

Postcoital Bleeding

[Disclaimer](#)

See also:

- [Intermenstrual Bleeding](#)
- [Heavy or Irregular Menses](#)
- [Post Menopausal Bleeding](#)

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Background – About Postcoital Bleeding

- Defined as bleeding after vaginal intercourse, usually within 24 hours.
- Usually arises from cervix, but can be caused by pathology anywhere in the genital tract.
- Cardinal symptom of cervical cancer.
- Most common presenting symptom for chlamydia.

Assessment

1. **Ask** and record if the patient identifies as being of Aboriginal or Torres Strait Islander origin. Consider the **specific cultural and spiritual needs** of each patient.

Ask if the patient identifies as being of Aboriginal or Torres Strait Islander origin

If a patient or their family want to know why you are asking this question, you may reply with:

- We ask this question of everyone.
- It enables us to help you access extra services that are funded for Aboriginal and Torres Strait Islander peoples, such as support to buy medications and extra funded visits with some health care providers.
- This information helps our practice and the health care providers we refer you to, to provide culturally safe care.

For more information, see [principles for care provision for Aboriginal and Torres Strait Islander Peoples](#).

Cultural and spiritual considerations for Aboriginal and Torres Strait Islander People

- Consider **advice for communicating** with Aboriginal and Torres Strait Islander people.

Advice for communicating with Aboriginal and Torres Strait Islander people

- Encourage patients to book a longer consultation, to allow sufficient time for discussion and building trust.
- Only use traditional terminology such as "Aunty" and "Uncle" if invited to do so.
- Consider the role of factors such as gender, kinship, family ties, language barriers and socio-economic issues.
- Offer the patient:
 - the option of seeing a health professional of the same gender or if this is not possible, referral to another [service](#).
 - the option to have support person present, such as a family member, a community member, or an Elder.
 - access to funding assistance to overcome any identified or potential financial barriers e.g., ITC Funding. See also [Integrated Team Care Program](#).
- Acknowledge and respect how cultural, spiritual and historical beliefs and experiences impact on **decision-making**.

Respecting Aboriginal and Torres Strait Islander people's decision-making processes

- Aboriginal and Torres Strait Islander knowledge, values, beliefs, cultural needs, and health history may strongly inform decision-making processes about treatment and ongoing care.
- If possible and if requested by the patient, support the inclusion of cultural practices e.g., involvement of a traditional healer, or performing ceremonies.

- Be aware the term "survivor" may have negative connotations for historical reasons.

- Proactively explore and monitor symptoms of **pain**.

Considerations for assessing and managing pain in Aboriginal and Torres Strait Islander people

Aboriginal and Torres Strait Islander patients may not actively report pain or other needs.

- Offer patients the option to discuss their needs with a health professional of the same gender.
 - If available, use a pain tool that is culturally appropriate for the local community.
 - Allow sufficient time to discuss and explain the options, usage, and side-effects of pain relief in full.
 - Be aware of:
 - significant cultural practices regarding which family members can assist with providing pain relief, and how pain medication is administered.
 - fears that pain relief medicines may accelerate the passing of the patient.
- Understand how the concept of **family** is different for Aboriginal and Torres Strait Islander people.

Considerations when discussing family with Aboriginal and Torres Strait Islander people

For Aboriginal and Torres Strait Islander people:

- the concept of family is broader than being genetically related.
 - be sensitive when taking a family history, as discussing members of the stolen generation may be distressing
 - Be sensitive when referring to people who have died – check and ask permission. There may be cultural taboos in discussing Sorry Business (referring to people who have died).
- Be supportive and understanding if **appointments** are missed, and facilitate follow-up or rebooking.

Appointments for Aboriginal and Torres Strait Islander people

- Patients who identify as Aboriginal and Torres Strait Islander people may have complex factors e.g., family and community responsibilities, or previous experiences with mainstream medical services, that make it difficult for them to attend appointments.
 - The following supports may facilitate this process:
 - Recall and reminders
 - ITC funding
 - Referral to an Aboriginal Liaison officer, support, or health worker.
- Aboriginal and Torres Strait Islander people are more likely to have multiple co-morbidities that can impact treatment outcomes.
 - Ensure contact details are up to date.
 - If available, use **assessment tools and resources** designed specifically for Aboriginal and Torres Strait Islander people.

Aboriginal and Torres Strait Islander assessment tools and resources

See SCNAT-IP – online tool that assesses the supportive care needs of Aboriginal and Torres Strait Islander cancer patients and their families.

