

# Pain With Your Menstrual Period

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Pain with your period is very common. This handout includes what you need to know about symptoms, causes and treatment.

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## Is pain with your menstrual period normal?

Painful cramping during your menstrual period is very common. Sometimes this pain and other symptoms are severe enough that you may have to miss school, work, sports or other important activities. If the pain is this bad, talk to your doctor.

The medical term for pain with your period is dysmenorrhea (DIS-men-or-REE-a).

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## What causes the pain?

There are 2 types of dysmenorrhea: “primary dysmenorrhea” and “secondary dysmenorrhea.”

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### Primary dysmenorrhea

Primary dysmenorrhea means that periods are painful because extra natural chemicals (prostaglandins) are produced during your period. For most women, primary dysmenorrhea is caused by your uterus releasing extra chemicals. These chemicals make your uterus cramp and shed its uterine lining, so when there are extra chemicals, this cramping may be very painful. Many people have primary dysmenorrhea and it can happen at any age.

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### Secondary dysmenorrhea

Secondary dysmenorrhea is when the pain is caused by something other than the chemicals. These causes include:

**Endometriosis:** This is when the cells of your uterine lining (endometrium) are also found outside of your uterus. When this happens, these cells can be on your ovaries, on the ligaments holding your uterus, or even on your bowels. Up to 25% of women have this condition.

**Fibroids:** These are non-cancerous tumors that may grow in your uterus. Fibroids are not common in adolescents.

**Infections:** Infections inside the uterus (pelvic inflammatory disease) or outside the uterus (like appendicitis) can be painful. Both of these may be aggravated by your menstrual period.

**Ovarian cysts:** Ovarian cysts (usually fluid filled but sometimes solid) may also cause pain with your periods. Most ovarian cysts are not cancerous. To learn more, read our handout “Ovarian Cysts” [seattlechildrens.org/pdf/PE2190.pdf](http://seattlechildrens.org/pdf/PE2190.pdf).

**Obstructed uterus or vaginal septum:** When there is a blockage in your vagina, making it too narrow for the uterine lining to shed easily, or your cervix does not form. This may cause pressure inside your uterus or vagina which can be very painful. Your doctor can tell if you have this from a pelvic examination or with an ultrasound.

**Stress:** Stress, depression and anxiety can make coping with pain more difficult.

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### To Learn More

- Adolescent Gynecology  
206-987-2028
- Ask your child’s healthcare provider
- [seattlechildrens.org](http://seattlechildrens.org)

### Free Interpreter Services

- In the hospital, ask your nurse.
- From outside the hospital, call the toll-free Family Interpreting Line, 1-866-583-1527. Tell the interpreter the name or extension you need.

### What are the risk factors?

There are certain things that can make it more likely for you to have severe pain with your period. These include:

- You have never been pregnant before
  - You have a developmental difference of your uterus or vagina. To learn more, read our handout “Developmental Differences of the Female Reproductive Organs” [seattlechildrens.org/pdf/PE999.pdf](http://seattlechildrens.org/pdf/PE999.pdf).
  - Endometriosis
  - Family history (mothers or sisters) with a history of endometriosis or severe pain with their menstrual periods
  - Stress, depression or anxiety
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### How can I treat the pain?

#### Non-medicine

Heating pads, warm baths, and exercise including yoga. As in any condition associated with pain, limiting life stressors and getting counseling may help significantly in reducing your pain.

#### Over-the-counter medicine

Up to 90% of women find over-the-counter pain relievers to be helpful. Taking these pain relievers may not only decrease your pain, but also will decrease the amount of blood you pass during your period. These include:

- Ibuprofen (Advil, Pamprin, Motrin): 400 to 600 mg of ibuprofen by mouth every 6 hours. Some women cannot take ibuprofen because they have had stomach ulcers or kidney damage.
- Naprosyn (Aleve): 220 mg every 12 hours
- Acetaminophen (Tylenol): 500 mg every 6 hours

Use these medicines only if recommended by your healthcare provider. **Check with the healthcare provider first before taking any type of medicine.** If you have pain that is not relieved by medicine and comfort measures, please call the clinic.

#### Prescription medicine

After trying over-the-counter pain relievers, your doctor may prescribe prescription medicine to lessen or stop pain and bleeding. These include:

- Birth control pills, patch, or vaginal ring
  - Depo Provera shot
  - Progestin intrauterine device (IUD)
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### What if I still have pain?

For women who continue to have pain despite pain relievers and/or birth control pills, a pelvic ultrasound and possibly a laparoscopy may be needed.

A laparoscopy is a surgery where small cuts are made so a camera may go into the abdomen. A laparoscopy would be done to look for endometriosis or to treat an ovarian cyst. Your doctor may recommend surgery if an ultrasound shows an ovarian cyst or blockage of your cervix or vagina.

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### Where can I learn more?

**Dysmenorrhea:** [acog.org/Patients/FAQs/Dysmenorrhea-Painful-Periods](http://acog.org/Patients/FAQs/Dysmenorrhea-Painful-Periods)

**Endometriosis:** [acog.org/Patients/FAQs/Endometriosis](http://acog.org/Patients/FAQs/Endometriosis)

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