

Frequently Asked Questions

What is a normal menstrual cycle?

A [menstrual cycle](#) is counted from the first day of bleeding of one [menstrual period](#) to the first day of bleeding of the next period. Most women have a menstrual cycle that lasts between 21 and 35 days. A typical period lasts 2 to 7 days, with the heaviest bleeding in the first 3 days.

What is abnormal uterine bleeding?

[Abnormal uterine bleeding](#) is when your period falls outside of what is considered normal. This could be in terms of:

- The amount you bleed
- How often you have your period
- How long your period lasts

What is amenorrhea?

[Amenorrhea](#) is the absence of menstrual periods. There are two types of amenorrhea:

- **Primary amenorrhea**—This is when a girl does not get her first period by age 15.
- **Secondary amenorrhea**—This is when a woman who already menstruates does not get her period for 3 months or more.

Some causes of amenorrhea are normal, including pregnancy, breastfeeding, and [menopause](#) . Amenorrhea also may be caused by medical conditions or medications.

How common is amenorrhea?

About 1 in 25 women who are not pregnant, breastfeeding, or going through menopause experience amenorrhea at some point in their lives.

What causes primary amenorrhea?

When periods do not start in girls, there may be medical reasons, including:

- Genetic conditions, such as [Turner syndrome](#) and [androgen insensitivity](#)
- Problems with the brain (with the hypothalamus or [pituitary gland](#))
- Problems with development of the [uterus](#) , [vagina](#) , or [hymen](#)
- A delay in puberty

What causes secondary amenorrhea?

When periods stop in women who were menstruating and who are not pregnant, the reasons may include:

- Low body weight (about 10 percent under normal weight)
- Rapid weight loss
- Eating disorders (such as [anorexia nervosa](#))
- Problems with the brain (with the hypothalamus or pituitary gland)
- [Polycystic ovary syndrome \(PCOS\)](#)
- Problems with the [thyroid gland](#)
- [Primary ovary insufficiency](#) (also called premature ovarian failure)
- Stress
- Other chronic medical conditions, such as [kidney](#) failure or [inflammatory bowel disease \(IBD\)](#)

Some medications, such as hormonal birth control, can stop periods while you are taking them. And smoking can increase your risk of amenorrhea.

Who should be evaluated for amenorrhea?

Teens should be evaluated for primary amenorrhea if they have not had their period by age 15. Teens also should be evaluated if there is no sign of breast development by age 13.

No matter your age, you should be evaluated for amenorrhea if your period stops for more than 3 months without explanation. You can talk with an [obstetrician–gynecologist \(ob-gyn\)](#) about diagnosis and treatment.

What should I do if I think I have amenorrhea?

Talk with your ob-gyn about your symptoms. Amenorrhea may be a sign of an underlying medical issue. If left untreated, it can also lead to other problems, such as low bone density and [osteoporosis](#). Your ob-gyn can help find the cause of your amenorrhea and discuss treatment options.

How is amenorrhea diagnosed?

Your ob-gyn should review your medical history and discuss whether you need a physical exam. This may include a breast exam and a [pelvic exam](#). He or she may ask you the following questions:

- How long has it been since your last period?
- What was your menstrual cycle like before this?
- Have you had any recent illnesses?
- Do you have a family history of amenorrhea?
- What medications, drugs, or herbal remedies are you taking?
- What is your diet like?
- What are your exercise habits?
- Do you have any medical conditions or physical abnormalities, such as a single kidney or a heart condition?

You also may need certain tests to help find a diagnosis. This could include blood tests to check your [hormone](#) levels or an [ultrasound exam](#) . Depending on your age and sexual activity, you also may be asked to take a pregnancy test to rule out pregnancy.

How is primary amenorrhea treated?

If a teen is going through puberty normally, but a little later than usual, then typically no treatment is needed. You, your parent or caregiver, and your ob-gyn should monitor your health. If there is another cause for the delay in puberty, then you may need to see a specialist for treatment.

If primary amenorrhea is caused by the [ovaries](#) not producing enough [estrogen](#) , you can discuss using hormone therapy to start puberty and your periods. [Hormone therapy](#) also can help prevent osteoporosis.

