



A complete guide to your Menstrual Health



Content created by Menstrual Health Project. Design created by BeYou.

Copyright © 2025 BeYou Together Ltd and Menstrual Health Project.
Updated: 27/01/2025

Contents

All about your menstrual health _____	3 - 5
Period products _____	6
Contraception _____	7-8
Infections _____	9-10
Conditions to be aware of _____	11-13
When to seek medical advice _____	13
Pelvic floor dysfunction _____	14-15
Nutrition and your menstrual health _____	16
Perimenopause _____	17
Menopause _____	18
Cervical screening _____	19-20
Gynaecological cancers _____	21
Mental wellbeing and menstrual health _____	22 -23
Period and symptom tracker _____	24-25
Glossary _____	26
Signposting _____	27



“Menstrual Health”

Definition / Your complete physical, mental, and social well-being during your menstrual cycle.

What makes menstrual health so important?

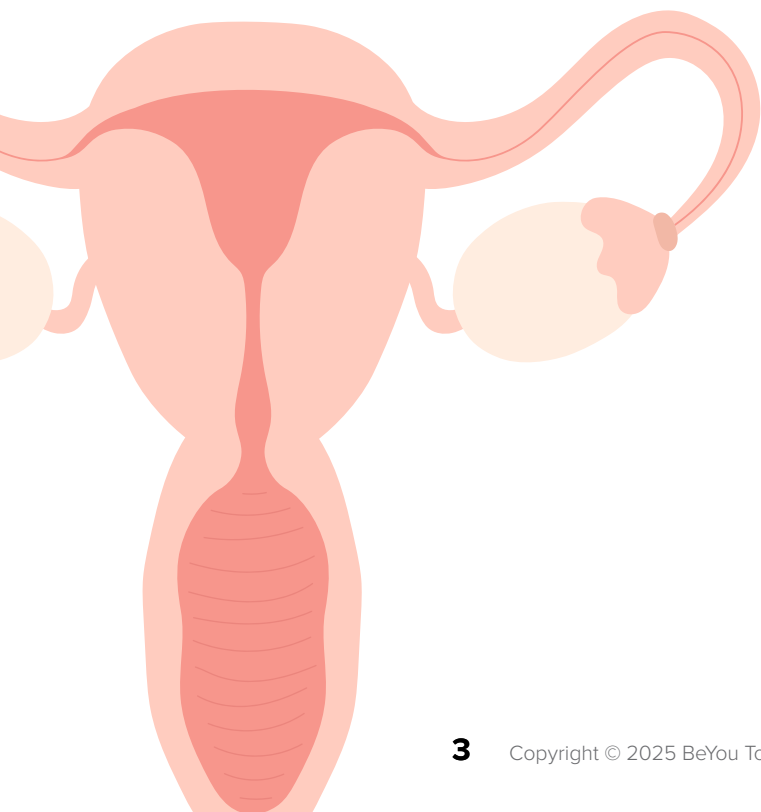
Your menstrual cycle is managed by your hormones, which impact pretty much every cell and process in your body. That means it has a key role in how you feel day to day as well as your long-term health.

That's why it is vital that you are aware of what is going on with your body - especially in relation to your menstrual cycle. The simplest way to keep track is by using a diary or a period tracker app. That way you always have something to refer to. It also serves as a great way to make sure you spend a few minutes being mindful each day.

People can experience certain symptoms relating to their menstrual health which can be a sign of certain medical conditions – more on that later!

What is a menstrual cycle?

The menstrual cycle is the time from the first day of your period to the day before your next period.



What is a 'normal' menstrual cycle?

The length of your cycle is different from person to person. It can be anywhere between 21-35 days, with the average being every 28 days. Remember, it's also normal to have a cycle that changes a couple of days each month. This is particularly common within teenagers, as they can experience irregular cycles.

Never ignore any of these symptoms when on your period or during your menstrual cycle:

- Heavy period flow (e.g. changing your pad more than every one to two hours)
- Period lasting more than 7 days
- Stomach pain
- Lower back pain
- Pain when opening bowels or pain when passing stools
- Bleeding from your rectum
- Pain when passing urine
- Upper leg (thigh) pain
- Extreme tiredness
- Fainting
- Significant changes in mood or mental health
- Blood clots larger than the size of a 10p coin

What is a 'normal' period?

Periods can vary from person to person. It is important to be familiar with your periods, so you can notice any changes that may be concerning.

With a normal period, you can bleed for anything between 2-7 days. It is normal for you to lose up to 80 ml (up to 5 tablespoons) of blood during your period.

It is normal to feel some discomfort when on your period. You may feel muscle cramps in your stomach.

If you are experiencing painful and/or heavy periods that are impacting your daily life, you should seek advice from your GP Doctor.

Disclaimer: Any mentions of 'women' or 'female' by this resource includes those assigned female at birth. We recognise and respect that all those who can experience menstrual health concerns or associated conditions may not be female.

Period blood chart

The colour of period blood usually has to do with the time delay between bleeding and the blood coming out of the vagina.

Bright Red

Red blood is most likely present at the start of your period indicates that the blood is fresh and comes out quicker.

Dark Red

Blood that has been in the vagina for longer or is a slower flow. It becomes darker because your blood is being exposed to more air.

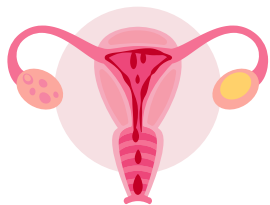
Brown Red

Old blood, likely seen at the end of the period when 'spotting'.

Please note:

Any of these shades of red can be normal during your period.

4 stages of the menstrual cycle



1. Menstrual phase

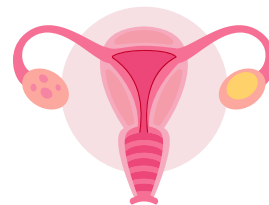
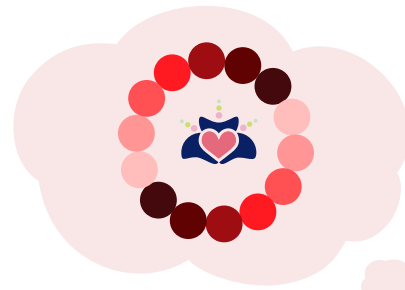
The menstrual phase is the first stage of the menstrual cycle when you begin your period.

When pregnancy hasn't taken place the levels of the hormone's oestrogen and progesterone drop.

The thickened lining of your uterus, which would support a pregnancy, is no longer needed, so it sheds through your vagina. During your period, you release a combination of blood, mucus, and tissue from your uterus.

Symptoms include –

- Cramps in your lower abdomen
- Lower back pain
- Tender breasts
- Bloating
- Tiredness
- Headaches
- Mood swings
- Irritability



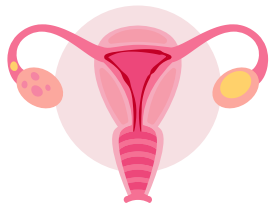
2. Follicular phase

The follicular phase starts on the first day of your period (so there is some overlap with the menstrual phase) and ends when you ovulate.

The hormone follicle-stimulating hormone (FSH) which is released by the pituitary gland stimulates your ovaries to produce around 5 to 20 small follicles. Each follicle will contain an immature egg. Only the healthiest egg will eventually mature. The rest of the follicles are reabsorbed into the body.

The mature follicle sets off a flow in oestrogen that thickens the lining of your womb. The follicular phase can last between 11 to 27 days depending on your cycle.

4 stages of the menstrual cycle continued...



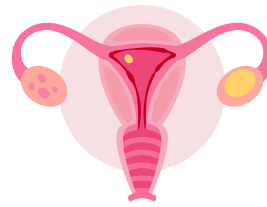
3. Ovulation phase

Ovulation starts when the oestrogen levels during the follicular phase trigger your pituitary gland to release luteinizing hormone (LH). Ovulation is when your ovary releases a mature egg. The egg travels down the fallopian tube towards the womb to be fertilised by sperm. The ovulation phase is the time during your menstrual cycle when you can get pregnant.

