ACOG
The American College of Obstetricians and Gynecologists

FAQs

Heavy Menstrual Bleeding

Frequently Asked Questions

How common is heavy menstrual bleeding?

Heavy menstrual bleeding is very common. About one third of women seek treatment for it. Heavy menstrual bleeding is not normal. It can disrupt your life and may be a sign of a more serious health problem. If you are worried that your menstrual bleeding is too heavy, tell your obstetrician–gynecologist (ob-gyn) .

When is menstrual bleeding considered “heavy”?

Any of the following can be a sign of heavy menstrual bleeding:

- Bleeding that lasts more than 7 days.
- Bleeding that soaks through one or more tampons or pads every hour for several hours in a row.
- Needing to wear more than one pad at a time to control menstrual flow.
- Needing to change pads or tampons during the night.
- Menstrual flow with blood clots that are as big as a quarter or larger.

How can heavy menstrual bleeding affect my health?

Heavy menstrual bleeding may be a sign of an underlying health problem that needs treatment. Blood loss from heavy periods also can lead to a condition called iron-

deficiency anemia . Severe anemia can cause shortness of breath and increase the risk of heart problems.

What causes heavy menstrual bleeding?

Many things can cause heavy menstrual bleeding. Some of the causes include the following:

- Fibroids and polyps
- Adenomyosis
- Irregular ovulation —If you do not ovulate regularly, areas of the endometrium (the lining of the uterus) can become too thick. This condition is common during puberty and perimenopause . It also can occur in women with certain medical conditions, such as polycystic ovary syndrome (PCOS) and hypothyroidism .
- Bleeding disorders—When the blood does not clot properly, it can cause heavy bleeding.
- Medications—Blood thinners and aspirin can cause heavy menstrual bleeding. The copper intrauterine device (IUD) can cause heavier menstrual bleeding, especially during the first year of use.
- Cancer—Heavy menstrual bleeding can be an early sign of endometrial cancer . Most cases of endometrial cancer are diagnosed in women in their mid-60s who are past menopause . It often is diagnosed at an early stage when treatment is the most effective.
- Other causes— Endometriosis can cause heavy menstrual bleeding. Other causes include those related to pregnancy, such as ectopic pregnancy and miscarriage . Pelvic inflammatory disease (PID) also can cause heavy menstrual bleeding. Sometimes, the cause is not known.

How is heavy menstrual bleeding evaluated?

When you see your ob-gyn about heavy menstrual bleeding, you may be asked about

- past and present illnesses and surgical procedures
- pregnancy history
- medications, including those you buy over the counter

- your birth control method
- your menstrual cycle —If you can, use a calendar or period-tracking smartphone app to keep track of your cycle before your visit. Your ob-gyn will want to know detailed information about several cycles, including the dates that your period started, how long bleeding lasted, and the amount of flow (light, medium, heavy, or spotting).

What tests and exams may be used to evaluate heavy menstrual bleeding?

You may have a physical exam, including a pelvic exam . Several lab tests may be done. You may have a pregnancy test and tests for some sexually transmitted infections (STIs) . Based on your symptoms and your age, additional tests may be needed:

- Ultrasound exam —Sound waves are used to make a picture of the pelvic organs.
- Hysteroscopy —A thin, lighted scope is inserted into the uterus through the opening of the cervix. It allows your ob-gyn to see the inside of the uterus.
- Endometrial biopsy —A sample of the endometrium is removed and looked at under a microscope. Sometimes hysteroscopy is used to guide this test. A surgical procedure called dilation and curettage (D&C) is another way this test can be done.
- Sonohysterography —Fluid is placed in the uterus through a thin tube while ultrasound images are made of the uterus.
- Magnetic resonance imaging (MRI) —This test views internal organs and structures using a strong magnetic field and sound waves.

Which medications can be used to treat heavy menstrual bleeding?

Medications often are tried first to treat heavy menstrual bleeding:

- Heavy bleeding caused by problems with ovulation, endometriosis, PCOS, and fibroids often can be managed with certain hormonal birth control methods. Depending on the type, these methods can lighten menstrual flow, help make periods more regular, or even stop bleeding completely.
- Hormone therapy can be helpful for heavy menstrual bleeding that occurs during perimenopause. Before deciding to use hormone therapy, it is important to weigh the benefits and risks (increased risk of heart attack, stroke, and cancer).

- Gonadotropin-releasing hormone (GnRH) agonists stop the menstrual cycle and reduce the size of fibroids. They are used only for short periods (less than 6 months). Their effect on fibroids is temporary. Once you stop taking a GnRH agonist, fibroids usually return to their original size.
- Tranexamic acid is a prescription medication that treats heavy menstrual bleeding. It comes in a tablet and is taken each month at the start of the menstrual period.
- Nonsteroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen, also may help control heavy bleeding and relieve menstrual cramps. If you have a bleeding disorder, your treatment may include special medications to help your blood clot.

