



MELBOURNE 24 – 26 AUGUST 2023  
**21<sup>ST</sup> AUSTRALIAN CONFERENCE** ON HAEMOPHILIA, VWD AND  
RARE BLEEDING DISORDERS  
*WORKING TOGETHER - IMPROVING OUTCOMES*



## Women and girls with bleeding disorders

**Prof Sonia Grover,**  
General gynaecologist, paediatric and adolescent gynaecologist, pain medicine specialist  
Director Gynaecology, Royal Children's Hospital



# A gynaecologist's perspective....

My story....



# A gynaecologists perspective....

Basic obstetrics and gynaecology teaching is...

“ in teenagers with heavy periods - consider a bleeding disorder”

Thus obstetricians will often presume that a bleeding problem would have been detected - so asking too many questions about bleeding is not on their radar...

# A gynaecologists perspective....

- After starting at RCH – and seeing girls with heavy menses
- Order skin bleeding time, PT, APTT  
.....I never found anyone

Then ( after talking with some of the haematologists)

- I dropped the skin bleeding time
- started doing vW tests

# A gynaecologists perspective....research

- A study at RCH 2005- from the gynaecology clinic:

Of those with HMB who were tested, 10.5% were found to have a MBD

Of clinical history, family history, and haematological indices of blood loss (blood count, ferritin). The only significant predictor was a family history of bruising and bleeding.

- Menstrual history was not predictive

*\*\*Note- I found I was often diagnosing mothers at the same time as their daughters...*

## Side track: some extra information.....

Retrograde bleeding occurs in 95% of women who menstruate

Evidence that if you bleed more, you are more likely to have more retrograde bleeding

Women with HMB are more likely to have endometriosis

Women with MBD are more likely to have recurrent ovulation pain ( associated with “haemorrhagic corpus luteums”)



# But as I also work in an adult hospital...

At MHW - explored the presence of MBD in adult women

1. Of women being seen with HMB (who scored in on the international bleeding score)
  - 10% had either abnormal platelet tests or vWD tests
2. Women with histologically proven endometriosis (who scored in on the international bleeding score)
  - 15% had either abnormal platelet tests or vWD tests



## But....

- The adult haematologist were not keen to identify/ label women with a MBD
- Of note...We were not allowed to do the tests for clinical reasons – as it was considered research ( even though the women had heavy menses and scored in on the international bleeding score!)





So....

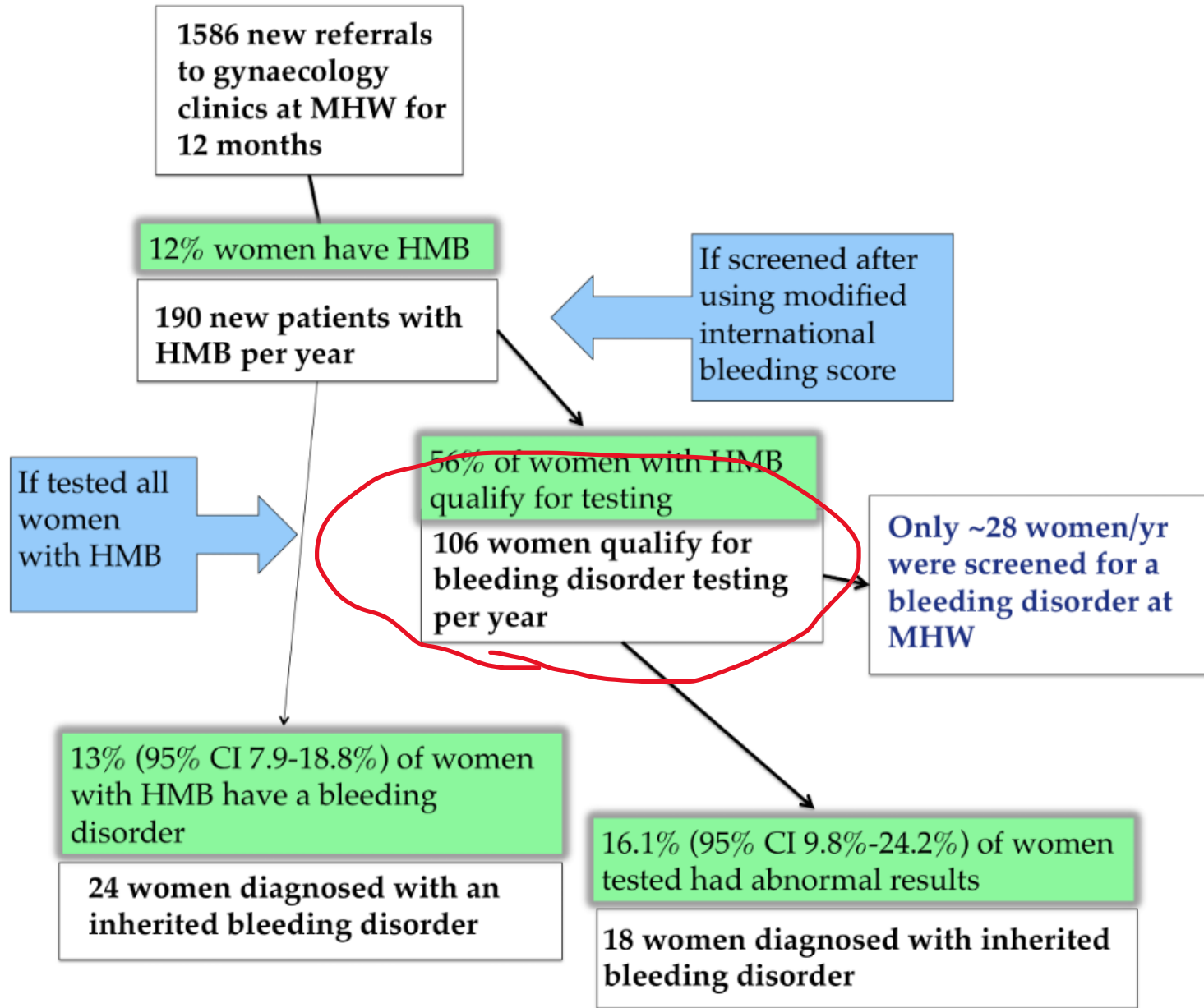
I was then interested in finding out *when* and *if*  
gynaecologists and haematologists thought about  
testing adult women for MBD

...so I spoke to the college of O&G  
they said “ everyone knows this already”

..there is no point in asking this question/ doing this survey!!!

## So... and more research

- I organized to do an audit of bleeding tests – and thrombophilia tests ( ie the tests done to identify people with an increased risk of making clots) - as the staff in the lab told me that there were many, many of these tests done for women
- Of women having testing done for thrombophilia – 50% did not fulfill guidelines for testing



..SO  
gynaecology  
clinics are not  
testing women  
with HMB ( or  
endometriosis)  
for MBD

# What should gynaecologists and GPs be doing?

They should be:

- Asking questions about HMB, ovulation pain
- Consider using [www.letstalkperiods.ca](http://www.letstalkperiods.ca)
- Be cautious about testing women when they are stressed (eg in emergency department, year 12 students, teenagers who are terrified of having bloods taken)
- Use TXA
- Use OCP to suppress periods and ovulation
- Use Mirenas ( they can be used even in young teenagers)