



National Blood Clot Alliance
Stop The Clot®

Your Period on *Blood Thinners*

Medically Reviewed by Drs. Dana Angelini and Rushad Patell, May 2026

Blood thinners (anticoagulants) help prevent dangerous blood clots - but they can also change your period in ways your doctor may not have fully explained. **Heavier periods are common and expected.** This guide helps you understand what's normal, what to watch for, and how to take care of yourself every month.



What to Expect on Blood Thinners



FLOW

Heavier than usual bleeding

Your period will likely be heavier than before starting anticoagulation. This is one of the most common side effects for women – you are not alone.

DURATION

Longer bleeding

Your period may last a few days longer than it used to. Blood thinners slow the natural clotting that typically ends your period.

CLOTS

Passing clots or clumps

Small clots or thick discharge during your period can be normal on anticoagulants. Size matters. see the guide on page 3.

CRAMPING

More intense cramps

Heavier bleeding often comes with stronger cramping. Talk to your doctor about safe pain relief options - some common pain relievers interact with blood thinners.



Normal vs. When to Call Your Doctor



✓ **GENERALLY NORMAL**

- ✓ Heavier flow than before anticoagulation
- ✓ Passing clots smaller than a quarter
- ✓ Period lasting 1-2 days longer than usual
- ✓ Needing to change pads/tampons more frequently
- ✓ Some spotting between periods
- ✓ Stronger cramping with heavy flow

⚠ **CALL YOUR DOCTOR**

- ! Soaking through a pad or tampon every hour for 2+ hours in a row
- ! Passing clots larger than a quarter
- ! Period lasting more than 7-8 days
- ! Feeling dizzy, faint, or unusually weak
- ! Signs of anemia: extreme fatigue, shortness of breath, pale skin
- ! Severe pain not relieved by safe pain management



Go to the Emergency Room or Call 911 If You Have

- Uncontrolled bleeding that will not slow down
- Sudden severe pain in your abdomen or pelvis
- Signs of serious blood loss: extreme weakness, confusion, pale or clammy skin, rapid heartbeat
- Fainting or loss of consciousness
- Vomiting blood or blood in your urine

**THESE SYMPTOMS REQUIRE EMERGENCY
CARE. CALL 911 OR GO TO YOUR NEAREST
EMERGENCY ROOM IMMEDIATELY.**



Practical Tips for Managing Your Period



STOCK UP BEFORE YOUR PERIOD STARTS

Keep heavy-flow pads and tampons on hand. Period underwear or menstrual cups can also help manage heavier flow comfortably.



ASK ABOUT SAFE PAIN RELIEF BEFORE YOU NEED IT

Ibuprofen (Advil, Motrin) and aspirin can increase bleeding risk and may interact with your anticoagulant. Ask your doctor what is safe for you – often acetaminophen (Tylenol) is recommended.



EAT IRON-RICH FOODS DURING AND AFTER YOUR PERIOD

Heavier bleeding increases your risk of iron-deficiency anemia. Lean meats, leafy greens, beans, and fortified cereals can help. Ask your doctor about iron supplements if needed.



STAY HYDRATED

Heavier flow can leave you feeling depleted. Drink plenty of water and consider electrolyte-rich beverages during heavy days.

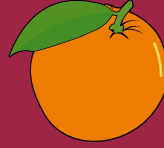


TRACK YOUR PERIODS EVERY MONTH

Note flow level, duration, clot size, and how you feel. This information is valuable at your next anticoagulation appointment and helps you notice changes over time.



How to Actually Absorb the Iron You Eat



Eating iron-rich plant foods (spinach, beans, lentils, fortified cereals) is only half of the equation. **Vitamin C dramatically increases how much iron your body actually absorbs** – by up to 3-6 times. The key is pairing them together at the same meal.

