

Evaluation of Bleeding Characteristics among Menopausal Women at Maternity Hospitals in Baghdad City

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الخلاصة:

خلفية البحث: يمكن أن يحدث النزيف عند النساء بعد سن اليأس لعدة أسباب. النساء اللاتي يخضعن للعلاج بالهرمونات البديلة، على سبيل المثال، يمكن أن يعانين من نزيف مهلي لبضعة أشهر بعد بدء الهرمونات. من الممكن أيضًا للمرأة التي اعتقدت أنها مرت بانقطاع الطمث أن تبدأ التبويض مرة أخرى. النزيف هو احتمال إذا حدث هذا. يمكن أن يحدث نزيف ما بعد انقطاع الطمث بسبب مجموعة من العوامل المختلفة. تعد الأورام الحميدة، وتضخم بطانة الرحم، وضمور بطانة الرحم من العوامل الشائعة، ويمكن اعتبار النزيف غير الطبيعي في الأنظمة المتسلسلة (الدورية) إذا كانت المرأة تعاني من نزيف حاد أو مستمر في نهاية عملية هرمون البروجسترون أو بعد مرحلة البروجسترون، أو إذا حدث نزيف عند وقت غير مخطط له خلال الدورة. بالنسبة للنساء اللواتي يتناولن تيبولون أو مزيج العلاج التعويضي بالهرمونات المستمر يمكن أن يستغرق إنتاج انقطاع الطمث ما يصل إلى ستة أشهر. يجب أيضًا اعتبار النزيف نادرًا عند هؤلاء النساء إذا حدث بعد ستة أشهر من العلاج أو إذا حدث بعد حدوث انقطاع الطمث، في النساء في سن اليأس، يشير النزيف بعد انقطاع الطمث (PMB) إلى أي نزيف رحمي بخلاف النزيف الدوري المتوقع الذي يحدث عند النساء اللواتي يتناولن العلاج الهرموني الدوري بعد انقطاع الطمث). يتم احتساب حوالي 5 بالمائة من زيارات عيادة أمراض النساء.

الهدف: لتقييم خصائص النزيف بين النساء في سن اليأس ولتقييم الدورة الشهرية للمرأة والتاريخ الإنجابي.

المنهجية: أجريت هذه الدراسة في مستشفيات الولادة في مدينة بغداد لتقييم مشاكل الحياة الجنسية لدى النساء في سن اليأس. بدأت هذه الدراسة في كانون الثاني / 2021 إلى شباط / 2021، وقد تحققت البيانات المتعلقة بمشاكل الحياة الجنسية من خلال إجابة النساء اللاتي يترددن على مستشفيات الولادة، تتكون الدراسة من (200) امرأة في سن اليأس تم اختيارهن وفقًا لمعايير التضمين (النساء في عمر سن اليأس، النساء المصابات بنزيف ما بعد انقطاع الطمث). يتم تحليل البيانات من خلال استخدام التحليل الإحصائي الوصفي والإحصاءات الاستنتاجية.

النتائج: تعاني النساء من نزيف معتدل بعد انقطاع الطمث كما يتضح من متوسط الدرجات المتوسطة بين جميع العناصر المتعلقة بالخصائص باستثناء عنصر "النزيف مع مادة مخاطية" الذي يظهر مرتفعًا ونزيف "يحدث أثناء الجماع" الذي يظهر منخفضًا.

الاستنتاجات: معظم النساء في سن اليأس يعانين من نزيف معتدل بعد سن اليأس. **التوصيات:** توفير مرافق الرعاية الصحية المشورة الجسدية والنفسية للمرأة بعد انقطاع الطمث وزوجها، وتثقيف النساء بعد انقطاع الطمث وأزواجهن حول الاحتياجات الخاصة للمرأة التي تعاني من نزيف بعد انقطاع الطمث في حياتهم الجنسية.

الكلمات المفتاحية: خصائص النزيف، النساء في سن اليأس، نزيف ما بعد سن اليأس.

ABSTRACT

Background: Bleeding can happen in postmenopausal women for several reasons. Women

on hormone replacement therapy, for example, can experience vaginal bleeding for a few months after starting the hormones. It's also possible for a woman

who thought she'd gone through menopause to start ovulating again. Bleeding is a possibility if this happens. Postmenopausal bleeding can be caused by a range of different factors. Polyps, endometrial hyperplasia, and endometrial atrophy are all common triggers, abnormal bleeding can be considered for sequential (cyclical) regimens if a woman has heavy or persistent bleeding at the end of the progesterone process or after the progesterone phase, or if bleeding occurs at an unplanned time during the cycle. For women on tibolone or ongoing combined HRT combination the production of amenorrhea can take up to six months. Bleeding should also be considered rare in these women if it occurs after six months of treatment or if it occurs after the establishment of amenorrhea, In a menopausal woman, postmenopausal bleeding (PMB) refers to any uterine bleeding (other than the expected cyclic bleeding that occurs in women taking cyclic postmenopausal hormone therapy). Around 5 percent of office gynecology visits are accounted.