Which procedures can be used to treat heavy menstrual bleeding?

If medication does not reduce your bleeding, a surgical procedure may be recommended:

- Endometrial ablation destroys the lining of the uterus. It stops or reduces menstrual bleeding. Pregnancy is not likely after ablation, but it can happen. If it does, the risk of serious complications is greatly increased. You will need to use a birth control method until after menopause following endometrial ablation. Sterilization (permanent birth control) may be a good option to prevent pregnancy for women having ablation. Endometrial ablation should be considered only after medication or other therapies have not worked.
- Uterine artery embolization (UAE) is used to treat fibroids. In UAE, the blood vessels to the uterus are blocked, which stops the blood flow that allows fibroids to grow.
- Myomectomy is surgery to remove fibroids without removing the uterus. Hysteroscopy can be used to remove fibroids or stop bleeding caused by fibroids in some cases.
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- Hysterectomy is surgical removal of the uterus. Hysterectomy is used to treat fibroids and adenomyosis when other types of treatment have failed or are not an option. It also is used to treat endometrial cancer. After the uterus is removed, a woman will no longer have periods and can no longer get pregnant.

Glossary

Adenomyosis: A condition in which the tissue that normally lines the uterus begins to grow in the muscle wall of the uterus.

Birth Control: Devices or medications used to prevent pregnancy.

Cells: The smallest units of a structure in the body. Cells are the building blocks for all parts of the body.

Cervix: The lower, narrow end of the uterus at the top of the vagina.

Complications: Diseases or conditions that happen as a result of another disease or condition. An example is pneumonia that occurs as a result of the flu. A complication also can occur as a result of a condition, such as pregnancy. An example of a pregnancy complication is preterm labor.

Dilation and Curettage (D&C): A procedure that opens the cervix so tissue in the uterus can be removed using an instrument called a curette.

Ectopic Pregnancy: A pregnancy in a place other than the uterus, usually in one of the fallopian tubes.

Endometrial Ablation: A minor surgical procedure in which the lining of the uterus is destroyed to stop or reduce menstrual bleeding.

Endometrial Biopsy: A procedure in which a small amount of the tissue lining the uterus is removed and examined under a microscope.

Endometrial Cancer: Cancer of the lining of the uterus.

Endometriosis: A condition in which tissue that lines the uterus is found outside of the uterus, usually on the ovaries, fallopian tubes, and other pelvic structures.

Endometrium: The lining of the uterus.

Fibroids: Growths that form in the muscle of the uterus. Fibroids usually are noncancerous.

Gonadotropin-releasing Hormone (GnRH) Agonists: A hormone made in the brain that tells the pituitary gland when to produce follicle-stimulating hormone (FSH) and luteinizing hormone.

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

Hypothyroidism: A condition in which the thyroid gland makes too little thyroid hormone.

Hysterectomy: Surgery to remove the uterus.

Hysteroscopy: A procedure in which a lighted telescope is inserted into the uterus through the cervix to view the inside of the uterus or perform surgery.

Intrauterine Device (IUD): A small device that is inserted and left inside the uterus to prevent pregnancy.

Iron-Deficiency Anemia: Abnormally low levels of iron in the blood.

Magnetic Resonance Imaging (MRI): A test to view internal organs and structures by using a strong magnetic field and sound waves.

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 from the first day of menstrual bleeding of one cycle to the first day of menstrual bleeding of the next cycle.

Miscarriage: Loss of a pregnancy that is in the uterus.

Myomectomy: Surgery to uterine fibroids only, leaving the uterus in place.

Nonsteroidal Anti-Inflammatory Drugs (NSAIDs): Drugs that relieve pain by reducing inflammation. Many types are available over the counter, including ibuprofen and naproxen.

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

Ovulation: The time when an ovary releases an egg.

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

Pelvic Inflammatory Disease (PID): An infection of the upper female genital tract.

Perimenopause: The time period leading up to menopause.

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.

Polyps: Abnormal tissue growths that can develop on the inside of an organ.

Progestin: A synthetic form of progesterone that is similar to the hormone made naturally by the body.

Puberty: The stage of life when the reproductive organs start to function and other sex features develop. For women, this is the time when menstrual periods start and the breasts develop.

Sexually Transmitted Infections (STIs): Infections that are spread by sexual contact. Infections include chlamydia, gonorrhea, human papillomavirus (HPV), herpes, syphilis, and human immunodeficiency virus (HIV, the cause of acquired immunodeficiency syndrome [AIDS]).

Sonohysterography: A procedure in which sterile fluid is injected into the uterus through the cervix while ultrasound images are taken of the inside of the uterus.

Sterilization: A permanent method of birth control.

Tranexamic Acid: A medication prescribed to treat or prevent heavy bleeding.

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.

Uterine Artery Embolization: A procedure to block the blood vessels to the uterus. This procedure is used to stop bleeding after delivery. It is also used to stop other causes of bleeding from the uterus.

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

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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