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The RCOG, British Society for Gynaecological Endoscopy (BSGE) and British Gynaecological Cancer Society (BGCS) have released a joint guidance document on the management of abnormal uterine bleeding including postmenopausal bleeding to guide clinical practice in the current Coronavirus (COVID-19) pandemic.

The guidance recommends carrying out assessment and advice through remote consultation in the first instance and offering medical advice where appropriate to minimise the need for women to visit their healthcare providers and to limit the risk of person to person viral transmission.

The document could be accessed through the BSGE website:

<https://mk0britishsociep8d9m.kinstacdn.com/wp-content/uploads/2020/03/Joint-RCOG-BSGE-BGCS-guidance-for-management-of-abnormal-uterine-bleeding-AUB-in-the-evolving-Coronavirus-COVID-19-pandemic.pdf>

Similar management principles could be applied to women who experience unscheduled bleeding on HRT beyond 3 – 4 months from commencing HRT.

An initial assessment could be carried out through a remote (telephone / virtual) consultation and consideration should be given to modifying women's progestogen intake as an initial management step.

For the majority of cases modifying progestogen intake would often control the bleeding especially in women who experience unscheduled bleeding in the first few months after commencing HRT.

Progestogen intake could be modified / increased as follows:

- For **continuous combined HRT regimens** the dose of progestogen could be increased (e.g. go up from utrogestan 100 mg daily to 200 mg daily on continuous basis). Those on continuous combined HRT regimens that contain a progestogen in a combined preparation or have the Mirena IUS, could have utrogestan / medroxyprogesterone acetate or norethisterone added to their HRT regimen. If they continue to experience ongoing unscheduled bleeding, the HRT regimen could be changed to a cyclical intake of progestogen.
- For **cyclical HRT regimens**: Increase progestogen dose (e.g. Utrogestan 300 mg for 12 days a month instead of 200 mg) or increase duration of progestogen intake (can take progestogen for 14 days a month or for 21 days out of a 28-day HRT intake cycle).
- Women who continue to have unscheduled bleeding beyond 6 months despite modifying their progestogen intake or where there is a concern about the clinical presentation or

bleeding amount / pattern should consider having pelvic ultrasound scan assessment and endometrial biopsy.

- The risk of endometrial cancer in women with unscheduled bleeding on HRT is significantly lower than that with postmenopausal bleeding in women not on HRT especially in women who had not been experiencing bleeding before commencing HRT and who are taking progestogen.

Haitham Hamoda, Chairman

On behalf of the Medical Advisory Council of the British Menopause Society