

Women's bleeding explained

What is normal?

Period pain is considered 'normal' if:

- The pain is manageable or goes away if you take simple period pain medication 
- It is only there for a few days before and on the first one or two days of your period 
- It goes away if you use the contraceptive pill (particularly if you use the pill continuously and skip your periods) 
- You are able to do all of your normal daily activities such as going to school or work, or playing sport. 



If your period pain does not fit the description of 'normal' and is so bad that it stops you doing what you would normally do on a daily basis, such as going to school or work, it is important to talk to your doctor or gynaecologist.



Has something Changed?

It is important not to assume that any change to your menstrual cycle is related to your bleeding disorder. This includes new bleeding between periods (spotting), new severe lower tummy pain or other new symptoms. There are many women's health issues (e.g. endometriosis or fibroids) that are common among girls and women generally. Discuss any new symptoms that concern you with your doctor or gynaecologist (women's health doctor) so they can be properly checked out.

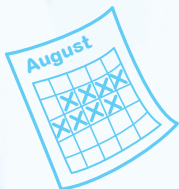


Heavy periods

(‘Heavy menstrual bleeding’)

Heavy periods are also called ‘heavy menstrual bleeding’. Doctors may also use the terms ‘abnormal uterine bleeding’ or ‘menorrhagia’. It can be difficult to define what heavy periods are because what different girls and women call ‘heavy’ can vary. It partly depends on what you or your family are used to, and how much your period interferes with your everyday life. Here are some signs that suggest that a period is ‘heavier’ than average.

- Soaking through a super tampon or pad every two hours or less, or needing to change protection or put a towel under you or flooding the bed during the night



- Periods that last for longer than 8 days

- Bleeding with clots bigger than a 50 cent piece



- Cramping and pain in the lower abdomen (tummy)
- Constant tiredness.

Heavy periods can lead to low red blood cells or iron levels in the blood (anaemia), which can cause tiredness, shortness of breath, pale skin colour and poor concentration.

Stress can also influence how you feel and in turn, how much your hormones go up and down. These changes in hormones can then affect your pattern of menstrual bleeding.

Girls and young women, even when they don't have a bleeding disorder, commonly have heavy and irregular periods when their periods begin. This is because it can take some time for the hormones which drive menstruation to settle down into a 'normal' cycle after periods first start. All girls and young women with or without a bleeding disorder may have some improvement in heavy bleeding after the first few cycles. However, if you have a bleeding disorder you are more likely to continue to experience heavy bleeding that is a problem.

It is important to seek help early, before periods cause problems with normal school and social activities. If a family or their doctor suspects that a young girl has a bleeding disorder it may be valuable to consult with her doctor before her periods start.

Premenstrual syndrome (PMS)

Symptoms other than pain might develop as a result of the effects of hormones involved in getting your period.

These symptoms, also known as premenstrual syndrome, may begin a few days before your period, but usually settle after the first few days

They include:

- Headaches
- Nausea with or without vomiting
- Feeling dizzy or fainting
- Digestive problems, such as diarrhoea or constipation
- Premenstrual symptoms, such as tender breasts and a swollen abdomen, which can continue throughout your period.

Dysmenorrhoea

(period pain)

Dysmenorrhoea is the medical name for painful periods and can affect any female, not just if you have a bleeding disorder. However, girls and women who have bleeding disorders are more likely to have dysmenorrhoea.

Periods are the result of hormonal changes that lead to shedding the lining of the uterus (womb). This process uses a whole combination of chemicals that can cause a range of symptoms that can be quite uncomfortable but are just the side effects of these chemicals (known as prostaglandins and chemokines). One of those symptoms is painful periods, especially if your period is heavy.

Pain with heavy periods includes:

- More cramps, if you are passing larger clots
- Pain when you go to the toilet and urinate (wee) or open your bowels (poo) during your period
- Pain when you are moving about on heavy days.

Any girl or woman with dysmenorrhoea can experience these symptoms.

