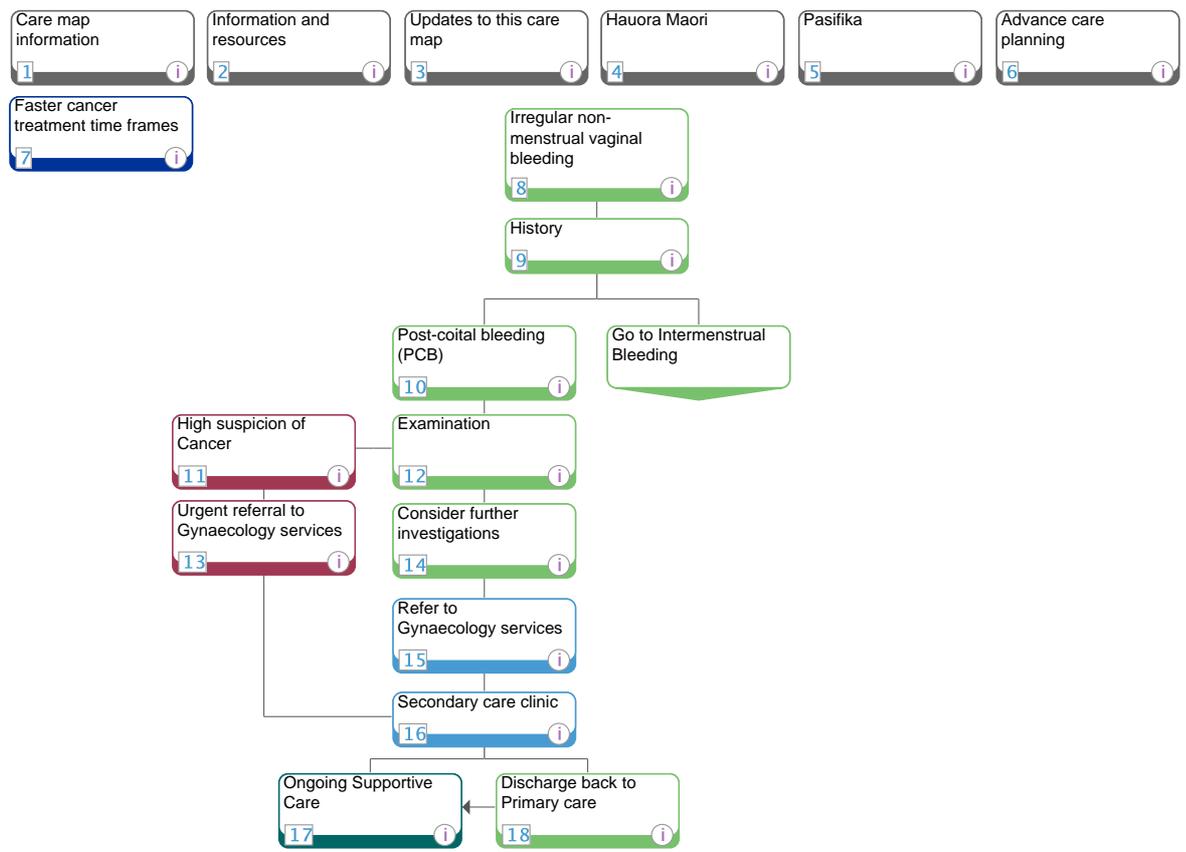


Post-Coital Bleeding

Oncology > Oncology > Post-Coital Bleeding

- i Information
- R Referral
- N National info
- L Local info
- Note
- Primary care
- Secondary care
- Shared care
- Red flag
- Formulary
- Information



Post-Coital Bleeding

Oncology > Oncology > Post-Coital Bleeding

1 Care map information

Quick info:

In Scope:

- primary care management of:
 - abnormal menstrual bleeding, including heavy menstrual bleeding (HMB), irregular menstrual bleeding, and intermenstrual bleeding
 - post-coital bleeding (PCB)

Out of scope:

- emergency management of clinically unstable patients with acute uterine bleeding
- specific management of bleeding problems caused by contraceptive devices
- treatment of conditions underlying HMB, such as endometriosis and adenomyosis

Definitions:

