

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Draft quality standard for heavy menstrual bleeding

1 Introduction

Heavy menstrual bleeding (HMB) is a common condition that affects 20–30% of women of reproductive age. It is defined as excessive menstrual blood loss which interferes with the woman's physical, emotional, social and material quality of life, and can occur alone or in combination with other symptoms. HMB can have a major impact on a woman's quality of life.

Many women seek help from their general practitioners and HMB is a common reason for referral to secondary care. The focus of this quality standard is on accurate diagnosis and helping women to make an informed choice about the most appropriate intervention for them.

This quality standard covers the care of women of reproductive age with HMB as a result of cyclical ovarian activity, where this is the major complaint. This may be associated with uterine fibroids, because HMB is commonly the major presenting symptom, or dysfunctional uterine bleeding in the absence of visible pathology. For more information see the [topic overview](#) for this quality standard.

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. They draw on existing guidance, which provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement. The quality standard, in conjunction with the guidance on which it is based, should contribute to the improvements outlined in the following frameworks:

- [NHS Outcomes Framework 2013–14](#) (Department of Health, November 2012)
- Improving outcomes and supporting transparency: Part 1: a [Public Health Outcomes Framework for England, 2013–2016](#) (Department of Health, January 2012 and [technical refresh](#) November 2012)

The table below shows the outcomes, overarching indicators and improvement areas from the frameworks that the quality standard could contribute to achieving:

NHS outcomes framework 2013–14	
Domain 2: Enhancing quality of life for people with long-term conditions	<p>Overarching indicator 2 Health-related quality of life for people with long-term conditions</p> <p>Improvement areas <i>Ensuring people feel supported to manage their condition</i> 2.1 Proportion of people feeling supported to manage their condition <i>Reducing time spent in hospital by people with long-term conditions</i> 2.3i Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)</p>
Domain 3: Helping people to recover from episodes of ill health or following injury.	<p>Overarching 3b Emergency readmissions within 30 days of discharge from hospital</p>
Domain 4: Ensuring people have a positive experience of care.	<p>Overarching 4a Patient experience of primary care (i) GP services 4b Patient experience of hospital care 4.c Friends and Family Test (placeholder)</p> <p>Improvement areas <i>Improving people’s experience of outpatient care</i> 4.1 Patient experience of outpatient services</p>
Public health outcomes framework 2013–16	
Domain 2: Health Improvement	2.19 Cancer diagnosed at stage 1 and 2

2 Draft quality standard for heavy menstrual bleeding

Overview

The draft quality standard for heavy menstrual bleeding (HMB) states that services should be commissioned from and coordinated across all relevant agencies encompassing the whole care pathway for women with HMB. An integrated approach to provision of services is fundamental to the delivery of high-quality care.

The Health and Social Care Act 2012 sets out a clear expectation that the care system should consider NICE quality standards in planning and delivering services, as part of a general duty to secure continuous improvement in quality. Commissioners and providers of health and social care should cross refer across the library of NICE quality standards when designing high-quality services.

Patients, service users and carers may use the quality standard to find out about the quality of care they should expect to receive; support asking questions about the care they receive; and to make a choice between providers of social care services.

The quality standard should be read in the context of national and local guidelines on training and competencies. All healthcare professionals involved in assessing, caring for and treating women with HMB should have sufficient and appropriate training and competencies to deliver the actions and interventions described in the quality standard.

No.	Draft quality statements
1	Women presenting with symptoms of heavy menstrual bleeding have a comprehensive, detailed history and a full blood count taken.
2	Women with heavy menstrual bleeding in whom a structural or histological abnormality is suspected have a physical examination before treatment or referral for further investigations.
3	Women presenting with heavy menstrual bleeding without suspected structural

	or histological abnormalities are offered pharmaceutical treatment at the initial consultation.
4	Women with heavy menstrual bleeding related to large fibroids who need radiological or surgical intervention have a documented discussion about uterine artery embolisation, myomectomy and hysterectomy.
5	Women with heavy menstrual bleeding related to large fibroids are referred for uterine artery embolisation if this is the woman's preferred option.

In addition, quality standards that should also be considered when commissioning and providing a high-quality HMB service are listed in section 7.

General questions for consultation:

Question 1	Does this draft quality standard accurately reflect the key areas for quality improvement?
Question 2	If the systems and structures were available, do you think it would be possible to collect the data for the proposed quality measures?
Please refer to Quality standards in development for additional general points for consideration (available from www.nice.org.uk).	

