

**Investigation and Management of Abnormal Uterine  
Bleeding (AUB) in Pre-Menopausal Women and Post-  
Menopausal Bleeding (PMB)**

April 2023

## INTRODUCTION

Te Whatu Ora Counties Manukau and Primary Care have collaborated to design a pathway of care for the initial management of Menorrhagia, Inter-menstrual bleeding (IMB), endometrial cells on a smear in an over 40-year-old and Post-Menopausal bleeding (PMB) in the community. This will provide care closer to home and allow timelier triage of those needing secondary services. Some services will transition from secondary to primary care and marks the beginning of a new model of care for many women within Counties Manukau who require assessment and management of a range of gynaecological concerns.

**Menorrhagia:** An abnormally heavy or prolonged menstrual period at regular intervals. It can be caused by abnormal blood clotting, disruption of normal hormonal regulation of periods or disorders of the endometrial lining of the uterus. Depending upon the cause, it may be associated with abnormally painful periods (dysmenorrhea).

**Inter-menstrual bleeding:** Any vaginal blood loss outside of the normal menstrual period.

**Post-menopausal bleeding:** Any vaginal bleeding after at least 12 months amenorrhea in a woman over 40 years or with previously diagnosed premature menopause.

## Contact details and sign-off

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### **For credentialed clinicians: 0800-1700 Monday to Friday**

Direct contact with secondary care consultants for credentialed GPs will be available through the On-Call Gynaecology Senior Medical Officer (SMO) via switchboard on **09 276 0000**. Written advice is also available via the “Specialist Advice” option on e-referrals.

### **Pipelle training and sign-off**

Please see the flow charts on page 3 and 4.

Online training is required prior to clinical sign-off.

To arrange training at Manukau Health Park please contact:

Chrissie Sygrove (Charge Nurse Manager Module 10) at [Christine.Sygrove@middlemore.co.nz](mailto:Christine.Sygrove@middlemore.co.nz)

Or

Katherine Sowden (O&G Consultant) at [Katherine.sowden@middlemore.co.nz](mailto:Katherine.sowden@middlemore.co.nz)

For clinicians experienced with taking pipelles please contact Katherine Sowden for virtual sign-off.

### **Long Acting Reversible Contraception (LARC) credentialing**

Please contact [LARC.CMDHB@middlemore.co.nz](mailto:LARC.CMDHB@middlemore.co.nz) or see [HealthPathways Intrauterine Device Insertion training](#).

Any problems accessing training please contact the project manager covering the Women’s Health projects at [womenshealth.pc@middlemore.co.nz](mailto:womenshealth.pc@middlemore.co.nz) or the GP Liaison for Women’s health Dr Sue Tutty, 021 875 002 or email [sue.tutty@middlemore.co.nz](mailto:sue.tutty@middlemore.co.nz).

# Te Whatu Ora Counties Manukau sign-off process for endometrial pipelle sampling

Complete the [Abnormal Uterine Bleeding/Pipelle sampling module on the Goodfellow Unit website](#)



Read the Te Whatu Ora Counties Manukau instruction manual for Abnormal Uterine Bleeding



To book training at Manukau Health Park outpatient clinic contact:

Chrissie Sygrove [christine.sygrove@middlemore.co.nz](mailto:christine.sygrove@middlemore.co.nz) or  
Katherine Sowden [katherine.sowden@middlemore.co.nz](mailto:katherine.sowden@middlemore.co.nz)

For in practice training contact Katherine Sowdon



Credentialing assessment form to be completed by assessor (Appendix 1)

