# Abnormal Uterine Bleeding & Pelvic Prolapse

## Practice Information

Last updated: Oct 2026

West Coast Health
Community Wellbeing Services

## General Information

Abnormal uterine bleeding (AUB) or Heavy Bleeding is common and affects up to 1 in 3 women of reproductive age at some stage and has the potential to significantly impact quality of life. Health NZ / Te Whatu Ora (Health NZ) is moving to a common approach for the management of AUB & Pelvic Prolapse to align with best practice clinical guidelines and advice.

Please use the Te Pokapū Web Portal Forms: Abnormal Uterine Bleeding or Pelvic Prolapse to claim funding for these services.

## Programme Objectives

- To improve the health of those seen with timely intervention and investigation of Abnormal Uterine Bleeding (AUB) or Heavy Bleeding
- To improve the health of those seen with timely intervention of Pelvic Prolapse (PP).
- To provide a faster and more convenient service to people on the First Specialist Appointment (FSA) Gynaecology minor procedures waitlist.

## Eligibility Criteria

### Pipelle Endometrial Biopsy

- Acute or Chronic presentation of AUB initiated by the patient that aligns with the following Community HealthPathways
    - Abnormal Uterine Bleeding
    - Postmenopausal Bleeding
    - Endometrial Cells on Cervical Screening Results
- After an incidental ultrasound finding of abnormal endometrium

### Mirena Insertion / Removal

Patient must meet AUB clinical guidelines or require insertion or removal of a Mirena for AUB conditions only.

a) AUB criteria – the person:
    I. has a diagnosis of AUB, and
    II. has failed to respond to or is unable to tolerate other pharmaceutical therapies as per the AUB pathway, and

one of the following:

III. Serum ferritin level 15 micrograms/L or lower on most recent test within the last 12 months
IV. Hb level 119g/L or lower on most recent test within the last 12 months
V. Has had both an ultrasound pelvis, and either an endometrial biopsy or a hysteroscopy

b) Endometriosis – Clinical diagnosis of endometriosis confirmed by laproscopy.

*To be eligible for **renewal** the person must meet at least one of the following criteria:*

a) There was demonstrated clinical improvement of AUB or endometriosis
b) The previous insertion for AUB or endometriosis was removed or expelled within 3 months of insertion.

### IV iron infusion

a) Symptomatic iron deficiency anaemia with all of the following:
   I. Haemoglobin (Hb) 100g/L or less
   II. Ferritin 20 micrograms/L or less (or ferritin 50 micrograms/L or less if the CRP is 5mg/L or more)
   III. Failure of 3-month trial of Oral iron due to persisting anaemia, intolerable side effects, or very high iron requirements.

### Pessary

Diagnosis of pelvic prolapse.

## Exclusion Criteria

a) People who are eligible for care under ACC; or
b) People who are not eligible for New Zealand Funded Health Care
c) People who do not meet the criteria indicated on Community HealthPathways.

## Programme Process

1. Person presents to general practice with AUB or Pelvic Prolapse (PP).
   a) Procedure is completed
   OR
2. Person referred to alternative West Coast practice via General practice Colleague Referrals (ERMS)
   OR

3. Hospital and Secondary Services notifies the practice of enrolled individuals requiring the procedure
   b) The practice contacts these individuals and invites them to book an appointment.
4. Advise them that HNZ is working with skilled primary care clinicians to provide high quality timely care.
5. Funding claimed via manual in invoicing on excel spreadsheet provided by West Coast Health

### Initial AUB or Pelvic Prolapse (PP) Consultations

**Initial consultation paid by patient:**

a) Explanation of AUB and possible pathologies, role of lifestyle change, managing the bleeding, pain and possible anaemia. Discussion of potential further investigations.
b) Explanation of PP and nature of the condition. Discussion of management and treatment options where appropriate.

**Second consultation prior to AUB or Pelvic Prolapse (PP) procedure - funding included in the procedure funding:**

a) Includes consultations where a patient has been referred by one GP to another GP for a procedure, provided adequate clinical notes have been provided by the referring GP.
b) Review of symptoms and investigation results, with further management as required. This includes explanation of procedure and obtaining informed consent.