Objective: To evaluate bleeding characteristics among menopausal women and to assess women menstrual cycle and reproductive history.

Methodology: This study was conducted at maternity hospitals in Baghdad city to evaluate of sexual life

problems among menopausal woman. This study was started in January \ 2021 to February \ 2021, The data regarding sexual life problems was achieved through the answering of women that attending maternity hospitals, the study consist of (200) women with menopausal age which were selected according to inclusion criteria (Women at menopausal age, Women with post-menopausal bleeding). The data are analyzed through the use of descriptive statistical analysis and inferential statistics.

Results: women are suffering from moderate post-menopausal bleeding as indicated by moderate mean scores among all items related to characteristics except item of "Bleeding with mucous material" that show high and item of "Bleeding occurs during sexual intercourse" that show low.

Conclusion: Most of menopausal women are suffering from moderate post-menopausal bleeding.

Recommendation: Health care facilities provide physical and psychological counseling for menopausal woman and their husbands educate menopausal woman and their husbands about special needs of woman with post-menopausal bleeding in their sexual life.

Keyword: Bleeding Characteristics, Menopausal Women, post-menopausal Bleeding.

INTRODUCTION

Menopause is characterized as a year without a menstrual cycle. It can happen at any age, but it usually happens in late 40s or early 50s. Menopause will bring about a lot of changes in body (1). The symptoms are caused by a drop in estrogen and progesterone production in your ovaries. Hot flashes, weight gain, and vaginal discharge are all possible symptoms a lack of moisture Dryness in the vaginal area is caused by vaginal atrophy (1) Inflammation and thinning of the vaginal tissues may occur as a result, making intercourse painful (1). According to the World Health Organization (WHO), premenopausal women are those who have had normal menstrual bleeding in the previous 12 months, per menopausal women are those that have had irregular menses in the previous 12 months or have gone without menstrual bleeding for more than 3 months but less than

12 months, and postmenopausal women are those who have gone without menstrual bleeding for more than 3 months but less than 12 months (2).

All postmenopausal women with unexplained uterine bleeding should be checked for endometrial carcinoma, as approximately (10 %) of this potentially lethal disease can cause bleeding (range 1 to 25%) depending upon risk factors, However, atrophy of the vaginal mucosa or endometrium is the most prevalent cause of bleeding in these people (3) Depending on the source, the characteristics of irregular vaginal discharge differ, but typical characteristics include a change in appearance, a foul odor, and related symptoms such as scratching, burning, pelvic pain, or pain during intercourse (4) Menopause is associated with changes that affect sexuality in physiological and psychological

terms. During menopause, a drop in the levels of circulating estrogen is the primary biological transition. Initially, estrogen deficiency accounts for modified bleeding and reduced vaginal lubrication ⁽⁵⁾.

AIMS OF THE STUDY

The study aims to evaluate bleeding characteristics among menopausal women and to assess women menstrual cycle and reproductive history.

METHODOLOGY

This study was conducted at maternity hospitals in Baghdad city to evaluate the sexual life problems among menopausal woman. This study was started in January \ 2021 to February \ 2021, the data regarding women's sexual life problems was achieved from the answering of women that attending maternity hospitals. A descriptive study non-

probability (a purposive sample) the study consist of (200) women with post-menopausal bleeding which were selected according to inclusion criteria that are (Women at menopausal age, Women with post-menopausal bleeding). This questionnaire was composed of three parts, **part one:** consists of sections that are related socio-demographic characteristics include (age, educational level, women occupation, Residency). **Part two** include: History of the menstrual period. Age at menarche (first menstrual period), Regularity of the menstrual cycle, Age when menopause and part three questions about sexual life of women with post-menopausal bleeding and the times of doing sexual intercourse per week. Reliability of questionnaire is determined through a pilot study and validity through panel (15) experts, Descriptive statistical analysis and inferential statistical analysis ⁽⁶⁾.

