AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

HIGHLIGHTS REPORT

June 2024

Women's Health: Heavy Menstrual Bleeding

Introduction

Heavy menstrual bleeding affects one in four Australian women of reproductive age.

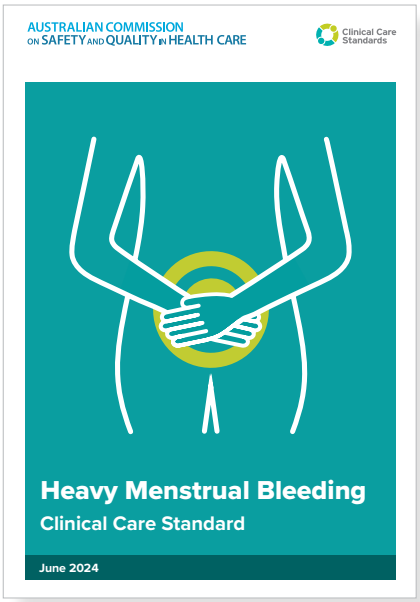
It can have a debilitating impact on women, affecting their physical, social, emotional and economic wellbeing.

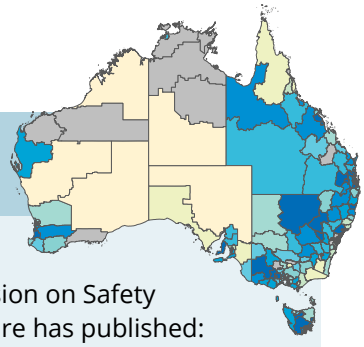
Many women with heavy menstrual bleeding will also experience pain, fatigue and anxiety; and almost two thirds are iron deficient.

Hysterectomy is one treatment option but it is a major operation with a number of associated risks.

A range of less invasive and effective treatments are available, including:

- Medicines, such as anti-inflammatories or the hormone-releasing intrauterine device (IUD)
- Procedures that preserve the uterus, such as endometrial ablation and uterine artery embolisation.





What's new?

The Australian Commission on Safety and Quality in Health Care has published:

- A revised **Heavy Menstrual Bleeding Clinical Care Standard** (the Standard) with guidance on optimal patient care
- Trend data from the Australian Atlas of Healthcare Variation series (the Atlas) in a new interactive **Women's Health Focus Report**.

The Standard was first released in 2017 in response to concerning data about hysterectomy rates in Australia.

New data from the *Women's Health Focus Report* show a national decrease in the hysterectomy rate and increase in the less invasive option of endometrial ablation over nine years to 2022.

The reduction in hysterectomy rate is encouraging yet remains significantly higher than similar countries like New Zealand and the United Kingdom.

Variable rates around the country suggest that alternatives to hysterectomy for women are not being consistently used across Australia.

The Commission is calling for health services and clinicians to do more to ensure women can access effective, less invasive treatments for heavy menstrual bleeding.

safetyandquality.gov.au/HMB

Hysterectomy: removing the uterus (womb) via abdominal, vaginal or keyhole surgery
Endometrial ablation: using heat to destroy the inner lining of the uterus (endometrium)
Uterine artery embolisation: a radiology procedure for bleeding caused by uterine fibroids (stopping blood supply to reduce their size)
Hormonal IUD: a levonorgestrel-releasing IUD (such as Mirena) is put in the uterus and helps thin the lining

Why this is important

- Less than half of women with heavy menstrual bleeding seek medical care and many women report that when they do ask for help, their concerns are not taken seriously.
- Often women are unaware of the range of options for treating their bleeding, and that very effective treatments can be provided by their general practitioner.
- Women need the opportunity to discuss their menstrual health concerns, and to make informed decisions about the right treatment for them based on understanding the range of suitable options, and the risks and benefits of each.

Background

The Commission has mapped rates of hysterectomy and endometrial ablation since 2013 as part of the Atlas series.

Mapping geographic variation in hospitalisation rates is a tool to investigate if appropriate care is being delivered.