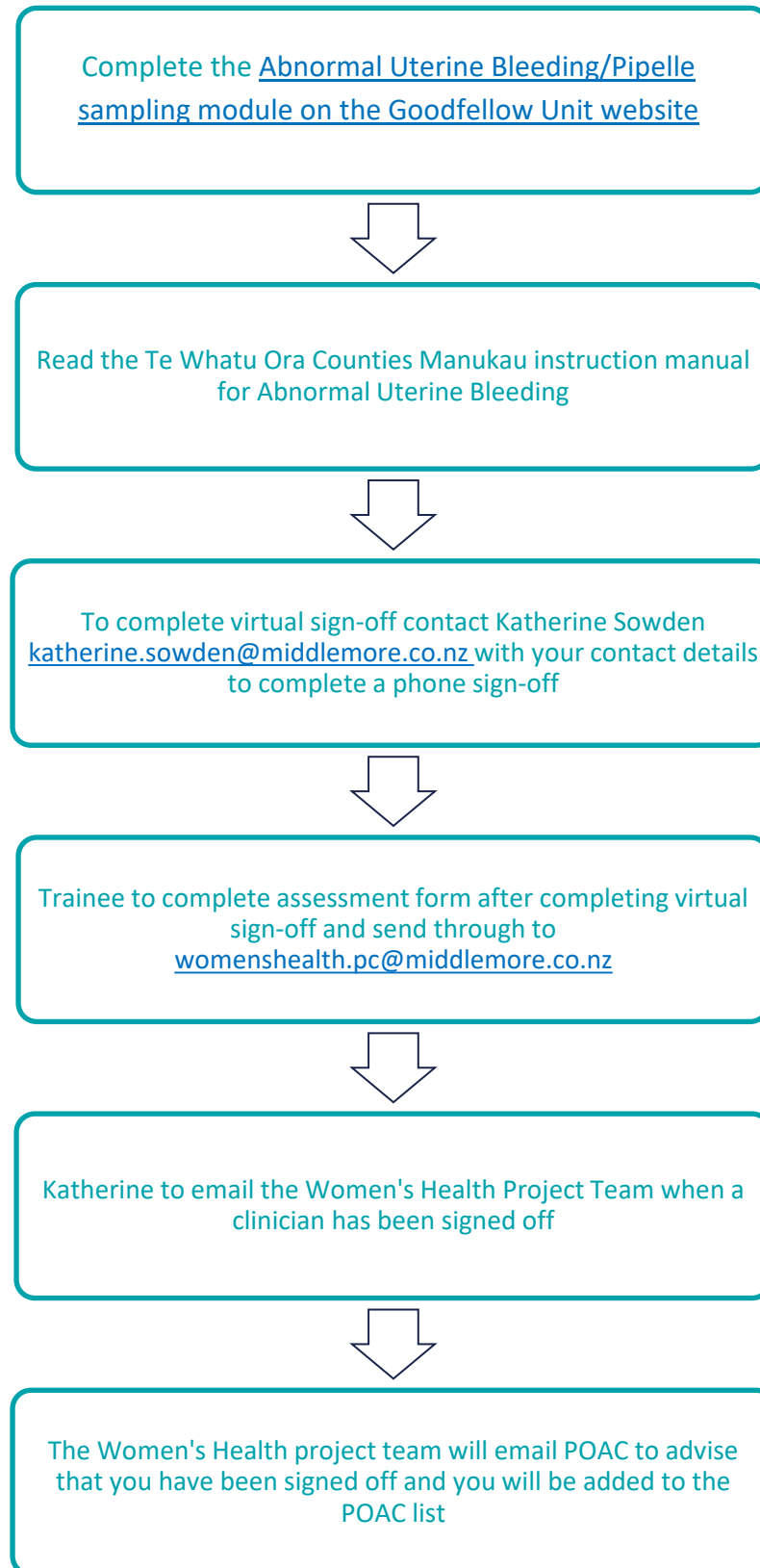


When signed-off trainee to send completed assessment form to the Women's Health Project Team [womenshealth.pc@middlemore.co.nz](mailto:womenshealth.pc@middlemore.co.nz)



The Women's Health project team will inform POAC to advise that you have been signed off and you will be added to the POAC list