RESULTS

Table (1): Distribution of Women According to their Socio-demographic Characteristics

List	Characteristics	F	%
1	Age (M±SD=53±4)	45 – 50 year	25
		51 – 55 year	51.5
		56 – 60 year	18.5
		61 – 65 year	4.5
		66 ≤ year	.5
		Total	200
2	Occupation	Employee	16.5
		Housewife	72
		Retired	10
		Free profession	1
		Total	200
3	Residency	Urban	41.5
		Rural	31.5
		Sub-urban	27
		Total	200

4	Level of education	Doesn't read & write	71	35.5
		Read & write	43	21.5
		Primary school	27	13.5
		Intermediate school	7	3.5
		Secondary school	18	9
		Institute/college +	34	17
		Total	200	100
5	Current body mass index	Underweight	0	0
		Normal weight	0	0
		Overweight	7	3.5
		Obese	151	75.5
		Severe obese	37	18.5
		Morbid obese	5	2.5
		Total	200	100
6	Previous body mass index	Underweight	0	0
		Normal	0	0
		Overweight	114	57
		Obese	84	42
		Sever obese	2	1
		Morbid obese	0	0
		Total	200	100

F: Frequency, %: Percentage, M: Mean, SD: Standard deviation

This table shows that more than half of women are with age 51-44 year (51.5%) with mean age 53 ± 4 year. The occupational status for them refers that 72% of them are housewives and 16.5% are still employee while 10% are retired. The residency variable shows that 41.5% of them are resident at urban area and 31.5% are resident in rural area. Regarding the level of education, the highest percentage among them refers to 35.5% that doesn't read and write and 21.5% of them are read and write. The current body mass index for women are refers that 75.5% of them are obese while the previous body mass index refers that they was overweight (57%).

Table (2): Distribution of Women According to their History of Menstrual Cycle

List	Characteristics	f	%	
1	Age at Puberty (M±SD= 12.8±0.8)	12 year	75	37.5
		13 year	75	37.5
		14 year	50	25
		Total	200	100
2	Menstrual cycle	Regular	143	71.5
		Irregular	57	28.5
		Total	200	100
3	Age at menopause (M±SD= 48±1)	45 year	2	1

		46 year	7	3.5
		47 year	50	25
		48 year	49	24.5
		49 year	51	25.5
		50 year	41	20.5
		Total	200	100

F: Frequency, %: Percentage, M: Mean, SD: Standard deviation

This table reveals that age of puberty for women was at 12 and 13 year in which the percentage is distributed equally (37.5%); the mean age was 12.8 ± 0.8 year. The regularity of menstrual cycle shows that more of them were with regular menstrual cycle (71.5%). The mean age at menopause refers to 48 ± 1 in which 25.5% are menopause at age 49 year and 25% are menopause at age 47 year.

Table (3): Distribution of Women According to their Previous Reproductive History

List	Characteristics	f	%	
1	Gravida (M±SD= 6±1)	2 – 4	29	14.5
		5 – 7	130	65
		8 – 10	37	18.5
		11 ≤	4	2
		Total	200	100
2	Para (M±SD= 5.8±1.5)	1 – 3	15	7.5
		4 – 6	122	61
		7 – 9	60	30
		10 ≤	3	1.5
		Total	200	100
3	Abortion	None	135	67.5
		1	48	24
		2	14	7
		3 ≤	3	1.5
		Total	200	100
4	Mode of delivery	Normal vaginal delivery	144	72
		Cesarean section	21	10.5
		Both	35	17.5
		Total	200	100
5	Age at first child birth (M±SD= 21±3)	16 – 20 year	70	35
		21 – 25 year	106	53
		26 – 30 year	19	9.5
		31 ≤ year	5	2.5

		Total	200	100
6	Age at last child birth (M±SD= 35.9±3)	28 – 32 year	20	10
		33 – 37 year	114	57
		38 – 42 year	66	33
		Total	200	100
7	Mode of baby feeding	Breast feeding	114	57
		Bottle feeding	18	9
		Mixed feeding	68	34
		Total	200	100
8	Use of contraceptive	None	47	23.5
		Calendar method	1	0.5
		Contraceptive pill	106	53
		IUD	43	21.5
		Contraceptive injection	3	1.5
		Total	200	100
9	Duration of contraceptive use (M±SD= 1±0.9)	None	47	23.5
		1 year	38	19
		2 years	109	54.5
		3 years	6	3
		Total	200	100

F: Frequency, %: Percentage, M: Mean, SD: Standard deviation.

This table shows that 65% of women were pregnant 5-7 times (M±SD= 6±1); the parity refers that 61% of them were having (4-6) birth (M±SD= 5.8±1.5); regarding the number of abortion, only 48 woman out of 65 were having one abortion (24%). The type of delivery is referring to normal vaginal delivery among them (72%). The age of women at first child birth was 21-25 year (53%) with mean age 21±3 years while their age at last child birth was 33 – 37 years (57%) with mean age 35.9±3 years. More than half of women reporting that they feeding their babies with breast feeding (57%) and 34% are reporting a mixed method: breast and bottle feeding, regarding the use of contraceptive methods; 53% of women reporting that they were using contraceptive pills for duration of two years (54.5%).