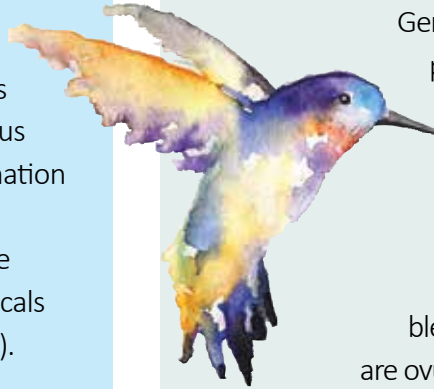


It is thought that the period pain that comes with heavy periods is due to a back spill of blood into the fallopian tubes that lead away from the uterus. Almost all girls and women spill a little bit of blood back through their fallopian tubes into the part of their abdomen that is called their peritoneal cavity (their insides). If you bleed heavily, you probably have more back spill, which will cause more period pain and other related problems.

Mid-cycle pain

(‘Mittelschmerz’)

Women and girls can also have pain in the middle of their menstrual cycle during ovulation, when the egg is released from the ovary. This pain is sometimes called ‘Mittelschmerz’, the German word meaning ‘middle pain’, and is usually a pain on one side of your lower abdomen (tummy) that you have midway between periods. Women and girls can also have a little bit of bleeding or spotting when they are ovulating.



This mid-cycle pain can be more severe in some women and girls with bleeding disorders as they can lose a larger amount of blood at ovulation than other women would and this bleeding can contribute to pain.

It is very uncommon but sometimes this bleeding can cause a type of cyst to form on the ovary (called a corpus luteum cyst). Prolonged bleeding into an ovarian cyst causes it to expand, which may cause pelvic pain. Sometimes blood can leak from the cyst into the abdomen (haemorrhagic ovarian cyst). Most of the time this can be relieved with rest, pain relief and factor concentrate replacement. It would be unusual to need surgery for this problem.

If you have unusually severe lower abdominal pain that is not settling with simple pain relief it is important you see your doctor as soon as possible. There are other causes of lower abdominal pain that are not related to bleeding disorders. This includes some which are very serious and can be a medical emergency, such as appendicitis or an ectopic pregnancy (where the fertilised egg grows outside the uterus, usually in a fallopian tube).

Anaemia

Women and girls with bleeding disorders who have heavy periods are at risk of low levels of iron in the blood which can lead to anaemia (low red blood cells or low haemoglobin). They can feel unwell, faint, dizzy, tired, and short of breath. Looking pale is also a common sign of low iron levels.

If you have these symptoms it is important to get iron levels checked by your doctor who might suggest iron supplements. The prescribing doctor will decide if these iron supplements are to be taken by mouth or via injection. If your iron deficiency is very mild they may just suggest changes to your diet.



Bleeding after sex

Bleeding occasionally occurs when any young woman has sex for the first time. This is caused by a little tear in the hymen, the rim of tissue at the lower end of the vagina, when it is not quite stretchy enough to allow sex to occur comfortably. The amount of bleeding that occurs varies for each young woman. If bleeding after sex keeps happening or lasts for several days each time, talk to your doctor or your Haemophilia Treatment Centre (HTC).

If you are embarrassed about talking to your doctor or HTC team, remember they are health professionals and are trained to help you deal with issues like this.



Endometriosis

Women with bleeding disorders have an increased chance of having a condition called endometriosis, where cells like those in the lining of the uterus grow in the pelvis outside the uterus and can bleed during menstrual periods. This is because women with bleeding disorders often bleed more and for a longer time during menstruation and blood is likely to move backwards from the uterus into the abdomen via the fallopian tubes. Endometriosis can cause pain and long, heavy or irregular periods or spotting between periods.