# Te Whatu Ora Counties Manukau sign-off process for clinicians experienced with endometrial pipelle sampling



# PART A

## Clinical Information

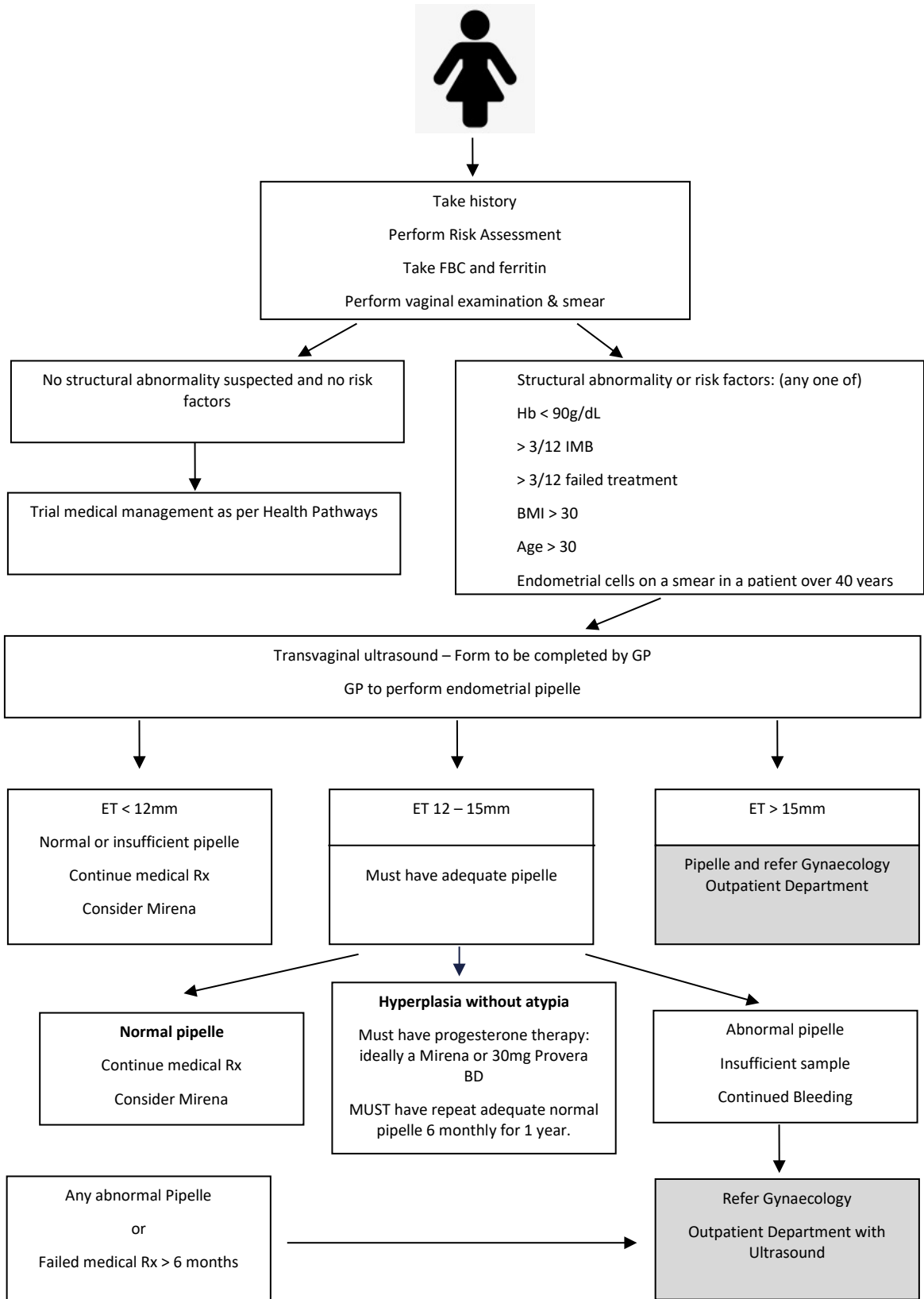
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### Contents

1. Care pathway for Abnormal Uterine Bleeding (AUB) in Pre-Menopausal Women
2. Care pathway for Post-Menopausal Bleeding (PMB)
3. Endometrial Sampling:
  - Credentialing for General Practitioners
  - Background Information
  - Taking an Endometrial Pipelle
  - Guidelines/Protocols