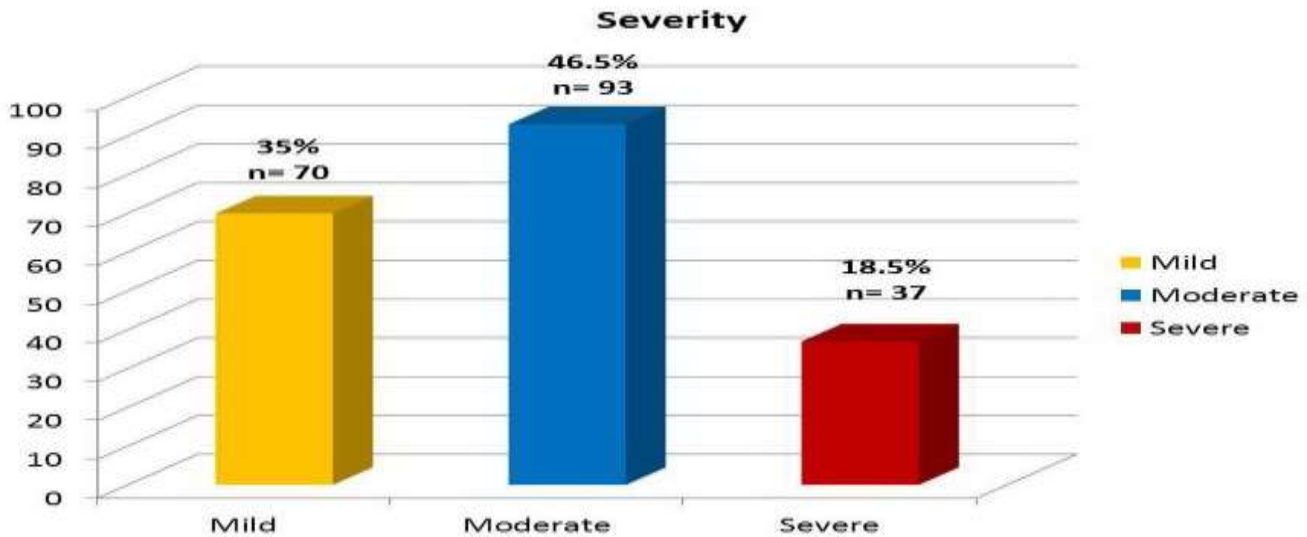
Table (4): Evaluation of Bleeding among Women at Age of Menopause

Severity	F	%	M	SD
Mild ¹	70	35	1.84	.714
Moderate ²	93	46.5		
Severe ³	37	18.5		
Total	200	100		

F: Frequency, %: Percentage, M: Mean, SD: Standard Deviation, 1: Change pad 1-3 times/day; 2: Change pad 4-6 time/day; 3: Change pad 7-10 time/day.

This table depicts that women are suffering from moderate post-menopausal bleeding (46.5%) and only 18.5% are suffering from severe bleeding.

Figure (1): Severity of Bleeding among Women at Age of Menopause (N=200)



This figure presents a moderate post-menopausal bleeding among women at age of menopause with highest percentage (46.5%).

Table (5): Correlation between Post-Menopausal Bleeding and Variables of Previous Reproductive Health History among Women (N=200)

Post-menopausal bleeding Variables	Pearson correlation	p-value	Sig
Gravida	.078	.274	N.S
Para	.106	.135	N.S
Number of Abortion	.037	.601	N.S
Type of delivery	.024	.738	N.S
Age at first child birth	-.132	.063	N.S
Age at last child birth	.074	.295	N.S
Type of baby feeding	.027	.708	N.S
Use of contraceptive methods	.042	.553	N.S
Duration of contraceptive use	-.017	.816	N.S

P: probability, Sig: Significance, N.S: Not Significant, S: Significant, H.S: High significant

This table reports that there is no any significant relationship among post-menopausal bleeding with regard to variables of reproductive history among women at menopause.

DISCUSSION

Table (1): Shows that more than half of women are with age (51-55) year (51.5%) with mean age 53±4 year. supported by the study Al-Turiah et al., (2016) in study This research included 140 postmenopausal women with paravaginal bleeding, whose ages

ranged from 46 to 80 years old, with a mean age of 58.67.2 years ⁽⁷⁾. The older women age and the presence of certain diseases and hormonal problems, the greater the risk of sexual life problems among menopausal woman, occupational status for them

refers that (72%) of them are housewives and (16.5%) are still employee while (10%) are retired. The support by Nazarpour et al.,(2020) in study A variety of personal and social factors can affect quality of life (QoL) after menopause. The aim of study was to find out what factors are related to postmenopausal women's quality of life ⁽⁸⁾.