- HMB, or menorrhagia, is excessive menstrual blood loss over several consecutive cycles, which interferes with the woman's physical, emotional, social, and material quality of life
- irregular menstrual bleeding is defined as a range of varying lengths of bleeding-free intervals exceeding 20 days within one 90-day reference period [1]
- oligomenorrhoea is defined as menses occurring less frequently than every 35 days
- PMB is defined as unexplained vaginal bleeding more than 12 months after menstruation has stopped because of the menopause
- intermenstrual bleeding is defined as bleeding between periods [1]
- PCB is defined as bleeding that occurs after intercourse [1]

References:

1. National Institute for Health and clinical Excellence (NICE), National Collaborating Centre for Women's and Children's Health. Long-acting reversible contraception: the effect and appropriate use of long-acting reversible contraception. London: royal college of Obstetricians and Gynaecologists (RCOG) Press; 2005. Available from: <http://www.nice.org.uk/nicemedia/live/10974/29909/29909.pdf> [G]

2 Information and resources

Quick info:

Information resources for people and carers:

- [The New Zealand Gynaecological Cancer Foundation](#)
- [Cancer Society \(NZ\)](#)
- [Gynaecology Cancers - Information for all Women](#)

3 Updates to this care map

Quick info:

Date of publication December 2017

Review date: December 2018

This care map has been developed in line with consideration to evidenced based guidelines. For further information on contributors and references please see the Pathway's Provenance Certificate.

NB: This information appears on each page of this care map.

4 Hauora Maori

Quick info:

Maori are a diverse people and whilst there is no single Maori identity, it is vital practitioners offer culturally appropriate care when working with Maori whanau. It is important for practitioners to have a baseline understanding of the issues surrounding Maori health. This knowledge can be actualised by (not in any order of priority):

Published: 15-Dec-2017 Valid until: 30-Jun-2019 Printed on: 30-Aug-2018 © Map of Medicine Ltd

This care map was published by Hawkes Bay District. A printed version of this document is not controlled so may not be up-to-date with the latest clinical information.

Post-Coital Bleeding

Oncology > Oncology > Post-Coital Bleeding

- considering the importance of introductions ('whanaungatanga') - a process that enables the exchange of information to support interaction and meaningful connections between individuals and groups. This means taking a little time to ask where this person is from or to where they have significant connections
- asking Maori people if they would like their whanau or significant others to be involved in assessment and treatment
- asking Maori people about any particular cultural beliefs they or their whanau have that might impact on assessment and treatment of the particular health issues

Maori health services

HBDHB contracts Maori health providers to deliver community based nursing and social support services. Practitioners should discuss, where appropriate, information about relevant Maori health services. A referral to one of these providers may assist Maori people to feel more comfortable about receiving services following discussions.

Central Hawke's Bay:

[Central Health](#)

Cnr Herbert & Ruataniwha Streets, Waipukurau

Phone: 06 858 9559 Fax: 06 858 9229

Email: reception@centralhealth.co.nz

[Referral Form](#)

Hastings:

[Te Taiwhenua o Heretaunga](#)

821 Orchard Road, Hastings 4156

Phone: 06 871 5350 Fax: 06 871 535

Email: taiwhenua.heretaunga@ttoh.iwi.nz

[Referral Form](#)

[Kahungunu Health Services](#) (Choices)

500 Maraekakaho Road, Hastings

Phone: 06 878 7616

Email: kahungunu@paradise.net.nz

[Referral Form](#)

Napier:

[Te Kupenga Hauora](#)

5 Sale Street, Napier

Phone: 06 835 1840

Email: info@tkh.org.nz

[Referral Form](#)

Wairoa:

Kahungunu Executive (no website)

65 Queen Street, Wairoa 4108

Phone: 06 838 6835 Fax: 06 838 7290

Email: kahu-exec@xtra.co.nz

Secondary care Maori Health Services:

Hawke's Bay DHB - Te Wahanga Hauora Maori Health Services

Phone: 06 878 8109 ext. 5779, 06 878 1654 or 0800 333 671 Email: admin.maorihealth@hawkesbaydhb.govt.nz

Further Information

Practitioners should be versed in the knowledge of:

- historical overview of legislation that impacted on Maori well-being
- Maori models of health, such as [Te Whare Tapa Wha](#) and Te Wheke when working with Maori whanau

Post-Coital Bleeding

Oncology > Oncology > Post-Coital Bleeding

- national Maori Health Strategies:
 - **Mai Maori Health Strategy 2014-2019** - [Full file](#) or [Summary diagram](#)
 - **He Korowai Oranga**: Maori Health Strategy - sets the [Government's overarching framework](#) to achieving the best health outcomes for Maori
- local [Hawke's Bay health sector's strategies and initiatives](#) for improving Maori health and wellbeing
- [Medical Council of New Zealand competency standards](#)

Cultural Competency Training

Training is available through the Hawke's Bay DHB to assist you to better understand Maori culture and to better engage with Maori people. Contact the coordinator

Email: education@hbdhb.govt.nz to request details of the next courses.

