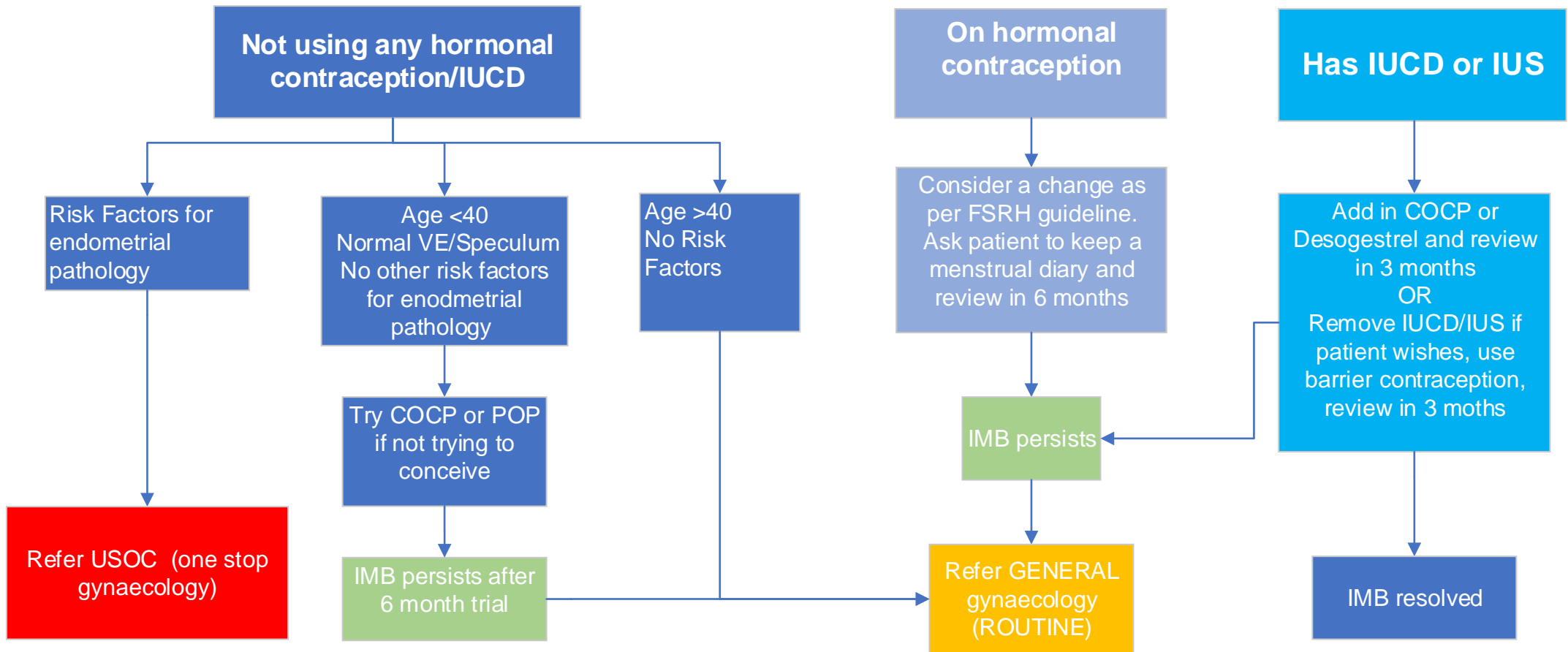


Recurrent Intermenstrual Bleeding (IMB): Management and Referral Pathway



Risk factors for endometrial pathology:

- BMI ≥ 40
- On Tamoxifen
- PCOS
- Family history of breast, colon, endometrial cancer



References:

1. <https://www.rcog.org.uk/globalassets/documents/guidelines/2020-05-21-joint-rcog-bsge-bgcs-guidance-for-management-of-abnormal-uterine-bleeding-aub-in-the-evolving-coronavirus-covid-19-pandemic-updated-final-180520.pdf>
2. GGC IMB Guideline
3. FSRH Clinical Guideline: Problematic Bleeding with Hormonal Contraception (July 2015)- Faculty of Sexual and Reproductive Healthcare

Management and Referral: Recurrent Intermenstrual Bleeding (IMB)

Definition of Recurrent Intermenstrual Bleeding: IMB in >3 separate cycles

IF IMB WITH HEAVY MENSTRUAL BLEEDING (HMB), REFER TO THE HMB PATHWAY

The following are important prior to referral:

1. Speculum and VE (to rule out serious pelvic pathology. If speculum abnormal/concerns with smear **REFER to USOC COLPOSCOPY**)
2. HVS and endocervical swab & NAAT for GC/chlamydia. If abnormal, treat as per BASHH guidelines www.bashh.org/guidelines
Refer to local sexual health services - Sandyfod.
If IMB persists after treatment follow IMB pathway.
3. Cervical smear if due.