The old women are not connected to the health reality and not participate in other activities in the community, such as health care training in the menopause stage. The residency variable shows that (41.5%) of them are resident at urban area and (31.5%) are resident in rural area. In contrast to study conducted by Sindhuri and Dongre (2018) in Chandigarh (7.7%) and Dasgupta and Ray in West Bengal (rural women – 20% and urban women – 29.9%), this study found a prevalence of PMB of 1.8 percent, which is poor. PMB affects two out of every 100 postmenopausal women in the research area in Tamil Nadu, India ⁽⁹⁾.

Menopausal women they live in the urban area and not knowing how to face the stages of natural change in the menopause may also face problems in sexual life related to the level of education, the highest percentage among them (35.5%) doesn't read and write and (21.5%) of them are read and write. The study disagrees with the study of ⁽¹⁰⁾.

The level of education and maturity in thinking has a great impact on knowing the quality of life and how to deal with sexual problems at the menopause stage. The current body mass index for women are refers that (75.5%) of them are obese while the previous body mass index refers that they was overweight (57%). This results support by the study of Al-Turiah et al.,(2016) who stated that, was a clear factor Nearly all of the cases were married (96.4%), and the majority of them were obese and overweight (97.3%), with 43 (30.7%) having a typical BMI ⁽¹¹⁾.

Researcher opinion Menopausal women, suffer from slowing of the process of building up, metabolism and movement, with the absence of healthy food and

regular exercise lead to increase in weight and reduces sexual desire.

Table (2) Distribution of Women According to their History of Menstrual Cycle:

Table 2 reveals that the age of puberty for women was at 12 and 13 year in which the percentage is distributed equally (37.5%); the mean age was 12.8 ± 0.8 year.

The transformation of a child's body into an adult body capable of sexual reproduction through a series of physical changes, Hormonal signals from the brain to the gonads (a girl's ovaries) start the process. Girls typically begin puberty at the age of (10–11) and complete puberty at the age of (15–17), whereas boys typically begin puberty at the age of (11–12) and complete puberty at the age of (16–17). Reproductive Transitions and Their Implications for Women's Health) (per menopause: Reproductive Transitions and Their Implications for Women's Health the beginning and end of the reproductive life cycle are characterized by significant neuroendocrine reorganization in two main systems: the hypothalamic-pituitary-gonadal (HPG) axis and the hypothalamus-pituitary-adrenal (HPA) axis. Given mounting evidence that the timing and perception of puberty and per menopause are connected to a range of physical and mental health outcomes, there is still a lot of work to be done (e.g., mood disorders, metabolism, cardiovascular health, autoimmune conditions and cancer) ⁽¹²⁾.

Researcher opinion the age of puberty varies from woman to another between (12 and 13) years, and it is a stage in which the girl's hormones change, as well as the girl's appearance changed and the appearance of hair in the pubic area was begin. Regarding the regularity of menstrual cycle the findings shows that most of them were with regular menstrual cycle (71.5%).

These findings are consistent with the findings that conducted by Morrison et al., (2010) A randomly selected sample of (1,824) respondents aged (16 to

100) years old in multi-ethnic Hilo, Hawai'i participated in the cross-sectional survey. Age, race, education, residency in Hawai'i, menopausal status, exercise, and attitudes toward menstruation and menopause were among the demographic and health questions that women answered. Menstruation (60.8 %) and menopause (60.8) %were defined by women using more optimistic words, such as "normal" (59.4%). Important correlations between factor scores for menstrual and menopausal attitudes were identified in bivariate correlation analyses. The expectation of menopause was positively associated with both negative and optimistic menstrual attitudes. Despite the fact that negative attitudes toward menstruation were negatively associated with menopause as a positive, natural life event, menopause as a positive, natural life event was not. Women's attitudes toward menstruation and menopause were affected by demographic variables, especially education and where they grew up, and should be considered in future multi-ethnic studies. In order to determine the relationship, further research is required (13).

Researcher opinion the menstrual cycle is concerned with each woman separately, by monitoring the hormones of the woman herself, the woman's body and her obesity, and the presence of gynecological diseases such as the presence of cysts on the ovaries or a functional defect in the genitals or parts of the female pelvis.

The findings indicates that the mean age at menopause refers to 48 ± 1 in which (25.5%) are menopause at age 49 year and (25%) are menopause at age (47) year. as shown in table (2) These findings are consistent with the study done by (Begum & Samal, 2019)the mean menopausal age was 49.18 ± 3.69 years the average age at presentation was presentation was (57.17 ± 7.11) years, the average menopausal age was (49.18 ± 3.69) years, and the average endometrial thickness was (11.13 ± 6.37) mm in this sample.

