SYMPTOM

Vaginal or uterine bleeding

Vaginal or uterine bleeding is blood leaving the vagina during or outside an expected menstrual period.

WHAT IT FEELS LIKE
Spotting or bleeding during or outside your expected period

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

MOST COMMON CAUSES
Periods, hormone changes, hormonal 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 is new, repeated, after sex, or after menopause

Overview

Vaginal bleeding means blood is coming out through the vagina. It may come from the uterus, cervix, vaginal walls, or skin around the vaginal opening. Sometimes blood from the urine or rectum can be mistaken for vaginal bleeding.

A menstrual period is normal uterine bleeding. Bleeding may need assessment when it is much heavier than usual, happens between periods, follows sex, occurs during pregnancy, or begins after menopause.

There are many possible causes. Most are not emergencies, but the timing, amount, and any other symptoms help show how quickly you need care.

What it may feel or look like

Bleeding can range from a few pink or brown spots to a flow that soaks through menstrual products. Brown discharge usually contains older blood. Bright red blood is generally fresher, but colour alone does not show the cause.

You may notice:

Anaemia means that your blood does not carry enough oxygen, often because it lacks iron.

- Spotting on underwear or toilet paper
- Bleeding between periods or after sex
- Periods that are longer, heavier, or closer together than usual
- Blood clots
- Pelvic cramps, pressure, vaginal soreness, or unusual discharge
- Tiredness, weakness, or breathlessness if blood loss has caused anaemia

Common causes

Common causes include menstrual periods and changes in hormone levels. Hormone shifts are particularly common after periods first begin and in the years leading up to menopause. Stress, major weight changes, and conditions that affect ovulation can also make bleeding irregular.

Hormonal contraception may cause spotting, especially after starting or changing it. Missed contraceptive pills can also trigger bleeding. Intrauterine devices, or IUDs, may change bleeding patterns.

Other possible causes include uterine fibroids, which are non-cancerous growths, and polyps, which are small growths in the uterus or cervix. Adenomyosis occurs when tissue similar to the uterine lining grows into the muscular wall of the uterus.

Vaginal dryness, inflammation, cervical changes, and sexually transmitted infections can cause bleeding, including after sex. Thyroid conditions, bleeding disorders, and some medicines may also contribute.

Bleeding can happen during pregnancy. Some causes are minor, but pregnancy loss and ectopic pregnancy must be considered. An ectopic pregnancy develops outside the uterus and can become an emergency.

Cancer of the cervix, uterus, vagina, or vulva is a less common cause. Bleeding after menopause or repeated bleeding after sex should be checked, even when there are no other symptoms.

When to seek medical care

Seek emergency care if you have very heavy bleeding and feel faint, confused, short of breath,

or unusually weak. Bleeding that soaks through a pad or tampon every hour for more than two hours also needs urgent help, particularly if you have dizziness, chest pain, or breathing difficulty.

Get emergency help for bleeding with:

If you are pregnant or could be pregnant, contact a healthcare service promptly about vaginal bleeding. The urgency depends on the amount, pregnancy stage, pain, and other symptoms.

Book a routine appointment if bleeding repeatedly occurs between periods or after sex, your periods have become difficult to manage, or bleeding lasts longer than usual. Any bleeding after menopause should be assessed promptly, but it is not usually an emergency unless it is heavy or accompanied by severe symptoms.

- Severe or worsening pelvic or abdominal pain
- Fainting, marked dizziness, or pale, clammy skin
- Possible pregnancy with one-sided pain or shoulder-tip pain
- Sudden heavy bleeding during pregnancy or after giving birth
- A serious injury to the vagina or pelvis

How the cause is found

A healthcare professional will ask when the bleeding began, how much blood you are losing, and whether it relates to periods, sex, contraception, pregnancy, or menopause. They may ask about pain, discharge, medicines, and your usual menstrual pattern.

Depending on your situation, assessment may include:

Not everyone needs every test. Your age, pregnancy possibility, symptoms, and bleeding pattern guide the next steps.

- A pregnancy test
- Blood tests for anaemia or other conditions
- An examination of the vulva, vagina, and cervix
- Tests for infection
- A pelvic ultrasound
- A sample from the uterine lining, called an endometrial biopsy

Treatment and self-care

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

Options may include hormonal contraception, other hormone medicines, or medicines that reduce menstrual blood loss. Antibiotics like amoxicillin or doxycycline are used when a bacterial infection is found. Iron may be recommended if testing shows iron deficiency or anaemia.

Fibroids, polyps, or persistent bleeding sometimes require a procedure. Your healthcare professional can explain the expected benefits, possible risks, and alternatives.

While arranging care, record when bleeding occurs and how often you change pads, tampons, cups, or period underwear. Note clots, pain, missed periods, contraception, and other symptoms. If pregnancy is possible, take a home pregnancy test.

Do not stop prescribed aspirin, blood thinners like warfarin or apixaban , or hormonal medicines without medical advice. However, tell the prescriber about unexpected or heavy bleeding.

What to expect

A single light episode may settle without treatment, especially when linked to a period or a recent contraception change. Repeated, prolonged, or heavy bleeding is more likely to need investigation.

Once the cause is understood, bleeding can often be reduced or managed. Follow-up may include reviewing a bleeding diary, checking blood counts, or assessing how well treatment is working. Seek care sooner if the bleeding becomes heavier or new pain, faintness, fever, or pregnancy symptoms develop.

Common questions

Is brown vaginal discharge blood?

It often is. Blood turns brown as it ages and may appear near the beginning or end of a period. Brown discharge with pain, a bad smell, pregnancy, or repeated unexpected bleeding should be assessed.

How can I tell where the blood is coming from?

Check whether blood appears mainly with urination, bowel movements, or from the vagina. A pad can sometimes help identify vaginal bleeding. If you are unsure, arrange an examination

rather than trying to determine the source yourself.

Is bleeding after sex normal?

A small amount can follow dryness or minor irritation. Repeated bleeding after sex needs an appointment because infection, cervical changes, polyps, and other conditions can cause it.

Does bleeding after menopause always mean cancer?

No. Thinning and dryness of vaginal or uterine tissues are common causes. However, cancer must be ruled out, so any bleeding after menopause should be assessed.

Sources

- American College of Obstetricians and Gynecologists: Abnormal Uterine Bleeding
- National Institute for Health and Care Excellence: Heavy menstrual bleeding-assessment and management, guideline NG88
- National Institute for Health and Care Excellence: Ectopic pregnancy and miscarriage-diagnosis and initial management, guideline NG126
- NHS: Postmenopausal bleeding
- Munro and colleagues: FIGO classification system for causes of abnormal uterine bleeding, International Journal of Gynaecology and Obstetrics