Symptoms of ovulation can include –

- Rise in body temperature
- Discharge which is egg white like - thin, slippery and stretchy
- Increase in pain if you have conditions such as endometriosis
- A higher sex drive
- Spotting (light bleeding)

Ovulation normally starts halfway through your cycle. Ovulation only lasts about 24 hours and after that the egg will die or dissolve if it isn't fertilised.



4. Luteal phase

After the follicle in the ovary releases the egg the follicle changes into the corpus luteum. This releases hormones which are mainly made up of progesterone and some oestrogen. The rise in hormones keeps your womb lining thick and ready for the fertilised egg to implant.

If you **do** get pregnant, the embryo will attach to the wall of the uterus, and this triggers the placenta to form. The placenta produces human chorionic gonadotropin (hCG). This is the hormone that pregnancy tests can detect. It helps maintain the corpus luteum and keeps the womb lining thick.

If you **don't** get pregnant, the corpus luteum will be reabsorbed. This leads to decreased levels of oestrogen and progesterone, which is when your period will begin. The womb lining will shed during your period.

During this phase, if you don't get pregnant you may begin to experiencing Premenstrual Syndrome (PMS) symptoms such as –

- Bloating
- Mood changes
- Low libido
- Headaches
- Weight gain
- Insomnia
- Change in eating habits
- Breast tenderness

The luteal phase can last between 11 to 17 days.



Your guide to period products

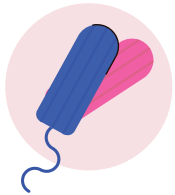
There are a range of different period products available. This way you can choose the one that you feel is the most comfortable and suitable for yourself.

There is no right or wrong period product. If you need further assistance on period products your local pharmacist, GP Doctor and menstrual health organisations are there to support you.



Period pads

A disposable or non-disposable pad that you wear externally and stick to the inside of your underwear. Period pads can be more beneficial when you have a heavier period. You must replace your period pads every two to three hours depending on your period flow.



Tampons

A disposable product in a cylinder shape. You insert tampons into your vagina. You should not be able to feel them if your body tolerates them.

You should change your tampon every 4-6 hours depending on your period flow. Otherwise tampons that are left inside too long can carry the risk of causing an infection.

If inserting a tampon is painful, please speak to your GP doctor.



Menstrual cups

A menstrual cup is a reusable cup that is inserted into your vagina during your period. It comes in a variety of sizes. You can wear it up to 12 hours a day without it stopping your normal activities. They create less waste than period pads and tampons. Menstrual cups may not be suitable for those with a heavier flow.



Period underwear

A form of underwear that is specially designed to be used during your period. They are different from regular underwear because they have multiple layers to absorb the blood you lose during your period. Period underwear can be more absorbent than tampons and period pads. Those who suffer from heavy periods tend to use them as extra protection at night. They also are reusable, which creates less waste than period pads and tampons.

You do still have to change period underwear on a regular basis. (There are different types of period underwear. Please check individual guidelines for how long you can use them).

Toxic Shock Syndrome (TSS)

*It is important to always maintain great hygiene whilst using period products. Especially with tampons and menstrual cups as if you don't, they can put you at higher risk of developing a condition called Toxic Shock Syndrome (TSS).

TSS is a rare but life-threatening condition caused by an infection. Symptoms develop quickly — therefore you would need to seek urgent medical treatment if you suspect you have TSS.

Symptoms include:

- High temperature
- Muscle aches
- Raised skin rash that feels like sandpaper
- Flu-like symptoms
- Vomiting
- Diarrhea
- Disorientation

To prevent TSS, it is important not to leave your tampons or menstrual cups in longer than needed or recommended. Always keep a level of good hygiene.

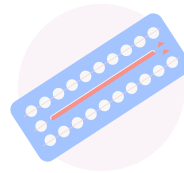
Contraception

Discussion with a medical professional will allow you to work out which contraceptive is most suitable for you.



The Pill (combined oral contraceptive)

- This contraceptive is taken orally.
- There are lots of different varieties to try to see which is suitable for you.
- Different pills have different ways of working, but they usually work by preventing ovulation and thickening the mucus in the cervix. They also thin the lining of the womb, making it harder for the sperm to reach the egg, or a fertilised egg to implant in the womb.
- When taken for contraception, the pill is usually taken for 21 days with a seven day break. Alternatively, the doctor may advise you to take three or four packets back-to-back, followed by a four to seven day break. Always follow your doctor's advice.
- Certain types of combined pill can be used to help acne.
- Combined oral contraceptives are not suitable if you suffer with blood clots or migraines.

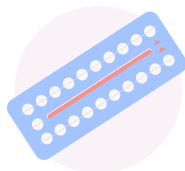


POSSIBLE side effects: mood issues (irritability), weight gain, irregular vaginal bleeding, bloating, and breast tenderness.

Progesterone Only Pill

(POP or mini pill)

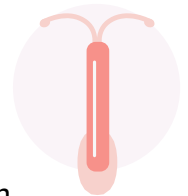
- The progesterone only pill is normally taken every day without a break.
- It should be taken the same time every day or within a short window. Otherwise it may not be as effective.



POSSIBLE side effects: irregular vaginal bleeding, altered mood, acne, and headaches.

Progesterone Only Coil

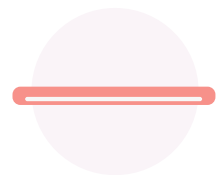
- The coil is placed within the womb.
- Can remain in place for up to five years.
- Can be used in combination with the combined oral contraceptive.
- Initially people may suffer with irregular bleeding. This symptom usually improves with time and the bleeding is usually very light or stops completely.
- It can be taken out earlier as and when required, which can be done with your GP or nearest family planning clinic.



POSSIBLE side effects: altered moods, skin problems, and breast tenderness.

The Implant

- Another form of long lasting contraception.
- It involves placing a small plastic rod under the skin, usually under the skin of the upper arm. This will be done by a nurse or doctor at your GP practice, nearest family planning clinic, or hospital.
- It can stay in place for up to three years or removed earlier if necessary.



POSSIBLE side effects: irregular bleeding, acne, headaches, altered mood, and breast tenderness.

Contraception continued...

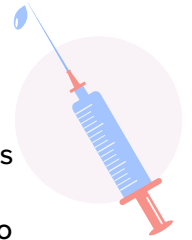
Condoms

- Condoms are the only type of contraception that can prevent both pregnancy and sexually transmitted disease.
- Condoms are typically made from very thin latex (rubber) and are designed to stop semen from coming into contact with your sexual partner.
- External condoms are worn on the penis.
- Internal condoms are worn on the inside of the vagina.
- External condoms are between 85%-98% effective when used correctly.
- Free condoms are available from sexual health clinics and contraceptive clinics.
- Oil-based products (including lipsticks) can damage condoms. It is important to be mindful of this, and use water-based lubricants.
- Condoms are single use only. They cannot be reused.
- Do not use out of date condoms.
- If you have a latex allergy, there are condoms made from other materials that are available.
- Always use condoms with the European CE or UKCA mark on the packet. This means they have been tested to high safety standards.
- Condoms can occasionally split or fall off during sex. If this happens you may need to get emergency contraception (morning after pill) and be tested for any sexually transmitted disease.



The Depo Provera

- This long-lasting contraceptive is given in the form of an injection every three months for up to two years, unless other contraceptives are not right for you.
- The injection is often given in your buttock.
- It is well tolerated amongst many and an alternative to taking a pill.
- The Depo Provera can be associated with weight gain and osteoporosis (weakened bone density).
- It can potentially take 18 months for your periods to return to normal once stopped.



