SYMPTOM

Painful menstrual periods

Painful menstrual periods are cramps or aches that occur before or during menstrual bleeding.

WHAT IT FEELS LIKE
Cramping or aching around your period

WHERE IT IS FELT
Lower belly, sometimes spreading to the back and thighs

MOST COMMON CAUSES
Period-related uterine contractions, endometriosis, fibroids

WHEN IT IS URGENT
Sudden severe pain, fainting, or pain with possible pregnancy

USUALLY LASTS
One to three days, or longer with an underlying condition

SEE A DOCTOR IF
Pain disrupts life, worsens, or resists self-care

Overview

Painful menstrual periods involve cramping, aching, or pressure before or during menstrual bleeding. The medical term is dysmenorrhea .

Period pain often comes from the uterus tightening to help shed its lining. Chemicals called prostaglandins trigger these contractions. Higher prostaglandin levels can cause stronger cramps, nausea, diarrhea, or headaches.

This type of pain is called primary dysmenorrhea when there is no separate pelvic condition causing it. Pain can also result from conditions such as endometriosis or fibroids. This is called secondary dysmenorrhea .

The timing, severity, and effect on your daily life matter. Pain that is new, steadily worsening, or present outside your period deserves medical attention.

What it may feel or look like

The pain often feels like cramps, pressure, or a deep ache in the lower belly. It may spread into

your lower back or thighs. Some people have waves of stronger pain, while others have a constant ache.

Other symptoms may include:

Primary period pain usually begins shortly before bleeding or when bleeding starts. It is often strongest during the first day and improves over the next two or three days.

Pain from an underlying condition may begin earlier, last longer, or continue after bleeding ends. You might also notice pain during sex, bowel movements, or urination; bleeding between periods; or unusually heavy or irregular periods.

- Nausea, loose stools, or vomiting
- Headache, tiredness, or dizziness
- Sweating or feeling generally unwell
- Trouble sleeping or concentrating

Common causes

The most common cause is primary dysmenorrhea. The uterus is healthy, but prostaglandin-driven contractions cause pain. This often begins during the teenage years, after periods have become regular.

Endometriosis is a common cause of secondary pain. Tissue similar to the lining of the uterus grows elsewhere in the pelvis. It may cause worsening period pain, pain during sex, bowel or bladder symptoms, or difficulty becoming pregnant.

Other possible causes include adenomyosis , in which tissue similar to the uterine lining grows into the muscle of the uterus, and fibroids , which are non-cancerous growths in or around the uterus. Both can cause painful or heavy periods.

A copper intrauterine device, or IUD, may make cramps and bleeding heavier, particularly during the first months after insertion. Ovarian cysts, pelvic infection, or narrowing of the cervix are less common causes.

Rarely, pain mistaken for period pain comes from an urgent problem such as an ectopic pregnancy or a twisted ovary. An ectopic pregnancy develops outside the uterus, usually in a fallopian tube. Bleeding does not always rule out pregnancy.

When to seek medical care

Seek emergency help if you have sudden, severe pelvic pain, especially if it is one-sided or accompanied by fainting, severe weakness, shoulder-tip pain, or difficulty breathing. This is particularly important if pregnancy is possible.

Heavy bleeding also needs urgent attention if you feel faint, confused, short of breath, or unable to stand safely.

Arrange same-day medical care if pelvic pain occurs with a fever, foul-smelling discharge, repeated vomiting, or rapidly worsening symptoms. Seek same-day advice for pain or bleeding with a positive pregnancy test or a missed period.

Book a routine appointment if:

New period pain after years of manageable periods should also be assessed, even if it is not urgent.

- Pain regularly stops you working, studying, sleeping, or exercising
- Symptoms are becoming more severe or lasting longer
- Self-care and non-prescription medicines are not helping
- Pain occurs between periods, during sex, or when using the toilet
- Your periods have become much heavier, irregular, or newly painful

How the cause is found

A clinician will ask when the pain starts, how long it lasts, and whether it has changed. They may ask about bleeding, contraception, pregnancy possibility, sexual health, bowel or bladder symptoms, and how the pain affects daily life.

Tracking two or three menstrual cycles can help. Record bleeding days, pain severity, other symptoms, and any medicines or self-care you use.

A physical or pelvic examination is not always needed when symptoms strongly fit primary dysmenorrhea. It may be recommended when symptoms suggest another cause.

Depending on your symptoms, testing may include a pregnancy test, tests for infection, blood tests, or an ultrasound scan. Ultrasound can identify some fibroids, ovarian cysts, or signs of adenomyosis, but it cannot rule out every cause of pelvic pain. Endometriosis may require specialist assessment and sometimes keyhole surgery called laparoscopy.

Treatment and self-care

Heat can ease uterine cramps. Try a warm bath, heating pad, or covered hot-water bottle on your lower belly or back. Avoid placing very hot items directly against your skin.

Gentle movement, stretching, regular physical activity, sleep, and relaxation techniques may also help. These approaches can be combined with medicine.

Anti-inflammatory pain medicines such as ibuprofen or naproxen reduce prostaglandins. They often work best when started at the first sign of pain, or shortly before an expected period. Follow the product label, and do not combine different anti-inflammatory medicines. Ask a pharmacist or clinician before using them if you have other health conditions, take regular medicines, or could be pregnant.

Paracetamol may help some people who cannot use anti-inflammatory medicines, although it may not control strong cramps as well.

Hormonal contraception can reduce period pain by making the uterine lining thinner or reducing ovulation. Options include pills, patches, rings, injections, implants, and hormonal IUDs. A clinician can help you choose based on your preferences, health, and whether you want contraception.

Treatment for secondary pain depends on the cause. It may include hormonal treatment, antibiotics like amoxicillin or doxycycline for infection, or procedures for conditions such as fibroids or endometriosis.

What to expect

Primary period pain can often be managed with heat, suitable pain medicine, or hormonal treatment. It may become less severe with age, but this does not happen for everyone.

If treatment does not help after several cycles, or the pattern changes, further assessment may be needed. Persistent pain does not mean that a serious condition is present, but it should not be dismissed when it affects your life.

Conditions such as endometriosis, adenomyosis, and fibroids may need ongoing care. Treatment is guided by your symptoms, plans for pregnancy, and personal preferences.

Common questions

Are painful periods normal?

Mild cramps are common. Severe pain that prevents normal activities, repeatedly causes vomiting, or continues despite treatment should be assessed.

Can period pain happen without much bleeding?

Yes. Cramp severity does not always match the amount of bleeding. Sudden or unusual pain still needs attention.

Can stress make cramps worse?

Stress may increase muscle tension, disrupt sleep, and make pain feel harder to manage. It does not explain every case of severe or worsening pain.

Could I be pregnant if I am bleeding?

Yes. Bleeding can occur during pregnancy and may be mistaken for a period. Take a pregnancy test and seek urgent advice if pregnancy is possible and you have significant pelvic pain.

Should I keep exercising?

Gentle activity is usually safe if it feels manageable. Stop and seek advice if movement causes sudden severe pain, faintness, or heavy bleeding.

Sources

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