Draft quality statement 1: Diagnosis – history

Draft quality statement	Women presenting with symptoms of heavy menstrual bleeding have a comprehensive, detailed history and a full blood count taken.
Rationale	<p>A detailed history, including related symptoms and the impact on her quality of life, is needed to enable the clinician to make an accurate diagnosis.</p> <p>The history will indicate the likelihood of a structural or histological cause of the bleeding. This will influence the woman's treatment options and help to identify if further investigations and referral are needed.</p> <p>The full blood count is to identify iron-deficiency anaemia which can be an associated problem for women with heavy menstrual bleeding (HMB). This can be treated with a prescribed medication.</p>
Draft quality measure	<p>Structure: Evidence of local arrangements for women presenting with symptoms of HMB to have a comprehensive detailed history and a full blood count taken.</p> <p>Process:</p> <p>a) Proportion of women presenting with symptoms of HMB who have both a comprehensive detailed history and a full blood count taken.</p> <p>Numerator – the number of women presenting with symptoms of HMB who have both a comprehensive detailed history and a full blood count taken.</p> <p>Denominator – the number of women presenting with symptoms of HMB.</p> <p>b) Proportion of women presenting with symptoms of HMB who have a comprehensive detailed history taken.</p> <p>Numerator – the number of women presenting with symptoms of HMB who have a comprehensive detailed history taken.</p> <p>Denominator – the number of women presenting with symptoms of HMB.</p> <p>c) Proportion of women presenting with symptoms of HMB who have a full blood count taken.</p> <p>Numerator – the number of women presenting with symptoms of HMB who have a full blood count taken.</p> <p>Denominator – the number of women presenting with symptoms of HMB.</p> <p>Outcome:</p> <p>Identification of pathology associated with HMB.</p>
Description of	Service providers ensure that systems are in place for women

<p>what the quality statement means for each audience</p>	<p>presenting with symptoms of HMB to have a comprehensive detailed history and a full blood count taken.</p> <p>Healthcare professionals ensure women presenting with symptoms of HMB have a comprehensive detailed history and a full blood count taken.</p> <p>Commissioners ensure they commission services with local systems for women presenting with symptoms of HMB to have a comprehensive detailed history and a full blood count taken.</p> <p>Women who go to their doctor with symptoms of heavy menstrual bleeding are asked to give details of their bleeding and blood samples.</p>
<p>Source clinical guideline references</p>	<p>NICE clinical guideline 44 recommendations 1.2.1 and 1.2.8.</p>
<p>Data source</p>	<p>Structure: Local data collection.</p> <p>Process: Local data collection.</p>
<p>Definitions</p>	<p>History</p> <p>NICE clinical guideline 44 recommendation 1.2.1 states that the history should cover the nature of the bleeding, related symptoms that might suggest structural or histological abnormality, impact on quality of life and other factors that may determine treatment options (such as presence of comorbidity).</p> <p>Presentation</p> <p>It may not be possible to undertake the full blood count during the presenting appointment, but this should be arranged as soon as possible. If treatment is needed for iron-deficiency anaemia, it should be provided in parallel with any HMB treatment offered.</p>
<p>Equality and diversity considerations</p>	<p>HMB is diagnosed partly on the basis of symptoms and their impact on quality of life, and some women may need support to be able to accurately describe them. The support should be tailored to the individual, especially for women with additional needs such as physical, sensory or learning disabilities, or women who do not speak English. Women presenting with HMB should have access to an interpreter or advocate if needed.</p>

Draft quality statement 2: Diagnosis – physical examination

Draft quality statement	Women with heavy menstrual bleeding in whom a structural or histological abnormality is suspected have a physical examination before treatment or referral for further investigations.
Rationale	Approximately 30% of women with heavy menstrual bleeding (HMB) have associated uterine fibroids. Accurate diagnosis is important because the presence of a structural or histological abnormality, particularly fibroids larger than 3 cm, influences the woman’s treatment options. The purpose of a physical examination is to detect underlying pathology to inform treatment options or the need for referral for further investigations.
Draft quality measure	<p>Structure: Evidence of local arrangements for women with HMB in whom a structural or histological abnormality is suspected to have a physical examination before treatment or referral for further investigations.</p> <p>Process:</p> <p>a) Proportion of women with HMB in whom a structural or histological abnormality is suspected who have a physical examination before treatment or referral for further investigations.</p> <p>Numerator – the number of women with HMB in whom a structural or histological abnormality is suspected who have a physical examination before treatment or referral for further investigations.</p> <p>Denominator – the number of women with HMB in whom a structural or histological abnormality is suspected.</p> <p>Outcome:</p> <p>Identification of pathology associated with HMB.</p>
Description of what the quality statement means for each audience	<p>Service providers ensure that systems are in place for women with HMB in whom a structural or histological abnormality is suspected to have a physical examination before referral for further investigations or treatment.</p> <p>Healthcare professionals ensure women with HMB in whom a structural or histological abnormality is suspected have a physical examination before referral for further investigations or treatment.</p> <p>Commissioners ensure they commission services with local systems for women with HMB in whom a structural or histological abnormality is suspected to have a physical examination before referral for further investigations or treatment.</p> <p>Women with heavy menstrual bleeding that may be caused by an internal problem (such as fibroids) are offered an examination before being referred for further tests or treatment.</p>
Source clinical	NICE clinical guideline 44 recommendations 1.2.4 and 1.2.6.