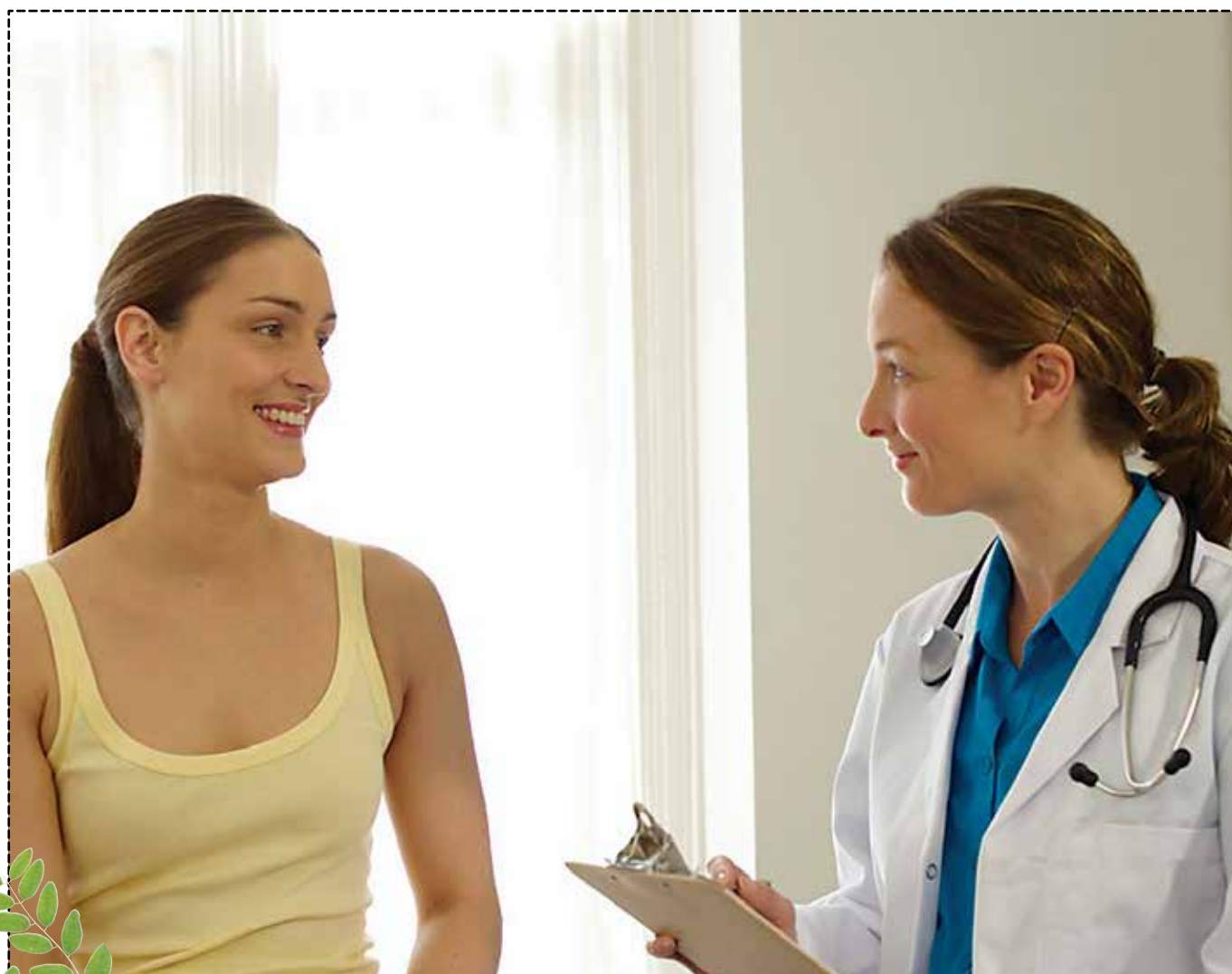
Managing the bleeding caused by your bleeding disorder can reduce or prevent endometriosis.



Remember:

Not all period symptoms are due to having a bleeding disorder - they can also be symptoms of health problems that any girl or woman might experience.

You may need to see a gynaecologist (women's health doctor) for specialist advice. So that they have the whole picture, make sure they know you have a bleeding disorder and ask them and your Haemophilia Treatment Centre to consult with each other.



