



Heavy menstrual bleeding

January 2025

About this leaflet

This leaflet is for young people with heavy periods and their families. It should help you to understand the common causes of heavy periods. It also describes the treatments that are available. Your healthcare team will further support you in deciding about your care and what is right for you.

Key points

- Heavy menstrual bleeding is very common
- As you get older and your period become more regular it is likely that they will become less heavy
- There are lots of management options available

What are periods?

A “period” or “menstruation” is the part of the menstrual cycle when the womb (uterus) sheds its lining. This leads to blood coming out via the vagina.

Is it common to have heavy periods as a teenager?

Yes, it is very common to have heavy periods as a teenager.

The most common reason for this is something called “anovulation”. This is where you don't release an egg from your ovaries each month. This is very normal in the first few years after starting your periods. It often means the number of days between the start of each period is different. When you don't release an egg, this can sometimes make the womb lining thicker than usual. A thick womb lining can shed at unpredictable times. The bleeds may be heavy and last for a long time.

In most cases the timing of periods will become more predictable as you get a little older. This is because your ovaries are more likely to release an egg each month.

Another much less common cause of heavy periods are bleeding disorders.

If you have a condition like this, you may notice the periods are heavy right from your first one. You may also bruise easily or that bleeding from wounds goes on for longer than it does for other people. Your doctor may suggest some blood tests to look for the more common bleeding disorders.

What is normal? When should I see a doctor?

Although heavier periods can be normal, see a doctor if :

- your period regularly lasts more than 7 days
- if you are soaking through pads / tampons more than every 2 hours
- you are needing to use pads and tampons at the same time
- if you are flooding or leaking onto your underwear or clothes regularly
- If your periods are stopping you from going to school /college, doing sports or socialising with your friends

How can I keep track of my periods?

It can be helpful to keep a record of your bleeding in a diary. You could take note of how many pads / tampons you used each day and whether you had any flooding or leaks. You may choose to use a period-tracking app on your mobile phone or use a paper diary. This is useful information to bring with you to appointments.

Is having heavy periods dangerous?

The main problem is the impact that heavy bleeding can have on your life. Some people lose much more blood than expected and become anaemic. If this happens, you might get dizzy, breathless and tired easily. A blood test will tell your doctor whether you need iron replacement therapy.

Treatment options and problem-solving tips

Conservative management

Sometimes we wait to see if the periods get better with time, which it usually does. Regular exercise can help raise energy levels and improve your quality of life. A healthy, iron-rich diet can help reduce iron deficiency anaemia. Maintaining a healthy weight can also help your periods to become more regular.

Things you can do to manage your heavy periods:

- Doubling up on sanitary wear – this means wearing both a tampon and a pad together
- Reusable period pants – the heavy use pairs can hold up to 4 tampons worth of blood. This might prevent potential leaks in school when unable to get a bathroom pass
- Menstrual Cups – reusable cups that sit in vagina and collect blood throughout the day. There are lots of different size options available, including some designed for teenagers
- Reusable pads – you can get a variety of pads to use on different period flow day

Non-hormonal medications

These medications will not make the periods regular, or change their length. Tranexamic acid and NSAIDs (including mefenamic acid) can be taken individually or both together.

Tranexamic acid tablets

Taken during the heaviest days of your period can help your blood clot and reduce the amount you lose by 26-60%. It works by making blood clots more stable.

You cannot have this medication if you have or have ever had a blood clot (venous thromboembolism, VTE) in the legs or lungs. It should be used cautiously if you are also taking the combined pill as both can increase your risk of VTE.

NSAIDs (including mefenamic acid)

The most easily available NSAID over the counter is Ibuprofen. Your doctor may prescribe Mefenamic acid.

These medications help with bleeding, reducing it by up to 25%. They are also also good for period pain. Start taking it 24-48 hours before your period starts for the best effect.

Iron supplements

These might help improve your iron stores if taken regularly. Your doctor should be able to advise if they are needed.

Non-contraceptive hormones

Medroxyprogesterone acetate or **Norethisterone** These are non-contraceptive forms of progestogen.

They are usually prescribed to be taken for 21 days, followed by a 7-day break to allow a regular period. It prevents over-thickening of the womb lining leading to lighter regular periods. It can be a good treatment when the periods are very heavy and irregular due to anovulation.

These treatments would usually be prescribed for 6-12 months. The tablets could then be stopped to see if the periods have naturally become more regular and less heavy.

