

Category: Best practice statement

# Investigation of intermenstrual and postcoital bleeding

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This statement has been developed and reviewed by the Women's Health Committee and approved by the RANZCOG Board and Council.

A list of Women's Health Committee Members can be found in Appendix A.

Disclosure statements have been received from all members of this committee.

**Disclaimer** This information is intended to provide general advice to practitioners. This information should not be relied on as a substitute for proper assessment with respect to the particular circumstances of each case and the needs of any patient. This document reflects emerging clinical and scientific advances as of the date issued and is subject to change. The document has been prepared having regard to general circumstances.

First endorsed by RANZCOG: September 1995

Current: July 2021

Review due: July 2026

**Objectives:** To provide advice on the investigation of intermenstrual and postcoital bleeding. Target audience: Health professionals providing gynaecological care, and patients.

**Values:** The evidence was reviewed by the Women's Health Committee (RANZCOG), and applied to local factors relating to Australia and New Zealand.

**Background:** This statement was first developed by Women's Health Committee in September 1995 and reviewed in March 2018 and July 2021.

**Funding:** The development and review of this statement was funded by RANZCOG.

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## 1. Plain language summary

Bleeding between periods or after intercourse is a potentially serious symptom. Although in most cases abnormal bleeding is not related to serious disease, conditions such as chlamydial infection or cervical cancer should be ruled out in women with persistent abnormal bleeding.

## 2. Summary of recommendations

Recommendation 1	Grade
Genital tract malignancy is an uncommon cause of abnormal bleeding at any age, is rare in young women, but must be considered in all patients.	Consensus-based recommendation
Recommendation 2	Grade
Women at risk of sexually transmitted infection should have appropriate tests performed. Women with persistent intermenstrual bleeding (IMB) should have a cervical co-test (HPV and LBC) in Australia and smear in New Zealand, a pelvic ultrasound and referral to a gynaecologist.	Consensus-based recommendation
Recommendation 3	Grade
Women reporting postcoital bleeding (PCB) should have tests to exclude cervical cancer and chlamydia. It is commonly accepted that a single episode of PCB in a woman who has a normal cervical screening test and cervical appearance does not warrant immediate referral, but recurrence or persistence of this symptom mandates referral to a gynaecologist.	Consensus-based recommendation

## 3. Introduction

The purpose of this statement is to assist in the triage of women with intermenstrual bleeding (IMB), or postcoital bleeding (PCB) for further tests or referral to a specialist gynaecologist.

IMB is vaginal bleeding at any time other than during normal menstruation or following intercourse. PCB is vaginal bleeding after intercourse. IMB and PCB are not diagnoses; IMB and PCB are symptoms that warrant further assessment.

## 4. Discussion and recommendations

Genital tract malignancy is an uncommon cause of bleeding at any age, is rare in young women, but must be considered in all patients.

IMB is common, especially in women using hormonal contraception or hormonal therapies.<sup>1</sup> It is impractical and unnecessary to refer every woman with a single episode of IMB for immediate investigation. Women at risk of sexually transmitted infection should have appropriate tests performed. Women with persistent IMB should have a cervical screening co-test (HPV and LBC), a transvaginal ultrasound and referral to a gynaecologist.

PCB is regarded as a cardinal symptom of cervical cancer and the commonest presenting symptom for Chlamydia.<sup>2</sup> Therefore women complaining of PCB should have tests to exclude this. It is commonly accepted that a single episode of PCB in a woman who has a normal smear and cervical appearance does not warrant immediate referral, but recurrence or persistence of this symptom mandates gynaecological referral.

## 5. References

1. Shapley M, Jordan J, Croft PR. A systematic review of postcoital bleeding and risk of cervical cancer. The British journal of general practice : the journal of the Royal College of General Practitioners. 2006;56(527):453-60.
2. Gotz HM, van Bergen JE, Veldhuijzen IK, Broer J, Hoebe CJ, Steyerberg EW, et al. A prediction rule for selective screening of Chlamydia trachomatis infection. Sexually transmitted infections. 2005;81(1):24-30.

## 6. Other suggested reading

[National Cervical Screening Program: Guidelines for the management of screen-detected abnormalities, screening in specific populations and investigation of abnormal vaginal bleeding.](#) Accessed July 2021.