5 Pasifika

Quick info:

Pacific people value their culture, language, families, education and their health and wellbeing. Many Pacific families have a religious affiliation to a local church group.

The Pacific people are a diverse and dynamic population:

- more than 22 nations represented in New Zealand
- each with their own unique culture, language, history, and health status
- share many similarities which we have shared with you in order to help you work with Pacific people more effectively
- for many families language, cost and access to care are barriers

Pacific ethnic groups in Hawke's Bay include Samoa, Cook Islands, Fiji, Tonga, Niue, Tokelau, Kiribati and Tuvalu. Samoan and Cook Island groups are the largest and make up two thirds of the total Pacific population. There is a growing trend of inter-ethnic relationships and New Zealand born Pacific populations.

Acknowledge [The FonaFale Model](#) (Pacific model of health) when working with Pacific people and families.

General guidelines when working with Pacific people and families (information developed by Central PHO, Manawatu):

- [Cultural protocols and greetings](#)
- [Building relationships](#) with your Pacific people
- [Involving family support and religion](#) during assessments and in the hospital
- [Home visits](#)

Hawke's Bay-based resources:

- [HBDHB interpreting service website](#) or phone 06 8788 109 ext. 5805 (no charge for the hospital; charges may apply for community-based translations) or contact coordinator at interpreting@hbdhb.govt.nz
- Pacific Navigation Services Ltd Phone: 027 971 9199
- services to assist Pacific people to access healthcare ([SIA](#))
- [Improving the Health of Pacific People in Hawke's Bay](#) - Pacific Health action Plan

Ministry of Health resources:

- [Ala Mo'ui](#) Pathways to Pacific Health and wellbeing 2014-2018
- [Primary Care for Pacific people](#): a Pacific and health systems approach
- Health education resources in [Pacific languages](#) (links to a web page where you can download resources)

6 Advance care planning

Quick info:

Advance Care Planning:

Advance Care Planning is a voluntary process of discussion and shared planning for future health care. It involves the person who is preparing the plan, and usually involves family/whanau and health care professionals.

Advance Care Plan:

Post-Coital Bleeding

Oncology > Oncology > Post-Coital Bleeding

An Advance Care Plan is the outcome of Advance Care Planning. It is formulated by the person and sets out their views about care towards the end of their life. It may also include views about medical care and a wide range of other matters. An Advance Care Plan may include an Advance Directive.

Advance Directive:

An Advance Directive is a statement a person makes about their medical care in the future and becomes effective if a person ceases to be competent to make decisions for themselves. An Advance Directive is legally binding if made in appropriate circumstances.

Competency and Advance Care Planning:

Competent people have the right to make autonomous decisions that as medical professionals we may regard as imprudent, and sometimes such decisions are a reflection of the person's longstanding personality, beliefs or lifestyle. This right is described in the Health and Disability Consumers Rights Acts.

According to ACP - A Guide for the NZ Health Care Workforce - "in the context of ACP, competency relates to an individual's ability to make a decision regarding their own health care (that is, competence at decision-making or decision-capacity). At a minimum, decision making capacity requires the ability to understand and communicate, to reason and deliberate, and the possession of a set of values".

Helpful websites:

- [The code of rights](#)
- [Advance care planning guide Ministry of Health](#)
- [Advance care planning resources](#)

7 Faster cancer treatment time frames

Quick info:

[Ministry of Health Faster Cancer Treatment \(FCT\) time frames:](#)

- FCT is a person's pathway approach to ensuring timely clinical cancer care and is measured by the following agreed indicators:
 - for people referred urgently with a high suspicion of cancer they receive their first cancer treatment (or other management) within 62 days
 - for people referred urgently with a high suspicion of cancer they have their first specialist assessment within 14 days
 - for people with a confirmed diagnosis of cancer they receive their first cancer treatment (or other management) from decision-to-treat within 31 days

[Ministry of Health National Tumour standards](#)

[Faster Cancer Treatment: High suspicion of cancer definitions](#) This document outlines the red flags for high suspicion of cancer.

