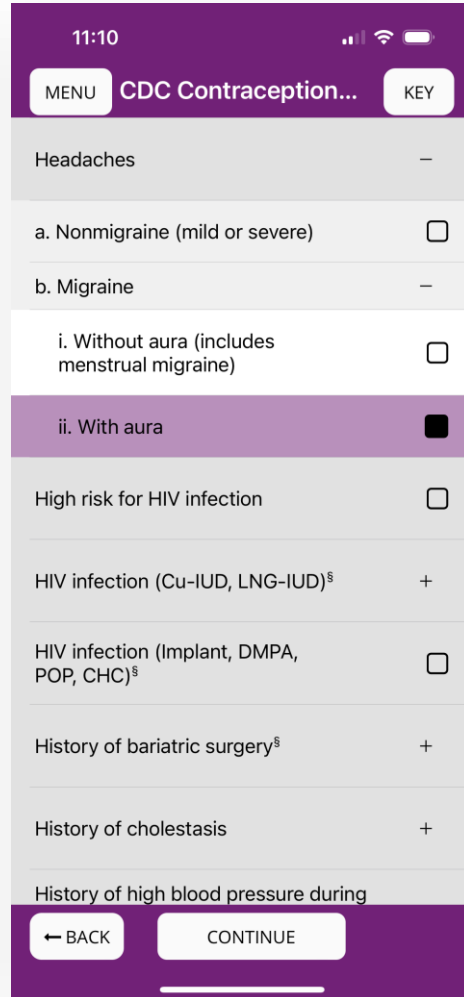
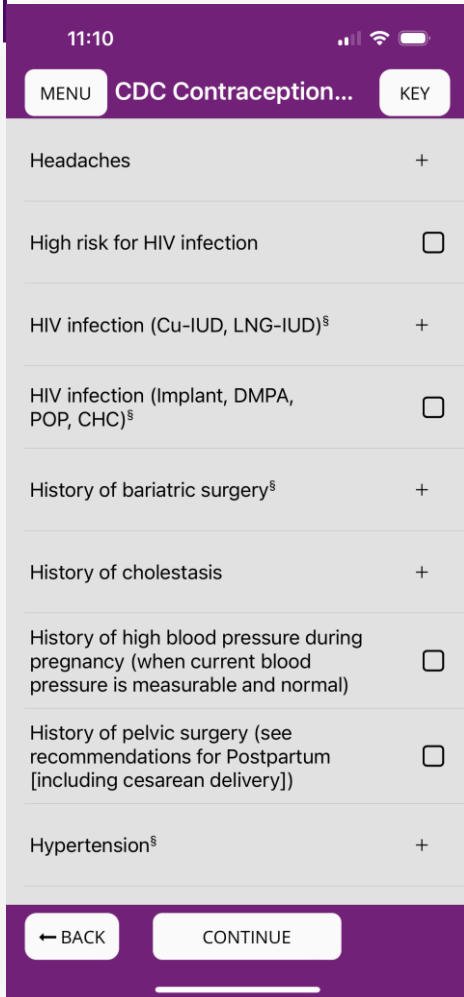
3 = Theoretical or proven risks usually outweigh the advantages

4 = Unacceptable health risk (method not to be used)



USING THE CDC CONTRACEPTION APP

PROGESTIN ONLY METHODS ARE OFTEN SAFE WHEN OTHERS ARE CONTRAINDICATED



TATIANA

15 yo G0 cisgender woman (she/her)

Saturating a large pad q1-2 hours on first 2 days of menses

Periods regular, q29-30 days, 8 day duration

HTN – BP today is 165/95

H/o migraine with aura

What treatment can we offer Tatiana?