POSSIBLE side effects: irregular bleeding, headaches, hair loss, acne, and altered moods.



What is thrush?

Thrush is a yeast infection that can affect the vagina causing itchiness, irritation and white discharge.

It is easily treatable with ointments, lotions or tablets - just ask your pharmacist or GP Doctor.

Thrush symptoms include –

- White vaginal discharge (which can often look like cottage cheese)
- Itching and irritation around the vagina and vulva.
- Soreness around the vagina and vulva
- Stinging and soreness during sex
- Stinging when passing urine

When to seek medical advice?

- You've developed thrush for the first time
- You have thrush and you are under 16 or over 60
- Reoccurring symptoms of thrush
- Treatment for thrush has not worked
- You have thrush whilst pregnant or breastfeeding
- You have thrush and have a weakened immune system

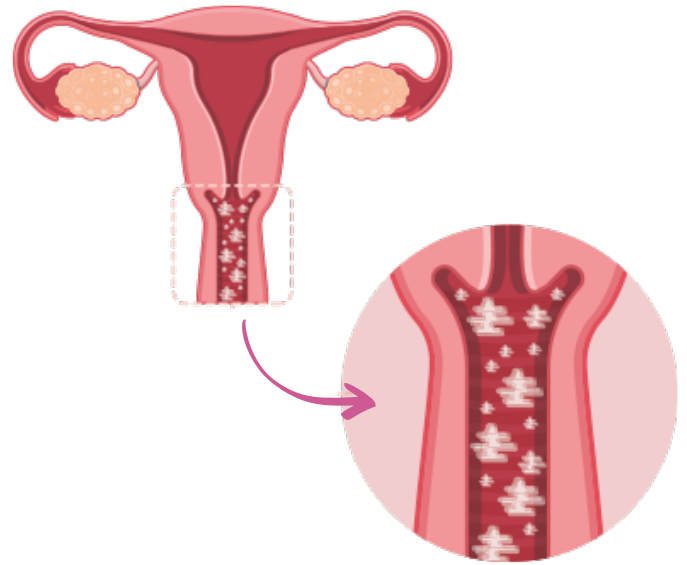
A GP will confirm you have thrush by doing an examination of your vagina. They may also do a swab of your discharge to test for other infections.

Treatment for thrush is usually an antifungal medicine. This can be a tablet you swallow, a pessary tablet you insert into your vagina, or a cream to relieve the itching. With treatment, thrush should clear within 7-14 days.

Things you can do yourself to ease the discomfort of thrush –

- Dry properly after bathing or showering
- Wear cotton clothing and underwear
- Use water instead of soap when washing
- Avoid sex until your thrush has cleared up

****It's important to note thrush is NOT a sexually transmitted disease, but it can be triggered by sex****



Bacterial Vaginosis

Bacterial Vaginosis (BV) is a common cause for unusual vaginal discharge. BV is not a sexually transmitted infection, but it can increase your risk of getting STIs.

Things you can do yourself:

- Use water to wash your genital area (no perfumed/fragranced products)
- Have showers instead of baths

Symptoms of Bacterial Vaginosis:

- Unusual vaginal discharge that has a strong smell (often described as a 'fishy' smell)
- Change of colour and consistency of your discharge (such as becoming grey/white and thin and watery)

Half of people with Bacterial Vaginosis do not have any symptoms.

Treatment for Bacterial Vaginosis:

You can access symptomatic treatment options over the counter at your local pharmacy. To cure the infection, you would need to be prescribed antibiotics by your GP doctor or Sexual Health Clinic.

It is important to maintain good hygiene whilst on your period to reduce the risk of developing infections.

What is a Urinary Tract Infection (UTI)?

Urinary tract infections (UTIs) are a type of infection that affect your urinary tract, including your bladder (cystitis), urethra, or kidneys (kidney infections).

UTI's may be treated with antibiotics, but they are not always needed.

Symptoms of a Urinary Tract Infection:

- Pain or a burning sensation when passing urine.
- Needing to urinate more often than usual.
- Cloudy, dark or strong smelling urine.
- Needing to urinate suddenly.
- Blood in your urine.
- Lower stomach pain.
- Lower back pain.
- Pain under the ribs.
- High temperature (feeling hot or shivery).
- Nausea or sickness.

Things you can do yourself to help ease UTI symptoms:

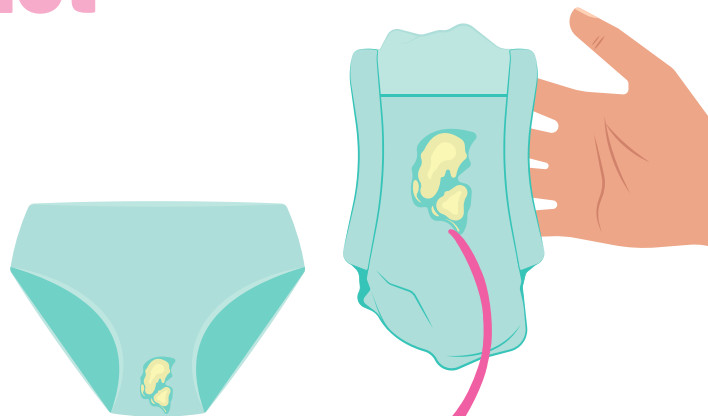
- Take paracetamol up to four times a day to help with pain and a high temperature.
- Drink plenty of fluids.
- Rest plenty.

Remember your local pharmacist can offer advice and support on urinary tract infections.

Treatment from your doctor:

- You will need to provide the doctor with a urine sample in order for them to test for an infection.
- If your sample comes back positive for an infection the doctor may give you a short course of antibiotics to treat it.

****If you start to become unwell with temperature, nausea, and severe lower back pain then you should seek medical advice from your doctor or out of hours service.****



Vaginal Discharge

Vaginal discharge is mostly normal and cannot be prevented. Vaginal discharge is a fluid or mucus that keeps the vagina clean and moist and protects it from infection.

Abnormal vaginal discharge might have the following symptoms -

- A strong or unpleasant smell (can have a fishy smell).
- Thick and white consistency (like cottage cheese).
- Green and/or yellow in colour.
- Blood-stained discharge.
- Producing more discharge than usual.

If you are experiencing any of the symptoms above, it is important to discuss them with your doctor as it may be a sign of an infection or other conditions.

You can get vaginal discharge at any age.

You cannot prevent vaginal discharge.

TOP TIP - Panty liners can help with heavy or excessive discharge.

It is important to maintain good hygiene whilst on your period to reduce the risk of developing infections.

Conditions to be aware of...

Endometriosis

Endometriosis is a systematic inflammatory condition where cells similar to the lining of the womb are found elsewhere in the body which can cause debilitating symptoms.

Symptoms of endometriosis can be –

- Long and/or erratic periods.
- Pelvic pain.
- Lower back pain.
- Pain when opening bowels.
- Pain when passing urine.
- Pain during or after sex.
- Extreme tiredness.
- Vomiting and/or nausea.
- Thigh and/or leg pain.
- Bloating.
- Ovulation pain.
- Sleep disruption.
- Mood swings.

Some may experience some or all of these symptoms when suffering with endometriosis.

Adenomyosis

It occurs when the tissue that normally lines the womb grows into the muscular wall of the womb.

Symptoms of adenomyosis can be –

- Heavy, painful or irregular periods.
- Premenstrual pelvic pain.
- Pain during sex.
- Pain when passing bowels.
- Pressure pain on bladder and when passing urine.

Polycystic Ovarian Syndrome (PCOS)

This is a complex condition of altered hormone production where your periods may be less frequent. You may have more of a certain type of hormone (androgens) and your ovaries can contain small follicles that struggle to develop and produce an egg.

Symptoms of PCOS can be –

- Irregular periods or no periods.
- Excessive hair growth.
- Weight gain.
- Thinning hair or hair loss.
- Oily skin or acne.
- Difficulty getting pregnant.

