



Young Women's Hematology Clinic: Heavy Menstrual Bleeding and Bleeding Disorders



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CHILDREN'S**

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When is a “heavy period” a possible sign of a bleeding disorder?

Unrecognized bleeding disorders are more common than many clinicians realize. Nationwide Children’s Hospital now offers a new resource to help diagnose and treat heavy menstrual bleeding. The Adolescent Hematology Clinic at the Dublin *Close To Home*SM Center offers both hematology and adolescent reproductive health expertise in a single clinic to assist you and your patient.

The Young Women’s Hematology Clinic

The Young Women’s Hematology Clinic at the Dublin *Close To Home*SM Center boasts a hematology and adolescent gynecology team with remarkable expertise, and a caring approach to adolescent girls with possible bleeding and clotting disorders. This clinic offers specialized diagnosis and treatment options for adolescents with heavy menstrual bleeding. As part of Nationwide Children’s Hospital, it is linked to a comprehensive treatment center for bleeding disorders which is one of over 130 federally-designated Hemophilia Treatment Centers (HTCs). Backed by the state-of-the-art medical care, research and support of Nationwide Children’s Hospital, the Young Women’s Hematology Clinic takes place 1-2 days a month but takes calls at all times. It is located at 5675 Venture Drive, Dublin, Ohio 43017.

What inherited bleeding disorders can lead to menorrhagia?

- von Willebrand disease
- Factor XI deficiency
- Rare factor deficiencies
- Platelet function defects
- Hemophilia A or B carrier
- Benign joint hypermobility (Ehlers-Danlos syndrome)

Contraception

Contraception decision making can be complicated in patients with a family history of thrombosis, or young women with known inherited thrombophilias or a personal history of thrombosis. The Young Women’s Hematology clinic serves women at potentially increased risk of contraception-related thrombosis by performing detailed family histories, laboratory evaluation for inherited thrombophilias as indicated, and providing detailed contraception counseling on the safest options for this patient population.

Iron deficiency

Iron deficiency anemia is a common complication of heavy menstrual bleeding, and can be seen in other young women due to poor dietary intake or poor absorption. Dietary changes and use of oral iron supplements are always the first line of intervention for such patients. For symptomatic patients not responding to oral therapy, or who experience intolerable side effects from oral iron, intravenous iron can be a potential therapeutic option.

Heavy menstrual bleeding: a signal of a bleeding disorder?

Undiagnosed bleeding disorders can cause dangerous bleeding after accidents, injuries, childbirth, minor surgery or even dental work. Adverse outcomes of bleeding disorders can be prevented or controlled with treatment, significantly enhancing both the patient’s safety and her quality of life, but the bleeding disorder must first be recognized.

As symptoms of several common bleeding disorders in girls are mild, heavy menstrual bleeding may be the first or only clinical manifestation. Excessive vaginal bleeding can have several causes, including hormonal imbalances, infection, and the use of certain medications. The prevalence of bleeding disorders among women with heavy menstrual bleeding is high, with estimates ranging from 5 to 20 percent. Remember that when heavy periods “run in the family” teens may perceive their heavy menstrual bleeding to be normal.



The Young Women's Hematology Clinic at Nationwide Children's Hospital's Dublin *Close To Home*SM Center

Diagnosing heavy menstrual bleeding

Consider a diagnosis of heavy menstrual bleeding when menstrual periods:

- Last more than seven days
- Soak through a pad or tampon in 1-2 hours
- Include the passage of blood clots larger than 1 inch in diameter ("about the size of a quarter")
- Make it difficult for the patient to attend school due to the challenges of menstrual hygiene
- Cause patient to alter her social schedule or plan events according to her menstrual cycle
- Demonstrate "flooding," with unexpected onset of flow "like turning on a faucet"
- Are associated with iron deficiency with or without anemia

Possible indicators of a bleeding disorder (Symptoms may vary with severity; some may not be present at all.)

- ☐ Heavy periods, particularly those starting at the time of menarche
- ☐ Easy bruising or large bruises from a minor bump or injury
- ☐ Frequent or prolonged nosebleeds that are difficult to stop
- ☐ Mouth and gum bleeding
- ☐ Continual bleeding at immunization sites
- ☐ Bleeding with minor dental procedures
- ☐ Heavy bleeding following injury, surgery, childbirth or dental work
- ☐ Heavier bleeding than expected in a young woman with endometriosis
- ☐ Family history of bleeding disorders or several of the above symptoms

Patient and Family History

A detailed patient and family history allows the physician to classify the severity of bleeding and informs the laboratory evaluation and eventual diagnosis. The use of specific questions that require quantification of bleeding symptoms is necessary. The bleeding history should include personal and familial inquiries about:

- ☐ Duration and extent of menstrual blood flow
- ☐ Location and frequency of bruising
- ☐ Frequency and duration of nosebleeds (epistaxis)
- ☐ Responses to hemostatic challenges such as traumas or surgeries
- ☐ Capacity for proper wound healing
- ☐ Degree of joint laxity
- ☐ History of joint or muscle bleeding
- ☐ Coexisting medical conditions and medication history

Young Women's Hematology Clinic Team



Sarah O'Brien, MD
Hematology



Fareeda Haamid, DO
Adolescent Medicine

Referrals and Consultations at the Young Women's Hematology Clinic

Online: [NationwideChildrens.org/Hematology-Oncology-BMT](https://www.NationwideChildrens.org/Hematology-Oncology-BMT)

Phone: (614) 722-8886

Physician Direct Connect Line for 24-hour urgent physician consultations:
(614) 355-0221 or (877) 355-0221.



Laboratory Testing and Pathology Consultations

Online: [NationwideChildrens.org/Lab](https://www.NationwideChildrens.org/Lab)

Phone: (614) 722-5477 or (800) 934-7575