# Figure 1 CARE PATHWAY FOR ABNORMAL UTERINE BLEEDING (AUB) IN PREMENOPAUSAL

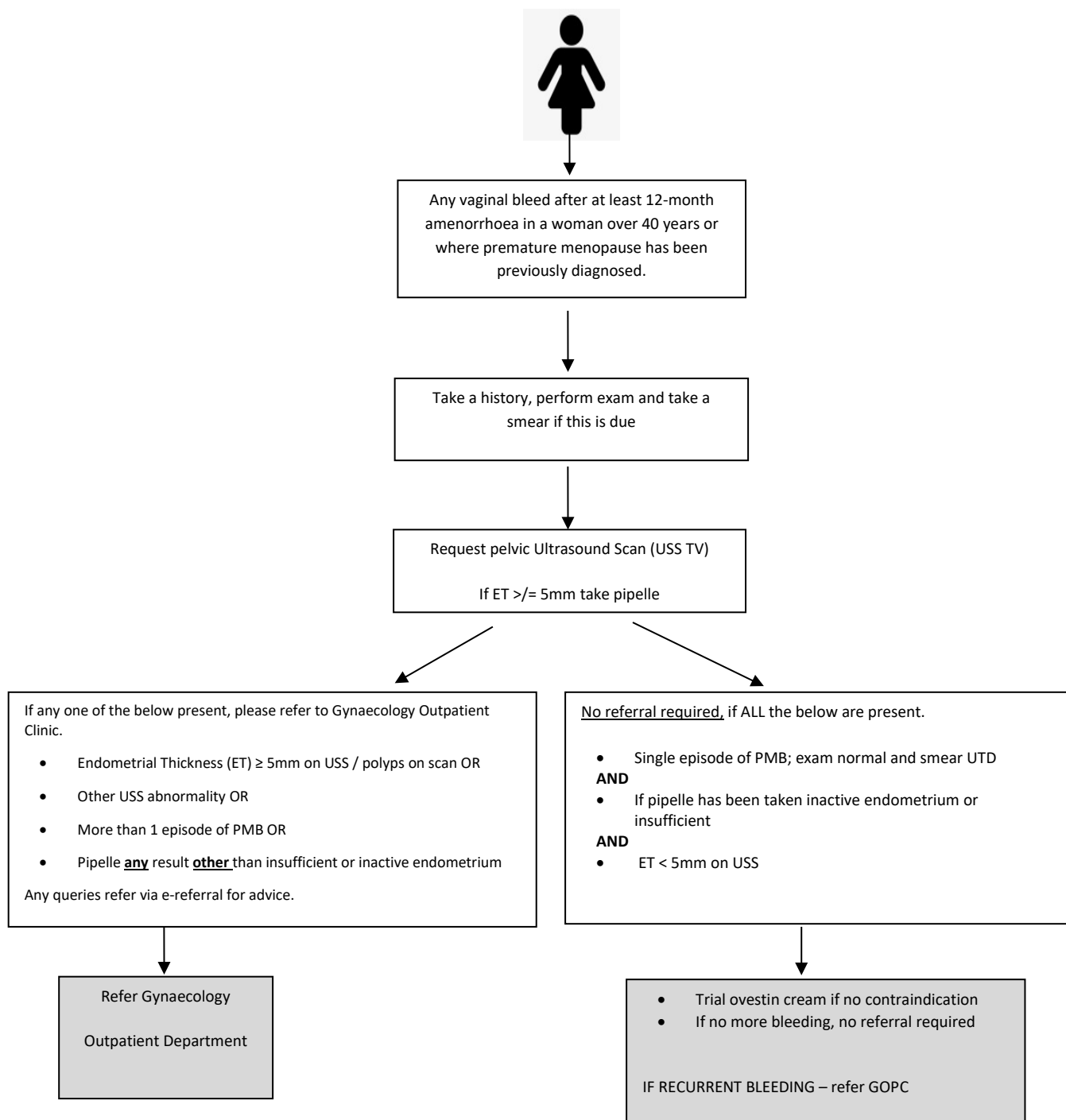
*\*If high index of suspicion based on risk factors or symptoms alone, perform ultrasound and pipelle and consider referral to GOPD for advice. December 2013.*



These guidelines are available via [Auckland Regional HealthPathways](#).

## Figure 2 CARE PATHWAY FOR POST-MENOPAUSAL BLEEDING (PMB) IN WOMEN

These guidelines are available via [Auckland Regional HealthPathways](#).



### Information to include in Gynaecology e-referrals

- Whether the patient can tolerate a speculum and therefore suitable for an outpatient hysteroscopy.
- Whether the patient is able to be contacted at short notice for an hysteroscopy clinic.
- BMI and recent Haemoglobin.
- Findings of the vaginal exam.
- Whether an interpreter is required.
- What medical treatment has already been provided.
- Pipelle must be completed even if a referral is required.



## The Pathway of Care for AUB and PMB

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The model of care incorporates a training module for clinicians to have the skills and resources to diagnose and manage patients with AUB and PMB.

Training, sign-off and oversight to maintain the quality of the service delivery and care will be provided by Women's Health, in partnership with primary care.

The intent of the new model is to train sufficient clinicians so a patient can be investigated and managed within their usual practice. However, if that is not possible the model also allows for one practice to have a close working relationship with a colleague who can provide women's health services.