Keeping a diary

It can be helpful to keep a diary of your periods and how you're feeling to record what you are experiencing. Bring this with you and show your doctor or the treatment team at the Haemophilia Treatment Centre when you have appointments.

Types of diaries

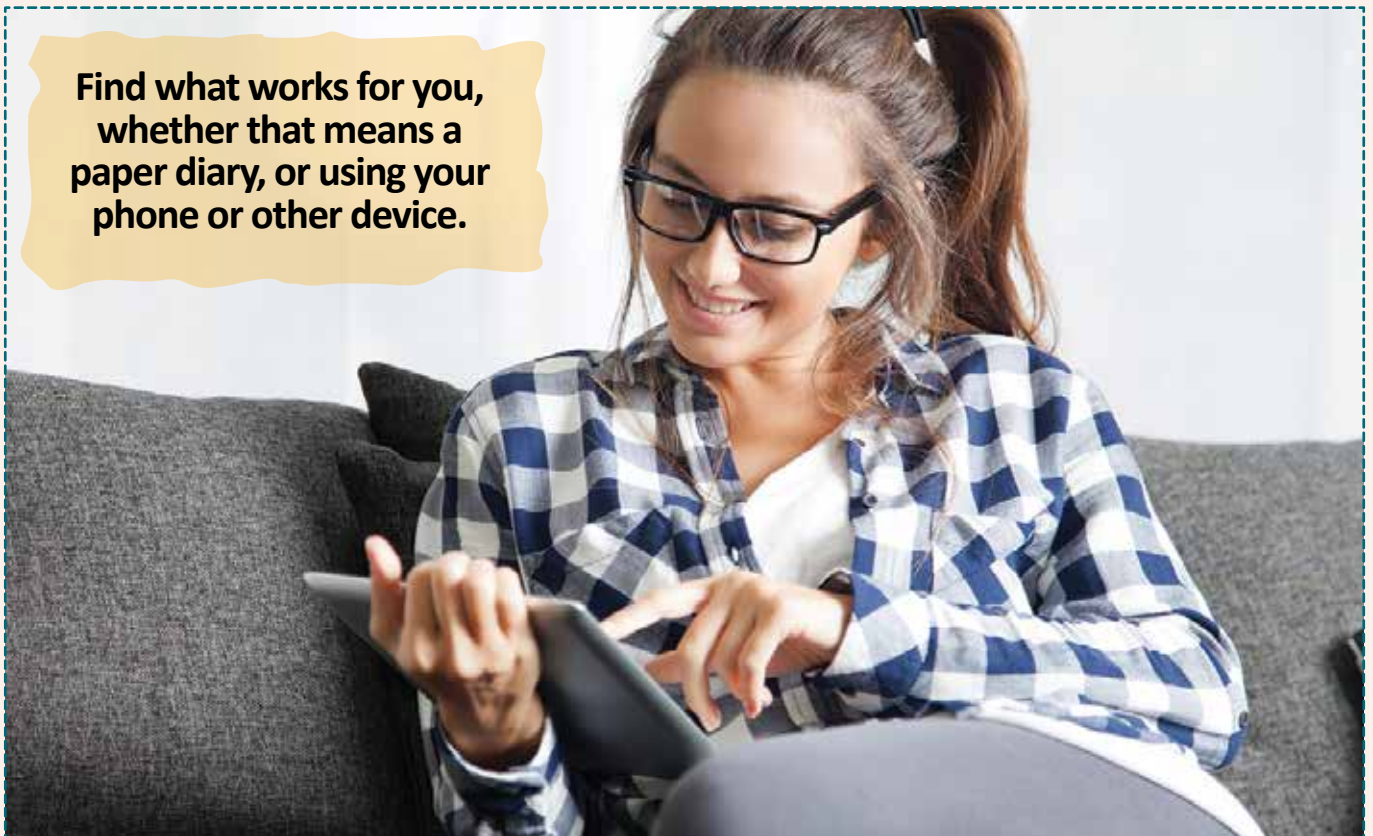
You might want to use the Menstrual Assessment Chart, which records how much you are bleeding, including any bleeding between periods. You can find it under GIRLS on the Factored In website (www.factoredin.org.au) or on the Canadian Hemophilia Society website - www.hemophilia.ca.