The first *Heavy Menstrual Bleeding Clinical Care Standard* in 2017 was released in response to Atlas data, which found substantial variation in hysterectomy and endometrial ablation rates across the country.

The aim was to improve the range of choices available to women with heavy menstrual bleeding.

Key findings

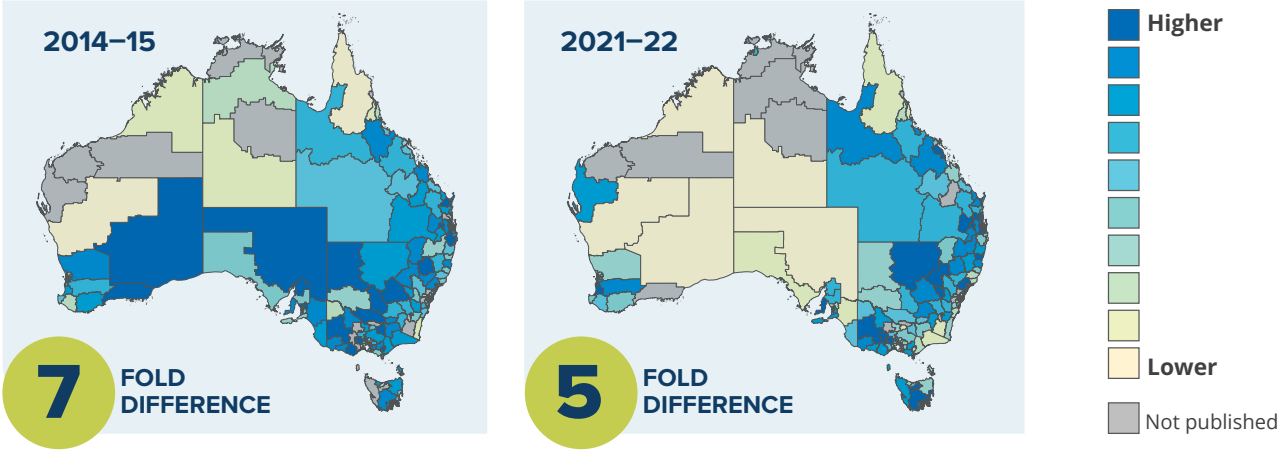
The *Women's Health Focus Report* examines Atlas trend data on hysterectomy and endometrial ablation rates in Australia for non-cancer gynaecological diagnoses, of which heavy menstrual bleeding is the most common.

	National	First Nations	Remoteness	Funding Status
Hysterectomy* (2014–15 to 2021–22)	**-20%**	**9%** higher than for other Australian women in 2021–22	Rates consistently higher in regional areas	**60%** of hospitalisations were for privately funded patients
Endometrial ablation* (2013–16 to 2019–22)	**+10%**	**2%** lower than for other Australian women in 2019–22		

*Hospitalisations per 100,000 women, aged 15 years and over for benign (non-cancer) gynaecological conditions.

Data trends: Hysterectomy hospitalisations* 2014–15 to 2021–22

Geographical variation over time



Difference between the local area with the highest rate and the local area with the lowest rate

National rate

20% DECREASE

between 2014–15 and 2021–22

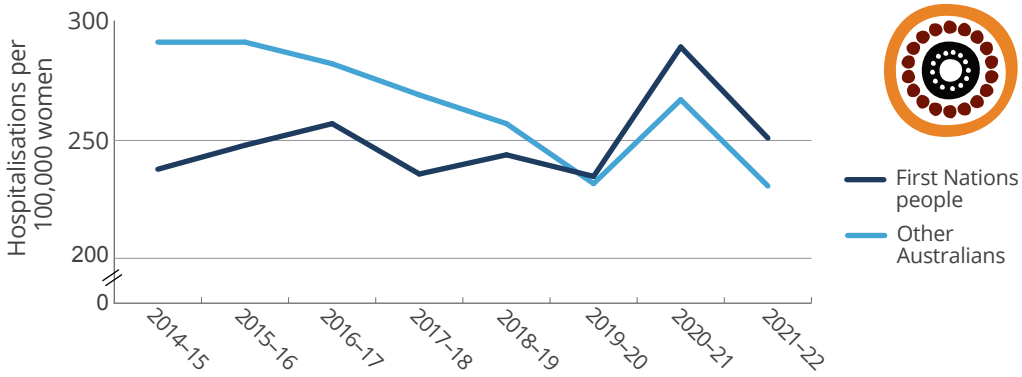
Consistently over time:

- Higher rates in regional areas
- 60% of hospitalisations were for privately funded patients

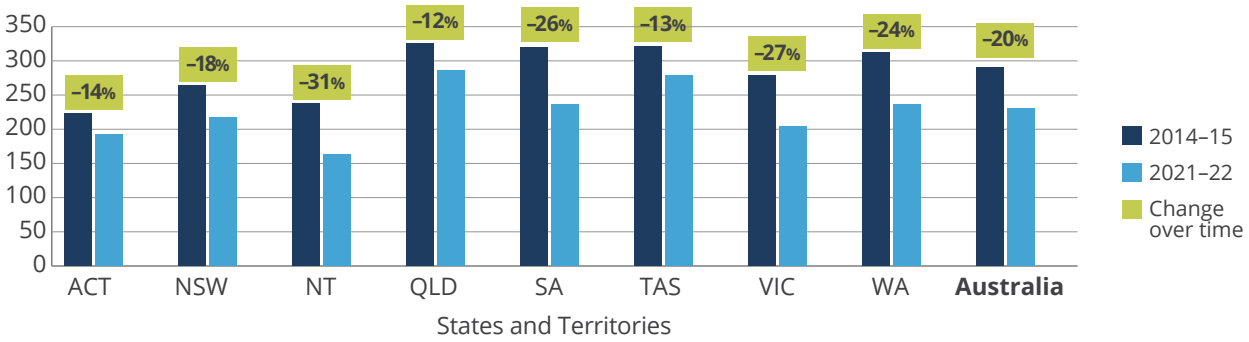
First Nations rate

9% HIGHER

than for other Australian women in 2021–22



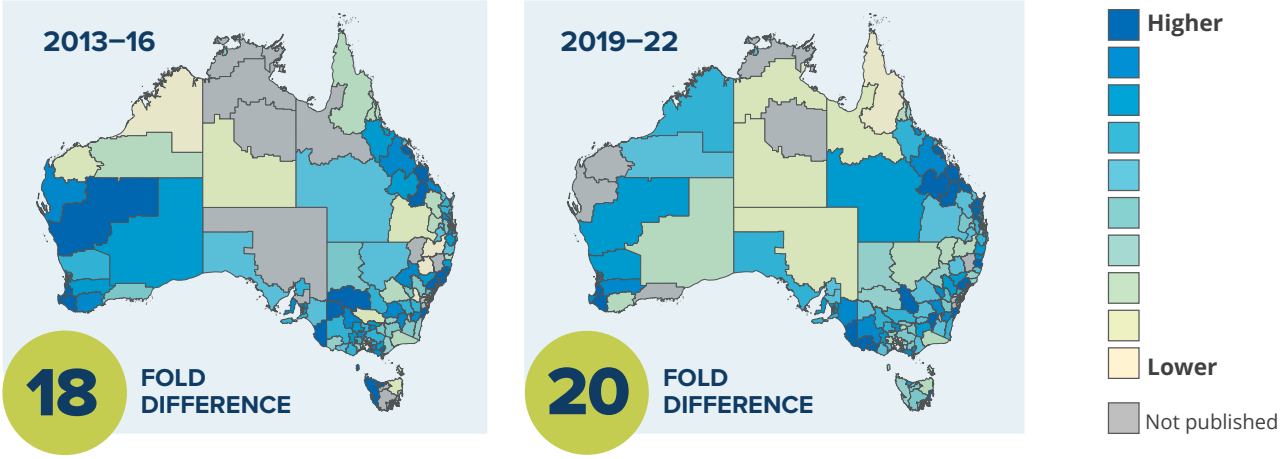
State and territory rates



*Hospitalisations per 100,000 women, aged 15 years and over for benign (non-cancer) gynaecological conditions.