Atrophic endometrium (30.3%), proliferative endometrium (27.3%), EC (15.8%), endometrium hyperplasia (11.8%), disordered proliferative endometrium (9.2%), and endometrial polyp (9.2%) were all included in the histopathological study (5.3 percent) Also Koukouliata et al., 2017the average age of the women in the study at natural menopause was (49.1) years; (12.2%) had early menopause, and (4.5 %) had premature ovarian failure. Menopause occurred in the majority of enrolled women (80.5%) between 45 and 54 years of age, and in the remaining (2.8%) after 54 years of age (14).

Researcher's opinion sometimes women differ in the age of menopause, and this is determined by several factors that determine the source of hormonal origin, smoking and use of contraceptives, as well as obesity and regularity or lack of menstruation.

Table (3) Distribution of Women According to their Previous Reproductive Health History:

The results in table 3 show that (65%) of women were pregnant 5-7 times ($M \pm SD = 6 \pm 1$); the Para refers that (61%) of them were having (4-6) birth ($M \pm SD = 5.8 \pm 1.5$); regarding the number of abortion, only 48 woman out of 65 were having one abortion (24%).

This results is consistent with the study obtained by Zsakai et al., (2015) during personal interviews with 1932 women (aged 35 and up), data on menstruation and reproductive history were collected. Monarchal age, menstrual cycle duration and bleeding, menstrual cycle regularity, number of births, lactation, contraceptive usage, menopausal status, and age at menopause were all used as measures of reproductive history. Bioelectrical impedance analysis was used to calculate the body fat fraction. Body fatness was also measured by categorizing women as obese or non-obese (considering body mass index and waist-to-hip ratio). The relationship between reproductive history indicators and body fatness during the menopausal process was analyzed using survival analyses (15).

Lack of awareness of some women to initiate family planning methods and spacing between births, causes multiple pregnancies and childbirths negatively affect the mother's reproductive health. The results in table (3) regarding the number of abortion, only 48 women out of 65 were having one abortion (24%).

This result is consistent with the study obtained by (Sharma et al., 2014) found in their study to assess the forms and incidence of endometrial pathologies in patients with irregular uterine bleeding at Kathmandu University Hospital's Dhulikhel Hospitals ⁽¹⁶⁾. Regarding the mode of delivery the results referring to (72%) of women delivered with normal vaginal delivery.

This results is consistent with the study obtained by Salehinejad et al., (2017) found in their study total of (125) postmenopausal women were recruited, with (65) having had a typical vaginal delivery (NVD) and 60 having had a Cesarean section. In the NVD community (50.8 percent vs. 40 percent), vaginal pH was more generally lower (pH 5-5.49) ($p < 0.001$). The NVD group also had a higher maturation index (42.7 6.34 vs. 24.08 8.2) ($p < 0.001$). Paleness, dryness, and other signs of vaginal atrophy itching, dyspareunia and burning were significantly less in the NVD group compared to the Cesarean section group ($p < 0.05$) ⁽¹⁷⁾.

Researcher's opinion frequent normal births lead to a prolapse of the pelvic muscles and loosening the strength of the ligaments of the uterus, which causes the prolapse of the uterus and the occurrence of bleeding after menopause.

The age of women at first child birth was 21-25 year (53%) with mean age 21 ± 3 years while their age at last child birth was 33 – 37 years (57%) with mean age 35.9 ± 3 years. as shown in table (3). This result is consistent with the study obtained by Zsakai et al., (2015) who found that during personal interviews with) 1932(women (aged 35 and up), data on menstruation and reproductive history were collected.

Monarchal age, menstrual cycle duration and bleeding, menstrual cycle regularity, number of births, lactation, contraceptive usage, menopausal status, and age at menopause were all used as measures of reproductive history. Bioelectrical impedance analysis was used to calculate the body fat fraction. Body fatness was also measured by categorizing women as obese or non-obese (considering body mass index and waist-to-hip ratio). The relationship between reproductive history indicators and body fatness during the menopausal process was analyzed using survival analyses ⁽¹⁸⁾. More than half of women reporting that they feeding their babies with breast feeding (57%) and 34% are reporting a mixed method: breast and bottle feeding as shown in table (3).

This results is consistent with the study obtained by (Langton CR et al., 2020) they found that smaller studies have discovered evidence of a correlation between pregnancy and breast feeding and later menopause, but the findings are inconclusive due to their small size and other limitations. In addition, previous research focused on the timing of menopause rather than the possibility of early menopause ⁽¹⁹⁾.

