

How does GP referral and specialist assessment of women with heavy menstrual bleeding compare to a national clinical care standard?

Aspasia Manos¹, Vanessa Lusniak², Hannah Klucklow², Jenny Yang², Kirsten Black^{2,3}

¹The University of Sydney Medical School, Faculty of Medicine and Health, The University of Sydney, Sydney, NSW 2006

²Royal Prince Alfred Hospital, Sydney, NSW 2050

³Discipline of Obstetrics, Gynaecology and Neonatology, The University of Sydney Central Clinical School, Faculty of Medicine and Health, Sydney, NSW 2006

Introduction

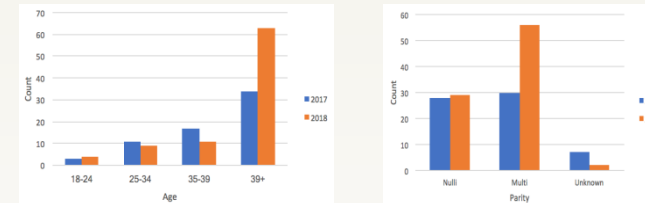
In 2017 the Australian Commission on Safety and Quality in Health Care developed a clinical care standard for the management of heavy menstrual bleeding (HMB).¹ **This study aimed** to compare the differences in referral, diagnosis, and management of women with HMB referred from primary care for specialist assessment between 2017 and 2018, to assess whether any changes to practice occurred after the standard was introduced

Methods

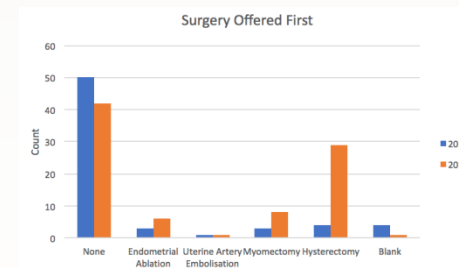
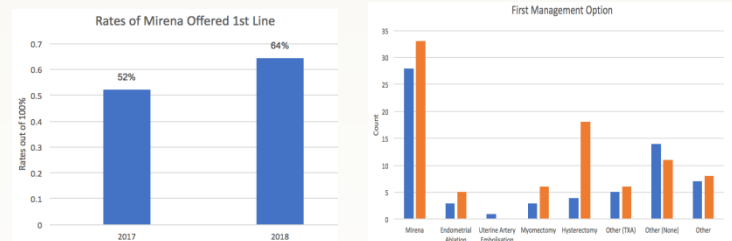
This was a retrospective audit of women who attending the Royal Prince Alfred Hospital in Sydney, NSW between January-July 2017, and January-December 2018 for management of HMB. We reviewed notes and electronic records and collected data on demographics, initial primary care investigations and subsequent management (including medical and surgical).

Results

152 records were included in this study (n=65, 2017), (n=87, 2018). Recommended investigations (FBC/Ferritin/TV pelvic USS) prior to referral were complete in 20% of women in 2017 and 16% in 2018 (p=0.67).



Demographics: Comparison of age and parity between years. The women in the two years were not statistically different in age at presentation (p=0.69). The women in 2018 were statistically different with regards to parity (p=0.02).



Mirena was offered first-line in 52% and 64% (p=0.18) of patients in 2017 and 2018, respectively. In 2017, the management option decided upon in 43% of women was Mirena, 7% tranexamic acid and 6% hysterectomy. In 2018, 40% were managed with Mirena, 15% with hysterectomy and 7% with tranexamic acid. Hysterectomy was offered first-line in 5% of cases in 2017, and in 33% of cases in 2018.

Conclusions

Since the introduction of the standard, there has been limited improvement in the clinical assessment and management of women with HMB within the area health service. Further education is necessary to promote the appropriate knowledge translation and improve uptake and implementation of the recommendations in the standard.

References