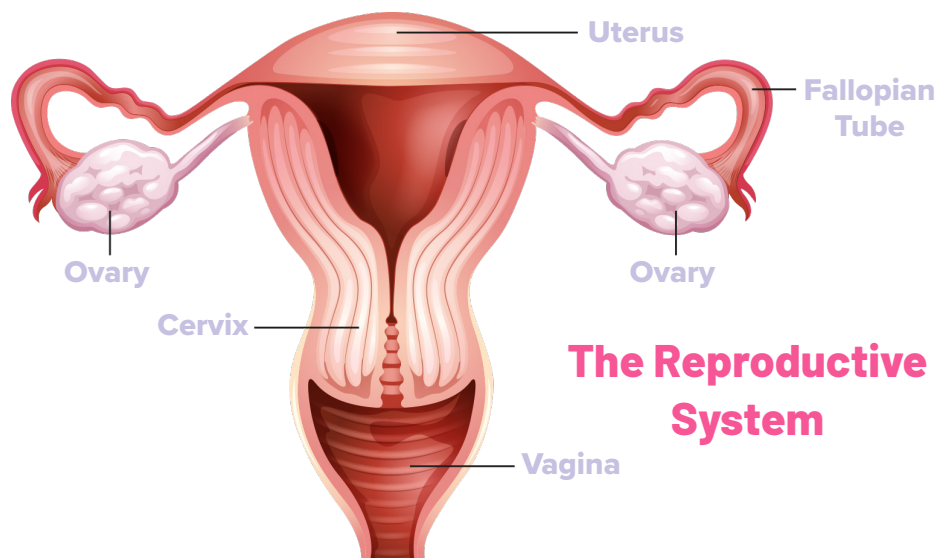
Premenstrual Syndrome (PMS)

This is the name for the symptoms women and those assigned female at birth can experience in the days before their period.

Symptoms of PMS can be –

- Mood swings.
- Feeling anxious.
- Tiredness.
- Trouble sleeping.
- Bloating or stomach pain.
- Breast tenderness.
- Headaches.
- Spotty skin.
- Greasy hair.
- Changes in appetite and sex drive.

Most women will have PMS at some point in their life.



Fibroids

Fibroids are benign growths that develop in and around the uterus. They are made up of a muscle and fibrous tissue which vary in size.

Symptoms of fibroids can be –

- Heavy periods.
- Stomach pain.
- Lower back pain.
- Needing to urinate frequently.
- Constipation.
- Pain or discomfort during sex.

Premenstrual Dysphoric Disorder (PMDD)

PMDD is a hormone related mood disorder. The physical and mood symptoms affect women at a specific time of their monthly cycle in the premenstrual phase and subsiding when their periods start. The exact cause is unknown but current research points to an abnormal reaction to the NORMAL increase and decrease of oestrogen and progesterone that occur every month. It impacts an estimated 5% of women in the UK.

Symptoms of PMDD can be –

- Physical symptoms such as cramps, headaches, breast tenderness, bloating, fatigue, joint and muscle pains.
- Behavioural symptoms such as binge eating and struggling to sleep.
- Mental and emotional symptoms such as anxiety, anger, depression, and in 30% of cases suicidal thoughts.

Premature Ovarian Insufficiency (POI)

This is where a woman's ovaries stop working before the age of 40 (in some cases it can happen to children). This happens when the ovaries do not make enough of the hormone oestrogen or release eggs regularly.

Symptoms of POI –

- Irregular or missed periods.
- Vaginal dryness.
- Problems with memory or focusing.
- Hot flushes and night sweats.
- Trouble getting pregnant.
- Feeling angry, depressed and/or anxious.

If you have missed a period for six months or more, you need to speak to your doctor to figure out the cause. It is important to seek support from your doctor to investigate further. They can see if you have low oestrogen levels or raised levels of the follicle stimulating hormone (FSH). The reason this is so important as low levels of oestrogen can increase your risk of heart disease and bone thinning called osteoporosis.

Pelvic Inflammatory Disease (PID)

Pelvic Inflammatory Disease (PID) is an infection of the female reproductive system which includes the womb, ovaries, and fallopian tubes.

Symptoms of Pelvic Inflammatory Disease can be –

- Pain when passing urine
- Pain around your lower stomach and/or pelvis area.
- Pain or discomfort during sex that you can feel deep inside your pelvis.
- Bleeding after sex.
- Bleeding between periods.
- Heavy and/or painful periods.
- Unusual vaginal discharge (which can be yellow, green or smelly).

Some people can also experience more severe symptoms such as –

- A high temperature.
- Nausea and/or vomiting.
- Severe pain in your lower abdomen.

When to seek medical advice

If you are experiencing any symptoms of PID it is really important to visit your GP Doctor or sexual health clinic for further advice and treatment.

If your pain is severe, you should visit your local A&E department for urgent medical attention.

By delaying treatment or having any repeated episodes of PID, the potential for serious long-term complications such as infertility can be increased. PID can reoccur if the initial infection isn't entirely cleared.

When being treated for PID, swabs will be taken from your vagina and neck of your cervix. It is important to note that negative swabs do not rule out PID. If diagnosed at an early stage, PID can be treated easily and effectively with antibiotics which can be prescribed by your GP Doctor or at a sexual health clinic.

Vulvodynia (Vulval Pain)

Vulvodynia is relentless, unexplained pain in the vulva that lasts at least three months. It can happen to women and those assigned female at birth at any age.

Symptoms of vulvodynia –

- The main symptom is persistent pain in and around the vulva and vagina
- The pain can be described as burning, stinging, throbbing, sore, constant, and widespread

When to seek medical advice for vulvodynia

It is important to see your doctor or visit your local sexual health clinic if you have persistent vulval pain. Vulvodynia is unlikely to get better on its own. A doctor will also need to rule out any other causes for your pain. Your doctor will ask about your symptoms and perform an examination to touch your vulva lightly with the tip of a cotton bud to see if this causes pain. A swab may also be taken to check for any infections. Ask your Doctor for a referral to a specialist vulval clinic if the pain persists and impacts your daily life.

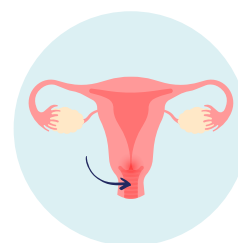
Tips to help with vulvodynia –

- Wear cotton underwear and loose-fitting skirts or trousers
- Avoid fragranced hygiene products.
- Apply cool gel packs to your vulva
- Use petroleum jelly before swimming to protect the vulva from the chlorine
- Try not to avoid sex or touching your vulva completely, as this may make your vulva more sensitive
- If sex is painful, try to find a position comfortable for you or do other intimate activities together
- Reduce stress
- Use doughnut shaped cushion when sitting to help with the pain

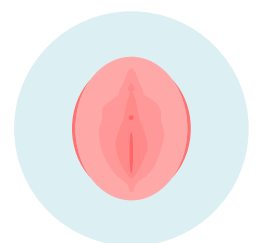
Treatments for vulvodynia –

A combination of treatments can often help relieve the symptoms of vulvodynia and reduce its impact on your life such as -

- Applying anaesthetic gel (lidocaine gel) before sex to make it more comfortable.
- Prescription painkillers prescribed by your doctor
- Physiotherapy
- Counselling to help with psychological impact of vulvodynia
- Surgery



Vagina



Vulva

Talking to your GP Doctor

If you are experiencing any of the symptoms listed and/or your periods are stopping you from doing your daily activities — such as going to work, college, or university, and socialising with friends — as well as impacting your hobbies or home life, then you should seek advice from your GP Doctor.