Contraceptive medications

Combined hormonal contraceptives (pill, Evra patch or vaginal ring)

These medications contain both oestrogen and progestogen. They can reduce the amount of bleeding by up to 70%. If taken correctly act as an effective contraceptive.

Normally a difference in period heaviness is noticed after 3 months. The full effect will be noticeable by 6 months.

Your doctor will tell you on how they would like you to take this medication.

- Cyclically – Take it for 3 weeks and have a 1-week break when you will have a “period”
- Tri-cycle – Take 3 packets back-to-back then have a 4-7 day break
- Continuously – Take the pill everyday. Only stop for a 4-day break if you get persistent spotting (of blood). The break allows a 'period' to happen. You can plan breaks in your pill to make sure your period happens at a convenient. This might mean you can avoid a period during exams, school trips or family holidays.

Common side effects include headaches, nausea, dizziness, breast tenderness, unscheduled bleeding, mood changes. These often improve once you have been taking the medication for a few months. There is no evidence that the COCP causes weight gain. Some girls notice they increase their appetite.

This medication can slightly increase the risk of blood clots in the legs and lungs (VTE). Your doctor will ask you some questions to make sure it is safe for you to take.

Problem solving – If you find the first pill you are started on doesn't suit you, there are many others with different combinations of oestrogen and progestogen that can be tried. and sometimes there is an element of trial and error to getting the perfect fit.

Progesterone only contraceptive pill (POP)

This is likely to be Desogestrel at a 75mcg or 150mcg (double) dose. This provides a continuous low dose progestogen, thinning of the womb lining. This reduces bleeding during your period. After taking this medication for a year half of women have no periods or very light periods.

The pill is taken once daily continuously with no break and you can start them at any point during your cycle.

Common side effects include breast tenderness, low mood, headache, reduced libido, acne. There is no evidence of weight gain with this pill, but can increase appetite.

Problem solving – if you are on a 75mcg dose and you are having random bleeds throughout your cycle try taking the pill twice daily (or two at a time). This is a safe way to take this pill.

Medroxyprogesterone Acetate injection (Depo-provera® or Sayana Press® injection)

The “contraceptive injection” is a progestogen medication. It can be injected by a healthcare professional (Depo-provera) or self-injected at home (Sayana Press) every 12 weeks. 50-60% of people using it have no period after 1 year of use, and 70% have no period after 2 years. This method is not recommended as the first option treatment in adolescents. This is because it can reduce bone density after 5 years use, but this does recover after stopping using it. For some girls it may be the right choice if other options are not working. It can also take up to 1 year for fertility to return once stopped.

Progestogen-containing implant (Nexplanon®)

This is a small progestogen-containing implant that sits just under the skin in the arm. It lasts for 3 years and provides very reliable contraception. Some people have no periods with it, but some people have irregular bleeding.



Progestogen-containing intrauterine system (IUS)

There are several progestogen-containing IUSs that deliver hormone directly to the womb lining. They are commonly known as “coils”, but are not coil-shaped. There are at least four types available. Only the Mirena® and Levosert® are currently licenced to treat heavy menstrual bleeding.

These devices can often be inserted in the outpatient clinic. Sometimes teenagers need a short general anaesthetic.

It can take 6-12 months to see full effect after insertion. Bleeding patterns can be very unpredictable initially. They reduce blood loss significantly in 90% of people.



Coping strategies

We understand that heavy or painful periods can impact many aspects of life, especially as a young person. There can be psychological problems such as mood swings, tiredness, increased worries, feeling different to peers or a lack of confidence.

Sometimes there can be wider consequences too; such as missing school or college, avoiding going out, and skipping activities, as well as a fear of leaking and the embarrassment this could cause.

There is also evidence that stress can impact how painful periods can be. Psychological coping strategies can be considered alongside other hormonal or pain management treatments to manage the impact of heavy or painful periods. There is useful supportive information available on-line such as:

<https://www.nhs.uk/mental-health/self-help/tips-and-support/mindfulness/>

<https://www.nhs.uk/mental-health/talking-therapies-medicine-treatments/talking-therapies-and-counselling/cognitive-behavioural-therapy-cbt/overview/>

[https://www.uhbristol.nhs.uk/media/3716492/coping as a teenager with having july19 dms .pdf](https://www.uhbristol.nhs.uk/media/3716492/coping%20as%20a%20teenager%20with%20having%20july19%20dms.pdf)

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Sources and acknowledgements

This information has been produced by the BritSPAG Executive Committee.

The information is evidence-based (at the time of production) and a full reference list is held by the BritSPAG Executive Committee.