

Guidance for the management of abnormal uterine bleeding in the evolving Coronavirus (COVID-19) pandemic.

This consensus statement is based on the joint RCOG, BSGE, BGCS guideline published on Monday 30th March 2020 and provides a framework for the management of women with AUB - Abnormal Uterine Bleeding (heavy menstrual bleeding (HMB), inter-menstrual (IMB), postmenopausal bleeding (PMB) or post coital bleeding (PCB)) during the current pandemic in the primary care. These are frequent symptoms that raise concerns about gynaecological cancer.

Heavy Menstrual Bleeding

- Women with HMB should initially be managed by remote communication. They should be reassured that the risk of malignancy is negligible.
- A relevant clinical history should be taken to elucidate the severity of the symptoms, the possibility of anaemia and the likely cause.
- If there are no symptoms of anaemia or if present, anaemia is likely to be mild, oral medication should be prescribed after exclusion of contraindications.
- Women should be referred to secondary care for further management if:
 - The HMB is torrential and / or prolonged.
 - Ongoing HMB that has been resistant to NICE recommended oral treatments and is considered unmanageable by the woman.
 - Severe anaemia is suspected.

Intermenstrual Bleeding

- Women with IMB should initially be managed by remote communication. Women should be reassured that IMB is common and symptoms often spontaneously resolve and that underlying cancer is rare.
- A relevant clinical history should be taken to elucidate the severity of the symptoms and the likely cause. Pregnancy should be excluded.
- Where the likelihood of sexually transmitted infection or genital tract cancer is considered negligible, then management options to discuss include:
 - Reassurance.
 - Observation with a virtual consultation follow-up to see if the IMB subsides.
 - Change in hormonal contraceptives in current users.
 - Trial of hormonal contraceptives in non-users.
- Women should only be asked to come for a pelvic examination in the primary care if:
 - There is a risk of sexually transmitted infection (to take genital tract swabs).
 - Cervical cancer is suspected because of associated persistent post-coital bleeding and / or offensive vaginal discharge.

- Women should be referred to secondary care for further investigation if:
 - Cervical cancer is suspected on pelvic examination.
 - Endometrial cancer is suspected because of persistent IMB (i.e. occurring for at least 3 consecutive months) in women over 40 years of age who are not using hormonal contraceptives.

Postmenopausal Bleeding

- PMB is a red flag symptom because 5 - 10% of women will have endometrial cancer. Clinical management of PMB should be focused on identifying cancer.
 - Women with PMB should initially be managed by remote communication to:
 - Confirm the symptom.
 - Determine if they have any symptoms of COVID-19.
 - Be informed that a 2 Week Wait referral to secondary care will be made.
 - Highlight women who have suspected or confirmed COVID-19 and inform them that they will not be seen in secondary care until they are no longer infectious (14 days from the onset of symptoms) to avoid horizontal transmission.
 - Assess whether hospital assessment can be deferred for COVID-19 vulnerable patients (for example but not limited to women above 70 years old and women with underlying health conditions) to reduce the risk of horizontal transmission. This risk needs to be balanced against the risk of delay in diagnosis or exclusion of a gynaecological cancer on a case by case basis.