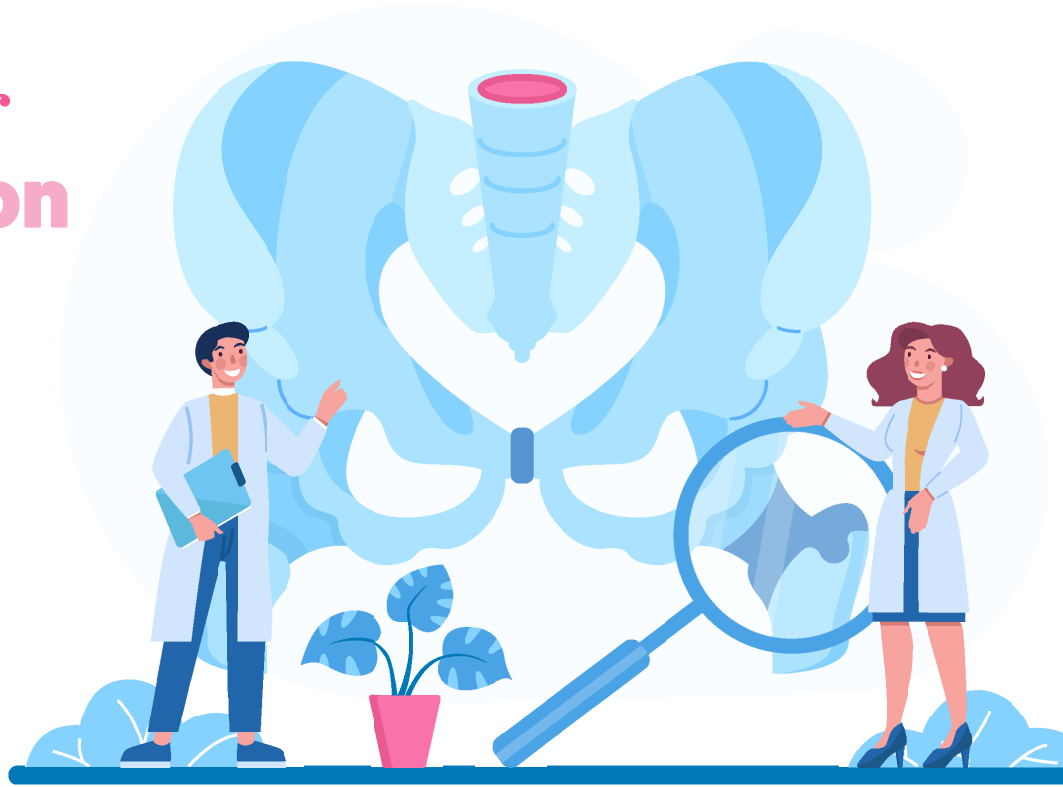
Tips on how to speak to your GP Doctor

- Your GP Doctor will ask questions which you may think are too personal, but do not worry — the more information you give them, the better understanding they will have on your situation
- Prepare information with regards to your menstrual cycle, regular symptoms, patterns you have noticed with your periods and overall health in general
- Do not be afraid to ask questions.
- Refer to the NICE guidance website on what you are entitled to if you suspect you may have a condition or concern that needs investigating further
- Do not be afraid or embarrassed to speak up. The sooner you can get the correct help and support, the better
- Take someone with you for support.
- If you have a negative experience with a particular medical professional, you can request a second opinion

Talking to your doctor can sometimes feel overwhelming. Always try and take someone supportive with you, this can be a family member or a friend.

Painful periods can be an indication of an underlying condition. It is important not to ignore your symptoms if they are impacting your daily life.

Pelvic Floor Dysfunction



What is pelvic floor dysfunction?

Pelvic floor dysfunction is a condition in which the pelvic floor muscles around the bladder, anal canal, and vagina do not work properly.

The muscles and ligaments that support a woman's pelvic organs (bowel, bladder, uterus and vagina) are known as the 'pelvic floor'.

If these muscles are not working properly it can lead to problems such as –

- Urinary or faecal incontinence (leaking urine or poo when you don't mean to).
- Prolapse (where the pelvic organs slip down).
- Difficulty going to the toilet (obstructed defaecation).
- Chronic pelvic pain.
- Sexual problems.

Pelvic floor dysfunction is very common, but it could be prevented in many women by following lifestyle advice and simple pelvic floor exercises.

Pelvic floor exercises

Start the exercise by sitting in a comfortable and relaxed position in a chair. Squeeze and lift your back passage as if you are stopping yourself from passing wind. You should be able to feel your pelvic floor muscles move and lift away from the chair. Your legs and bottom muscles should not move, and you should try not to hold your breath. After each squeeze, let your muscles fully relax before squeezing again. There are two variations of the basic exercise to help strengthen and improve the function of your pelvic floor muscles: long and short contractions.

When you get used to doing pelvic floor exercises, you can try holding each squeeze for one second. Eventually you can try a set of 10 fast squeezes, followed by a set where you hold each squeeze for 10 seconds and remember to relax the muscles too. Be careful not to overdo it, and always have a rest between sets of squeezes. It's best not to do a set of these exercises more than 6 times a day. After a few months, you should start to notice results. You should keep doing the exercises, even when you notice they're starting to work.

The NHS squeezy app is a great tool (www.squeezyapp.com)

pelvic floor dysfunction **continued...**

Symptoms that are associated with pelvic floor dysfunction may include –

- Urinary incontinence.
- Problems emptying your bladder (feels like you need to go but can't, feels like you need to force urine out, frequent trips to empty small amounts from your bladder).
- Long term constipation.
- Bowel incontinence.
- Problems emptying your bowel (needing to change positions when passing bowels, unable to complete bowel movement, urge to go but unable to pass).
- Pelvic organ prolapse.
- Sexual dysfunction.
- Chronic pelvic pain.
- Unexplained lower back pain.
- Unexplained pain in your pelvic region.

What causes pelvic floor dysfunction?

A number of various factors could cause pelvic floor dysfunction such as –

- Surgery in the pelvis.
- Injury to the pelvis.
- Genetics – some people genetically have weaker muscles and connective tissue therefore are more predisposed to having this.
- Pregnancy and childbirth.
- Ageing.
- Being overweight.
- Menopause.

To diagnose pelvic floor dysfunction, your doctor will ask a range of questions about your health and lifestyle. Some questions may feel invasive, but the more information they have, the better to give a clear diagnosis.

Your doctor may perform various tests to determine whether you have pelvic floor dysfunction such as –

- Internal and external examination with their fingers to see how responsive your muscles are.
- Anal manometry – a non-invasive procedure that shows the function of the rectal and anal muscles.
- Defecating proctogram – it is an examination of the lower bowel and rectum using x-ray.
- Uroflow test – this is a test that calculates the speed of the urine flow over a period of time. The test can be used to see how the bladder and sphincter are working.
- Endoanal ultrasound – used to look at the squeeze muscles in the bottom (sphincter muscles).

Treatment for pelvic floor dysfunction

There are various treatments for pelvic floor dysfunction, including: seeing a pelvic floor physiotherapist, specialist care, or surgery.

All decisions about your care should be made together with your doctor.

How your doctor should talk to you about pelvic floor dysfunction –

- Give clear information.
- Talk through your options.
- Listen to your concerns.
- Explain how lifestyle changes can help to prevent and ease symptoms.
- Explain the range of non-surgical options that may help your symptoms.
- Ask about the psychological effect that symptoms have had on you.
- Ask how your symptoms are impacting your daily life.

All of the above will help you make the right decision for you in regards to your care.



Nutrition and your menstrual health

There is plentiful information on the internet about nutrition and how it might affect menstrual and hormone health. Some information is great, but unfortunately some information is not supported by evidence and following it could be harmful to your health. So, where to start?

