

Women and Bleeding Disorders

For those experiencing heavy or irregular bleeding, this resource will help you familiarize yourself with what to expect before an office visit and help you remember what was discussed following the visit. Always reach out to the HTC with any questions or concerns.

Please reach out to our team at any time.

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Heavy/Irregular Menstrual Bleeding



UNIVERSITY OF MIAMI HEALTH SYSTEM

HEMOPHILIA TREATMENT CENTER

(305) 243-0834

Heavy or Irregular Menstrual Bleeding

Heavy and irregular menstrual periods, often resulting in anemia (low iron), is the most common reason a woman seeks medical attention.

You/your daughter are being evaluated at the University of Miami Hemophilia Treatment Center so that we can determine if an undiagnosed bleeding tendency or disorder might be the explanation for your heavy or irregular menstrual periods.

Since appointments can be stressful, especially if there is a lot of information discussed. We hope that this fact sheet will be helpful once you are home and have more time to process.

How do we stop or control troublesome menstrual bleeding?

Whenever someone is bleeding, for any reason, our bodies try to control the blood loss with 3 steps:

1. The leaking blood vessel(s) try to close up the leak.
2. Sticky pieces of cells, called PLATELETS, move to the leaking spots and stick—kind of like a Band-Aid.
3. Proteins, which are usually just hanging out in the blood, inactive, are activated and work together to make “glue” (called FIBRIN) which helps to make the platelet Band-Aid stick better and longer. These are, as a group, referred to as “clotting factors”.

It is likely that there will be no specific recommendations for management until the lab results are back. It takes 7-10 days, on the average, to have all the results back.

If we learn that you/your child are anemic or are low in iron, it is likely that a recommendation for iron supplementation will be made before all the results are completed.

We hope that this will help to clarify or anticipate your visit with the Hemophilia Treatment Center team.



Bloodwork: What to Expect

WE SEND YOU/YOUR CHILD TO THE LAB FOR BLOODWORK:

THE BASIC BLOODWORK INCLUDES:

CBC (complete blood count): This lets us know if you are anemic (low red blood cell count or low hemoglobin) and if you are making enough platelets.

Factor levels: Depending on your particular situation, family history, etc., we will be measuring the amounts and/or function of some or all of the clotting factors.

Platelet-specific studies: This test will be able to analyze how well your platelets actually work in terms of stickiness: THIS TEST NEEDS TO BE PRE-ARRANGED WITH THE SPECIAL COAGULATION LABORATORY AND MAY NOT BE ABLE TO BE DONE ON A PARTICULAR DAY.

Iron profile: This panel specifically measures how much iron is in your system overall.

Depending on your unique situation, there may be other tests that should be ordered, and that will be discussed at the time of your visit.

It may be necessary to make a referral to the UM Gynecology team which has a special interest and expertise in helping women - of all ages - with heavy and irregular menstrual periods.

Discussions regarding possible management of the bleeding will be dependent upon your history, lab results, etc.

What Causes Heavy or Irregular Menstrual Bleeding?

Many things—

1. Hormone imbalances
2. Fibroids in the uterus
3. Other gynecologic problems
4. A tendency to bleed more easily than other people

Gynecologists or endocrinologists are the physicians who would evaluate structural or hormonal problems. You/your child may have seen or may be referred to one of these specialists.

What do WE do in the Hemophilia Treatment Center to evaluate a possible bleeding tendency?

WE TAKE A BLEEDING HISTORY: This means we ask a lot of very specific questions that your regular doctor usually would not ask.

Questions we ask:

1. When did you/your child get your first period?
2. How many days does your period last?
3. How many of those days would you say are “heavy” flow days?
4. On those “heavy” days, how often do you change your pad or tampon? What kind of pad or tampon do you use—regular strength,

overnights, super plus, both a pad AND a tampon?

5. Do you ever leak around the pad/tampon, staining your clothes or your bed?
6. Do you pass clots—solid-looking chunks of blood? If so, are the clots as big as—or bigger than—a grape?
7. How often do you get your period? How do you keep track of when your period comes? —do you “just remember” or do you use a diary? —either pen and paper notebook, real calendar page, or an app on your phone?
8. Have you ever had nosebleeds? How old were you when they started? How often do you get nosebleeds”?
9. Do you bruise easily?
10. Have you ever been diagnosed with or treated for low iron? When? For how long?
11. Have any women in your family (both your mom’s side and your dad’s side):
 - A.) Been recommended or received a blood transfusion due to very heavy periods or low iron?
 - B.) Been recommended or received a blood transfusion because of unusually heavy bleeding after giving birth?
 - C.) Been recommended or have undergone a

hysterectomy as management of heavy menstrual bleeding or unusual bleeding after childbirth?

12. Have you or any member of your family experienced unusual bleeding after dental extractions or other surgeries, which was of concern to the surgeon?
13. Do you take or use any kind of blood thinner, including aspirin? If yes, how much and how often? Why are you using these medications?
14. Did you/your child ever get lumpy bruises when she would get her baby shots/immunizations?