The trained clinician will be responsible for the care of the patient including performing an **endometrial pipelle biopsy** and referring the patient for a **trans-vaginal ultrasound** through a local radiology provider at the convenience of the patient.

On receipt of the results, the trained provider will be able to explain the diagnosis and the next steps to the patient and provide the appropriate non-surgical management such as correction of anaemia, insertion of a Mirena, or referral to secondary care.

## Endometrial Sampling

### Training for clinicians in General Practice

#### Aims

- To provide the complete management of abnormal uterine bleeding in the community where possible, and the timely detection of abnormality and referral to secondary care.
- For clinicians to safely and effectively perform endometrial sampling using a pipelle device for appropriately counselled women.

#### Knowledge requirements

- Aetiology of abnormal uterine bleeding
- Use of Pathways for AUB and postmenopausal bleeding (PMB) in primary care
- Indications and contra-indications for pipelle sampling
- Perform an appropriate history and vaginal examination
- Use of the sampling device and potential risks/inadequacies of sampling
- Management of normal and abnormal histological findings

#### Aetiology of pre-menopausal abnormal vaginal bleeding

- Most cases are hormonal in origin:
  - Polycystic Ovary Syndrome (PCOS)
  - Perimenopausal
  - Hypothyroidism
- Any structural abnormality in the genital tract
  - Endometrial polyps
  - Fibroids – submucosal
  - Adenomyosis
  - Endo-cervical polyps
  - Cervical eversion/erosion
  - Atrophic vaginitis
  - Infection with STI
  - Endometrial hyperplasia
- Malignancy of the genital tract - endometrial/cervical/vaginal/vulval
- Bleeding disorders, anticoagulants, liver disease and other rarer causes
- Contraception eg Copper IUCD, Jadelle

#### Etiology of post-Menopausal bleeding

- Atrophic vaginitis
- Endometrial hyperplasia
- Gynae cancers- vaginal/cervix/ uterus (1 in 10 will have endometrial cancer)
- Cervical/ uterine polyp
- Medications Tamoxifen, HRT, anticoagulants
- Trauma

## Endometrial Sampling: Information

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### Indications for pipelle biopsy

- Haemoglobin (Hb) < 90g/L
- Failed medical treatment of menorrhagia after 3 months
- If there are significant risk factors such as BMI > 30, age > 30
- Inter-menstrual Bleeding > 3/12
- Endometrial cells on a cervical smear over 40 years old or with other risk factors.

See [Figure 1 CARE PATHWAY FOR ABNORMAL UTERINE BLEEDING \(AUB\) IN PREMENOPAUSAL](#)

### Absolute Contra-indications for pipelle biopsy

- Pregnancy
- Endometritis or acute pelvic inflammatory disease (PID)

### Relative contra-indications for pipelle biopsy

- Coagulation disorders or anti-coagulant therapy
- Synthetic Heart valves or heart murmurs/valve disease– cover procedure with a dose of antibiotics 2 hours beforehand
- Previous LLETZ or Cone Biopsy – these can stenose the cervical canal and make insertion difficult

## Taking a Pipelle

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Complete the [Abnormal Uterine Bleeding/Pipelle sampling module on the Goodfellow Unit website](#)

Watch the pipelle biopsy video: [Endometrial Biopsy Full Details Procedures Consults](#)

### Pre Procedure

- Check indications and refer to guidelines
- Obtain informed consent – may be uncomfortable or cause infection
- Consider oral Non-steroidal anti-inflammatory drugs (NSAIDs) 1-2 hours beforehand

### Procedure

- Refer to [Auckland Regional HealthPathways](#) for more information.

### Post procedure

- Cervical Shock – see [HealthPathways Cervical Shock](#)
- Expect some cramps and discomfort
- May cause spotting/bleeding, so suggest a panty liner for 24 hours
- If persistent pain/offensive discharge after 24-48 hours, consider HVS and antibiotics such as oral Augmentin.

### Management of Results

- Depends on indications for pipelle e.g., proliferative endometrium in a post-menopausal woman should be referred.
- Be aware of limitations of sampling e.g. an insufficient sample may be acceptable if the Endometrium is thin on the transvaginal scan but not if it is thickened.
- Advice should be sought if there is any uncertainty by writing to the virtual clinic via an electronic referral to Women's Health gynaecology.

