SYMPTOM

Period pain

Period pain is cramping or aching in the lower belly before or during menstruation.

WHAT IT FEELS LIKE
Cramping or aching low in my belly around my period

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

MOST COMMON CAUSES
Natural womb contractions, endometriosis, fibroids

WHEN IT IS URGENT
Severe new pain with fever, fainting, or possible pregnancy

USUALLY LASTS
One to three days, depending on the cause

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

Overview

Period pain means cramping or aching shortly before or during a menstrual period. The medical term is dysmenorrhea .

Mild discomfort can be part of menstruation. However, pain that stops you sleeping, attending school or work, exercising, or doing usual activities deserves medical attention. Severe pain should not be dismissed simply because it happens during periods.

Period pain does not have one cause. It may come from normal contractions of the womb, or it may be linked to another condition affecting the pelvis.

What it may feel or look like

The pain is usually felt low in the belly. It may spread into the lower back, hips, groin, or thighs. You might describe it as cramping, aching, throbbing, pressure, or a sharp pain.

Pain caused by ordinary menstrual contractions often starts just before bleeding or when bleeding begins. It is usually strongest during the first day or two.

You may also notice:

Symptoms beyond the first few days, or pain at other points in the menstrual cycle, can help a clinician investigate the cause.

- Nausea, loose stools, headache, tiredness, or dizziness
- Pain that comes in waves or remains steady
- Heavy or irregular bleeding
- Pain during sex, bowel movements, or urination
- Pelvic pain between periods

Common causes

Natural womb contractions are the most common cause. During menstruation, hormone-like substances called prostaglandins make the womb tighten so it can shed its lining. Higher prostaglandin activity can produce stronger cramps. This is called primary dysmenorrhea , meaning pain without another pelvic condition.

Endometriosis happens when tissue similar to the womb lining grows elsewhere in the pelvis. It can cause worsening period pain, pain during sex, bowel or bladder symptoms, and difficulty becoming pregnant. Symptoms differ widely, and a normal ultrasound does not rule it out.

Adenomyosis occurs when tissue similar to the womb lining grows within the muscular wall of the womb. Periods may become painful or heavy, especially from the 30s onward.

Fibroids are non-cancerous growths in or around the womb. They may cause heavy bleeding, pressure, swelling, or pain, although many cause no symptoms.

Less common causes include pelvic inflammatory disease, narrowing of the cervix, ovarian cysts, and some problems related to an intrauterine device. A copper intrauterine device can make periods heavier or more painful, particularly in the first months after insertion.

Sudden severe pain may have an urgent cause, such as an ovarian cyst complication, twisting of an ovary, or an ectopic pregnancy. An ectopic pregnancy develops outside the womb and can cause bleeding that is mistaken for a period.

When to seek medical care

Seek emergency help now if you have period-like bleeding or pelvic pain together with:

These symptoms need prompt assessment even if you think the bleeding is a normal period.

Arrange same-day medical care for severe or rapidly worsening pain, fever, repeated vomiting,

unusual vaginal discharge, or feeling very unwell.

Book a routine appointment if the pain regularly interrupts daily life, has become worse, or started after years of manageable periods. You should also make an appointment for pain between periods, pain during sex, bowel or bladder symptoms, heavy or irregular bleeding, or symptoms that do not improve with appropriate self-care.

- Possible pregnancy and severe or one-sided pain
- Fainting, marked dizziness, shoulder-tip pain, or severe weakness
- Sudden, intense pelvic pain, especially with vomiting
- Very heavy bleeding with breathing difficulty, chest pain, or faintness

How the cause is found

A clinician will ask when the pain starts, how long it lasts, where it spreads, and how it affects you. They may ask about bleeding, other pelvic symptoms, medicines, contraception, sexual health, and whether pregnancy is possible.

Depending on your symptoms, tests may include a pregnancy test, blood tests, or testing for sexually transmitted infections. A pelvic examination may be offered with your consent. You can ask for a chaperone and stop the examination at any time.

An ultrasound can look for fibroids, ovarian cysts, or adenomyosis. It cannot find every cause of period pain. Endometriosis, for example, may be present despite a normal scan. Sometimes specialist assessment, MRI, or keyhole surgery called laparoscopy is considered.

Treatment and self-care

A heat pad, hot-water bottle wrapped in fabric, warm bath, gentle movement, or abdominal massage may ease cramps. Regular physical activity may also help some people.

Anti-inflammatory pain medicines, such as ibuprofen or naproxen, reduce prostaglandin activity and can work well for menstrual cramps. Follow the package directions and do not combine similar anti-inflammatory medicines. Ask a pharmacist or clinician before using them if you have kidney disease, stomach ulcers, take blood thinners like warfarin or apixaban , have reacted to these medicines before, or could be pregnant.

Paracetamol, also called acetaminophen, is another option for some people. Use only as directed and check combination products to avoid taking it twice.

If self-care is not enough, a clinician may discuss hormonal contraception. Options such as the combined pill, progestogen-only methods, an implant, injection, or hormonal intrauterine system can reduce pain for some people. The suitable choice depends on your health, preferences, and whether you want contraception.

Treatment for an underlying condition is tailored to that condition. It may involve medicines, hormonal treatment, antibiotics like amoxicillin or doxycycline for an infection, or occasionally surgery.

What to expect

Primary period pain often begins during the teenage years, after menstrual cycles become established. Symptoms may lessen with age, but this is not guaranteed.

Pain from another pelvic condition may worsen over time, begin before bleeding, or continue after the period ends. Keeping a symptom diary for several cycles can show patterns and help you explain how pain, bleeding, and other symptoms affect your life.

Effective treatment may require trying more than one approach. Follow up if the plan is not helping or your symptoms change.

Common questions

Is severe period pain normal?

Period cramps are common, but pain that repeatedly stops normal activities should be assessed. The level of pain does not always show how serious the cause is.

Can period pain cause nausea or diarrhoea?

Yes. Prostaglandins involved in womb contractions can also affect the digestive system, causing nausea, loose stools, or vomiting.

Can I have endometriosis with normal scans?

Yes. Ultrasound can identify some signs of endometriosis but cannot exclude it. Ongoing symptoms may still need further assessment.

Could bleeding during pregnancy look like a period?

Bleeding can occur during pregnancy and should not be assumed to be a period. Seek urgent help for bleeding with severe pain, one-sided pain, shoulder-tip pain, dizziness, or fainting.

Sources

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