

# Heavy menstrual bleeding

Quality standard

Published: 26 September 2013

Last updated: 16 October 2020

[www.nice.org.uk/guidance/qs47](https://www.nice.org.uk/guidance/qs47)

# Contents

Quality statements .....	3
Quality statement 1: Menstrual history.....	4
Quality statement.....	4
Rationale .....	4
Quality measures.....	4
What the quality statement means for different audiences.....	5
Source guidance.....	6
Definitions of terms used in this quality statement .....	6
Quality statement 2: Outpatient hysteroscopy.....	7
Quality statement.....	7
Rationale .....	7
Quality measures.....	7
What the quality statement means for different audiences.....	8
Source guidance.....	9
Definition of terms used in this quality statement .....	10
Quality statement 3: Discussing treatment options.....	11
Quality statement.....	11
Rationale .....	11
Quality measures.....	11
What the quality statement means for different audiences.....	12
Source guidance.....	13
Definition of terms used in this quality statement .....	13
Update information .....	14
About this quality standard .....	15
Diversity, equality and language.....	15

This standard is based on NG88.

This standard should be read in conjunction with QS15, QS73, QS172 and QS124.

## Quality statements

Statement 1 People presenting with symptoms related to heavy menstrual bleeding have a focused history taken that includes the impact on their quality of life. **[2013, updated 2020]**

Statement 2 People with heavy menstrual bleeding and suspected submucosal fibroids, polyps or endometrial pathology are offered outpatient hysteroscopy. **[new 2020]**

Statement 3 People with heavy menstrual bleeding have a discussion with their healthcare professional about all their treatment options. **[2013, updated 2020]**

In 2020 this quality standard was updated, and statements prioritised in 2013 were updated **[2013, updated 2020]** or replaced **[new 2020]**. For more information, see [update information](#).

Note that the terminology has changed since 2013. The 2020 statements use 'people' rather than 'women' to ensure that nobody with heavy menstrual bleeding is excluded from this quality standard.

The [2013 quality standard for heavy menstrual bleeding](#) is available as a pdf.

# Quality statement 1: Menstrual history

## Quality statement

People presenting with symptoms related to heavy menstrual bleeding have a focused history taken that includes the impact on their quality of life. [2013, updated 2020]

## Rationale

Heavy menstrual bleeding can be distressing and have a major impact on the person's wellbeing and many aspects of their life, including work and education. Documenting a focused menstrual history is important to identify the severity and range of the person's symptoms, and the impact on their quality of life. A focused history can ensure that people have appropriate diagnostic tests, further investigations for any underlying pathologies, and prompt and effective treatment. It can also help to avoid unnecessary referrals to secondary care.

## Quality measures

### Structure

a) Evidence that healthcare professionals are aware of and recognise symptoms related to heavy menstrual bleeding that might suggest uterine cavity abnormality, histological abnormality, adenomyosis or fibroids.

**Data source:** Local data collection, for example training records.

b) Evidence of local clinical protocols for a focused history that includes the impact on quality of life based on symptoms related to heavy menstrual bleeding.

**Data source:** Local data collection, for example local clinical protocols.

## Process

Proportion of people presenting with symptoms related to heavy menstrual bleeding who have a focused history taken that includes the impact on their quality of life.

Numerator – the number in the denominator who have a focused history taken that includes the impact on their quality of life.

Denominator – the number of people who present with symptoms of heavy menstrual bleeding.

**Data source:** Local data collection, for example from patient records.

## Outcome

People who report they were satisfied that the impact of their heavy menstrual bleeding on quality of life was recognised.

**Data source:** Local data collection, for example audit of patient records.

## What the quality statement means for different audiences

**Service providers** (such as general practices and sexual health clinics) ensure that staff are aware of symptoms related to heavy menstrual bleeding so that they can document a focused history. The history should include severity of bleeding, related symptoms, comorbidities and the impact of heavy menstrual bleeding on quality of life.