guideline references	
Data source	<p>Structure: Local data collection.</p> <p>Process: Local data collection.</p>
Definitions	<p>Physical examination</p> <p>The full clinical guideline on heavy menstrual bleeding defines physical examination in this context as observation, abdominal palpation, visualisation of the cervix and bimanual (internal) examination with the purpose of detecting underlying pathology to inform treatment and the need for investigations.</p> <p>Structural abnormality (fibroids)</p> <p>The full clinical guideline on heavy menstrual bleeding defines fibroids as smooth-muscle tumours of the uterus, generally benign although occasionally (<1%) malignant. They vary greatly in size from millimetres to tens of centimetres, and are associated with heavy periods, pressure symptoms and occasionally pain. Small fibroids are fibroids less than 3 cm in diameter and large fibroids are fibroids 3 cm or greater in diameter.</p> <p>Further investigations</p> <p>NICE clinical guideline 44 recommendation 1.2.15 states that ultra-sound is the first-line diagnostic tool for identifying structural abnormalities. Recommendation 1.2.13 states that if appropriate a biopsy should be undertaken to exclude endometrial cancer or atypical hyperplasia.</p>

Draft quality statement 3: Pharmaceutical treatment for heavy menstrual bleeding

Draft quality statement	Women presenting with heavy menstrual bleeding without suspected structural or histological abnormalities are offered pharmaceutical treatment at the initial consultation.
Rationale	In some women, the symptoms of heavy menstrual bleeding (HMB) can be treated with hormonal or non-hormonal pharmaceutical treatment. These treatments can be started in primary care and can result in lighter bleeding or may stop bleeding completely. As a result this may reduce the number of inappropriate referrals to specialist services.
Draft quality measure	<p>Structure:</p> <p>Evidence of local arrangements for women presenting with HMB without suspected structural or histological abnormalities to be offered pharmaceutical treatment at the initial consultation.</p> <p>Process:</p> <p>a) Proportion of women presenting with HMB without suspected structural or histological abnormalities who are offered pharmaceutical treatment at the initial consultation.</p> <p>Numerator – the number of women presenting with HMB without suspected structural or histological abnormalities who are offered pharmaceutical treatment at the initial consultation.</p> <p>Denominator – the number of women presenting with HMB without suspected structural or histological abnormalities.</p> <p>Outcome:</p> <p>Women’s satisfaction with HMB-related symptom control and quality of life.</p>
Description of what the quality statement means for each audience	<p>Service providers ensure systems are in place for women presenting with HMB without suspected structural or histological abnormalities to be offered pharmaceutical treatment at the initial consultation.</p> <p>Healthcare professionals ensure women presenting with HMB without suspected structural or histological abnormalities are offered pharmaceutical treatment at the initial consultation.</p> <p>Commissioners ensure they commission services with local arrangements for women presenting with HMB without suspected structural or histological abnormalities to be offered pharmaceutical treatment at the initial consultation.</p> <p>Women with heavy menstrual bleeding that is not thought to be caused by an internal problem (such as fibroids) are offered drug treatment at their first consultation.</p>
Source clinical	NICE clinical guideline 44 recommendations 1.2.3, 1.5.1, 1.5.3

guideline references	(key priority for implementation) and 1.5.4.
Data source	<p>Structure: Local data collection.</p> <p>Process: Local data collection.</p> <p>Outcomes: Local data collection.</p>
Definitions	<p>Pharmaceutical treatments (hormonal)</p> <p>NICE clinical guideline 44 recommendation 1.5.3 recommends that treatments should be considered in the following order:</p> <ul style="list-style-type: none"> • levonorgestrel-releasing intrauterine system (LNG-IUS) provided long-term (at least 12 months) use is anticipated • tranexamic acid or non-steroidal anti-inflammatory drugs (NSAIDs) or combined oral contraceptives (COCs) • norethisterone (15 mg) daily from days 5 to 26 of the menstrual cycle, or injected long-acting progestogens. <p>Pharmaceutical treatments (non-hormonal)</p> <p>NICE clinical guideline 44 recommendation 1.5.4 recommends that if hormonal treatments are not acceptable to the woman, then either tranexamic acid or NSAIDs can be used.</p>