✔ BOOST ABSORPTION

- ✓ Orange juice (4-6 oz with meal—timing matters)
- ✓ Bell peppers, tomatoes, strawberries, broccoli
- ✓ A squeeze of lemon or lime over iron-rich foods
- ✓ If OJ upsets your stomach, try diluting it or switching to another vitamin C source

⊘ AVOID AT THE SAME TIME

- ! Coffee and tea—tannins block absorption (wait at least 1 hour before/after)
- ! Calcium supplements or antacids—take separately from iron-rich meals
- ! Whole grains/legumes together with iron (phytates reduce absorption—soaking or cooking helps)

Note: Dairy foods themselves are healthy and fine to eat – just time them separately from iron-rich plant meals when possible, as calcium can temporarily compete with iron absorption.

! If you are on warfarin (Coumadin): Vitamin C is generally safe at dietary amounts (a small glass of OJ or a serving of bell pepper). However, large or inconsistent doses of vitamin C supplements can affect your INR. Keep your vitamin C intake consistent from week to week rather than dramatically increasing it. Do not start high-dose vitamin C supplements without telling your anticoagulation clinic.

Variable INRs can affect your period. Contact your anticoagulation clinic if your period is significantly heavier than usual – your dose may need to be adjusted.



Your Medication Makes a Difference



WARFARIN

Coumadin

- Menstrual bleeding may fluctuate depending on your INR level
- A high INR (above therapeutic range) can cause significantly heavier periods
- Heavy periods may indicate your dose needs adjustment – call your anticoagulation clinic
- Keep your INR monitoring appointments – consistency matters especially during your period
- Vitamin K in your diet affects your levels; maintain consistency each month

DOACS

Eliquis, Xarelto, Pradaxa, Savaysa

- Heavier periods are a known, common side effect of all DOACs
- No INR monitoring needed, but still track your bleeding patterns
- Do not skip or reduce your dose to manage bleeding without talking to your doctor first
- Some DOACs are taken with food – maintain your routine during your period even if you feel unwell
- Report significant changes in flow to your prescribing provider



What To Track Each Month



Bring this information to every anticoagulation or OB appointment. Patterns matter—and your providers can only help if they know what's happening.



Start and end date of period



Flow level (light / medium / heavy / very heavy)



How often you change protection



Clot size (quarter or smaller vs. larger)



Cramping level (1 - 10 scale)



Energy level and any dizziness



Any missed doses during your period



Any calls to your doctor or ER visits



You Shouldn't Have to “Just Live With It”



Heavy periods on blood thinners can affect your daily life, energy levels, sleep, work, exercise, relationships, and emotional well-being. Many women suffer in silence because they believe this is simply something they must endure.

You are not overreacting—and you should not have to choose between protecting yourself from blood clots and having a manageable quality of life. Help is available.

Depending on your medical history, your healthcare team may be able to discuss options such as:

→ **Hormonal therapies**

Such as a hormonal IUD or low-dose hormonal options that can reduce menstrual bleeding

→ **Tranexamic acid**

A non-hormonal medication that can temporarily reduce heavy period bleeding

→ **Anticoagulation review**

Whether your current medication, dose or regiment is the best fit for you as a woman of reproductive age

→ **Anemia evaluation & treatment**

If monthly blood loss has left you depleted, fatigued, or short of breath. Women in this age group are often already iron deficient.

→ **Gynecological evaluation**

To rule out other contributing conditions—such as fibroids or endometriosis—that may be making bleeding heavier independently of your anticoagulation

You deserve care that protects both your safety *and* your quality of life.



Questions to Ask Your Doctor



You deserve clear answers. Don't leave your next appointment without asking these:



How much heavier can I expect my period to be on this medication?



What pain reliever is safe for me to take for cramps?



Should I be taking an iron supplement?



At what point should I call you versus go to the ER?



Are there options to lighten my period while staying on anticoagulation? (hormonal IUD, tranexamic acid, etc.)



If I am on warfarin—should I get my INR checked if my period is unusually heavy?



Is my current anticoagulant the best choice for me as a woman of reproductive age?



Heavier periods on blood thinners are common, but they should not be ignored. You know your body. If something feels wrong, speak up. Your anticoagulation team and your OB-GYN can work together to help you manage this safely. You do not have to choose between protecting yourself from blood clots and having a manageable period.

This handout is for educational purposes only and is not a substitute for professional medical advice, diagnosis, or treatment. Always consult your healthcare provider with questions about your condition and medications.

