SYMPTOM

Vaginal bleeding between periods

Vaginal bleeding between periods is spotting or bleeding that happens outside your expected period.

WHAT IT FEELS LIKE
Spotting or bleeding when you are not expecting a period

WHERE IT IS FELT
Vagina, sometimes with lower abdominal discomfort

MOST COMMON CAUSES
Hormonal contraception, ovulation changes, irritation after sex

WHEN IT IS URGENT
Possible pregnancy with bleeding, especially one-sided pain

USUALLY LASTS
Hours to days, depending on the cause

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

Overview

Vaginal bleeding between periods means any blood from the vagina outside your expected menstrual period. It may be called intermenstrual bleeding or part of "abnormal uterine bleeding," which simply means bleeding that differs from your usual pattern.

The bleeding may come from the uterus, cervix or vaginal tissue. The cervix is the opening between the vagina and uterus. Blood seen on toilet paper can sometimes come from the urinary system or rectum instead, so it is helpful to notice where it seems to start.

Many causes are not serious. Hormonal changes, contraception and irritation of the cervix are common examples. However, bleeding can sometimes be related to pregnancy, infection or a growth in the uterus or cervix. Bleeding after menopause always needs medical assessment.

What it may feel or look like

Bleeding between periods can range from a few spots to a flow resembling a period. You might notice:

Brown blood is usually older blood that has taken longer to leave the body. Its colour alone does not show what caused it.

Keep track of when the bleeding begins, how long it lasts and how much protection you use. Also note pain, discharge, missed periods, sex, contraception changes and whether pregnancy is possible.

- Pink, red or brown blood on toilet paper or underwear
- Bleeding after sex
- Spotting around the middle of your menstrual cycle
- Bleeding with pelvic cramps, vaginal discharge or pain during sex
- A change from your usual bleeding pattern

Common causes

Hormonal contraception can cause breakthrough bleeding, especially after starting or changing a method. Missed contraceptive pills, vomiting, diarrhoea or taking pills at inconsistent times may also affect bleeding patterns.

Normal hormone changes can sometimes cause light spotting around ovulation, when an egg is released. Irregular ovulation is also more likely during the first years of having periods and in the years leading up to menopause.

Cervical or vaginal irritation may cause bleeding after sex, a pelvic examination or inserting something into the vagina. Cervical ectropion, where delicate cells from inside the cervix are present on its outer surface, can bleed easily and is usually harmless.

Infections , including sexually transmitted infections such as chlamydia or gonorrhoea, may cause bleeding. Other symptoms can include unusual discharge, pain during sex, pelvic pain or burning when urinating. Some infections cause no other symptoms.

Less common causes include cervical or uterine polyps, which are usually non-cancerous growths, and fibroids, which are growths in the muscular wall of the uterus. Conditions affecting blood clotting and some medicines, including blood thinners like warfarin or apixaban , can also contribute.

Bleeding may occur in early pregnancy for several reasons. Some are minor, but miscarriage and ectopic pregnancy must be considered. An ectopic pregnancy develops outside the uterus, most often in a fallopian tube, and needs urgent treatment.

Cancer of the cervix or lining of the uterus is a less common cause. It is more important to rule

out after menopause or when bleeding repeatedly occurs after sex.

When to seek medical care

Arrange a routine appointment if the bleeding happens more than once, continues, becomes more frequent or is different from your usual pattern. Also make an appointment if you have bleeding after sex, unusual discharge, pain during sex or possible exposure to a sexually transmitted infection.

Contact a healthcare service promptly if you have any vaginal bleeding after menopause, even if it happens only once or is a small amount.

Seek same-day medical advice if pregnancy is possible and you have bleeding. This is particularly important if you also have pelvic pain.

Go to an emergency department now if you have:

If you take a prescribed blood thinner, do not stop it on your own. Contact the prescribing service promptly about unexpected bleeding.

- Heavy bleeding with fainting, marked dizziness, breathlessness or chest pain
- Bleeding that soaks through a pad or tampon every hour for over two hours
- Possible pregnancy with severe or one-sided pelvic pain
- Possible pregnancy with shoulder-tip pain, weakness, dizziness or fainting
- Severe pelvic pain, fever or rapidly worsening symptoms

How the cause is found

A doctor or nurse will ask about your menstrual pattern, the amount and timing of bleeding, contraception, medicines and whether pregnancy is possible. They may ask about pain, discharge, sex and previous cervical screening.

You may be offered a pregnancy test. Other tests can include blood tests for anaemia, which means having too few healthy red blood cells, and swabs or urine tests for infection.

A pelvic examination may be recommended to look at the vagina and cervix. Depending on your age, symptoms and examination, you may need an ultrasound scan. This can check the uterus, its lining and the ovaries.

Some people need hysteroscopy, in which a thin camera is passed through the cervix to view the inside of the uterus. A small tissue sample, called a biopsy, may be taken if changes in the

uterine lining need to be checked.

Treatment and self-care

Treatment depends on the cause, the amount of bleeding and whether you want contraception or may wish to become pregnant.

Hormonal contraception-related bleeding may settle with time, but ongoing bleeding should be reviewed. Take contraception as directed and ask a healthcare professional before stopping or changing it.

Infections may require antibiotics like amoxicillin or doxycycline . Polyps or fibroids may be monitored, treated with medicine or removed, depending on their size and symptoms. Treatment for pregnancy-related bleeding depends on the cause.

While waiting for an appointment, record the bleeding and related symptoms. Pads can make the amount easier to monitor. If you feel tired or short of breath, mention this because prolonged blood loss can lead to anaemia.

What to expect

A single episode of light spotting may stop without treatment. Bleeding caused by temporary hormonal changes or minor irritation often settles once the trigger passes.

Recurrent bleeding should not simply be assumed to be hormonal. Finding the cause may take more than one visit, particularly if initial pregnancy and infection tests are negative.

Follow-up depends on the results. Return for review if treatment does not help, bleeding becomes heavier or new pain, fever, weakness or dizziness develops.

Common questions

Can stress cause bleeding between periods?

Stress can affect hormone signals and change when ovulation or a period occurs. However, repeated bleeding should not automatically be blamed on stress.

Is spotting after sex normal?

Minor irritation can cause a small amount of bleeding. If it happens repeatedly, arrange an examination to check for infection, cervical changes or another cause.

Could I still be pregnant?

Yes. Bleeding does not rule out pregnancy. Take a pregnancy test if pregnancy is possible, and seek prompt advice if the result is positive or you have pain.

Does brown spotting mean something serious?

Brown spotting usually represents older blood. The timing, amount, associated symptoms and whether it keeps happening are more useful than colour alone.

Sources

- American College of Obstetricians and Gynecologists: Abnormal Uterine Bleeding
- NHS: Vaginal bleeding between periods or after sex
- Royal College of Obstetricians and Gynaecologists: Ectopic pregnancy
- Centers for Disease Control and Prevention: Pelvic Inflammatory Disease, STI Treatment Guidelines
- American College of Obstetricians and Gynecologists: The Role of Transvaginal Ultrasonography in Evaluating the Endometrium of Women With Postmenopausal Bleeding