Data trends: Endometrial ablation hospitalisations* 2013–16 to 2019–22

Geographical variation over time



Difference between the local area with the highest rate and the local area with the lowest rate

National rate

10% INCREASE

between 2013–16 and 2019–22

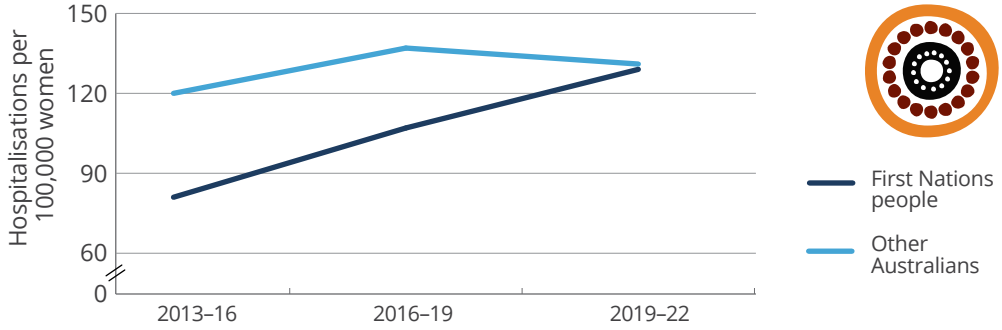
Consistently over time:

- Higher rates in regional areas
- 60% of hospitalisations were for privately funded patients

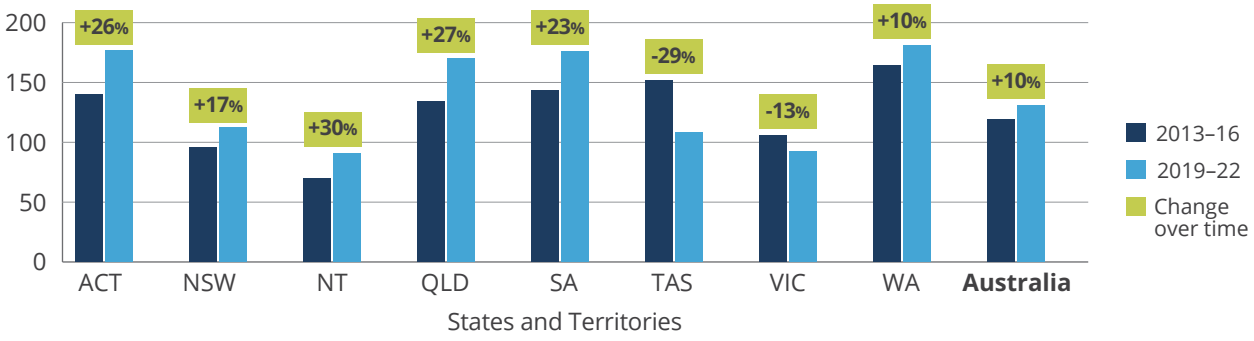
First Nations rate

2% LOWER

than for other Australian women in 2019–22



State and territory rates



Read the report at **safetyandquality.gov.au/atlas-WH** for an analysis of the data.

*Hospitalisations per 100,000 women, aged 15 years and over for benign (non-cancer) gynaecological conditions.

Why care varies across Australia

- Differences in awareness of the range of treatment options
- Treatment costs
- Limited availability of services, such as quality ultrasound, IUD insertion and relevant specialist care
- Limited availability of clinicians with knowledge, skills, equipment and capacity to deliver hysterectomy alternatives
- Limited availability of culturally safe care for First Nations women
- Compounded effects for women in rural and remote areas related to availability of care, isolation and cost

Treatment pathway

Healthcare providers can support women to make informed decisions about their care and consider a range of less invasive treatments (see **Figure 1**) before hysterectomy, whenever clinically appropriate.