Some girls are born with a physical difference that prevents them from having vaginal bleeding, such as an imperforate hymen, vaginal septum, or absence of the uterus. Surgery may be needed in these cases.

How is secondary amenorrhea treated?

Treatment for secondary amenorrhea depends on the cause:

- **Primary ovarian insufficiency**—Hormone therapy can replace estrogen and [progesterone](#) , which the ovaries are not able to produce.
- **PCOS**—Treatment may involve weight loss and hormone therapy.
- **Other causes**—Your ob-gyn may suggest you see an expert in treating eating disorders, thyroid issues, or other medical problems.

Most people with amenorrhea benefit from a healthy diet and exercise. Reducing stress also may help. And it is important to consume enough calcium and vitamin D to help prevent osteoporosis.

Aim for 600 international units of vitamin D and between 1,000 and 1,300 milligrams of calcium every day. (Recommended daily calcium intake depends on your age.) Good sources of calcium include dark, leafy greens; dairy foods; and canned salmon and

sardines. Good sources of vitamin D include fortified milk, fatty fish like salmon, and sun exposure (15 minutes a few days a week).

Glossary

Abnormal Uterine Bleeding: Bleeding from the uterus that is different from what is normal for a woman who is not pregnant. This bleeding may vary in how long, how regular, and how often it occurs.

Amenorrhea: The absence of menstrual periods in women of reproductive age.

Androgen Insensitivity: A genetic condition in which a person has the physical traits of a woman but male sex chromosomes.

Anorexia Nervosa: An eating disorder that causes a person to severely restrict food so they lose weight. People with this disorder fear weight gain and have a distorted body image.

Estrogen: A female hormone produced in the ovaries.

Hormone: A substance made in the body that controls the function of cells or organs.

Hormone Therapy: Treatment in which estrogen and often progestin are taken to help relieve symptoms that may happen around the time of menopause.

Hymen: A membrane at the entrance of the vaginal opening.

Inflammatory Bowel Disease (IBD): The name for a group of diseases that cause inflammation of the intestines. Examples include Crohn's disease and ulcerative colitis.

Kidney: An organ that filters the blood to remove waste that becomes urine.

Menopause: The time when a woman's menstrual periods stop permanently. Menopause is confirmed after 1 year of no periods.

Menstrual Cycle: The monthly process of changes that occur to prepare a woman's body for possible pregnancy. A menstrual cycle is defined as the first day of menstrual bleeding of one cycle to the first day of menstrual bleeding of the next cycle.

Menstrual Period: The monthly shedding of blood and tissue from the uterus.

Obstetrician–Gynecologist (Ob-Gyn): A doctor with special training and education in women's health.

Osteoporosis: A condition of thin bones that could allow them to break more easily.

Ovaries: Organs in women that contain the eggs necessary to get pregnant and make important hormones, such as estrogen, progesterone, and testosterone.

Pelvic Exam: A physical examination of a woman's pelvic organs.

Pituitary Gland: A gland located near the brain that controls growth and other changes in the body.

Polycystic Ovary Syndrome (PCOS): A condition that leads to a hormone imbalance that affects a woman's monthly menstrual periods, ovulation, ability to get pregnant, and metabolism.

Primary Ovarian Insufficiency: A condition that causes a woman's ovaries to stop working before age 40.

Progesterone: A female hormone that is made in the ovaries and prepares the lining of the uterus for pregnancy.

Thyroid Gland: A butterfly-shaped gland located at the base of the neck in front of the windpipe. This gland makes, stores, and releases thyroid hormone, which controls the body's metabolism and regulates how parts of the body work.

Turner Syndrome: A problem that affects women when there is a missing or damaged X chromosome. This syndrome causes a webbed neck, short height, and heart problems.

Ultrasound Exam: A test in which sound waves are used to examine inner parts of the body. During pregnancy, ultrasound can be used to check the fetus.

Uterus: A muscular organ in the female pelvis. During pregnancy, this organ holds and nourishes the fetus. Also called the womb.

Vagina: A tube-like structure surrounded by muscles. The vagina leads from the uterus to the outside of the body.

If you have further questions, contact your ob-gyn.

Don't have an ob-gyn? [Learn how to find a doctor near you.](#)

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