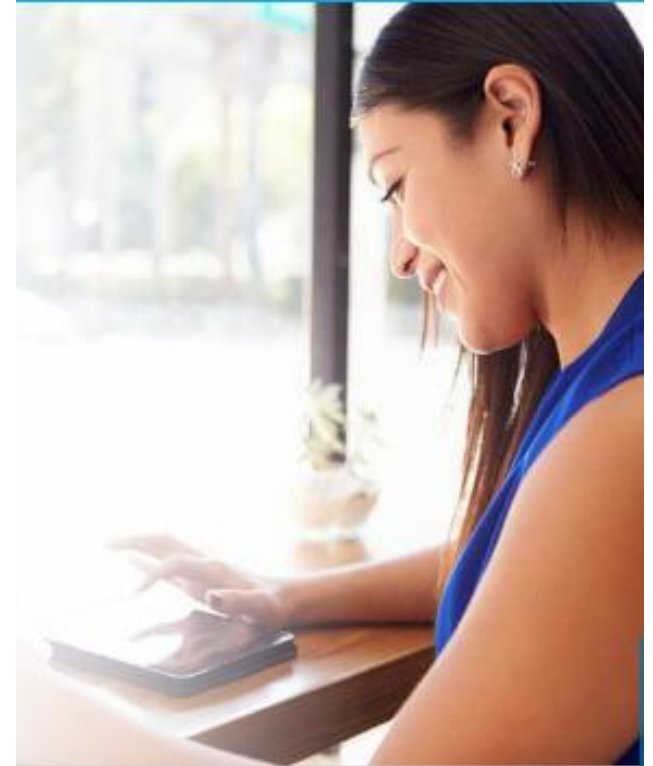


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<https://www.womenshealth.gov/menstrual-cycle/menstrual-cycle-resources>

HOW WILL BIRTH CONTROL CHANGE MY PERIOD?

Some methods change how much bleeding you have or how often.

No Change



Condom



Internal Condom



Fertility Awareness



Pulling Out

These methods won't change your period.

These methods won't change your period because they don't have hormones.

Lighter & Irregular



Mini-Pill



Hormonal IUD



Implant



Shot

Your period may become much lighter, come more or less often (even every day), or stop altogether.

Not having a period with these methods is common and doesn't mean something is wrong.

Lighter & Regular



Pill



Patch



Ring

Your period may become lighter, shorter, and more regular.

Don't want to have your period? Ask your health care provider how to use these methods to skip it.

Heavier



Copper IUD

Your period will come when it normally does and may be heavier.

Talk to a health care provider if you have period changes you don't like—they may be able to help.

Once you stop using a method, your period will return to whatever is normal for you.

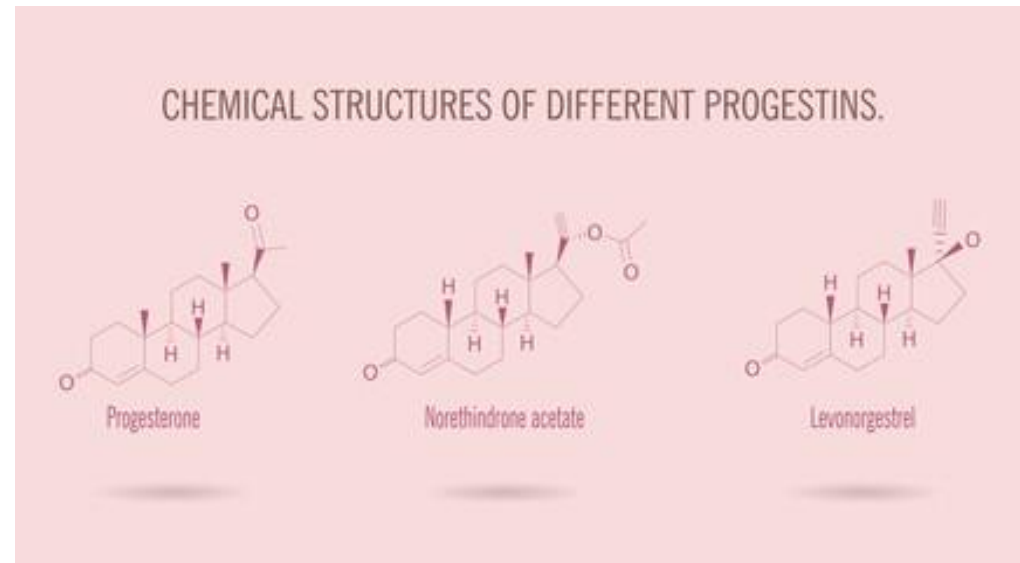
NON-CONTRACEPTIVE PROGESTINS – CHRONIC AUB + DYSMENORRHEA