## 7. Links to other College statements

Evidence-based Medicine, Obstetrics and Gynaecology (C-Gen 15)

[https://ranzcoг.edu.au/RANZCOG\\_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20General/Evidence-based Medicine Obstetrics and Gynaecology \(C-Gen-15\)-March-2021.pdf?ext=.pdf](https://ranzcoг.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20General/Evidence-based%20Medicine%20Obstetrics%20and%20Gynaecology%20(C-Gen-15)-March-2021.pdf?ext=.pdf)

## 8. Patient information

A range of RANZCOG Patient Information Pamphlets can be ordered via:

<https://www.ranzcoг.edu.au/Womens-Health/Patient-Information-Guides/Patient-Information-Pamphlets>

## Appendices

### Appendix A Women's Health Committee Membership

Name	Position on Committee
Professor Yee Leung	Chair
Dr Joseph Sgroi	Deputy Chair, Gynaecology
Associate Professor Lisa Hui	Member
Associate Professor Ian Pettigrew	EAC Representative
Dr Tal Jacobson	Member
Dr Ian Page	Member
Dr John Regan	Member
Dr Craig Skidmore	Member
Associate Professor Janet Vaughan	Member
Dr Bernadette White	Member
Dr Scott White	Member
Associate Professor Kirsten Black	Member
Dr Greg Fox	College Medical Officer
Dr Marilyn Clarke	Chair of the ATSI WHC
Dr Martin Byrne	GPOAC Representative
Ms Catherine Whitby	Community Representative
Ms Sherryn Elworthy	Midwifery Representative
Dr Amelia Ryan	Trainee Representative

### Appendix B Overview of the development and review process for this statement

#### *i. Steps in developing and updating this statement*

This statement was originally developed in September 1995 and was most recently reviewed in March 2018. The Women's Health Committee carried out the following steps in reviewing this statement:

- Declarations of interest were sought from all members prior to reviewing this statement.
- Structured clinical questions were developed and agreed upon.
- An updated literature search to answer the clinical questions was undertaken.
- At the March 2018 face-to-face committee meeting, the existing consensus-based recommendations were reviewed and updated (where appropriate) based on the available body of evidence and clinical expertise. Recommendations were graded as set out below in Appendix B part iii).

#### *ii. Declaration of interest process and management*

Declaring interests is essential in order to prevent any potential conflict between the private interests of members, and their duties as part of the Women's Health Committee.

A declaration of interest form specific to guidelines and statements was developed by RANZCOG and approved by the RANZCOG Board in September 2012. The Women's Health Committee members were required to declare their relevant interests in writing on this form prior to participating in the review of this statement.

Members were required to update their information as soon as they become aware of any changes to their interests and there was also a standing agenda item at each meeting where declarations of interest were called for and recorded as part of the meeting minutes.

There were no significant real or perceived conflicts of interest that required management during the process of updating this statement.

iii. *Grading of recommendations*

Each recommendation in this College statement is given an overall grade as per the table below, based on the National Health and Medical Research Council (NHMRC) Levels of Evidence and Grades of Recommendations for Developers of Guidelines. Where no robust evidence was available but there was sufficient consensus within the Women’s Health Committee, consensus-based recommendations were developed or existing ones updated and are identifiable as such. Consensus-based recommendations were agreed to by the entire committee. Good Practice Notes are highlighted throughout and provide practical guidance to facilitate implementation. These were also developed through consensus of the entire committee.

Recommendation category		Description
Evidence-based	A	Body of evidence can be trusted to guide practice
	B	Body of evidence can be trusted to guide practice in most situations
	C	Body of evidence provides some support for recommendation(s) but care should be taken in its application
	D	The body of evidence is weak and the recommendation must be applied with caution
Consensus-based		Recommendation based on clinical opinion and expertise as insufficient evidence available
Good Practice Note		Practical advice and information based on clinical opinion and expertise

## Appendix C Full Disclaimer

### Purpose

This Statement has been developed to provide general advice to practitioners about women’s health issues concerning Investigation of intermenstrual and postcoital bleeding and should not be relied on as a substitute for proper assessment with respect to the particular circumstances of each case and the needs of any person. It is the responsibility of each practitioner to have regard to the particular circumstances of each case.

### Quality of information

The information available in Investigation of intermenstrual and postcoital bleeding (C- Gyn 6) is intended as a guide and provided for information purposes only. The information is based on the Australian/New Zealand context using the best available evidence and information at the time of preparation. While the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) had endeavoured to ensure that information is accurate and current at the time of preparation, it takes no responsibility for matters arising from changed circumstances or information or material that may have become subsequently available. The use of this information is entirely at your own risk and responsibility.

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These terms and conditions will be constructed according to and are governed by the laws of Victoria, Australia.

Version	Date of Version	Pages revised / Brief Explanation of Revision
v1.1	Sep / 1995	RACOG/ RACGP/ ASCCP/ CDHS*
v2.1	Feb / 1998	WHC
v3.1	Feb / 2000	GOSC
V4.1	Jul / 2002	GOSC
V5.1	Jul / 2004	GOSC
V6.1	Jul / 2007	GOC and WHC
V7.1	Jul / 2009	GOC and WHC
V8.1	Mar/ 2012	WHC
V9.1	Mar / 2015	WHC
V10.1	Mar / 2018	WHC
V11.1	Jul / 2021	WHC, No changes made to the previous version

Policy Version:	Version 11
Policy Owner:	Women's Health Committee
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Review of Policy:	July / 2026