

Prevalence of Inpatient Blood Transfusion for Heavy Menstrual Bleeding at Queen’s Hospital

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Background:

Heavy menstrual bleeding (HMB) is a prevalent gyneacological condition affecting up to 20–35% of women of reproductive age, often leading to iron deficiency anaemia. Severe cases may necessitate inpatient blood transfusions, which carry risks such as alloimmunization, particularly concerning for childbearing women potential to complications in future pregnancies. This analysis from Queen’s Hospital aimed to evaluate local patterns of inpatient blood transfusion for HMB and to identify areas for improvement in care delivery.

Objectives:

1. To determine the prevalence of inpatient blood transfusion for HMB at Queen’s Hospital.
2. To describe patient characteristics, management strategies, and discharge plans specific to this centre.

Common discharge plans. The median length of stay was 3 days (range: 1–4 days). Common underlying causes of HMB included leiomyomas (fibroids) in 62% of cases and polyps in 14%.

Methods:

This single-center retrospective observational analysis included data from Queen’s Hospital collected between January and June 2024. Non-pregnant women aged 18–51 admitted with symptomatic aneamia due to HMB and who received blood transfusions were included. Data such as pre- and post-transfusion haemoglobin levels, number of transfused units, length of stay, treatments administered during admission and planned at discharge were analysed.

Results:

A total of 35 cases were included from Queen’s Hospital. The average pre-transfusion hemoglobin level was 55 g/L, with most patients requiring 1–2 units of red blood cells. Tranexamic acid (82%) and oral progestogens (74%) were the most frequently administered inpatient treatments, while ferrous sulfate and progesterone intrauterine devices were common discharge plans. The median length of stay was 3 days (range: 1–4 days). Common underlying causes of HMB included leiomyomas (fibroids) in 62% of cases and polyps in 14%.

Conclusion:

The findings from Queen’s Hospital highlight the need for enhanced strategies to ensure timely management of HMB in primary and secondary care settings. Early intervention can help prevent emergency admissions and minimize the use of blood products, reducing associated risks and healthcare costs.

References:

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