**Postmenopausal Bleeding**

While the SWAN Study is now more focused on your health after you have had your menopause, the Study continues to ask about bleeding even after women have reported their final menstrual period (FMP). Now that the majority of SWAN participants have had their FMP, the Study has noted that about 10% of SWAN women tell us that they have had some further bleeding after their FMP. Such bleeding is known as postmenopausal bleeding (PMB). Since PMB can sometimes be a sign of a medical problem, and some women will be worried about it, we want all participants to learn about PMB and what it may mean.

**What is postmenopausal bleeding?**
PMB is any bleeding that happens more than a year after a woman’s FMP. It can vary from a single day of light spotting to several days of bleeding like a period to spells of heavy bleeding.

**When is PMB most likely to occur?**
PMB is most common in the first year after the year with no bleeding that told us when your FMP happened. It becomes less likely as time goes on, but can happen many years after your FMP.

**What causes PMB?**
Early PMB can be caused by spells of left-over hormone changes from the ovaries, but most often PMB happens because hormones get so low that the lining of the uterus gets thin and fragile and bleeds a little. Some women will grow polyps (little squishy buds from the lining of the uterus) inside the uterus that will bleed. About 10% of PMB is caused by pre-cancer or cancer of the lining of the uterus, the endometrium. Early PMB soon after the FMP is more likely to be from hormone changes than cancer.
**Who is likely to get PMB?**
Women who have a history of irregular periods, who are overweight or obese, or who have diabetes are a little more likely to have PMB, but any woman can have it. Women who take hormones for menopausal symptoms also are more likely to have bleeding, but it usually is because of the hormones.

**What should I do if I have PMB?**
Health care experts tell us that all PMB should be talked about with a health care provider to see if any testing is needed to find a medical problem. A test could be an ultrasound of the uterus to look at the lining, or an endometrial biopsy, an office test that takes a small sample of the lining of the uterus to look for pre-cancer or cancer. Whether you need a test and the type of test will depend on the timing, amount, and kind of bleeding you have, and should be decided together by you and a health provider. Women who take hormones for menopausal symptoms should let the health provider who writes the prescription for them know about the bleeding to see if any tests are needed.

**If I am taking hormones for menopausal symptoms, and I have any bleeding, what should I do?**
Bleeding can happen if you take menopausal hormone therapy, mostly in the first few months that you take hormones or when you stop taking hormones. If you bleed while you are taking hormones, or when you stop them, tell the provider who gives you your prescription so that they can let you know if you need to have any tests done. This kind of bleeding is usually because of the hormones and not from anything bad for your health.

**Is SWAN doing anything new for participants who have PMB?**
The Study will be sending a letter to every SWAN participant who told us about bleeding after menopause on the questionnaires from the two most recent SWAN visits. The letter will suggest that the participant talk to her health care provider about her bleeding to see if any tests should be done. When SWAN participants come in for their next visit, if they tell us about bleeding, they will be asked to talk to their provider about it.

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