

# Bleeding Disorders in Women

QUICK REFERENCE GUIDE FOR PRIMARY CARE PROVIDERS

LET'S TALK  
PERIOD

www.letstalkperiod.ca

## Symptoms of a Bleeding Disorder

- Heavy menstrual bleeding
- Frequent nosebleeds
- Easy bruising
- Oral cavity/post dental work bleeding
- Excessive bleeding during and after surgery
- Post-partum hemorrhage
- GI bleeding
- Muscle or joint bleeds

About  
30%

of women report heavy menstrual bleeding at some point in their lives

up to  
15%

of these women have an underlying bleeding disorder.

### What is "heavy" menstrual bleeding?

- Lasts longer than 7 days
- Changing soaked pad or tampon every hour or more on heaviest day
- Using more than one pad/tampon at a time
- Clots larger than the size of a quarter
- Bleeding that leads to iron deficiency

## Risk Assessment

Refer patient to [letstalkperiod.ca](http://letstalkperiod.ca) to take the self-administered bleeding assessment tool (Self-BAT). If result is "abnormal bleeding score," laboratory testing is the next step.

## Diagnostic Tests

### By primary care provider prior to referral:

- Complete blood count (CBC)
- Ferritin
- Activated partial thromboplastin time (aPTT)
- Prothrombin time (PT)



### By hematology once patient is referred:

- Von Willebrand Disease (VWD) profile\*
  - VWF antigen test
  - VWF activity
  - Factor VIII activity
  - Platelet aggregation

VWD is the most common bleeding disorder & occurs in ~1 in 1000 individuals

\*Can be ordered in initial primary care workup. Note that VWD profile ordered outside of the hematology specialist setting has a 30% false positive rate due to effects of transportation of blood products. Positive results should be confirmed..

## Management

**Trial one of the following treatment options & consider a collaborative management style with a hematologist (+/- OBGYN) in your area:**

Hematologic treatment options may include:

- Iron supplementation (oral/ IV)
- Medication (tranexamic acid, desmopressin)
- Factor replacement therapy

Gynecologic treatment options may include:

- Oral contraceptive pill
- IUD insertion
- Endometrial ablation
- Hysterectomy

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## Clinical Pearls

Review results of the Self-BAT with your patient, keeping in mind the following clinical pearls:

### 1.0 Nosebleeds

- If only bleeding symptom or strict seasonal variation, unlikely to be a bleeding disorder
- If always same nostril, may be structural problem – consider referral to ENT

### 2.0 Bruising

- If only bleeding symptom, unlikely to be a bleeding disorder
- Check medication list: ASA, NSAIDs (naproxen, meloxicam), SSRIs, prednisone – don't necessarily need to discontinue unless symptom is very bothersome

### 3.0 Small cuts

- For bleeding that doesn't stop with local pressure, recommend 500 mg tablet tranexamic acid crushed in water to make a paste and apply to wound

### 4.0 Hematuria

- Not common symptom among patients with mild bleeding disorder

### 5.0 GI bleeding

- Refer to GI – requires investigation for a structural issue

### 6.0 Bleeding from the mouth & 7.0 Dental extraction

- Recommend tranexamic acid "mouthwash" – 500 mg tablet crushed in 25 mL water, swished and spit or swallowed

### 8.0 Surgery

- If only bleeding symptom, could represent surgical complication

### 9.0 Menstruation

- Consider tranexamic acid – generally safe and well tolerated
- Other management options include oral contraceptive pill, IUD insertion, endometrial ablation, hysterectomy
- Uterine abnormalities (ie: fibroids) do not rule out bleeding disorder

### 10.0 Pregnancy & childbirth

- Labour & delivery WITHOUT significant bleeding does not rule out a mild bleeding disorder, as estrogen increases the plasma concentration of clotting factors during pregnancy

### 11.0 & 12.0 Muscle & joint bleeds

- True muscle bleeds are exceptionally painful and usually require medical attention
- True musculoskeletal bleeds are worrisome for bleeding disorder, warrant referral to hematology

### 13.0 CNS bleeds

- Usually trauma or underlying structural issue – thorough history to confirm
- If only symptom, unlikely to be a bleeding disorder

- The more symptoms present, more likely to be a bleeding disorder – a single symptom may not warrant referral to hematology
- Before referral – check CBC and ferritin and medication list