The results in table (3) regarding the use of contraceptive methods; (53%) of women reporting that they were using contraceptive pills for duration of two years (54.5%), This result is consistent with the study obtained by Bakour et al., (2017) who found that Oral contraception is favored by many women. In women with comorbidities, progesterone-only pills (POPs) are an important alternative to CHC: the low progesterone dose has few contraindications, and POPs can be safely continued before normal fertility is lost ⁽²⁰⁾. Many women prefer to use the contraceptive pill because it is easy to use, inexpensive, and many women are unaware of the disadvantages of these pills when they are used it for the long time of their life.

Table (4) Evaluation of Bleeding among Women at Age of Menopause:

The result in table (4) depicts that women are suffering from moderate post-menopausal bleeding (46.5%) and only (18.5%) are suffering from severe bleeding. Zagaria (2008) reported that in a recent Dutch study looked at the connection between age, time after menopause, and endometrial cancer in postmenopausal bleeding women. About half of postmenopausal women suffer from urogenital atrophy as a result of estrogen deficiency. In women who do not have cancer and are not taking estrogen, vaginal bleeding is often treated with estrogen to rule out bleeding caused by genital atrophy. Vulvo vaginal atrophy is typically characterized as one or more of the following symptoms: Itching and dryness in the vaginal region irritation, urination pain, bleeding during intercourse, or pain during intercourse (dyspareunia). Urinary urgency and frequency, urethritis, and chronic urinary tract infections are all symptoms associated with the lower urinary tract. Regardless of the cause, excessive or persistent bleeding, can lead to iron deficiency anemia, which can be particularly dangerous in the elderly (21).

This result is consistent with the study obtained by Merza (2011) stated that abnormal uterine bleeding especially in postmenopausal women, due to product of a pathological lesion such as endometriosis, sub mucous momma, endometrial polyp, or cancer. Both the patient and the gynecologist regard postmenopausal bleeding as a serious and troubling symptom that necessitates a thorough examination to rule out malignancy and to recognize and treat patients who are at high risk, such as those with endometrial hyperplasia. 304 cases of PMB were admitted to Babylon Teaching Hospital for Gynecology and pediatrics for a thorough history, clinical evaluation, and complete investigation, which included a full laboratory investigation, pelvic ultrasound, and examination under anesthesia (EUA) with dilatation and curettage and endometrial

sampling. The patient's age ranged from (45 to 77) years, with a mean of (45years). It is concluded that postmenopausal bleeding is a significant symptom that necessitates thorough and timely examination in order to rule out the risk of malignancy as soon as possible (22).

Researcher's opinion the occurring of bleeding in postmenopausal women, this bleeding is evaluated according to whether the bleeding is severe or moderate, and this evaluation is due to knowing the causes of bleeding such as cancer, clotting problems, infection of the uterine lining, which is known as endometritis, trauma to the pelvis, bleeding from the urinary tract, thyroid disorders, Hormone medications, such as tamoxifen, may also cause postmenopausal bleeding as a side effect. Many women will experience break through bleeding as a result of taking hormone replacement therapy in the first 6 months.

Table (5): Correlation between Post-Menopausal Bleeding and Variables of Previous Reproductive Health History among Women (N=200)

Results in table (5) report that there is no any significant relationship among post-menopausal bleeding with regard to variables of reproductive history among women at menopause, This study disagree with the study conducted by Mirsafi & Attarha, (2020) with one of the most common problems among women during menopause is abnormal vaginal bleeding. Endometrial atrophy, polyps, and endometrial cancers are several of the diseases that may trigger postmenopausal vaginal bleeding. This case study presents a case of pregnancy-induced postmenopausal vaginal bleeding. In 2018, a 54-year-old woman with postmenopausal vaginal bleeding was referred to a prenatal clinic in Arak, Iran. A uterine pregnancy was discovered during a Tran's abdominal ultrasound. She was referred to the health center at 28 weeks of pregnancy, and her prenatal care started in the midwifery clinic. She gave birth to a baby girl by

cesarean section at 34 weeks. This case serves as a reminder to practitioners and midwives that pregnancy may be one of the causes of postmenopausal vaginal bleeding, especially in women with sexual dysfunction activity⁽²³⁾.

Bleeding that occurs after menopause may be due to uterine infection, or because of severe inflammation in the urinary tract, or due to a tumor or lymph node lesion, and it may not be due to births or the number of pregnancies.