8 Irregular non-menstrual vaginal bleeding

Quick info:

Irregular non-menstrual vaginal bleeding

Intermenstrual bleeding is defined as [1]:

- irregular episodes of bleeding, often light and short, occurring between otherwise fairly normal menstrual periods

Post-coital bleeding is defined as [1]:

- bleeding post-intercourse

Epidemiological evidence suggests that an alteration in the menstrual cycle, intermenstrual bleeding, or post-coital bleeding may be the first symptoms of gynaecological cancer and indicate the need for a pelvic examination – persistent intermenstrual bleeding requires investigation to exclude malignancy [5].

References:

1. National Institute for Health and clinical Excellence (NICE), National Collaborating Centre for Women's and Children's Health. Long-acting reversible contraception: the effect and appropriate use of long-acting reversible contraception. London: royal college of Obstetricians and Gynaecologists (RCOG) Press; 2005. Available from: <http://www.nice.org.uk/nicemedia/live/10974/29909/29909.pdf> [G]
5. National Institute for Health and clinical Excellence (NICE). Heavy menstrual bleeding CG44. London: NICE; 2007. Available from: <http://guidance.nice.org.uk/nicemedia/live/11002/30401.pdf> [G]

9 History

Published: 15-Dec-2017 Valid until: 30-Jun-2019 Printed on: 30-Aug-2018 © Map of Medicine Ltd

This care map was published by Hawkes Bay District. A printed version of this document is not controlled so may not be up-to-date with the latest clinical information.

Post-Coital Bleeding

Oncology > Oncology > Post-Coital Bleeding

Quick info:

History

Ask about:

- the amount, frequency, and regularity of bleeding
- if cervix view normal, check documentation from cervical screening
- the presence of:
 - post-coital bleeding
 - intermenstrual bleeding
 - dysmenorrhoea
 - abdominal or pelvic pain
 - dyspareunia
 - heavy menstrual bleeding
 - premenstrual symptoms
 - possibility of pregnancy
- symptoms suggestive of anaemia:
 - light-headedness
 - shortness of breath with activity
- sexual and reproductive history:
 - contraception
 - risk for pregnancy
 - sexually transmitted infections (STIs)
 - desire for future pregnancy
 - infertility
 - cervical screening
- risk of STI – risk is higher if:
 - < 25 years; or
 - new partner; or
 - more than one partner in the last year
- impact on social and sexual functioning and quality of life
- symptoms suggestive of systemic causes of bleeding, such as:
 - hypothyroidism
 - hyperprolactinaemia
 - coagulation disorders
 - polycystic ovary syndrome
 - adrenal or hypothalamic disorders
- any associated symptoms, such as:
 - vaginal discharge
 - odour
 - pelvic pain or pressure
- medications that may interfere with bleeding or contraception
- contraception history:
 - method used
 - duration of use
 - compliance
 - illness or a condition that may affect absorption of orally administered hormones

10 Post-coital bleeding (PCB)

Published: 15-Dec-2017 Valid until: 30-Jun-2019 Printed on: 30-Aug-2018 © Map of Medicine Ltd

This care map was published by Hawkes Bay District. A printed version of this document is not controlled so may not be up-to-date with the latest clinical information.

Post-Coital Bleeding

Oncology > Oncology > Post-Coital Bleeding

Quick info:

Post-coital bleeding (PCB):

- is the cardinal sign of cervical neoplasia:
 - however, other causes such as chlamydia infection are more likely in younger women
- in the rare cases of cervical cancer in women < 25 years of age, delays in diagnosis are relatively common

11 High suspicion of Cancer

Quick info:

High Suspicion of Cancer

Always view the cervix and refer if abnormal appearance even if the cervical smear is normal. Consider endometrial causes e.g., endometrial cancer or hyperplasia.