**Healthcare professionals** (such as GPs and nurses) document a focused history in line with the [Royal College of General Practitioners' menstrual health toolkit](#) when a person presents with symptoms related to heavy menstrual bleeding. The history should include severity of bleeding, related symptoms (for example irregular periods), comorbidities and the impact of heavy menstrual bleeding on quality of life.

**Commissioners** ensure that they have service specifications in place that include clinical protocols for focused histories to be taken that address severity of bleeding, related symptoms, comorbidities and the impact on quality of life when a person presents with

symptoms related to heavy menstrual bleeding.

**People with heavy periods** are asked about the severity of bleeding, any other symptoms or conditions that they have and how their periods affect their life. This includes the impact on work, education and daily life. The information is recorded in their notes by their healthcare professional.

## Source guidance

Heavy menstrual bleeding: assessment and management. NICE guideline NG88 (2018, updated 2021), recommendation 1.2.1

## Definitions of terms used in this quality statement

### Symptoms related to heavy menstrual bleeding

These include persistent intermenstrual bleeding, and pelvic pain or pressure that might suggest uterine cavity abnormality, histological abnormality, adenomyosis or fibroids.

[NICE's guideline on heavy menstrual bleeding, recommendation 1.2.1]

### Focused history

A focused history should include questions about the following:

- the nature of the bleeding
- related symptoms such as pain and irregular periods
- impact on quality of life, for example bleeding through to clothing or bedding, needing to use 2 types of sanitary product together (such as tampons and pads) or disruption to daily life (such as being unable to go out)
- other factors that may affect treatment options such as comorbidities or previous treatment for heavy menstrual bleeding.

[Adapted from NICE's guideline on heavy menstrual bleeding, recommendation 1.2.1 and expert opinion]

# Quality statement 2: Outpatient hysteroscopy

## Quality statement

People with heavy menstrual bleeding and suspected submucosal fibroids, polyps or endometrial pathology are offered outpatient hysteroscopy. **[new 2020]**

## Rationale

Outpatient hysteroscopy is recommended in preference to pelvic ultrasound for investigating suspected submucosal fibroids, polyps or endometrial pathology. When carried out in accordance with the [Royal College of Obstetricians and Gynaecologists' green-top guideline no.59 on outpatient hysteroscopy](#), it is an efficient and safe technique with a low risk of complications, pain and distress for most people. Before carrying out hysteroscopy, the healthcare professional should discuss the procedure with the person and advise on the possible alternatives. This will ensure people have a positive experience and trust in their clinician.

## Quality measures

### Structure

a) Evidence of local arrangements to ensure that outpatient hysteroscopy services are organised according to the [Royal College of Obstetricians and Gynaecologists' green-top guideline no.59 on outpatient hysteroscopy](#), for example facilities are adequately sized, equipped and staffed.

**Data source:** Local data collection, for example service protocols.

b) Evidence that healthcare professionals are trained to perform outpatient hysteroscopy procedures according to the [Royal College of Obstetricians and Gynaecologists' green-top guideline no.59 on outpatient hysteroscopy](#), using techniques and equipment that minimise discomfort and pain.

**Data source:** Local data collection, for example benchmarked, patient-reported outcome measures including pain scores.

## Process

Proportion of people with heavy menstrual bleeding and suspected submucosal fibroids, polyps or endometrial pathology who were offered outpatient hysteroscopy.

Numerator – the number in the denominator who were offered outpatient hysteroscopy.

Denominator – the number of people with heavy menstrual bleeding and suspected submucosal fibroids, polyps or endometrial pathology.

**Data source:** Local data collection, for example audit of patient records.

## Outcome

Proportion of people with heavy menstrual bleeding and suspected submucosal fibroids, polyps or endometrial pathology who report satisfaction with outpatient hysteroscopy.

Numerator – the number in the denominator who report satisfaction with outpatient hysteroscopy.

Denominator – the number of people with heavy menstrual bleeding and suspected submucosal fibroids, polyps or endometrial pathology having outpatient hysteroscopy.