- For general health and hormone health, the ‘Mediterranean Style’ diet is recommended, this is often depicted as a pyramid. This means basing your meals on vegetables, wholegrains, fruits and legumes (like beans and pulses). These foods provide a range of vitamins and minerals, fibre, protein and carbohydrates.
- You can add to this with lean proteins such as poultry or tofu, oily fish such as salmon, and nuts and seeds. These foods provide protein and healthy fats, including omega 3s.
- Furthermore, adding eggs and dairy can help provide other valuable nutrients such as iodine and calcium. If you are vegan or plant based, it is valuable to opt for ‘fortified’ plant-based alternatives to help meet your requirements for iodine and calcium.
- The smallest segment in the Mediterranean Diet pyramid contains red or processed meats and food high in added sugar or saturated fat. These foods, like crisps and confectionary, are useful to keep food as an enjoyable aspect of life and socialising, but do not serve us much in terms of nutritional value.



What about?

- **PCOS** — Aim for a regular meal pattern and consider pairing your carbohydrates with good sources of fibre, protein or healthy fats. This helps make meals more nutritious and supports healthy blood glucose regulation by the pancreas.
- **Endometriosis** — There is very limited evidence that any dietary manipulation will benefit endometriosis, despite 50% of women having tried different diets for managing symptoms. Continuing with the Mediterranean style diet is recommended, unless you have been told to follow a low fibre diet due to symptoms involving the bowel.
- **Menopause** — Keep up your calcium and vitamin D! This will help maintain bone mineral density, which often becomes reduced during menopause. As we lose muscle during menopause, our energy requirements tend to go down. Be mindful of your hunger and feeling full cues..
- **Fertility** — Consider supplementing with at least 10mcg per day of vitamin D, and at least 400mcg per day of folic acid. Continuing with the Mediterranean diet, especially opting for wholegrains, can help provide natural folate that helps optimise endometrial lining for implantation.
- **Fibroids** — Sticking to a healthy balanced diet could be helpful for minimising risk of fibroids. This includes following the Mediterranean style diet and making sure you have plenty of vegetables, fruits, nuts and seeds. There is promising research that polyphenols (a type of antioxidant) in some tea, fruits and vegetables might have beneficial impact on reducing fibroid risks, but more research is needed in this area.

Perimenopause

Perimenopause is a significant phase in a woman's life, marking the transition from reproductive years to menopause. Often misunderstood or overlooked, this period can bring about various physical and emotional changes. Understanding what perimenopause is, recognising its symptoms, and knowing how to manage them can help make this transition smoother.

Perimenopause is the period leading up to menopause. Typically, it starts in a woman's mid 40s, but it can begin as in someone's early 30s. The duration of perimenopause varies from person to person, lasting anywhere from a few months to several years. Menopause is officially reached when a woman has gone for 12 consecutive months without a period.

Everyone's experience with perimenopause is unique, but some common symptoms may include:

- **Erratic and irregular periods** - as hormone levels fluctuate, menstrual cycles may become irregular. Periods might be longer or shorter, heavier or lighter, and the interval between periods may change.
- **Hot flashes and night sweats** - a sudden feeling of heat, often accompanied by sweating and flushing is a very common symptom.
- **Sleep disturbance** - many experience difficulty sleeping due to night sweats or general insomnia, making them feel tired or irritable during the day.
- **Mood changes** - hormonal fluctuations can lead to mood swings, irritability, anxiety, or even depression. Some may find that they are more emotional or have difficulty managing stress.
- **Vaginal dryness** - decreased oestrogen levels can cause thinning of the vaginal tissues, leading to dryness, itching, or discomfort during intercourse. It can also affect the bladder, leading to incontinence and recurrent cystitis and UTIs.
- **Changes in libido** - some may notice a decrease in sexual desire due to hormonal changes, vaginal dryness, or other physical discomforts.
- **Weight gain and metabolism changes** - weight gain, especially around the abdomen, is common during perimenopause. Changes in metabolism can make it harder to maintain or lose weight.
- **Memory and concentration issues** - some report "brain fog," or difficulty concentrating and remembering things, which can be frustrating.

While perimenopause is a natural phase of life, the symptoms can be challenging. Here are some strategies to help manage them:

- Eating a balanced diet rich in fruits, vegetables, whole grains, and lean proteins can help maintain energy levels and manage weight. Foods rich in calcium, magnesium and vitamin D are essential for bone health.
- Regular physical activity helps maintain a healthy weight, boosts mood, and improves sleep. Weight-bearing exercises can also help strengthen bones.
- Establishing a regular sleep routine and creating a restful environment can improve sleep quality. Avoiding caffeine and electronics before bed may also help.
- Techniques such as deep breathing, meditation, yoga, and other relaxation practices can help manage stress and mood swings.
- For some women, hormone therapy may be recommended to relieve symptoms like hot flashes and vaginal dryness. HRT is not suitable for everyone, so it's important to discuss the risks and benefits with your healthcare provider.
- Over-the-counter options like vaginal lubricants or moisturisers can help with vaginal dryness. Prescription medications are also available to manage specific symptoms like hot flashes or mood changes.
- Sharing experiences with friends, joining support groups, or seeking counselling can provide emotional support and help women navigate the challenges of perimenopause.

While perimenopause is a natural process, certain symptoms may require medical attention. If you experience extremely heavy bleeding, prolonged periods, or very frequent periods, it's important to consult with your GP Doctor. Additionally, if mood changes become severe or you feel persistently depressed or anxious, seek professional help.

In conclusion, perimenopause is a time of change, but with the right knowledge and support, it can be managed effectively. By understanding what to expect you can take the necessary steps to advocate for your own physical and emotional health. This will allow you to navigate this transition more easily. If you have any concerns or questions about perimenopause, don't hesitate to reach out to your GP Doctor or menopause specialist for support.

Menopause

Menopause can impact someone at any age due to a variety of reasons.

So what is Menopause?

Menopause is the general term used to describe the time in a woman's life when they begin to experience symptoms related to fluctuating and ultimately falling hormone levels. They then will eventually stop having monthly periods. You are in the menopause when you have not had a period for 12 months. The time leading up to this point when women have symptoms, but their periods have not stopped is termed the perimenopause.

Our campaign 'Menopause can impact all ages' highlights the importance of knowing that not everyone goes through menopause at natural age. And here is why...

Natural Menopause

Natural menopause is when there has been no menstrual cycle for 12 months. Any symptoms leading up to this is termed the perimenopause. The average age of menopause in the UK is 51 years old.

Chemical Menopause

GnRH analogues, such as Prostag and Zoladex are administered through injection and Ryqeo which is a tablet taken orally, are medications that stop the production of oestrogen, essentially placing the body in a temporary menopausal like state. You can be on these medications for up to six months — sometimes longer — but this is decided with your specialist gynaecologist for the right treatment plan for you. When you stop the medications, it can take six to 10 weeks for periods to return.

The longer you are on the course of treatment, the longer it can take for periods to return. You can discuss hormone replacement therapy (HRT) with your gynaecologist to help combat some of the side effects. Please note that HRT is not suitable for everyone.

Surgical Menopause

This is when you have had subtotal or total hysterectomy that removes your ovaries or any treatments that damages the ovaries like chemotherapy or radiotherapy. You will experience menopause abruptly after your operation regardless of your age. HRT is usually prescribed to help combat the menopausal symptoms, unless the surgery is for an oestrogen positive cancer. If you are below the age of 40, then it should be advised that you have a baseline bone density check.