### Follow-Ups

Funded Follow-up care will be scheduled by the provider.

## Funded Service Components

- *AUB Package of Care*
  a) Pipelle biopsy to diagnose endometrial cancer
     a. Follow-up appointment ***required***
  b) Mirena to protect the endometrium and to reduce bleeding

c) Ferinject to correct anaemia
d) Follow-up(s)

- *Pelvic Prolapse package of care*
  a) Fitting of ring pessary with fitting kit.
     a. Patient may need to try 2-3 sizes
  b) Initial 4-6 week follow-up check after fitting, or earlier if complications arise. One claim per patient per year.
  c) Insertion of repeat pessary. Up to 2 claims per year.
  d) Six-monthly check.

## Funded Follow-Ups

a. *AUB Follow-up*

*Abnormal results follow-up*
For people with abnormal results, a follow-up consultation of 15 minutes is required. Where possible, follow-up appointments should be undertaken by the clinician responsible for performing the Pipelle biopsy.

*Endometrial hyperplasia without atypia follow-up*
Six-monthly pipelle biopsy follow-up is required for one year, then as per protocol in the AUB pathway.

b. *Pessary Follow-ups*

*Initial follow-up check (4-6 weeks)*
It is possible that a new pessary will need to be fitted at this follow-up appointment.
Consult should include: prolapse grading, and treatment options. Support patient how to remove, check, clean and re-insert pessary.
*Six-monthly follow-up*
Checking ring pessary and state of prolapse.

## Payment

There are to be no co-payments charged for services claimed/funded by the PHO.

The following are payable under this agreement (all prices incl)

| Service | Price (GST incl) |
|---|---|
| Mirena Insertion for Medical reasons | $208.28 |
| Mirena Removal for AUB | $99.65 |
| Pipelle biopsy | $197.26 per procedure |
| Pipelle curettes (box of 25)** | $313.13 |
| Fitting of ring pessary | $177.09 per procedure |
| Insertion of new pessary | $88.55 per procedure |
| Review post insertion (4-6 weeks) – no new pessary needed | $88.55 per attendance |
| Review post insertion (4-6 weeks) new pessary needed | $177.09 per attendance |
| Cost of pessary | $106.25 per pessary |
| Iron Infusion due to AUB | $174.28 per attendance |
| Follow-up appointment: AUB | $99.72 per consult |

*Pipelles to be ordered by practice through your standard ordering process.

** Contact WCH for invoicing for this line.

## Frequently Asked Questions.

**What training is likely to be available for AUB and PP?**

There are several proposed training pathways for AUB and PP. This will likely be a combination of on-line learning and a train-the-trainer model of training.

There is funding available to support workforce development, release time and onsite training (Train the Trainer model) of GP's/NP's in delivering Abnormal Uterine Bleeding, Pelvic Prolapse and the fitting of ring pessary.

Other reasonable costs may also be funded for rural practices. Please discuss with the Quality team.

**What training will be funded?**

Theoretical training is **not** funded, but is available for AUB and PP on Healthlearn

a) Abnormal Uterine Bleeding (AUB) 250391
b) Pessaries for Pelvic Organ Prolapse 250220

Practical Training for the following AUB and PP procedures is funded

A) Mirena insertion
B) Pipelle biopsy
C) Pessary insertion

AUB training pathways

Pipelle training

a) Gynaecology services
b) GP to GP
c) NZCSRH / Nurse trainers

Mirena Training

a) NZCSRH GP / Nurse trainings
b) GP to GP

Pessary training

a) Online
b) Gynaecological nurse specialist (if available)
c) GP to GP

**Is there any funding for reviewing the referral information and investigation of results from a GP colleague referral prior to the procedure?**

The receiving GP's funded service includes reviewing the referral information and investigation results, confirming the proposed management, discussing the procedure, obtaining informed consent, and undertaking the procedure. There is no pre-assessment consultation fee (for a second consult) because the expectation is that the referring GP has already assessed the patient and is referring them with a clear clinical indication for the procedure.