LIVING WELL

Is Your Period Heavier Than It Should Be?

The clues are less about one dramatic day than duration, product changes, clots and what the bleeding prevents you from doing.

The laundry is telling you something

You plan clothes around the risk of leaking. You carry more pads or tampons than seems reasonable, wake at night to change them, or cancel ordinary plans because getting through an hour feels uncertain. Heavy periods are common, but common does not mean you have to quietly reorganise your life around them.

A period can naturally be light or heavy and usually lasts three to seven days. That range leaves room for individual variation, which is why "heavy" can be difficult to judge. You may have no way to measure blood loss, and your idea of normal may have been shaped by years of managing the same demanding pattern.

The useful clues are practical. Bleeding may count as heavy menstrual bleeding (HMB) if it lasts more than seven days, requires a new pad or tampon in less than two hours, soaks through one or more every hour for several hours, or forces you to double up. Changing products overnight and passing clots the size of a quarter or larger also belong on the list.

Then there is the effect on your day. Bleeding that stops you doing what you normally do matters, even if you cannot quantify it. Constant lower-abdominal pain, tiredness, low energy or shortness of breath alongside a heavy flow are further reasons to speak with a healthcare provider. Your life is part of the evidence.

Heavy is a pattern, not a personality trait

It is easy to treat a difficult period as something you are simply bad at managing. But needing frequent changes is not a failure to find the perfect product, and missing work, school or plans is not a lack of resilience. These are concrete details a healthcare provider can use.

Duration is one marker, although general guidance is not perfectly uniform. One definition describes periods that regularly last longer than eight days as prolonged; another considers menstrual bleeding lasting more than seven days heavy. You do not need to settle that technical difference yourself. Bleeding beyond a week is enough to raise in a conversation.

The same is true of product use. Changing a pad or tampon in less than two hours is a sign of

heavy bleeding; soaking through one or more every hour for several hours is especially important to report. Heavy periods may also mean doubling up, changing during the night or repeatedly dealing with large clots.

Heavy or prolonged bleeding can cause anaemia, a common blood problem that may leave you tired or weak. Shortness of breath and a lack of energy can appear alongside heavy flow. If the bleeding is affecting ordinary activities, lasting beyond seven days or requiring nearly hourly changes, this has moved beyond a lifestyle nuisance and warrants medical assessment.

Your life is part of the evidence.

There may not be one neat explanation

Sometimes an examination does not reveal an immediate cause. That uncertainty can be frustrating, but it should not turn the bleeding into something imaginary or unimportant. Possible explanations include noncancerous growths such as fibroids or polyps, cancer of the uterus or cervix, hormonal conditions, pregnancy-related problems, medications and bleeding disorders.

Hormonal imbalance associated with polycystic ovarian syndrome (PCOS), for example, can produce less frequent periods that last much longer when they arrive. Certain forms of birth control, including an intrauterine device (IUD), may be involved. Aspirin and anticoagulants, often called blood thinners, are among the medications that can contribute.

Pregnancy-related possibilities include miscarriage and ectopic pregnancy, in which a pregnancy begins growing outside the uterus and is not safe. The sources do not provide a home method for distinguishing these from other explanations. If pregnancy could be involved, tell your healthcare provider rather than assuming the bleeding is simply an unusually difficult period.

A bleeding disorder may be overlooked when a routine gynaecological visit finds nothing. Possibilities include von Willebrand disease (VWD), platelet function disorders and other clotting problems. Clues elsewhere in your history can include frequent large bruises, spontaneous nosebleeds, blood in urine or stool, or excessive bleeding after a cut, dental procedure, surgery or childbirth.

Teenagers deserve a broader investigation

Very heavy bleeding in adolescence is sometimes dismissed as part of periods "settling down." Cycles can take a few years to become regular, but that does not make severe bleeding

irrelevant. Evidence focused specifically on teenagers shows why a broad assessment matters.

A 2024 systematic review examined 17 case-series reports covering 2,770 adolescents aged 10 to 19 with HMB or abnormal uterine bleeding. Ovarian and uterine disorders were the most frequently identified category, accounting for an estimated 23.7% of cases. Coagulation disorders accounted for 19.4%, while platelet disorders accounted for 6.23%.

The largest group had no determined explanation: an estimated 45.9% of cases. Those figures should not be treated as a personal probability calculator. The review combined case series rather than trials, and it examined adolescents who already had heavy or abnormal bleeding, not every teenager who menstruates. Its value is in showing that no single cause dominates.

For a teenager, details about when periods began, how long they last, how often products need changing and whether heavy bleeding runs in the family can guide the next conversation. Testing may include blood work for anaemia, thyroid problems or clotting problems. Depending on the history, a clinician may also discuss an examination, ultrasound or other tests.

Make the invisible pattern visible

You do not have to arrive at an appointment knowing the cause or the exact volume of blood lost. Treatment depends on what is driving the bleeding, how serious it is, your medical history and what matters to you. Some people prioritise reducing blood loss; others care most about predictability, pain or preserving the possibility of future pregnancy.

It helps to say plainly what the period costs you. Mention disrupted sleep, cancelled plans, leaks, doubling products, pain, low energy or shortness of breath. Also report large bruises, nosebleeds or unusual bleeding after dental work, surgery or childbirth. If a routine visit found no gynaecological explanation, ask whether testing for a bleeding disorder makes sense.

Your practical step this week is to start a period record. It takes a notebook, a pen and the pads or tampons you already use. Write down the first and last day of bleeding, which days feel heaviest, how often you change products, whether you double up or change overnight, and whether you pass large clots.

Do not wait for months of perfect data before seeking help. A record is not an entrance exam for care; it is a way to make a hard-to-measure experience easier to describe. On Monday, put the notebook beside your period products. The next time bleeding dictates your day, write down exactly how.

Where this comes from

- Menstruation

  MedlinePlus, U.S. National Library of Medicine · https://medlineplus.gov/menstruation.html
- About Heavy Menstrual Bleeding | Bleeding Disorders in Women | CDC

  Centers for Disease Control and Prevention · https://www.cdc.gov/female-blood-disorders/about/heavy-menstrual-bleeding.html
- Bleeding Disorders - Symptoms | NHLBI, NIH

  National Heart, Lung, and Blood Institute · https://www.nhlbi.nih.gov/health/bleeding-disorders/symptoms
- Systematic review and meta-analysis of the etiology of heavy menstrual bleeding in 2,770 adolescent females.

  BMC women's health, 2024 · https://pubmed.ncbi.nlm.nih.gov/38378571/