SYMPTOM

Vaginal bleeding between periods or after sex

Unexpected blood from the vagina outside a period or following sex.

WHAT IT FEELS LIKE
Unexpected spotting or bleeding outside a period, including after sex

WHERE IT IS FELT
Vagina, sometimes from the cervix or uterus

MOST COMMON CAUSES
Hormonal contraception, cervical changes, vaginal dryness or irritation

WHEN IT IS URGENT
Possible pregnancy with pain, faintness, or heavy bleeding

USUALLY LASTS
Minutes to days, depending on the cause

SEE A DOCTOR IF
It recurs, follows sex, or happens after menopause

Overview

Vaginal bleeding between periods is sometimes called intermenstrual bleeding. Bleeding after vaginal sex is called postcoital bleeding. Either may appear as light spotting, pink or brown discharge, or bleeding similar to a period.

The blood may come from the vagina, the cervix-the opening to the uterus-or the lining of the uterus. Occasionally, blood from the urinary or digestive tract can be mistaken for vaginal bleeding.

There are many possible causes. Most are not serious, but unexplained or repeated bleeding should be checked. Bleeding after menopause also needs medical assessment, even when it happens only once.

What it may feel or look like

You may notice blood on toilet paper, underwear, a pad, or a condom. It may be bright red, dark red, pink, or brown. Brown blood is usually older blood that has taken longer to leave the body.

The bleeding may happen:

The amount of blood does not always show how important the cause is. A small amount that keeps returning still deserves an appointment.

- At an unexpected point in your menstrual cycle
- During or shortly after vaginal sex
- After changing or missing hormonal contraception
- With unusual discharge, pelvic pain, itching, or pain during sex
- After periods have stopped because of menopause

Common causes

Hormonal changes and contraception are common reasons for bleeding between periods. Spotting can occur with contraceptive pills, implants, injections, hormonal intrauterine devices, or after missed pills. Changes around ovulation or the years before menopause may also make bleeding less predictable.

Changes on the cervix can bleed when touched during sex. Cervical ectropion is one example. It means delicate cells normally found inside the cervix are present on its outer surface. It is not cancer. Cervical polyps, which are usually noncancerous growths, may also bleed.

Vaginal dryness or irritation can cause small tears during sex. Dryness is more likely after menopause, while breastfeeding, or with some medicines. Friction, vigorous sex, or irritation from products placed in the vagina may contribute.

Infections can inflame the cervix or vagina. Sexually transmitted infections such as chlamydia or gonorrhoea may cause bleeding, discharge, pain during sex, or no other symptoms. Other vaginal infections can also irritate the tissues.

Less common causes include fibroids, which are noncancerous growths in the uterus, and polyps in the uterine lining. Conditions affecting how blood clots may also lead to unexpected bleeding.

Pregnancy-related bleeding can occur with implantation, miscarriage, or an ectopic pregnancy, in which a pregnancy develops outside the uterus. Rarely, bleeding between periods or after sex is linked to cancer of the cervix, uterus, or vagina. Symptoms alone cannot tell you the cause.

When to seek medical care

Seek emergency care now if you may be pregnant and have bleeding with severe or one-sided pelvic pain, shoulder-tip pain, marked dizziness, weakness, or fainting. These can be signs of an ectopic pregnancy or significant blood loss.

Emergency assessment is also appropriate if bleeding is very heavy-for example, rapidly soaking through pads-or if you feel faint, short of breath, confused, or too weak to stand safely.

Arrange same-day medical advice if bleeding is accompanied by severe or worsening pelvic pain, fever, foul-smelling discharge, or feeling seriously unwell.

Book a routine appointment if:

If you could be pregnant, take a home pregnancy test when it is likely to be accurate. Do not delay urgent care while waiting to test if you have pain, faintness, or heavy bleeding.

- Bleeding between periods or after sex happens more than once
- The bleeding continues or has no clear explanation
- You have pain, unusual discharge, or pain during sex
- You may have been exposed to a sexually transmitted infection
- Bleeding starts after menopause, even if it is light or happens once

How the cause is found

A healthcare professional will ask when the bleeding started, how much there was, and whether it relates to sex, periods, contraception, pregnancy, or menopause. They may also ask about pain, discharge, medicines, previous pregnancies, and your cervical screening history.

You may be offered a pregnancy test and tests for sexually transmitted infections. A pelvic examination may be recommended. This can include looking inside the vagina with a speculum, a smooth instrument that allows the vagina and cervix to be seen.

Depending on your age, symptoms, and examination, further tests may include blood tests or a pelvic ultrasound. Some people need hysteroscopy, which uses a thin camera to examine the inside of the uterus, or a biopsy, in which a small tissue sample is tested.

Cervical screening helps prevent cervical cancer, but it is not designed to investigate symptoms. Unexplained bleeding still needs assessment even if your screening is up to date.

Treatment and self-care

Treatment depends on where the bleeding comes from and what is causing it. An infection

may need antimicrobial treatment. Contraception-related bleeding may improve with time or after a clinician-guided change in method. Polyps can sometimes be removed, while vaginal dryness may improve with suitable moisturisers, lubricants, or prescribed treatment.

Until you are assessed, it may help to record the dates, amount, colour, and possible triggers. Note any pain, discharge, missed contraception, or positive pregnancy test. Pads or period underwear can make the amount easier to monitor.

Avoid douching or using perfumed products inside the vagina, as these may increase irritation. If sex is uncomfortable, pause until you feel ready or use a water-based lubricant. Condoms reduce the risk of many sexually transmitted infections but do not replace testing when exposure is possible.

Do not stop prescribed contraception or other medicine without advice unless you have been told to do so.

What to expect

A single light episode may settle without treatment, especially when related to friction or a recent contraception change. However, bleeding that returns should not simply be assumed to have the same cause each time.

Many causes can be treated or managed once identified. Follow-up may involve checking whether bleeding has stopped, reviewing test results, or arranging imaging or a specialist assessment.

Seek medical advice again if bleeding becomes heavier, pain develops, or your symptoms change while you are waiting for an appointment.

Common questions

Can ovulation cause spotting?

Some people notice light spotting around ovulation. Other causes can look similar, so repeated, new, or unexplained bleeding should be discussed with a healthcare professional.

Is bleeding after sex normal the first time?

Light bleeding can occur because of friction or a small surface tear, but not everyone bleeds during first-time vaginal sex. Bleeding is not proof of previous or absent sexual activity. Heavy, painful, or continuing bleeding needs assessment.

Could this be caused by contraception?

Yes. Breakthrough bleeding can occur with several hormonal methods, particularly after starting, changing, or missing contraception. A pregnancy test or medication review may still be needed.

Does bleeding after menopause need checking?

Yes. Any vaginal bleeding after menopause should be assessed, even if it is only spotting and does not happen again. There are several possible causes, many of which are treatable.

Sources

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