The following symptoms and signs may be the first symptoms of cancer and indicate the need for further investigation:

- persistent intermenstrual bleeding
- post-coital bleeding
- post-menopausal bleeding (PMB)
- visible haematuria
- unexplained vaginal discharge
- palpable abdominal mass that is not obviously fibroids
- unexplained vulval lump, ulceration or bleeding
- pelvic pain or pressure symptoms
- anaemia

Ministry of Health

View the Gynaecological definition(including red flags and risk factors) for high suspicion of cancer:

- A visible abnormality suspicious of a vulval, vaginal or cervical cancer (such as an exophytic ulcerating or irregular pigmented lesion) [Faster Cancer Treatment: High suspicion of cancer definitions April 2016](#)

References:

12 Examination

Quick info:

Examination

All women with post-coital bleeding should be offered a:

- speculum
- pelvic examination
- STI Swab
- cervical smear if not part of the screening programme
- consider pregnancy test if indicated

13 Urgent referral to Gynaecology services

Quick info:

Refer to Gynaecology services via form. An example of the [form](#). Fax the form to outpatient referral centre 06 878 1328

The urgent referral for Suspected Gynaecological Cancer form can be found in the Patient Management system as an outbox document.

Include relevant information:

- reason for referral
- expectation of referral

Post-Coital Bleeding

Oncology > Oncology > Post-Coital Bleeding

- history and co-morbidities
- current management and/or options already pursued
- examination findings
- investigation results
- current medication
- allergies and adverse drug reactions
- any other relevant clinical information

If clinically unstable refer to Emergency Department and phone Oncall O & G registrar via HBDHB switchboard 06 878 8109

NB: Refer to gynaecological services do not wait for smear results

Referral will not be accepted unless the form has been completed.

14 Consider further investigations

Quick info:

Consider further investigations

If there is any possibility of pregnancy, a test should be performed [1]:

- the test may need to be repeated depending on the last menstrual period

If appearances are not suspicious of cancer:

- if a local, benign cause is found, such as a polyp or ectropion, treat or refer to gynaecology services
- test for sexually transmitted infection, eg chlamydia:
 - treat infection if found
- refer to gynaecology services if:
 - chlamydia test is negative and no local cause is found
 - if symptoms persist despite treatment of infection

NB: For the management of post-menopausal women with post-coital bleeding, see the **Post Menopausal Bleeding (PMB) pathway**

References:

1. National Institute for Health and clinical Excellence (NICE), National Collaborating Centre for Women's and Children's Health. Long-acting reversible contraception: the effect and appropriate use of long-acting reversible contraception. London: royal college of Obstetricians and Gynaecologists (RCOG) Press; 2005. Available from: <http://www.nice.org.uk/nicemedia/live/10974/29909/29909.pdf> [G]

15 Refer to Gynaecology services

Quick info:

Refer via the e-referral system for Post Coital Bleeding

Include relevant information:

- reason for referral
- expectation of referral
- history and co-morbidities
- current management and/or options already pursued
- examination findings
- investigation results
- current medication
- allergies and adverse drug reactions
- any other relevant clinical information

Refer using e-referral system

16 Secondary care clinic

Published: 15-Dec-2017 Valid until: 30-Jun-2019 Printed on: 30-Aug-2018 © Map of Medicine Ltd

This care map was published by Hawkes Bay District. A printed version of this document is not controlled so may not be up-to-date with the latest clinical information.

Post-Coital Bleeding

Oncology > Oncology > Post-Coital Bleeding

Quick info:

Discuss appropriate management plan with the woman.

A clinic letter to be written to the referrer/GP indicating the outcomes and a planned approach of ongoing care (transfer of care).

NB: If the women has been advised that she has cancer then a urgent letter is sent to the GP.

17 Ongoing Supportive Care

Quick info:

The aim of supportive care is to provide the person with the best quality of life possible so that they are able to participate in their treatment to maximise comfort and eliminate suffering.

Cancer Support Services:

1. Cancer Society:

- [an information guide](#)

- for additional support services phone the cancer information nurses on the **Cancer Information Helpline 0800 226 237**

2. [Central Region Cancer Services Directory](#):

The directory provides a list of cancer support services available across MidCentral, Whanganui and Hawke's Bay including:

- breast services
- ethnic and cultural
- accommodation
- disability support
- government health services
- medication
- legal advice

3. [Getting on with life after treatment](#)

4. [Websites](#) with more information about life after cancer

18 Discharge back to Primary care

Quick info:

A letter to be written to the referrer indicating the outcomes and a planned approach of ongoing care (transfer of care).

A phone call to the referrer is preferred when there are short time frames for care planning/ intervention.