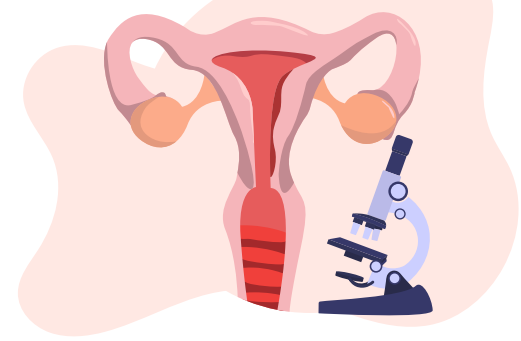
Symptoms of Menopause –

- Hot flushes and/or night sweats.
- Brain fog and/or difficulty concentrating.
- Joint pains.
- Fatigue.
- Irregular periods.
- Mood swings – irritability, anger, sadness.
- Anxiety and/or depression.
- Breast pain.
- Weight gain.
- Stress incontinence.
- Recurrent urine infections.
- Dry and/or itchy skin.
- Dry eyes.
- Dry mouth.
- Gum issues.
- Changes in body odour.
- Loss of libido.
- Vaginal dryness/pain.
- Digestive problems.
- Hair loss.
- Poor sleep.
- Palpitations.
- Worsening migraines.

It is important not to suffer in silence with your symptoms. Your General Practitioner doctor or BMS menopause specialist doctor (British Menopause Society – www.thebms.org.uk) can help you manage your menopause symptoms.



Cervical Screening (Smear test)



What is cervical screening?

- Women aged 25 to 64 are invited by letter to attend their cervical screening (a smear test) to check the health of their cervix.
- Everyone with a cervix should go for cervical screening.
- The cervix is the opening to your womb from your vagina.
- Cervical screening is a test to prevent cancer.
- During the screening appointment, a small sample of cells will be taken from your cervix.
- The sample are checking for certain types of human papillomavirus (HPV) that can cause changes to the cells of your cervix.
- If these types of HPV are not found, you do not need any further tests.
- If these types of HPV are found, the sample is checked for any changes in the cells of your cervix. These can be treated before they get a chance to turn into cervical cancer.
- The nurse or doctor performing your cervical screening will tell you when you can expect your results letter.

Why is cervical screening so important?

Cervical screening is one of the best ways to protect yourself from cervical cancer.

How does cervical screening help prevent cancer?

Cervical screening checks the health of your cervix. This helps to find any abnormal changes within the cervix before they turn into cancer.

What is HPV?

HPV is the name given for a very common group of viruses.

Most people will get some type of HPV during their lives. This is very common and nothing to feel embarrassed about.

HPV can be contracted through any kind of skin-

to-skin contact of the genital area such as vaginal, oral or anal sex, genital skin to skin contact and/or sharing sex toys. It's not just through penetrative sex.

Some high-risk types of HPV can cause cervical cancer. In most cases, your body will get rid of HPV without it causing any problems. But occasionally, HPV can stay in your body for a long time.

High-risk types of HPV that stay in the body can cause changes to the cells in your cervix.. These changes may become cervical cancer if left untreated.

If you do not have a high-risk type of HPV, it is unlikely that you will develop cervical cancer.

Who should have a cervical screening?

All women between the ages of 25-64 should go for regular cervical screenings.

In England and Northern Ireland, screenings are offered every three years to people aged 25-49, and every five years to people aged 50-64 unless requested earlier by your doctor.

In Wales and Scotland, screenings are offered every five years to people aged between 25-64 unless requested earlier by your doctor.

You will be invited for your cervical screening via letter up to six months before you turn 25.

Cervical cancer screening is not performed on under 25 year olds due to -

- Cervical cancer is very rare in people under 25
- it might lead to having treatment you do not need – abnormal cell changes often go back to normal in younger women.
- If you are under 25 and experiencing any symptoms you are concerned about, you should speak to your GP doctor.

Important to note - You will not need to go for cervical screening if you've had a total hysterectomy to remove all of your womb and cervix.

What happens at your cervical screening appointment...

During cervical screening a small sample of cells is taken from your cervix for testing.

It is usually done by a female nurse or doctor. Before starting, your nurse or doctor should explain what will happen during the test and answer any questions you have.

How is cervical screening done?

1. You will need to undress from the waist down and will be given a sheet to put over you.
2. The nurse or doctor will ask you to lie back on the bed, usually with your legs bent, feet together and knees apart. Sometimes you may need to change position during the test.
3. The nurse or doctor will gently put a smooth, tube-shaped tool (a speculum) into your vagina. A small amount of lubricant may be used.
4. The nurse or doctor will open the speculum so they can see your cervix clearly.
5. Using a soft brush, the nurse or doctor will take a small sample of cells from your cervix.
6. The nurse or doctor will then close and remove the speculum and leave you to get dressed in privacy.

The cervical cancer screening test takes less than five minutes. The whole appointment should take up to about 10 minutes (this varies from person to person).

It is important to note you will not receive any results at your screening appointment. You will be contacted via letter or by your doctor with your results.

After your cervical cancer screening you may experience some spotting or light bleeding. This is very common and should go on its own after a few hours. Any symptoms you are worried about, always contact your doctor.



If you need a colposcopy –

A colposcopy is a simple straightforward procedure that looks at your cervix. It is similar to having cervical screening, but it is done at the hospital. During the procedure a small sample of cells (biopsy) may be taken for testing. You may need a colposcopy if your cervical screening results have shown abnormal changes to the cells in your cervix. Your doctor will then contact you with your results anywhere between two and eight weeks post-procedure.

Tips for people attending their cervical cancer screening –

- Ask for a smaller speculum (the tool the use to open up your cervix), this way it can be a bit more comfortable.
- Empty your bladder before you have the screening.
- Communicate with your nurse or doctor any concerns or worries you may have. Remember they are there to support you through the screening.
- Focus on your breathing during the screening.
- Wear clothes that are easy to take on and off as you will be asked to remove clothing on your bottom half including underwear.
- Take pain relief beforehand if you suffer with pelvic pain.
- Try to keep your bottom on the couch — this helps to relax the muscles.
- The test can be a little uncomfortable — but if at any time you feel the level of discomfort is too much, you can always ask the doctor/nurse to stop.
- It can help to meet the doctor or nurse before the appointment. They may make adaptations for you such as a double appointment to allow more time.
- Let the staff know if there are things they can do or say that would be helpful to you, and anything that might be difficult for you to hear.
- You can ask to have someone with you. This might be someone who you have chosen to support you, or you can have a chaperone. Most male doctors or nurses will have a chaperone for any internal examination procedure.

5 Gynaecological Cancers to be aware of...

The five gynaecological cancers refer to the main cancers which start in the reproductive systems of those assigned female at birth.

These are cervical, endometrial, ovarian, vaginal, and vulval cancer.

1. Cervical Cancer

Cervical cancer impacts the cervix which is the opening from the vagina to the womb (uterus).

Fortunately, this type of cancer can often be prevented by attending your cervical screening (smear test). Those with a cervix between the ages of 25 and 64 will be invited for regular screenings, which aim to find and treat any changes to the cells before they turn into cancer.

Symptoms of Cervical Cancer –

- Vaginal bleeding between periods.
- Bleeding after sexual intercourse and pain.
- Vaginal bleeding after the menopause.
- Vaginal discharge that smells.
- Early-stage cervical cancer may have no symptoms, so it is vital to go for your screening.
- Change in bowel habits.

2. Endometrial Cancer

Endometrial cancer is a cancer of the endometrium (the lining of the womb/uterus). It is sometimes known as womb cancer.

Symptoms of Endometrial Cancer –

- Bleeding or spotting from the vagina post-menopause.
- Unusually heavy periods when pre-menopausal.
- Bleeding between periods.
- Change to your vaginal discharge such as watery or blood-stained discharge.

3. Ovarian Cancer

Ovarian cancer includes cancer in the ovaries — but also the fallopian tubes and the peritoneum — and can affect anyone who has ovaries, regardless of their age. However, it mostly impacts people over the age of 50.

This form of cancer can run in families. There are several risk factors that could make it more likely that you develop ovarian cancer including genes such as the BRCA gene, Endometriosis, Diabetes, and previous cancers.