Norethindrone acetate 5 mg PO QD continuously/not cyclic for AUB mgmt.

For other options, see:

Bofill Rodriguez et al., 2019.

Cochrane Database of Syst Review.



NSAIDS — CHRONIC AUB + DYSMENORRHEA

- Non-hormonal treatment
- Higher dose ibuprofen, naproxen, or similar NSAID for 3 to 5 days of treatment during menstruation
- Contraindicated if bleeding disorder present due to inhibitory effect on platelet aggregation



Bofill Rodriguez et al., 2019. Cochrane Database of Syst Review.

ANTIFIBRINOLYTICS — CHRONIC AUB

- Effective non-hormonal treatment
- Tranexamic acid 1.3 g orally three times daily for up to 5 days during monthly menstruation
 - Can start 650 mg PO TID, increase from there
- Theoretical increased risk of thromboembolic disease



Up to date, 2020

Bryant-Smith et al., 2019. Cochrane Database Syst Review.

TATIANA

- Progestin only contraception
 - Medical contraindication to estrogen: migraine with aura, HTN
- Non contraceptive progestin
- NSAIDs
- Antifibrinolytics

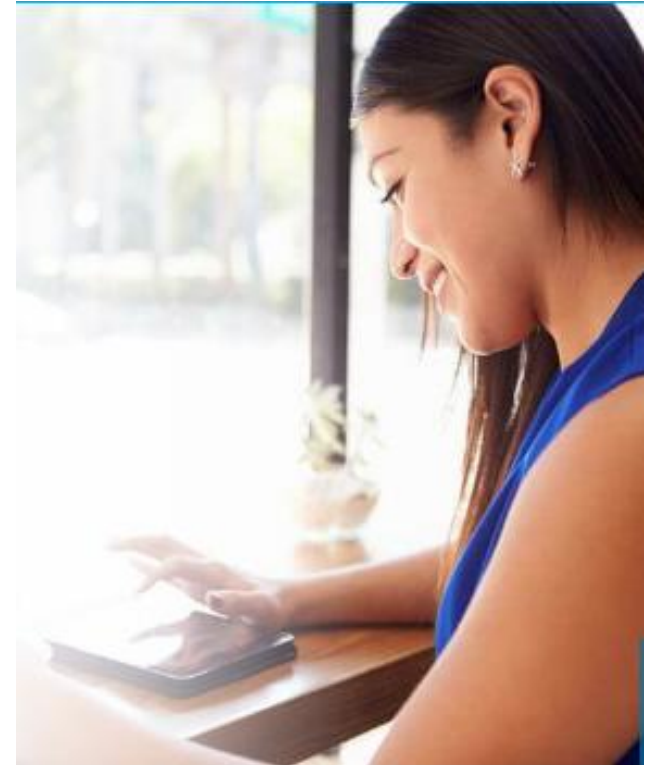


Image credit:

<https://www.womenshealth.gov/menstrual-cycle/menstrual-cycle-resources>

Heavy Menstrual Bleeding: Progestin-Only Hormone Therapy

Posted under Health Guides. Updated 11 August 2022.

Tagged [depo-provera](#) [hormonal birth control](#) [hormonal injections](#)

[period](#) [progestin](#)

How is norethindrone acetate taken?

Norethindrone acetate (Aygestin®) is a pill that you swallow. Each pill contains 5 mg of norethindrone acetate. Norethindrone acetate is not an approved form of contraception.