### Ultrasound

Indications for referral regardless of pipelle results:

- Endometrial thickness  $\geq 15$ mm premenopausal,  $\geq 5$ mm for postmenopausal
- Echogenic focus – polyp/ submucosal fibroid
- Vascularity
- Cystic endometrium

### Pipelle results

Peri- or Pre-menopausal

- Normal
- Insufficient sample - refer if endometrial thickness  $>12$ mm

- Fragments of polyp - refer
- Endometrial hyperplasia
  - Without atypia (3-8 % develop uterine cancer)
  - With atypia (up to 30% develop uterine cancer or coincide with early uterine cancer)

#### Post menopausal

- Inactive endometrium
- Proliferative endometrium – Refer to Gynae
- Disordered proliferative endometrium – Refer to Gynae

### **Ordering an ultrasound**

#### To Order a Transvaginal Ultrasound

Two options for ordering a transvaginal ultrasound

1. Submit a POAC referral via the PMS and then email radiology form to POAC [referral@poac.co.nz](mailto:referral@poac.co.nz)

Or

2. Submit the online form via [this link](#).

POAC can be called on (09) 535 7218 if any support is required with this process.

### **Sign off process**

The assessment form (Appendix 1) will be completed at the end of the clinic, and discussed between the trainee and trainer.

It is anticipated that a 'sign off' will be possible when the trainer is confident that the trainee is not only able to safely perform the pipelle biopsy, **but also that they understand the importance of patient selection and how to deal with the results of the sampling**, as above.

This training process is a Royal New Zealand College of General Practitioners (RNZGP) endorsed activity and attracts Continuing Medical Education (CME) points.

The project manager for Women's Health will be responsible for keeping a register of clinicians trained to manage AUB.

### **On-going requirements**

The Clinical Advisor for Primary Care will arrange a clinical audit of this programme with the Gynaecology Clinical Lead at Te Whatu Ora Counties Manukau Health on an annual basis.

A virtual peer group/discussion group has been established to provide ongoing support for clinicians working in the Women's Health in Primary Care and health professionals are encouraged to attend.

It is expected that clinicians working in the Women's Health space will on a biannual basis attend some Women's Health related continuing education.

When a clinician is no longer able to provide this service, it would be appreciated if they could communicate this to the Women's health project manager: [womenshealth.pc@middlemore.co.nz](mailto:womenshealth.pc@middlemore.co.nz)



# PART B

## Administrative Information

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### Contents

1. Funding Primary Care
2. Mirena® levonorgestrel-releasing intrauterine system
3. Financial Transactions: Process
4. Governance

## Funding in Primary Care

Funding will be provided by Te Whatu Ora Counties Manukau to cover the full costs of providing these services in Primary Care as per Table 1.

### Funding

The objective is to manage patients in the community who would previously have been referred to secondary care for the investigation and management of AUB and PMB.

Patients pay for their first assessment consultation but are not to be charged for any further appointments or procedures for AUB/PUB in primary care.

A patient who is diagnosed with AUB or PMB and requires a Mirena® levonorgestrel-releasing intrauterine system as their treatment option is eligible for a funded Mirena®.

Te Whatu Ora Counties Manukau pays for the ultrasound and pipelle biopsy. If a Mirena® is required, the dispensing fee of \$5.00 will also be reimbursed. This is shown in Table 1.

**Table 1: Funding in Primary Care**

<b>Services</b>	<b>Funding breakdown \$ (excl GST)</b>
Pipelle Biopsy Device	\$30.00 per device
Pipelle Procedure (funded even if the procedure is unsuccessful)	\$150.00 per procedure
Pelvic Ultrasound	Paid to ultrasound provider directly
Ferinject	Funded under POAC
Mirena® Insertion (clinician must be signed off for this)	\$150.00 per procedure
Mirena® Dispensing	\$5.00 per prescription
Mirena® Removal	\$50.00 per procedure
Training at Module 10 <sup>1</sup>	\$480 per clinician for one day training

<sup>1</sup> Claiming for practical training for AUB will be available to up to approximately 20 targeted primary care practitioners.



## Mirena® levonorgestrel-releasing intrauterine system

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### Overview

The preferred option for non-surgical treatment of menorrhagia under this pathway, is Mirena® levonorgestrel-releasing intrauterine system 20 mcg per day. Women with fibroids with a uterine size less than 16 weeks, an endometrial thickness <15mm and a normal pipelle should be trailed with a Mirena prior to referral to secondary care.