Provenance Certificate

Post-Coital Bleeding

Overview

This document describes the provenance of Hawke's Bay Region Gynaecological Cancer Pathways.

The purpose of implementing cancer pathways in our District is to:

- Reduce barriers so that all people with cancer are able to access the same quality care within the same timeframes, irrespective of their ethnicity, gender, locality or socio-economic status
- Achieve the faster cancer treatment (FCT) health target – 85% of patient receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer and a need to be seen within two weeks by July 2016, increasing to 90% by June 2017
- Implement the national tumour standards of service provision, developed as part of the FCT programme, to support the delivery of standardised quality care for all people with cancer
- Improve equity along the cancer pathway
- Clarify expectations across providers
- Improve communications and follow up care for cancer patients

To cite these pathways, use the following format:

Map of Medicine – Hawke's Bay View / Oncology /Gynaecological / Post-Coital Bleeding

Editorial methodology

This care map has been based on a Map of Medicine Care Map developed according to the Map of Medicine editorial methodology. The content of the Map of Medicine care map is based on high quality guidelines and practice-based knowledge provided by contributors with front-line clinical experience (see contributors section of this document). This localised version of the evidence-based, practice informed care map has been peer-reviewed by the HBDHB and Collaborative Clinical Pathways Director and with stakeholder groups.

References

1	National Institute for Health and clinical Excellence (NICE), National Collaborating Centre for Women's and Children's Health. Long-acting reversible contraception: the effect and appropriate use of long-acting reversible contraception. London: royal college of Obstetricians and Gynaecologists (RCOG) Press; 2005. Available from: http://www.nice.org.uk/nicemedia/live/10974/29909/29909.pdf [G]
5	National Institute for Health and clinical Excellence (NICE). Heavy menstrual bleeding CG44. London: NICE; 2007. Available from: http://guidance.nice.org.uk/nicemedia/live/11002/30401.pdf [G]
	Faster Cancer Treatment (FCT): High Suspicion of Cancer Definitions 2016. Ministry of Health
	Canterbury Health Pathways

Contributors

The following individuals have contributed to this local care map:

- Elaine White, Consultant, Obstetrics and Gynaecology, Hawke's Bay DHB
- Catherine Kelsey, CNS Gynaecology, Hawke's Bay DHB
- Dr Lisa Kleinert, General Practitioner, Greendale Family Health Centre

- Leigh White, Strategic Services Portfolio Manager, Hawke's Bay DHB
- Wendy Wasson, Collaborative Pathways Facilitator/Editor, Hawke's Bay DHB

The following individuals have contributed to the sub-regional care maps:

- Digby Nang Kee, Gynaecologist MidCentral DHB
- Gillian Forsyth, CNS Gynaecology, MidCentral DHB
- Tray Haddon, Quality and Service Improvement Manager, Pae Ora Māori Health, MidCentral DHB
- Rebecca James, Clinical Nurse Manager Māori Health, MidCentral DHB
- Stephanie Fletcher, Project Manager, Central Cancer Network, MidCentral DHB
- Katherine Gibbs, Project Manager, MidCentral DHB
- Catherine Kelsey, CNS Gynaecology, Hawke's Bay DHB
- Elaine White, Consultant, Obstetrics and Gynaecology, Hawke's Bay DHB
- Keven Nevil, Consultant, Obstetrics and Gynaecology Whanganui DHB (Secondary Care Clinical Lead)
- Ruth Carter, General Practitioner, Whanganui Regional Health Network (Primary Care Clinical Lead)
- Ray Jackson, Project Director, Collaborative Clinical Pathways (Facilitator)
- Kim Vardon, Project Assistant, Collaborative Clinical Pathways (Editor)

Disclaimers

Clinical Pathways Steering Group, Hawke's Bay DHB and Health Hawke's Bay – Te Oranga Hawke's Bay.

It is not the function of the Clinical Pathways Steering Group, Hawke's Bay DHB and Health Hawke's Bay – Te Oranga Hawke's Bay to substitute for the role of the clinician, but to support the clinician in enabling access to know-how and knowledge.

Users of the Map of Medicine are therefore urged to use their own professional judgement to ensure that the person receives the best possible care.

Whilst reasonable efforts have been made to ensure the accuracy of the information on this online clinical knowledge resource, we cannot guarantee its correctness and completeness. The information on the Map of Medicine is subject to change and we cannot guarantee that it is up-to-date.