Your clinician will tell you whether to take 0.5, 1, 1.5, or 2 tablets (2.5, 5, 7.5, or 10 mg). You should take norethindrone acetate at the same time every day as prescribed by your health care provider. At Boston Children's Hospital, we generally recommend that you do not take more than 10 mg of norethindrone acetate a day.

What should I expect will happen to my menstrual bleeding if I am taking norethindrone acetate?

If you take norethindrone acetate at the same time each day in the dose prescribed by your clinician, your menstrual bleeding should stop completely. A variation of 20 minutes or more may cause you to experience break through bleeding. A great way to prevent this is by setting an alarm on your cellphone to ensure that you take the medication at the same time every day. However, if you do not miss doses or take breaks off norethindrone acetate, you should not get periods at all.

<https://youngwomenshealth.org/guides/heavy-menstrual-bleeding-progestin-only-hormone-therapy/>

Menstrual Period: Painful Periods (Dysmenorrhea)

Posted under [Health Guides](#). Updated 8 May 2022.

Tagged [cramps](#) [endometriosis](#) [period](#) [period tracker](#)



Is there anything else I can do to help my dysmenorrhea?

- **Heat** – Natural remedies such as a **microwavable heating pack** or a **heating pad** placed on your lower abdomen may help. Be sure to check that the heating pad is not too hot, as it can burn your skin.
- **TENS Unit** are very helpful in relieving the pain caused by menstrual cramps. The pads can be placed on the lower abdomen, lower back, or anywhere there is pain. The unit sends soothing pulse via the pads to relax the skin, muscles, and nerve endings.
- **Soaking in a warm bath** may also help to relieve cramps.
- **Acupuncture** is a complementary therapy that may be recommended to treat dysmenorrhea.
- **Yoga** is a type of exercise that has shown to help lessen menstrual cramps for some girls/women.
- **Regular exercise** has been known to lower pain.
- **Pelvic Floor Physical Therapy** is known to help relax the muscles of the pelvic floor to help lower pain.
- **Track your menstrual cycle** with our [period and pain tracker](#) to see if there is a pattern to your pain—when it begins and ends.

<https://youngwomenshealth.org/guides/painful-periods/#>

LEARNING BURSTS + WORKFLOW WEDNESDAYS!

APR

21

MONDAY

CDC CLINICAL GUIDELINES FOR RISK REDUCTION OF STIS/HIV (NEW AND IMPROVED)

3:00 pm - 3:30 pm

Join us for a NMASBHC Learning Burst! CEUs/CMEs available for those who attend live. Recordings will be available on our website 2 weeks after the live Learning Burst. Recordings available here. Objectives: Register Here

APR

30

WEDNESDAY

WALK IN PREGNANCY TEST: WORKFLOW TO HELP SBHC STAFF PROVIDE SERVICES WHEN CLINICIANS ARE NOT PRESENT

11:00 am - 11:30 am

Join us for a NMASBHC Workflow Wednesday! CEUs/CMEs available for those who attend live. Recordings will be available on our website 2 weeks after the live Learning Burst. Recordings available here. Objectives: Register Here



CME/CE Available
Live attendance only



Video Recordings
*Available 2 weeks after
live session*

Or visit

www.nmasbhc.org/our-work/events-training/

Can't wait for you to join us!

Email our Adolescent Health Clinical Consultant, Jen Robinson, Jen@nmasbhc.org to setup additional trainings for your team or to schedule a 1:1 technical assistance call.

Save the Date 07. 24. 2025

REPRODUCTIVE & SEXUAL HEALTH TRAINING



- ✗ Created for all clinic staff
- ✗ In-person full day training
- ✗ Free CME/CE
- ✗ Breakfast and lunch provided



NORTHERN NEW MEXICO

Location TBD

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Contraception Mentoring Program

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For details and to register for this free event follow the QR code.



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HEALTH CARE



SCHOOL OF
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