**Data source:** Local data collection, for example audit of patient records. The [British Society of Gynaecological Endoscopy's outpatient hysteroscopy patient survey](#) includes national data on patient satisfaction.

## What the quality statement means for different audiences

**Service providers** (such as hospitals, primary care and community-based clinics) ensure that locally agreed referral pathways are in place to allow direct-access booking into one-stop diagnostic outpatient hysteroscopy services for people with heavy menstrual bleeding and suspected submucosal fibroids, polyps or endometrial pathology. Service



providers ensure that the outpatient hysteroscopy procedure follows best practice guidelines. They organise regular audits that include patient-reported outcomes benchmarked against local and national standards.

**Healthcare professionals** (such as gynaecologists, GPs and nurses) are trained to perform outpatient hysteroscopy procedures according to best practice guidelines, with techniques and equipment that minimise discomfort and pain. They advise people to take oral analgesia before the procedure and perform vaginoscopy as the standard diagnostic technique, using miniature hysteroscopes (3.5 mm or smaller). A member of staff acts as the person's advocate during the procedure to provide reassurance, explanation and support.

**Commissioners** ensure they commission outpatient hysteroscopy services for people with heavy menstrual bleeding and suspected submucosal fibroids, polyps or endometrial pathology that have clinical protocols in place to ensure adherence to best practice guidelines. Outpatient services may be delivered in community settings if they meet best practice guidelines.

**People with heavy periods that may be related to other problems** are offered a procedure called hysteroscopy, carried out in an outpatient hysteroscopy service. People having this procedure have a discussion with their healthcare professional about what this involves and possible alternatives, and are supported to make an informed choice about their care. A member of staff acts as the person's advocate during the procedure to provide reassurance, explanation and support.

## Source guidance

- [Heavy menstrual bleeding: assessment and management. NICE guideline NG88 \(2018, updated 2021\), recommendations 1.3.4, 1.3.5 and 1.3.7](#)
- [Outpatient hysteroscopy. Royal College of Obstetricians and Gynaecologists green-top guideline no. 59 \(2024\)](#)

## Definition of terms used in this quality statement

### Outpatient hysteroscopy

A procedure to examine the inside of the uterus. This is done by passing a thin telescope-like device, called a hysteroscope, that is fitted with a small camera through the neck of the womb (cervix). This procedure is done without general or regional anaesthesia.

Vaginoscopy is the recommended technique and a miniature hysteroscope (3.5 mm or smaller) should be used. [Adapted from the [Royal College of Obstetricians and Gynaecologists' outpatient hysteroscopy patient information leaflet](#)]

# Quality statement 3: Discussing treatment options

## Quality statement

People with heavy menstrual bleeding have a discussion with their healthcare professional about all their treatment options. **[2013, updated 2020]**

## Rationale

Discussing the full range of treatment options for heavy menstrual bleeding, including the benefits and risks of each option, enables the person to make an informed decision. It is important that the healthcare professional follows the principles in [NICE's guideline on patient experience in adult NHS services](#) on communication, information and shared decision making to maximise adherence to treatment and patient satisfaction.

## Quality measures

### Structure

Evidence of local arrangements to ensure that people with heavy menstrual bleeding have a documented discussion with their healthcare professional about all their treatment options.

**Data source:** Local data collection, for example service protocols.

### Process

Proportion of people with heavy menstrual bleeding who have a documented discussion with their healthcare professional about all their treatment options.

Numerator – the number in the denominator who have a documented discussion with their healthcare professional about all their treatment options.

Denominator – the number of people with heavy menstrual bleeding.

**Data source:** Local data collection, for example audit of patient records.

## Outcome

Proportion of people with heavy menstrual bleeding who report satisfaction with the decision-making process when choosing treatment.

Numerator – the number in the denominator who report satisfaction with the decision-making process when choosing treatment.

Denominator – the number of people with heavy menstrual bleeding.

**Data source:** Local data collection, for example audit of patient records.

## What the quality statement means for different audiences

**Service providers** (such as hospitals, GP practices and community-based clinics) ensure that systems are in place for healthcare professionals to have documented discussions about the full range of available treatment options with people who have heavy menstrual bleeding.