Fibroids >4cm should be rescanned in one year to detect the risk of cancerous change.

The Mirena® system is available through Pharmac with a dispensing fee of \$5.00 per item. The dispensing fee will be covered through the AUB funding.

If you are unable to insert a Mirena please refer to a [credentialed provider for IUCD](#) who can perform this procedure.

## Co-ordination and Support

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### Financial Transactions

Counties Manukau Health will be supported by POAC to coordinate and manage all financial transactions. This will be seamless to the GP and the patient.

### Ultrasound Provider

POAC will coordinate the ultrasound appointment with a radiology service provider at the closest available locality in the timeframe required.

### Pipelle biopsy kits

Practices in Counties Manukau Health can source pipelle devices directly from their suppliers and claim the cost of the device via POAC.

### Orientation of Practices to the new model of care

Specifically, POAC is responsible for:

- Co-ordinating all ultrasound appointments for patients who meet the clinical criteria and are referred by a credentialed GP
- Managing all claiming components for service providers, as per the schedule outlined in the Pathway Information Package
- Tracking pipelle claims
- Ensuring all referral and claiming criteria are met (see the GP to GP referral pathway below)
- Maintain an accurate database of patient information, referrals and financial transactions in order to meet reporting requirements.

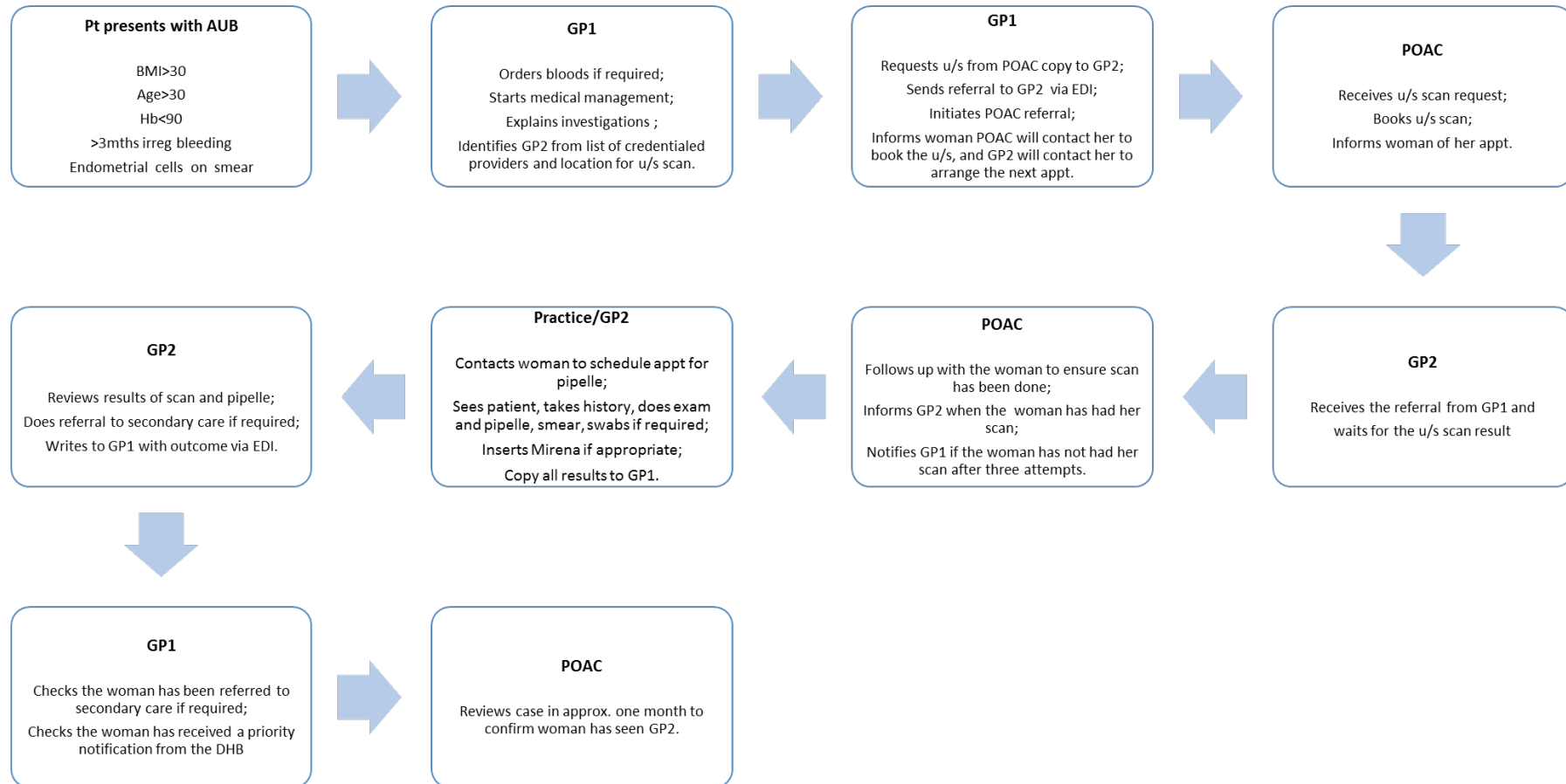
### Claiming Process

- Claiming process will be through the POAC PMS claiming system
- Supporting clinical notes are to be included with the GP claim in order to be accepted.
- Claims must meet the specific criteria as outlined above.

### Reporting and Monitoring of Transactions and Process

- POAC will provide quarterly reporting to Counties Manukau Health and participating clinicians as well as other key stakeholders as agreed.
- Reports will include:
  - Referral volumes by locality
  - Referral volumes by GP and Practice
  - Patient demographics (NHI, age, ethnicity)
  - Range of services provided and funded
- POAC will monitor demand and inform Counties Manukau Health immediately should there be indication that demand will exceed the estimated volumes.

## GP to GP Referral Pathway



## Clinical Governance

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Clinical Governance for Women's Health Primary Care will be required to observe and monitor the performance of the integrated AUB and PMB pathways as components of non-surgical care transition from secondary to primary care. This will provide a vehicle through which continuing education and development can occur.