Draft quality statement 4: Further interventions for uterine fibroids

Draft quality statement	Women with heavy menstrual bleeding related to large fibroids who need radiological or surgical intervention have a documented discussion about uterine artery embolisation, myomectomy and hysterectomy.
Rationale	A number of radiological and surgical interventions can be offered as treatment options for heavy menstrual bleeding (HMB) related to large fibroids. It is important that uterine artery embolisation (UAE), myomectomy and hysterectomy are all considered and discussed with the woman, and that this discussion is documented.
Draft quality measure	<p>Structure:</p> <p>a) Evidence of local arrangements for women with HMB related to large fibroids to have a documented discussion about UAE, myomectomy and hysterectomy.</p> <p>b) Evidence that service providers have networks in place to refer women for UAE and myomectomy if these interventions are not provided locally.</p> <p>Process: The proportion of women with HMB related to large fibroids who need further intervention that have a documented discussion considering all the treatment options, including UAE, myomectomy and hysterectomy.</p> <p>Numerator – the number of women in the denominator that have a documented discussion considering all the treatment options, including UAE, myomectomy and hysterectomy.</p> <p>Denominator – the number of women with large fibroids and HMB who need further intervention.</p> <p>Outcomes:</p> <p>Women with HMB related to large fibroids satisfaction with the decision making process about radiological and surgical treatment options.</p> <p>Rates of uterine artery embolisation, myomectomy and hysterectomy treatments.</p>
Description of what the quality statement means for each audience	<p>Service providers ensure systems are in place for women with HMB related to large fibroids who need further intervention to have a documented discussion about UAE, myomectomy and hysterectomy.</p> <p>Healthcare professionals ensure women with HMB related to large fibroids who need further intervention have a documented discussion about UAE, myomectomy and hysterectomy.</p> <p>Commissioners ensure they commission services that have local systems for women with HMB related to large fibroids who need</p>

	<p>further intervention to have a documented discussion about UAE, myomectomy and hysterectomy.</p> <p>Women with heavy menstrual bleeding that is related to large fibroids and needs further treatment discuss the options with their doctor. The discussion should cover procedures known as uterine artery embolisation, myomectomy and hysterectomy and should be recorded in the woman's medical notes.</p>
Source clinical guideline references	NICE clinical guideline 44 recommendation 1.7.3.
Data source	<p>Structure: Local data collection.</p> <p>Process: Local data collection.</p>
Definitions	<p>Documented discussion</p> <p>The discussion should be between the woman and the relevant clinician. It should include the different types of interventions and the potential short-, medium- and long-term effects these can have. This discussion should be documented in the woman's notes. Written information about the different treatment options should be provided for the woman to take away with her.</p> <p>Fibroids</p> <p>The full clinical guideline on heavy menstrual bleeding defines fibroids as smooth-muscle tumours of the uterus, generally benign although occasionally (<1%) malignant. They vary greatly in size from millimetres to tens of centimetres, and are associated with heavy periods, pressure symptoms and occasionally pain. Small fibroids are fibroids less than 3 cm in diameter and large fibroids are fibroids 3 cm or greater in diameter.</p> <p>Women who need radiological or surgical interventions</p> <p>This includes women in whom other treatments have failed, been declined or are contraindicated.</p>
Equality and diversity considerations	Some women may need support to be able to participate in a discussion about treatment options. The support should be tailored to the individual, especially for people with additional needs such as physical, sensory or learning disabilities, or women who do not speak English. Women accessing treatment for HMB should have access to an interpreter or advocate if needed.