There are also a few smartphone apps that you can use to record your menstrual cycles, and your Haemophilia Treatment Centre can recommend one that is designed for women and girls with bleeding disorders.

“ I keep a record of my symptoms to be able to identify, along with my team at the HTC, any bleeding patterns, causes of increased bleeding and this helps me to predict major bleeds sometimes and prepare for them. ”

“ I started tracking and keeping record of not only my bleeds and bruises but my activity, joint pain and even diet. It was only through recording this and paying significant attention to my lifestyle that I realised patterns in both my menstrual cycle and lifestyle habits. ”

Find what works for you, whether that means a paper diary, or using your phone or other device.

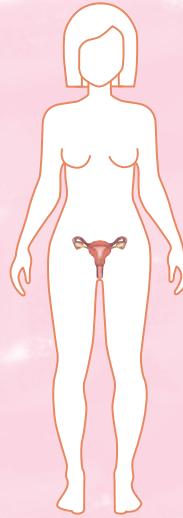
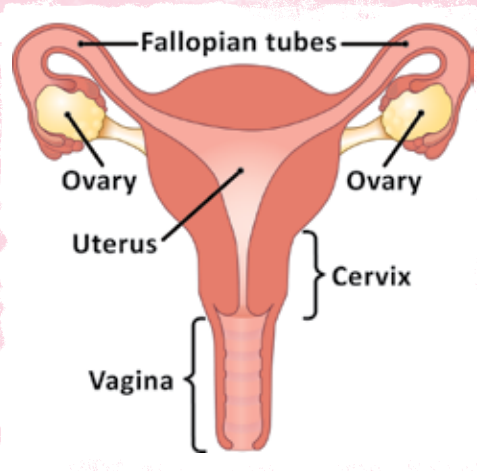


For more information visit factoredin.org.au

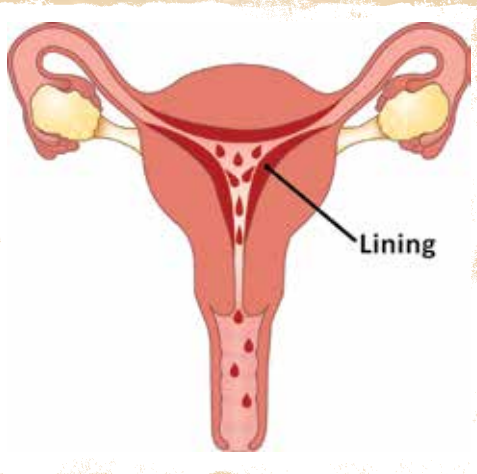
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How does the menstrual cycle happen?

This shows a typical 28-day **menstrual cycle** from one period to the next. If your cycle is shorter or longer then ovulation may happen sooner or later.

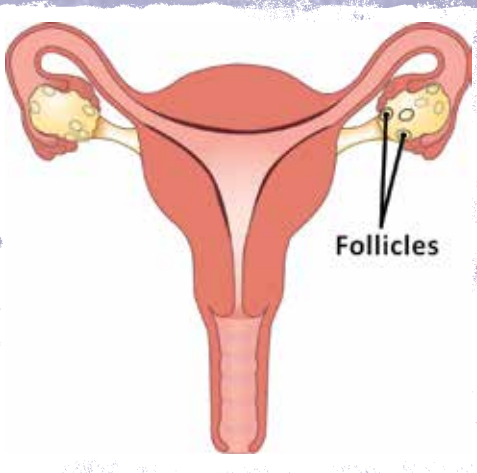


Day 1-6



- Day 1 is the first day of the menstrual cycle and if you are not pregnant, your period begins.
- Hormones from the brain cause the ovary to produce little sacs of fluid (follicles) containing immature eggs.
- Blood flows out of the cervix (neck) of the uterus, and then out of the body through the vagina usually for the next 3-7 days.

