

Vaginal Bleeding During Perimenopause and Menopause

When Is Bleeding Normal and When Should You Seek Medical Advice?

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"I Thought My Periods Had Finished. Why Am I Bleeding Again?"

One of the most common concerns women have during perimenopause and menopause is unexpected vaginal bleeding.

For some women it may be:

- Occasional spotting
- Brown discharge
- Light bleeding between periods
- Heavy bleeding
- Bleeding while taking HRT
- Bleeding after menopause

Although bleeding is often due to hormonal changes, it is important that any unexpected bleeding is assessed appropriately.

The good news is that for most women, the cause is not serious.

First Things First: Is It Definitely Vaginal Bleeding?

Before assuming the blood is coming from the vagina, it is important to check that it is not coming from:

- The rectum (anus)
- The bladder (urine)

Blood from the bowel or urinary tract can sometimes be mistaken for vaginal bleeding and may require very different investigations and treatment.

Bleeding During Perimenopause

Perimenopause is the time leading up to menopause when hormone levels fluctuate significantly.

During this time it is common for periods to become:

- Heavier
- Lighter
- Closer together
- Further apart
- Longer lasting
- Shorter lasting
- More unpredictable

Many women experience:

- Spotting between periods
- Brown discharge
- Occasional heavy bleeding
- Missed periods followed by heavy bleeding

This often occurs because ovulation becomes irregular and oestrogen levels fluctuate more dramatically.

Why Does Bleeding Occur?

There are many possible causes of vaginal bleeding.

Hormonal Causes

The most common cause during perimenopause is hormonal fluctuation.

High levels of oestrogen can stimulate the lining of the womb (endometrium), leading to irregular shedding and bleeding.

Structural Causes

Bleeding may also occur due to:

- Fibroids
- Endometrial polyps
- Cervical polyps
- Adenomyosis
- Endometrial thickening

Other Causes

Less commonly:

- Infection
- Cervical abnormalities
- Endometrial hyperplasia
- Endometrial cancer

This is why persistent or unexpected bleeding should always be assessed.

Bleeding After Menopause

Menopause is defined as:

12 months after your last natural menstrual period.

Any vaginal bleeding that occurs after menopause should be reported to a healthcare professional.

In many cases the cause is benign, but postmenopausal bleeding should always be investigated.

Possible causes include:

- Vaginal atrophy (Genitourinary Syndrome of Menopause)
- Polyps
- Fibroids
- Endometrial thickening
- Endometrial hyperplasia
- Endometrial cancer

Fortunately, most women who experience postmenopausal bleeding do not have cancer, but investigation is important.

Bleeding While Taking HRT

Bleeding can occur in women taking HRT and is often completely normal, particularly during the first few months.

Sequential (Cyclical) HRT

Women who are still having periods or are perimenopausal may take cyclical HRT.

This commonly results in a regular withdrawal bleed.

Continuous Combined HRT

Women who are postmenopausal usually take continuous HRT and are not expected to bleed.

However, breakthrough bleeding is common during:

- The first 3–6 months of treatment
- After changing the HRT dose or missing a dose of estrogen or progesterone
- After changing the type of HRT
- After changing the progesterone component

In many women this settles naturally.

When Should Bleeding on HRT Be Investigated?

You should seek medical review if:

- Bleeding is heavy
- Bleeding persists beyond 6 months
- Bleeding starts after a long period without bleeding
- Bleeding occurs after intercourse
- You are concerned about the amount of bleeding

Your healthcare professional may recommend:

- A pelvic examination
- Cervical screening if due
- Pelvic ultrasound
- Assessment of endometrial thickness
- Referral to a gynaecologist if required

Can HRT Cause Bleeding?

Yes.

The most common reason for bleeding on HRT is an imbalance between:

- Oestrogen
- Progesterone

Sometimes adjusting the:

- Oestrogen dose
- Type of progesterone
- Route of administration

can significantly improve bleeding patterns.

Options may include:

- Transdermal oestrogen gel
- Oestrogen patches
- Oestrogen spray
- Micronised progesterone
- A Mirena® intrauterine device

Finding the right balance can take several months.

Genitourinary Syndrome of Menopause (GSM) and Bleeding

Low oestrogen levels can cause the vaginal tissues to become:

- Thin
- Dry

- Fragile
- Easily irritated

This can lead to:

- Spotting
- Bleeding after intercourse
- Bleeding after vaginal examinations

Treatment with vaginal oestrogen often improves these symptoms significantly.

Keeping a Bleeding Diary

One of the most useful things you can do is keep a record of:

- When bleeding occurs
- How long it lasts
- How heavy it is
- Any associated symptoms
- Changes to HRT

This information can be extremely helpful when assessing the cause.

Practical Tips

Wear Period Underwear

Modern period underwear can provide reassurance when bleeding is unpredictable.

Many products are:

- Comfortable
- Reusable
- Environmentally friendly
- Suitable for light bladder leakage

Review Your HRT

If bleeding continues beyond 3–6 months after starting or changing HRT, discuss this with your healthcare professional.

Simple adjustments are often enough to improve bleeding patterns.

Don't Ignore Symptoms

Many women worry about "making a fuss."

Unexpected bleeding is common, but it is always worth discussing with a healthcare professional so that the cause can be identified.

When Should You Seek Urgent Medical Advice?

Arrange a prompt medical review if you experience:

- Bleeding after menopause
- Very heavy bleeding
- Bleeding after intercourse
- Persistent bleeding lasting several weeks
- Bleeding associated with pelvic pain
- New bleeding after being stable on HRT for many months or years

Dr Purity's Key Messages

- ✓ Irregular bleeding is common during perimenopause.
- ✓ Bleeding is often caused by hormonal fluctuations.
- ✓ Bleeding during the first 3–6 months of HRT is common.
- ✓ Any bleeding after menopause should be investigated.
- ✓ Most causes of bleeding are not serious.

- ✓ Vaginal dryness and GSM can sometimes cause bleeding and spotting.
- ✓ Keeping a bleeding diary can help identify patterns and guide treatment.
- ✓ Effective treatments are available for most causes of abnormal bleeding.

References

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Disclaimer: This leaflet provides general information only and does not replace individual medical advice. Any unexpected vaginal bleeding should be discussed with your healthcare professional.

Best Wishes

Purity Health Menopause & Wellbeing Centre

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"Personalised, evidence-based care."

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