National Heavy Menstrual Bleeding Audit

A national audit to assess patient outcomes and experiences of care for women with heavy menstrual bleeding in England and Wales
National Heavy Menstrual Bleeding Audit
First Annual Report: Summary for general public

Background to the audit
Heavy menstrual bleeding (HMB) – very heavy periods – is a problem that affects one out of every four or five women. It is a common reason why women see their general practitioners and get referred to a hospital to see a gynaecologist. Each year around 28 000 women in England have surgery for HMB.

There are two national guidelines about HMB.1,2 These explain the treatment of HMB and also how services should be organised. Newer medicines and operations are now used to treat HMB, but we do not know how National Health Service (NHS) hospitals have responded to new treatments and guidelines. The National Heavy Menstrual Bleeding Audit will find answers to these questions and help to improve services in the future.

What is the National Heavy Menstrual Bleeding Audit?
The Royal College of Obstetricians and Gynaecologists is conducting the National Heavy Menstrual Bleeding Audit. It began on 1 February 2010 and will go on for four years. It is taking place in England and Wales.

The aims of the audit are:

• to describe the care received by women with HMB in outpatient clinics
• to ask women how they feel at their first appointment and one year later
• to ask women what they thought of their care.

What did we do and find in the first year?
1. We looked at information about women who had undergone surgery for HMB in the past 14 years. We compared operations for HMB across the ten English regions. We found that:

• The region with the lowest rate had 70 operations per 100 000 women. The region with the highest rate had 255 operations per 100 000 women. These numbers were from years 2006 to 2009.
• Women who lived in deprived areas had more operations for HMB than women living in more affluent areas.

2. We conducted a survey of hospitals in England and Wales. We asked about the treatments and tests available at their hospital to treat women with HMB. We found that:

• Over one-third of hospitals have a clinic that is just for women with HMB.
• Most hospitals have the equipment to perform the appropriate tests (such as ultrasound, hysteroscopy and endometrial biopsy).
• Most hospitals offer a wide variety of surgical treatments and the right tests at the first appointment.

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• The majority of hospitals give women a leaflet to explain HMB, but one out of five hospitals does not.

• One-third of hospitals have a written plan for the care and management of women with HMB.

3. We conducted a small study to check that the questionnaire we wanted women to complete was understood and acceptable to women attending clinics for HMB:

• We chose a questionnaire for women to complete about how HMB affects their lives.

• This questionnaire has already been used in the USA and is considered a good tool.

• Eleven hospitals asked women to fill in the questionnaire; 96 women completed it.

• We asked some of the women what they thought of the questionnaire. They thought it was generally good and not too difficult to fill in.

• The women told us about some important things such as wanting privacy when filling in the questionnaire. We asked the NHS staff to try to do these things.

4. We contacted hospitals to ask them if they would like to take part in the audit. We held 12 meetings across England and Wales for NHS staff at which we gave them more information about the audit and shared ideas to ensure they were best prepared to invite women to take part. We know that 200 hospitals have registered to take part in the audit and questionnaires are being handed out in these hospitals from 1 February 2011 to 31 January 2012.

Summary
We are conducting this audit to find out why some regions have high numbers of operations and some have low numbers.

We learned from the hospital survey that most hospitals have the right tests and treatments available. However, fewer hospitals have a written plan for the care and management of women with HMB. Some hospitals do not offer patients information about different treatment options. These findings mean that not all hospitals are following the national guidelines.

We also found out that women could fill in the questionnaire fairly easily.

Next steps
Women will fill in questionnaires at their first hospital outpatient appointment to tell us about how HMB affects their lives.

Women will be sent a second questionnaire one year after their first appointment to ask about their treatment, how they feel and any HMB symptoms that remain. We will then compare the two questionnaires to see whether their lives have changed or not since their first hospital appointment.

We will analyse and publish the information and recommendations in a report.
Finally
We hope that the National Heavy Menstrual Bleeding Audit will tell us about women’s experiences of their HMB. By learning about their experiences and how their care affected their lives, we can make recommendations on how to improve the care of women with HMB.

References