GYNAECOLOGY CLINICAL RE-AUDIT

Re-Audit of Compliance with Evidence-Based Management of Heavy Menstrual Bleeding

A Retrospective Re-Audit at King Edward Memorial Hospital, Perth, Australia

Dr Akansha Dahiya • Dr Ashleigh Anderson • Dr Lauren Hayes • Dr Anna Lawless • Dr Rachel Ni Fhearaigh • Dr Shital Julania

100 patients audited

Jan 2023 – Dec 2024 study period

BACKGROUND

Heavy menstrual bleeding (HMB) affects quality of life and drives significant healthcare use. NICE NG88 and the Australian HMB Clinical Care Standard (2024) set clear standards for stepwise, guideline-based escalation – medical therapy and minimally invasive options first, hysterectomy only once these are explored.

AIM

To evaluate compliance with NICE NG88 and the Australian HMB Clinical Care Standard for assessment, investigation and management of HMB at a tertiary women's hospital, and identify targets for quality improvement.

METHODS

Retrospective re-audit of women presenting with HMB at KEMH, Jan 2023–Dec 2024 (n = 100), identified from EMR referral and clinic records using a purpose-designed audit tool. Findings benchmarked against NICE NG88 and the Australian HMB Clinical Care Standard.

Percentages are of the full audited cohort (n = 100) unless noted.

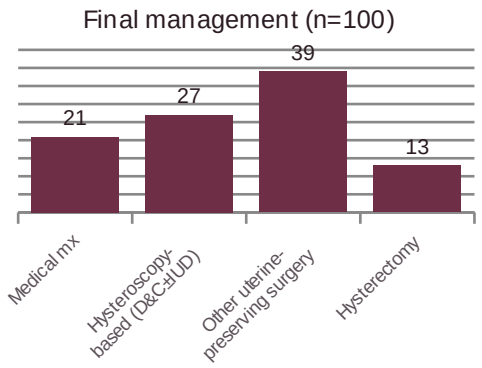
RESULTS

36 yrs mean age (14–56)

57% >1 yr to referral

13% hysterectomy rate

87% conservative mx



Guideline domain	GP	KEMH
USS timed cycle day 5–10	23%	8%
USS correct modality (TA+TV)	49%	28%
LNG-IUD offered/inserted	26%	58%
Medical Rx initiated	61%	44%

Hysterectomy pathway & shared decision-making (of relevant cases)

39% discussed as an option

29% offered only after other mx failed

42% risks/benefits documented

~1% referred to oncology

Endometrial sampling performed at KEMH: 60.9% (56/92 documented) • Cervical screening confirmed up to date – GP 62.5% vs KEMH 23.2%

DISCUSSION

Principal finding: 13% hysterectomy rate with 87% managed conservatively shows good adherence to stepwise escalation.
Documentation gaps: BMI, QoL impact and USS timing inconsistently recorded.
Primary–specialist variation: LNG-IUD uptake and correct USS timing lag guideline targets more in primary care.

RECOMMENDATIONS

- Bring LNG-IUD offer forward into primary care
- Reinforce cycle day 5–10 USS timing
- Structured documentation of hysterectomy shared decision-making
- Standardised EMR audit proforma; planned re-audit cycle

CONCLUSION

Most women with HMB at KEMH are managed conservatively (13% hysterectomy rate). Findings will inform clinician education, standardised documentation and refined referral pathways, consistent with RANZCOG clinical governance principles.

References: 1. NICE. Heavy Menstrual Bleeding: Assessment and Management (NG88). London: NICE; 2018, updated Jul 2026. 2. Australian Commission on Safety and Quality in Health Care. Heavy Menstrual Bleeding Clinical Care Standard. Sydney: ACSQHC; 2024. 3. RANZCOG. Heavy Menstrual Bleeding [patient information]. RANZCOG; 2018.