2. Take a **history**, and:

Ask about:

- Menopausal status – follow [Postmenopausal Bleeding](#) if relevant
- Past medical history
- [Cervical screening/smear history](#)
- Last menstrual period (LMP) and possibility of pregnancy
- Contraception use
- Sexual history
- Other gynaecological symptoms:
 - Abnormal discharge
 - [Intermenstrual bleeding](#)
 - Menstrual cycle history
 - Dyspareunia
 - Itch

- consider **possible causes**.

- Cervical cancer or dysplasia
- Sexually transmitted infections (most commonly chlamydia)
- Endometrial pathology
- Cervical polyps
- Cervical ectropion
- Atrophic vaginitis
- Pregnancy-related bleeding
- Vaginal or vulval cancer
- Trauma

- assess **risk of sexually transmitted infections (STI)**.

Risk is increased if:

- within the last year, the patient has had:
 - more than 2 sexual partners.
 - a new sexual partner in the last 3 months.
 - an STI.
 - a sexual partner with an STI.
- the patient is aged < 25 years.

3. Perform an **examination**. Be mindful that some women may have experienced sexual trauma and intimate examinations can be particularly challenging for them. Adopt a [trauma-informed approach](#).

Examination

- Speculum examination:
 - Inspect the vulva, vagina, and cervix appearance.
 - Check for a urethral caruncle.
- Abdominal and pelvic examination – check for masses, tenderness, cervical excitation, mobility of organs, and other abnormalities.

4. Arrange investigations:

- Test for pregnancy, unless postmenopausal.
- Repeat [cervical co-test](#) (HPV and LBC) if either:
 - previous cervical screening > 6 months ago,
 - previous result was abnormal, or
 - only HPV screen (and not co-test) at previous test.

- Perform [sexually transmitted infection \(STI\) screen](#) as STIs are a common cause of postcoital bleeding.
- Arrange transvaginal ultrasound, particularly if:
 - no cause seen for bleeding on speculum examination.
 - abnormal findings on abdominal or pelvic examination.

A transabdominal pelvic ultrasound can be performed for patients who decline a transvaginal pelvic ultrasound.

Management

A normal cervical screening test does not exclude cervical malignancy.

1. If PCB occurs in a postmenopausal patient, follow [Post Menopausal Bleeding](#) guidance.
2. If an STI is identified, manage according to the relevant [Sexual Health](#) information.
3. Note, it is commonly accepted that a single episode of PCB with a negative cervical screening co-test (HPV and LBC) and normal cervical appearance does not warrant immediate referral. Refer for [gynaecology assessment](#) if:
 - unexplained or persistent postcoital bleeding.
 - suspicion of malignancy from history or examination.
 - concern regarding appearance of cervix, vagina, or vulva.
 - abnormal cervical smear/co-test result.
 - abnormal ultrasound.
4. If patient identifies as Aboriginal or Torres Strait Islander, understand their **specific cultural and spiritual needs** when discussing and delivering treatment options.

Cultural and spiritual considerations for Aboriginal and Torres Strait Islander People

 - Offer referral to culturally appropriate social and emotional wellbeing [services](#).
 - Consider including an [expert](#) in the multidisciplinary team, to provide culturally appropriate care to Aboriginal and Torres Strait Islander people.
 - Provide culturally appropriate information or resources about the signs and symptoms of recurrent disease, secondary prevention, and healthy living.

Referral

- Refer for [urgent gynaecology referral](#) if:
 - persistent or unexplained postcoital bleeding
 - suspicion of malignancy from history or examination.
 - concern regarding appearance of cervix, vagina, or vulva.
 - abnormal cervical smear/co-test result.
 - abnormal ultrasound.
- If Aboriginal or Torres Strait Islander patient, offer referral to **specific Indigenous services**. For all referrals, to both mainstream and Indigenous services, ensure Indigenous status is clearly marked on the referral.

Referral Options for Aboriginal and Torres Strait Islander people

- For hospital referrals, consider engaging support from the [Aboriginal Hospital Liaison Officers](#).
- For community referrals, consider referral to an Aboriginal Community Controlled Health [service](#).
- For care coordination, support and advocacy throughout treatment, consider referral to [Integrated Team Care Program](#).

Information

For health professionals

Further information

- Cancer Australia – [Abnormal Vaginal Bleeding In Pre- and Peri-menopausal Women](#)
- Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) – [Investigation of Intermenstrual and Postcoital Bleeding](#)

For patients

- Healthdirect – [Vaginal Bleeding After Sex](#)
- NHS Choices – [What Causes a Woman to Bleed After Sex?](#)

References

1. [Investigation of Intermenstrual and Postcoital Bleeding](#). [place unknown]: Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG); 1995. [updated 2018 Mar 30].

[Disclaimer](#)

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