Draft quality statement 5: Access to uterine artery embolisation

Draft quality statement	Women with heavy menstrual bleeding related to large fibroids are referred for uterine artery embolisation if this is the woman's preferred option.
Rationale	Uterine artery embolisation (UAE) is a treatment option for women with heavy menstrual bleeding (HMB) who need further intervention but who want to retain their uterus or avoid surgery such as myomectomy or hysterectomy. Access to this intervention should be informed by the woman's preference, and where UAE is not available locally the woman will need onward referral to another provider.
Draft quality measure	<p>Structure:</p> <p>a) Evidence of local arrangements to ensure UAE is available and accessible for women with HMB related to large fibroids if this is the woman's preferred option.</p> <p>b) Evidence that service providers have networks in place for referral of women for UAE if this intervention is not provided locally.</p> <p>Process: The proportion of women with HMB related to large fibroids who are referred for UAE if this is their preferred option.</p> <p>Numerator – the number of women in the denominator that have been referred for UAE.</p> <p>Denominator – the number of women with HMB related to large fibroids who state UAE as their preferred option.</p> <p>Outcome:</p> <p>Women are able to access UAE for the treatment of HMB.</p>
Description of what the quality statement means for each audience	<p>Service providers ensure systems are in place for women with HMB related to large fibroids who require further intervention to have UAE if this is their preference.</p> <p>Healthcare professionals ensure women with HMB related to large fibroids who require further intervention are able to have UAE if this is their preference.</p> <p>Commissioners ensure they commission services for women with HMB related to large fibroids which provide women with UAE if this is their preference.</p> <p>Women with heavy menstrual bleeding caused by large fibroids (non-cancerous growths in the wall of the uterus) are able to have uterine artery embolisation (a procedure that blocks the blood</p>

	supply to the fibroids so they shrink) if this is their preference.
Source clinical guideline references	NICE clinical guideline 44 recommendations 1.7.1 and 1.7.6.
Data source	Structure: Local data collection. Process: Local data collection.
Definitions	Preference for UAE NICE clinical guideline 44 recommendation 1.7.6 states that UAE is recommended for women with HMB associated with uterine fibroids and who want to retain their uterus and/or avoid surgery.

3 Status of this quality standard

This is the draft quality standard released for consultation from 15 April 2013 until 14 May 2013. This document is not NICE's final quality standard on heavy menstrual bleeding. The statements and measures presented in this document are provisional and may change after consultation with stakeholders.

Comments on the content of the draft standard must be submitted by 5pm on 14 May 2013. All eligible comments received during consultation will be reviewed by the Quality Standards Advisory Committee and the quality statements and measures will be refined in line with the Quality Standards Advisory Committee considerations. The final quality standard will then be available on the [NICE website](#) from September.

4 Using the quality standard

Other national guidance and current policy documents have been referenced during the development of this quality standard. It is important that the quality standard is considered by commissioners, providers, health and social care professionals, patients, service users and carers alongside the documents listed in section 8.

The quality measures accompanying the quality statements aim to improve the structure, process and outcomes of care in areas identified as requiring quality improvement. They are not a new set of targets or mandatory indicators for performance management.

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, NICE recognises that this may not always be appropriate in practice when taking account of safety, choice and professional judgement and so desired levels of achievement should be defined locally.

We have illustrated where national indicators currently exist and measure the quality statement. National indicators include those developed by the Health and Social Care Information Centre through their [Indicators for Quality Improvement Programme](#). If national quality indicators do not exist, the quality measures should form the basis for audit criteria developed and used locally to improve the quality of health care.

For further information, including guidance on using quality measures, please see [What makes up a NICE quality standard](#).

5 Diversity, equality and language

During the development of this quality standard, equality issues have been considered and [equality assessments](#) will be published on the NICE website with the final version of the quality standard.

Good communication between health and social care professionals and women with heavy menstrual bleeding is essential. Treatment and care, and the information given about it, should be culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. Women with heavy menstrual bleeding should have access to an interpreter or advocate if needed.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to avoid unlawful discrimination and to have regard to promoting equality of opportunity. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

6 How this quality standard was developed

The evidence sources used to develop this quality standard are listed in section 8, along with relevant policy context. References for the definitions and data sources for the quality measures are also included. Further

explanation of the methodology used can be found in the [Quality standards process guide](#).

7 Related NICE quality standards

[Patient experience in adult NHS services](#). NICE quality standard 15 (2012).

8 Development sources

Evidence sources

The document below contains recommendations from NICE guidance or other NICE-accredited sources that were used by the Quality Standards Advisory Committee to develop the quality standard statements and measures.

[Heavy menstrual bleeding](#). NICE clinical guideline 44 (2007).

Policy context

It is important that the quality standard is considered alongside current policy documents, including:

Department of Health (2008) [Elective care commissioning pathway – heavy menstrual bleeding](#).

Department of Health (2008) [Heavy menstrual bleeding \(menorrhagia\)](#).
Supplementary information to be read in conjunction with the pathway.

Definitions, and data sources for the quality measures

[Heavy menstrual bleeding](#). NICE clinical guideline 44 (2007).

National Collaborating Centre for Women's and Children's Health (2007)
[Heavy menstrual bleeding](#). Full guideline.