The Clinical Advisor for Primary Care will oversee all activities related to training, audit and education.

Clinical audit will be provided by the senior medical officer Clinical Lead for Gynaecology and the Clinical Advisor for Primary Care

Information for audit will be provided by POAC.

Should any issues arise or changes to the programme recommended as the result of audit, these will be jointly presented to the Governance Group and the Women's Health Service, Te Whatu Ora Counties Manukau.

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## APPENDIX 1

# Assessment form for endometrial pipelle sampling in Primary Care – Te Whatu Ora Counties Manukau

<b><u>Name of GP</u></b>	
<b><u>Date of Clinic attendance/telephone assessment</u></b>	
<b><u>Name of Assessor</u></b>	
<b><u>Number of Pipelle samples performed</u></b>	

<b><u>Knowledge requirements</u></b>	<b><u>Tick when competent</u></b>
<ul style="list-style-type: none"><li>• Aetiology of abnormal vaginal bleeding</li></ul>	<input type="checkbox"/>
<ul style="list-style-type: none"><li>• Use of Guidelines for the management of heavy menstrual bleeding (HMB) and inter-menstrual bleeding (IMB) and PMB in primary care</li></ul>	<input type="checkbox"/>
<ul style="list-style-type: none"><li>• Indications and contra-indications for pipelle sampling</li></ul>	<input type="checkbox"/>
<ul style="list-style-type: none"><li>• Perform an appropriate history and vaginal examination</li></ul>	<input type="checkbox"/>
<ul style="list-style-type: none"><li>• Use of the sampling device and potential risks/inadequacies of sampling</li></ul>	<input type="checkbox"/>
<ul style="list-style-type: none"><li>• Management of normal and abnormal histological findings</li></ul>	<input type="checkbox"/>
	<input type="checkbox"/>

<b><u>Post Training</u></b>	
<b>Feedback and Discussion</b>	
<b>Clinician Signature</b>	
<b>Assessor Signature</b>	
<b>Clinician's practice</b>	
<b>Email address</b>	
<b>If you are a nurse who will be the GP you will discuss histology with</b>	
<b>Willing to accept referrals from other GPs?</b>	
<b>Willing to have name available on a public site for referrals</b>	

If competency is not achieved after one clinic visit, then please arrange a further clinic, retain this form and complete a second form.

Please email the completed form to the Women's Health project team

[womenshealth.pc@middlemore.co.nz](mailto:womenshealth.pc@middlemore.co.nz)