REFERENCES:

1. Ahsan, M., Mallick, A. K., Singh, R., & Prasad, R. R. (2015). Assessment of menopausal symptoms during per menopause and post menopause in tertiary care hospital. *Journal of Basic and Clinical Reproductive Sciences*, 4(1), 14-19.
2. AlDughaiter, A., AlMutairy, H., & AlAteeq, M. (2015). Menopausal symptoms and quality of life among Saudi women visiting primary care clinics in Riyadh, Saudi Arabia. *International journal of women's health*, 7, 645.
3. Goodman, A. (2014). Postmenopausal uterine bleeding, Up To Date. Accessed online June, 16(3), 54-5.
4. Spence, D., & Melville, C. (2007). Vaginal discharge, *BMJ*. 335(7630), 1147-1151.
5. Bachmann, G. A., & Leiblum, S. R. (2004). The impact of hormones on menopausal sexuality: a literature review. *Menopause*, 11(1), 120-130.
6. Bolarinwa O. (2015). Principles and methods of validity and reliability testing of questionnaires used in social and health science researches, *Nigerian Postgraduate Medical Journal*; 22(4): 195-201. Retrieved from.
7. Al-Turiah¹, A. M., El-Dine, F. A., & Herez, S. H. (2016). Assessment of postmenopausal bleeding: a cohort case study, *American Journal of Bio. Medicine AJBM*. 2016; 4(6):263-280.
8. Nazarpour, S., Simbar, M., Ramezani Tehrani, F., & Alavi Majd, H. (2020). Factors associated with quality of life of postmenopausal women living in Iran. *BMC women's health*, 20, 1-9.
9. Sindhuri, R., & Dongre, A. R. (2018). Postmenopausal bleeding among rural women in Tamil Nadu, India: Mixed methods study. *Indian journal of community medicine: official publication of Indian Association of Preventive & Social Medicine*, 43(4), 288.
10. Yücel, Ç. & Eroğlu, K. (2013). Sexual problems in postmenopausal women and coping methods, *Sexuality and Disability*. 31(3), 217-228.
11. Al-Turiah¹, A. M., El-Dine, F. A., & Herez, S. H., (2016), Assessment of postmenopausal bleeding: a cohort case study.
12. Hoyt, L. T., & Falconi, A. M. (2015). Puberty and per menopause: reproductive transitions and their implications for women's health. *Social science & medicine*, 132, 103-112.
13. Morrison, L. A., Sievert, L. L., Brown, D. E., Rahberg, N., & Reza, A. (2010). Relationships between menstrual and menopausal attitudes and associated demographic and health characteristics: The Hilo Women's Health Study. *Women & Health*, 50(5), 397-413.
14. Begum, J., & Samal, R. (2019). A clinic pathological evaluation of postmenopausal bleeding and its correlation with risk factors for developing

CONCLUSION

Most of menopausal women are suffering from moderate post-menopausal bleeding.

RECOMMENDATIONS

Health care facilities provide physical and psychological counseling for menopausal woman and their husbands educate menopausal woman and their husbands about special needs of woman with post-menopausal bleeding in their sexual life.

- endometrial hyperplasia and cancer: A hospital-based prospective study, *Journal of mid-life health*. 10(4), 179.
15. Zsakai, A., Mascie-Taylor, N., & Bodzsar, E. B. (2015). Relationship between some indicators of reproductive history, body fatness and the menopausal transition in Hungarian women, *Journal of physiological anthropology*. 34(1), 1-12.
 16. Sharma, S., Makaju, R., Shrestha, S., & Shrestha, A. (2014). Histopathological findings of endometrial samples and its correlation between the premenopausal and postmenopausal women in abnormal uterine bleeding, *Kathmandu University Medical Journal*. 12(4), 275-278.
 17. Salehinejad, P., Abedi, P., & Yaralizadeh, M. (2017). Relationship between delivery modes and genitourinary syndrome among postmenopausal women, *Maturities*, 100, 169.
 18. Zsakai, A., Mascie-Taylor, N., & Bodzsar, E. B. (2015). Relationship between some indicators of reproductive history, body fatness and the menopausal transition in Hungarian women, *Journal of physiological anthropology*, 34(1), 1-12.
 19. Langton, C. R., Whitcomb, B. W., Purdue-Smithe, A. C., Sievert, L. L., Hankinson, S. E., Manson, J. E., ... & Bertone-Johnson, E. R. (2020). Association of parity and breastfeeding with risk of early natural menopause, *JAMA network open*, 3(1), e1919615-e1919615.
 20. Bakour, S. H., Hatti, A., & Whalen, S. (2017). Contraceptive methods and issues around the menopause: an evidence update. *The Obstetrician & Gynecologist*, 19(4), 289-29.
 21. Zagaria, M. A. E. (2008). Postmenopausal vaginal bleeding, *US Pharm*, 33(9), 28-32.
 22. Merza, (2011) Postmenopausal bleeding: Clinic pathological Study in Babel province between the years 2000-2009. *Journal of Babylon University*. 18(3). 2010.
 23. Mirsafi, R., & Attarha, M. (2020). Postmenopausal pregnancy: A case report. *Iranian journal of nursing and midwifery research*. 25(3), 260.