

Recognising and managing bleeding disorders in women and girls

Background

Heavy menstrual bleeding is a common presentation in clinical practice, affecting up to 30–40 % of women during their reproductive years. While often considered benign or purely gynaecological, heavy menstrual bleeding may be the first and most important indicator of an underlying bleeding disorder.

Despite this, women and girls remain significantly underdiagnosed or misdiagnosed. Contributing factors include the normalisation of symptoms within families, limited awareness, and insufficient clinical investigation. Evidence suggests that up to **1 in 4 women with heavy menstrual bleeding may have an underlying bleeding disorder**, highlighting the need for a high index of suspicion in patients with persistent or severe symptoms.

Early recognition is essential, as delayed diagnosis can result in preventable complications and suboptimal outcomes. However, clinical recognition remains challenging. Symptoms such as heavy menstrual bleeding, iron deficiency, and excessive bleeding following surgery, dental procedures, or childbirth are frequently overlooked or attributed solely to gynaecological causes. In addition, patients may not report these symptoms unless specifically asked, and a family history of bleeding disorders is not always routinely explored.

Bleeding assessment tool

A practical and effective screening approach is the **7–2–1 rule**, which helps identify women and girls who may require further assessment. This rule refers to menstrual bleeding lasting longer than seven days, the need to change sanitary protection every two hours or less, and the passage of blood clots measuring 1€ coin or more in diameter. The presence of any of these features should prompt consideration of an underlying bleeding disorder and further clinical evaluation.

Importance of early diagnosis

Early identification of bleeding disorders plays a critical role in reducing complications such as severe anaemia, surgical bleeding, and postpartum haemorrhage. It also enables appropriate treatment and management planning, improves quality of life, and supports safer reproductive and procedural care. Diagnostic delays remain common and have a direct impact on patient safety and overall care outcomes.

Recommendations

Healthcare professionals play a critical role in closing the diagnostic gap. Routine menstrual history should be incorporated into clinical assessments, particularly for adolescents and women presenting with heavy menstrual bleeding. The use of simple screening tools such as the 7–2–1 rule, combined with targeted questions about personal and family bleeding history, can significantly improve detection.

References

European principles of care for women and girls with inherited bleeding disorders
Women and bleeding disorders: diagnostic challenges
EHC - Women and Bleeding Disorders (WBD)
WFH - Women and girls with haemophilia