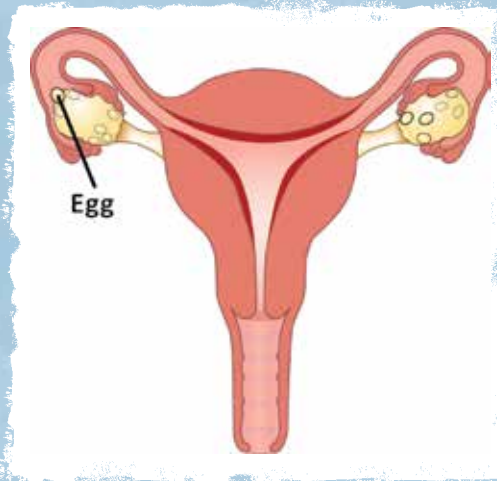
Day 7-14



- Bleeding has normally stopped by now.
- One follicle grows to produce an egg.
- The lining of the uterus gets thicker in case a fertilised egg is implanted there.

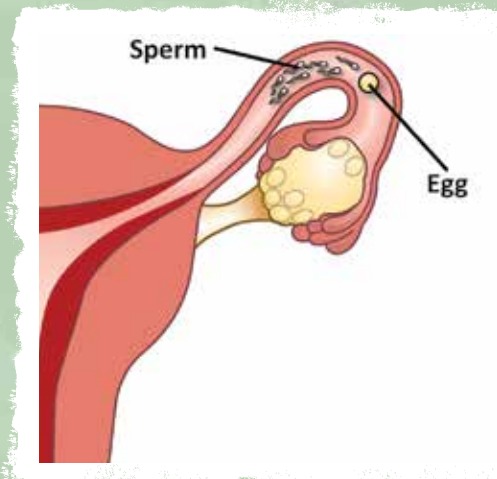


Day 14



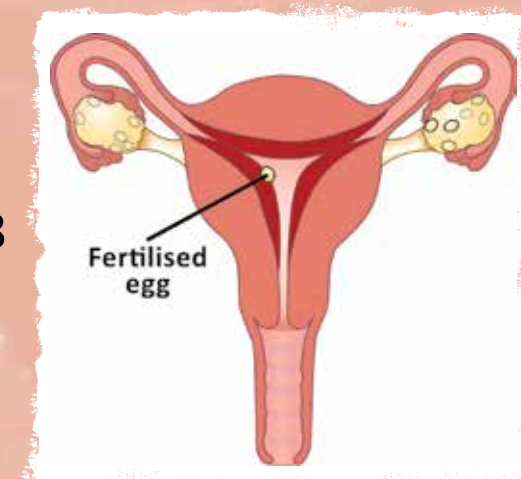
- Hormones cause the fully grown egg to burst out of the follicle and leave the ovary. This is called **ovulation**.

Day 15-20



- The egg travels down the fallopian tube towards the uterus.
- This is when pregnancy can happen.
- If you have had sex recently and the egg meets one of many sperm produced by a man, the egg may be fertilised.
- Once an egg is fertilised it moves down the tube and attaches to the wall of the uterus where it will grow into a baby.

Day 20-28



- If the egg is fertilised you will not get your period and different pregnancy hormones will be released by the body.
- If the egg is **not** fertilised the hormone levels will start to go down.
- Then the lining of the uterus starts to break down and separate from the wall.
- This causes your period to begin again.

Source: Jean Hailes for Women's Health. Yarning about periods (menstrual cycle). Melbourne: Jean Hailes, 2014. <jeanhailes.org.au> Adapted with permission.

More Information

For more information about bleeding disorders, or to find out how to get in touch with your local Haemophilia Foundation or a specialist Haemophilia Treatment Centre, contact:

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