**Healthcare professionals** (such as gynaecologists, GPs and nurses) carry out a documented discussion about the full range of available treatment options for heavy menstrual bleeding with the person and follow the principles in [NICE's guideline on patient experience in adult NHS services](#) on communication, information and shared decision making. The healthcare professional also takes into account the person's fertility preferences, any comorbidities, the presence or absence of fibroids (including size, number and location), polyps, endometrial pathology or adenomyosis, and other symptoms such as pressure and pain.

**Commissioners** ensure that they commission services to provide people with the full range of treatment options available for heavy menstrual bleeding.

**People with heavy periods** have a discussion with a healthcare professional about the full

range of treatments available that could help and what they involve. They are supported by their healthcare professional to choose the right treatment for them.

## Source guidance

Heavy menstrual bleeding: assessment and management. NICE guideline NG88 (2018, updated 2021), recommendations 1.4.1, 1.4.2, 1.4.7, 1.5.1 and 1.5.6

## Definition of terms used in this quality statement

### Discussion about treatment options

Discussions should cover:

- the benefits and risks of the various options
- suitable treatments if the person is trying to conceive
- whether the person wants to retain their fertility and/or uterus.

A full discussion is essential when people are considering hysterectomy and should include the implications of surgery. Surgical options including hysterectomy can be offered if treatment is unsuccessful, the person declines pharmacological treatment or symptoms are severe. [Adapted from NICE's guideline on heavy menstrual bleeding, recommendations 1.4.2, 1.4.7 and 1.5.6, and the NICE endorsed shared decision making aid for heavy menstrual bleeding]

# Update information

**October 2020:** This quality standard was updated and statements prioritised in 2013 were replaced.

Statements are marked as:

- **[new 2020]** if the statement covers a new area for quality improvement
- **[2013, updated 2020]** if the statement covers an area for quality improvement included in the 2013 quality standard and has been updated.

The [2013 quality standard for heavy menstrual bleeding](#) is available as a pdf.

## Minor changes since publication

**December 2024:** Source guidance references have been updated to align this quality standard with the updated [NICE guideline on heavy menstrual bleeding](#). Links have been updated throughout.

## About 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. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

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

Information about [how NICE quality standards are developed](#) is available from the NICE website.

See [our webpage on quality standard advisory committees](#) for details about our standing committees. Information about the topic experts invited to join the standing members is available on the [webpage for this quality standard](#).

NICE has produced a [quality standard service improvement template](#) to help providers make an initial assessment of their service compared with a selection of quality statements. This tool is updated monthly to include new quality standards.

NICE guidance and quality standards apply in England and Wales. Decisions on how they apply in Scotland and Northern Ireland are made by the Scottish government and Northern Ireland Executive. NICE quality standards may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

## Diversity, equality and language

Equality issues were considered during development and [equality assessments for this quality standard](#) are available. Any specific issues identified during development of the

quality statements are highlighted in each statement.

For all quality statements where information is given, it is important that people are provided with information that they can easily read and understand themselves, or with support, so they can communicate effectively with healthcare services. Information should be in a format that suits their needs and preferences. It should be accessible to people who do not speak or read English, and it should be culturally appropriate and age appropriate. People should have access to an interpreter if needed. People should also have access to an advocate, if needed, as set out in [NICE's guideline on advocacy services for adults with health and social care needs](#).

For people with additional needs related to a disability, impairment or sensory loss, information should be provided as set out in [NHS England's Accessible Information Standard](#) or the equivalent standards for the devolved nations.

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

ISBN: 978-1-4731-0311-5

## Endorsing organisation

This quality standard has been endorsed by NHS England, as required by the Health and Social Care Act (2012)

## Supporting organisations

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- [British Society for Gynaecological Endoscopy](#)



- Royal College of General Practitioners (RCGP)
- Royal College of Nursing (RCN)
- Royal College of Paediatrics and Child Health
- Menstrual Health Coalition