SYMPTOM

Vaginal bleeding

Vaginal bleeding is blood noticed from the vagina, during a period or at another time.

WHAT IT FEELS LIKE
Unexpected spotting or a heavier-than-usual flow

WHERE IT IS FELT
Vagina, sometimes with lower abdominal or pelvic discomfort

MOST COMMON CAUSES
Periods, hormonal changes, contraception

WHEN IT IS URGENT
Heavy bleeding with faintness, severe pain, or possible pregnancy

USUALLY LASTS
Hours to days, depending on the cause

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

Overview

Vaginal bleeding includes a usual menstrual period, light spotting, or bleeding at an unexpected time. It may come from the uterus, cervix, vagina, or skin around the vaginal opening.

Blood from the urine or bowel can sometimes be mistaken for vaginal bleeding. If you are unsure where it is coming from, a clinician can help identify the source.

The possible causes depend on your age, menstrual pattern, contraception, pregnancy possibility, medicines, and whether you have reached menopause. Bleeding does not point to one diagnosis on its own.

What it may feel or look like

Bleeding can range from a few pink, red, or brown spots to a flow heavier than your usual period. Brown blood is often older blood that has taken longer to leave the body.

You may notice:

The amount visible does not always show how serious the cause is. Other symptoms and the possibility of pregnancy also matter.

- Blood on toilet paper, underwear, or bedding
- Bleeding between periods or after sex
- Periods that are heavier, longer, or less predictable
- Blood clots during a period
- Pelvic cramps, vaginal soreness, discharge, or pain during sex

Common causes

Common causes include normal periods and changes in reproductive hormones. Hormone levels can be less predictable during puberty and the years approaching menopause. Some people also have light spotting around ovulation.

Hormonal contraception can cause irregular bleeding, especially after starting, changing, or missing it. An intrauterine device, or IUD, may also change bleeding patterns.

Other possible causes include:

Cancer of the cervix, uterus, vagina, or vulva is a less common cause. However, unexplained bleeding after menopause or repeated bleeding after sex should always be assessed.

Bleeding before puberty is not a menstrual period and needs prompt medical evaluation.

- Pregnancy-related bleeding, including early pregnancy loss or ectopic pregnancy
- Cervical or vaginal irritation, including after sex
- Infections affecting the cervix, vagina, or upper reproductive organs
- Polyps or fibroids, which are usually non-cancerous growths
- Adenomyosis, when tissue like the uterine lining grows into uterine muscle
- Thyroid conditions or disorders that affect blood clotting
- Medicines that reduce blood clotting
- Vaginal dryness and thinning after menopause

When to seek medical care

Seek emergency help if bleeding is heavy and you feel faint, collapse, become confused, or have chest pain or trouble breathing.

If pregnancy is possible, get urgent help for bleeding with severe or one-sided abdominal pain,

shoulder-tip pain, marked dizziness, or fainting. These can occur with an ectopic pregnancy, when a pregnancy develops outside the uterus. Heavy bleeding or severe pain during pregnancy also requires urgent assessment.

Contact a healthcare service the same day if you are pregnant and have vaginal bleeding, even if it is light. You should also seek prompt advice for bleeding with fever, worsening pelvic pain, or foul-smelling discharge.

Book a routine appointment if:

Postmenopausal bleeding should be checked even if it happens once or is only a small amount. It is not usually an emergency unless it is heavy or accompanied by other urgent symptoms.

- Bleeding between periods happens more than once
- You repeatedly bleed after sex
- Your periods become unusually heavy, long, or irregular
- Bleeding is causing tiredness, weakness, or shortness of breath
- You bleed after 12 months without a period
- You are concerned about a new or unexplained change

How the cause is found

A clinician will ask when the bleeding began, how much there is, and how it compares with your usual periods. They may ask about pain, discharge, sex, contraception, medicines, pregnancy possibility, and your cervical screening history.

Depending on your situation, assessment may include:

Not everyone needs every test. The examination and tests are chosen according to your symptoms, age, and pregnancy status.

- A pregnancy test
- Blood tests for anaemia, hormone problems, or clotting conditions
- Testing for sexually transmitted infections
- Examination of the vagina and cervix
- An ultrasound scan of the pelvis
- Cervical screening if it is due
- A sample from the uterine lining or a closer look inside the uterus

Treatment and self-care

Treatment depends on where the bleeding comes from and what is causing it. Options may include hormonal treatment, treatment for an infection, or a procedure to remove a polyp or fibroid. Pregnancy-related bleeding needs care suited to the stage and location of the pregnancy.

If blood tests show iron-deficiency anaemia, you may be offered iron treatment. Do not begin or stop prescribed medicines, including blood thinners or aspirin, without medical advice.

While arranging care, you can record when bleeding occurs, how often you change period products, whether there are clots, and any pain or dizziness. A pregnancy test can be useful if pregnancy is possible.

Pads may make it easier to monitor the amount during unexpectedly heavy bleeding. If you need pain relief, ask a pharmacist or clinician what is suitable for you, particularly if you may be pregnant or take other medicines.

What to expect

A single light episode may settle without treatment, especially after a hormonal change. Bleeding caused by contraception can also improve over time, although persistent or troublesome bleeding should be reviewed.

Other causes need specific treatment. Keep follow-up appointments even if the bleeding stops, particularly after menopause, during pregnancy, or when bleeding repeatedly occurs after sex.

Common questions

Is spotting always a sign of a problem?

No. Light spotting may occur with ovulation, hormonal changes, or contraception. New, repeated, or unexplained spotting still deserves medical advice.

Could the blood be coming from somewhere else?

Yes. Blood in urine, rectal bleeding, or irritated skin can be mistaken for vaginal bleeding. Note when you see it and whether it appears with urination or a bowel movement.

Can I still be pregnant if I am bleeding?

Yes. Light or heavy bleeding can happen during pregnancy. Take a pregnancy test if pregnancy

is possible, and seek medical advice about bleeding during pregnancy.

Is bleeding after menopause normal?

It is not considered a normal part of menopause. Most causes are not cancer, but even one episode should be assessed promptly.

Sources

- American College of Obstetricians and Gynecologists. Abnormal Uterine Bleeding . Patient FAQ
- American College of Obstetricians and Gynecologists. Bleeding During Pregnancy . Patient FAQ
- National Institute for Health and Care Excellence. Heavy Menstrual Bleeding: Assessment and Management . Guideline NG88
- NHS. Vaginal Bleeding Between Periods or After Sex
- NHS. Postmenopausal Bleeding