Not all treatments suit all women. Choice of treatment is influenced by factors including a woman's preferences and medical priorities, such as the cause of bleeding, her need for contraception, her desire for future fertility, and any co-existing conditions.

Women need to be informed about the range of treatments that might be suitable, including the risks, benefits and likely outcomes.

Our resources can help you implement the clinical care standard.

Clinical Care Standards

Current guidance

The *Heavy Menstrual Bleeding Clinical Care Standard* (2024) outlines eight quality statements describing best practice care.

1. **Assessment and diagnosis**
2. **Informed choice and shared decision making**
3. **Initiating medical management**
4. **Quality ultrasound**
5. **Intrauterine hormonal devices**
6. **Specialist referral**
7. **Uterine-preserving alternatives to hysterectomy**
8. **Hysterectomy**

Figure 1: Potential treatments for heavy menstrual bleeding

Medicines	Procedures that preserve the uterus	Hysterectomy (surgery to remove the uterus)
NON-HORMONAL Anti-inflammatories Tranexamic acid	**ENDOMETRIAL ABLATION** Procedure to remove uterus lining using heat	**LAPAROSCOPIC** Keyhole surgery via the abdomen *(less invasive)*
HORMONAL e.g. Combined oral contraceptives Oral progestogens	**UTERINE ARTERY EMBOLISATION** Radiological procedure for fibroids	**VAGINAL** Surgery via the vagina *(less invasive)*
HORMONAL IUD 52 mg levonorgestrel-releasing intrauterine device	**HYSTEROSCOPIC RESECTION** Removal of polyps or fibroids **MYOMECTOMY** Operation to remove fibroids	**ABDOMINAL** Major operation via the lower abdomen
Less invasive		**More invasive**

What can be done:

Actions for consumers, clinicians and health services

CONSUMERS

- Talk to your healthcare provider if you have heavy periods, to understand what is normal.
- If you are worried, ask your doctor to assess what could be causing your heavy menstrual bleeding.
- Ask your doctor or other healthcare provider about treatments that may be suitable for you.
- Request a referral to a specialist if you are considering surgical or other procedures.
- Consider the risks and benefits of treatments to make an informed choice about your preferred option.

CLINICIANS

- Help women to feel comfortable talking about menstrual issues, a sensitive topic for many.
- Ask women about their menstrual health – to help identify if bleeding is unusual and can be treated.
- Learn more about alternative treatments to hysterectomy, and how to access them.
- Inform women about their treatment options, and the risks and benefits to them.
- Use data in the *Women's Health Focus Report* to view hysterectomy and endometrial ablation rates in your area and reflect on what it means for your practice and patients.

HEALTH SERVICES

- Use the interactive *Women's Health Focus Report* to view hysterectomy and endometrial ablation rates in your area. When substantial variation exists, investigate whether appropriate care is being delivered.
- Implement the *Heavy Menstrual Bleeding Clinical Care Standard* and use its indicators to support local quality improvement.
- Build appropriate skills such as hormonal IUD insertion in primary care.
- Establish referral pathways for treatments such as hormonal IUD, endometrial ablation and uterine artery embolisation.
- Make information available to patients about the range of treatment options.
- Check local guidance is consistent with the Standard (see our HealthPathways checklist).
- Act to improve cultural safety and provide culturally appropriate models of care to suit local needs.

FIND OUT MORE

Women's Health Focus Report
Heavy Menstrual Bleeding Clinical Care Standard

About the Atlas series

The Australian Atlas of Healthcare Variation series (the Atlas) explores how healthcare use in Australia varies depending on where people live. The Atlas uses interactive maps and graphs to show trends at national, state and territory, Primary Health Network and local area levels. Mapping healthcare use across the country identifies variation for a range of procedures, investigations, treatments and hospitalisations.

About the Clinical Care Standards

A clinical care standard is a small number of quality statements that describe the care patients should be offered by healthcare professionals and services for a specific clinical condition or defined clinical pathway. They aim to support the delivery of evidence-based clinical care for a health condition or procedure; reduce variation in clinical care regardless of where someone lives; and promote shared decision-making between health professionals and consumers.