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Period pain

Period pain is common and a normal part of your menstrual cycle. Most women get it at some point in their lives.

It's usually felt as painful muscle cramps in the tummy, which can spread to the back and thighs.

The pain sometimes comes in intense spasms. At other times it may be dull but more constant.

It may also vary with each period. Some <u>periods</u> may cause little or no discomfort, while others may be more painful.

Sometimes you may get pelvic pain even when you do not have your period.

How long period pain lasts

Period pain usually starts when your bleeding begins. But some women have pain several days before the start of their period.

The pain usually lasts 48 to 72 hours, although it can last longer. It's usually at its worst when your bleeding is heaviest.

Young girls often have period pain when they begin getting periods.

Period pain that does not have an underlying cause tends to improve as a woman gets older. Many women also notice an improvement after they've had children.

Treating period pain

In most cases, period pain is mild enough to treat at home.

Painkillers

You can take ibuprofen to help manage your pain.



Important

Do not take ibuprofen if you have asthma or stomach, kidney or liver problems.

You could also try paracetamol, but studies have shown that it does not reduce pain as well as ibuprofen.

If ordinary painkillers do not help, your GP may prescribe a stronger painkiller, such as naproxen.

Other self-help measures to try

Things you can do to reduce period pain include:

- exercise try some gentle swimming, walking or cycling
- a heat pad or hot water bottle (wrapped in a tea towel) on your tummy
- taking a warm bath or shower
- massage light, circular massage around your lower abdomen may also help reduce pain
- relaxing activities, such as yoga or Pilates, may help distract you from feelings of pain and discomfort
- a TENS machine that delivers a mild electrical current to your tummy

Talk to your GP if:

- you have severe period pain
- · your normal pattern of periods changes
- · your periods become heavier than usual or irregular
- you have bleeding between periods or after having sex

Contraceptives that can help period pain

Your GP may give you the <u>contraceptive pill</u>. This can ease period pain because it thins the womb lining.

A thinner womb lining means the muscles of the womb do not have to contract as much when it sheds. Your period will also be lighter.

If the contraceptive pill is not suitable for you, the <u>contraceptive implant</u> or the <u>contraceptive injection</u> are good alternatives.

The Mirena intrauterine system (IUS) can also sometimes help with painful periods.

Causes of period pain

Period pain happens when muscles in your womb tighten (contract). You'll have mild contractions, but they're usually so mild that most women cannot feel them.

It's not known why some women have more period pain than others. It may be that some women have a build-up of prostaglandins, which means they experience stronger contractions.

Period pain caused by a medical condition

Period pain can sometimes be caused by an underlying medical condition. But this is not very common.

Women aged 30 to 45 are most affected by period pain caused by an underlying medical condition.

Medical conditions that can cause period pain include:

- endometriosis a condition that affects the fallopian tubes and ovaries
- fibroids non-cancerous tumours that make your periods heavy and painful
- adenomyosis a condition that affects the womb

Period pain caused by contraceptive devices

If your period pain is linked to a medical condition or a contraceptive IUD, you may notice a change in your pain pattern. For example, the pain may be more severe or it may last much longer than normal.

You may also have:

- irregular periods
- bleeding between periods
- a thick or foul-smelling vaginal discharge
- pain during sex

Talk to your GP if you have any of these symptoms as well as period pain.

Having a pelvic examination

Your GP may want to carry out a pelvic examination to help diagnose or rule out other causes of your period pain.

They'll insert gloved, lubricated fingers into your vagina to feel for any abnormalities in your womb or ovaries.

The examination won't be carried out without your permission. You can also ask to have a female GP do it if you prefer. You can bring a friend or relative to the appointment if you want, or ask the practice nurse to be there.

In some cases your GP may also order a pelvic ultrasound.

Referral to a specialist

If you still have period pain after 3 months of treatment, your GP may refer you to a specialist for more tests. This is usually a gynaecologist.

Further tests

A gynaecologist may carry out:

- a urine or blood test
- pelvic ultrasound where high-frequency sound waves are used to produce an image of the inside of your body; it's painless and will show any abnormalities in your reproductive organs
- laparoscopy under general anaesthetic, a small cut is made in your abdomen through which
 a fibro-optic telescope is inserted; it can be used to look at your internal organs, as well as take
 samples of tissue (a biopsy)
- hysteroscopy allows the inside of the womb to be examined using a fibro-optic telescope; it's
 passed through your vagina and into the womb to check for abnormalities

Treating an underlying medical condition

If your period pain is caused by an underlying medical condition, your treatment will depend on which condition you have.

For example, pelvic inflammatory disease (PID) may need antibiotics to treat the infection. Fibroids may need to be surgically removed.

Period pain and fertility

Period pain that's part of your normal menstrual cycle will not affect your fertility. But if the cause is a medical condition, this may affect your fertility.

For example, endometriosis and pelvic inflammatory disease can cause scarring and a build-up of tissue in your fallopian tubes. This makes it harder for sperm to reach and fertilise an egg.

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