Symptoms of Ovarian Cancer –

- Consistent bloating.
- Consistent abdominal swelling.
- Discomfort and/or pain in the pelvis.
- Loss of appetite.
- Change in bladder habits.

4. Vulval Cancer

Vulval cancer impacts the external genitals of those assigned female at birth – labia minora and labia majora, clitoris, and Bartholin's glands. Most of those affected by vulval cancer are over the age of 65.

Symptoms of Vulval Cancer –

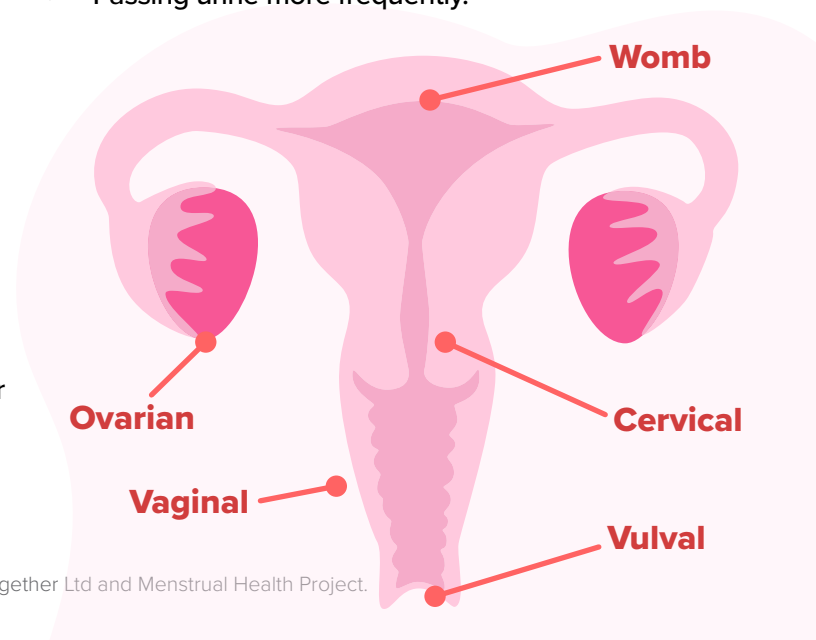
- Persistent itch, soreness and/or burning in the vulva.
- Pain in the area of the vulva.
- A lump or swelling over the vulva.
- A burning sensation when passing urine.
- Bleeding or blood-stained discharge.
- Raised and thickened patches of skin that can be red, white, or dark.
- Open sore on the vulva that does not heal.

5. Vaginal Cancer

Vaginal cancer is found anywhere between the vulva and the cervix. Anyone with a vagina can get vaginal cancer, including those who have had a hysterectomy.

Symptoms of Vaginal Cancer –

- Pain in your rectum.
- Bleeding after sex.
- Pain after sex.
- Blood stained discharge.
- Blood in urine.
- Passing urine more frequently.



Mental Wellbeing and Menstrual Health

Tips on how to look after your mental wellbeing during your menstrual cycle.

Track Your Symptoms

Use a symptom-tracking app or journal to monitor physical and emotional symptoms throughout your cycle. Noting patterns can help you anticipate challenging days, plan self-care, and discuss symptoms more effectively with healthcare providers.



Practice Self-Compassion

Hormonal shifts can impact mood and energy levels. Accept that some days will be harder, and prioritize self-compassion over self-criticism. Remind yourself that it's okay to need extra rest or support.



Prioritise Sleep

Hormonal changes can disrupt sleep, especially around your period. Prioritise good sleep hygiene by setting a consistent bedtime, limiting screen time before bed, and creating a calming night-time routine to support mental resilience.



Consider Mindfulness and Meditation

Mindfulness practices help manage pain, anxiety, and mood swings by promoting awareness and acceptance of uncomfortable sensations. Meditation can also reduce stress, improve emotional regulation, and help with chronic pain related to endometriosis or PCOS.



Physical Activity

Regular exercise can relieve mood symptoms and boost endorphins. Gentle activities like walking, yoga, and stretching are especially beneficial on days when energy is low or cramps are intense. Listen to your body and adapt as needed.



Stay Hydrated and Nourish Your Body

Dehydration and nutrient deficiencies can worsen fatigue and mood swings. Prioritise whole foods, especially those rich in magnesium, omega-3s, and complex carbs, which help stabilise mood. Reducing sugar and caffeine and alcohol may also help regulate mood and energy levels.



Seek Connection and Support

Talking about menstrual health can be relieving, especially with others who experience similar issues. Consider joining online or local support groups focused on conditions like PMDD, PCOS, and endometriosis to share tips and feel less alone.



Mental Wellbeing and Menstrual Health continued...

Manage Stress Levels

Chronic stress can worsen most symptoms. Incorporate daily stress-relief techniques, such as deep breathing, journaling, or spending time in nature, to build resilience against monthly symptoms.



Evaluate Treatment Options

Mental health symptoms tied to menstrual health conditions can often benefit from a combination of lifestyle changes and medical treatments. Talk to a healthcare provider about options, including hormonal treatments, mental health support, or alternative therapies.



Set Boundaries and Advocate for Yourself

Conditions like PMDD and endometriosis can impact productivity and relationships. Communicate with loved ones and colleagues about the reality of these conditions and set boundaries that allow you to rest or take time off when needed.



Challenge Negative Self-Talk

Hormonal changes can amplify negative thoughts and self-criticism. Practice reframing these thoughts when they arise and remember that these feelings often pass as hormone levels stabilise. Consider cognitive behavioural techniques to help manage this.



Seek Professional Support When Needed

If you're struggling with severe mood symptoms, chronic pain, or other issues related to menstrual health, don't hesitate to seek professional mental health support. You may be able to access psychological therapy or counselling via your GP or local wellbeing service. Sometimes these wellbeing services are called IAPT teams (Improving access to psychological therapies), NHS talking therapies or wellbeing services. You can self-refer to these services if you know what they are called in your local area. Therapy or counselling can offer specific tools to manage the emotional impact of these conditions. However, if you don't know what services are available in your area, or don't think this will be the right service for you it is likely to be helpful to start with your GP as they will have the best knowledge of what general mental health support is available in your area.



Where to Seek Mental Health Support

1. It is important to let your GP know about any of these symptoms. Ask for an urgent appointment.
2. If you live in England, you can access the NHS Urgent Mental Health helpline via the NHS website. There is also a mental health text support service through EndoBuddies x Shout which you can access by texting SHOUT to 85258.
3. The Samaritans are trained to support people who are feeling suicidal. You can call them for free at any time on 116 123. There are also other ways to get in touch with the Samaritans on their website.
4. If you are concerned that you are at high or immediate risk of suicide, then you should go to the Accident & Emergency Department at your local hospital. There will be a psychiatric liaison team on duty who will be able to assess you and work with you to develop an immediate plan to support you.

Your Period *tracker*

Early On time Late

Taking contraception

	Date DD / MM / YYYY Day of your bleed	Colour of Blood Please refer to the blood chart on P.3	Your Symptoms Please tick the boxes of the symptoms you are experiencing	Pain Scale Please refer to the pain scale below
MONDAY	Date: _____ Period day: _____	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> 	<input type="checkbox"/> Back pain <input type="checkbox"/> Pain when opening bowels <input type="checkbox"/> Pain when passing urine <input type="checkbox"/> Stomach pain <input type="checkbox"/> Nausea or Sickness	
TUESDAY	Date: _____ Period day: _____	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> 	<input type="checkbox"/> Back pain <input type="checkbox"/> Pain when opening bowels <input type="checkbox"/> Pain when passing urine <input type="checkbox"/> Stomach pain <input type="checkbox"/> Nausea or Sickness	
WEDNESDAY	Date: _____ Period day: _____	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> 	<input type="checkbox"/> Back pain <input type="checkbox"/> Pain when opening bowels <input type="checkbox"/> Pain when passing urine <input type="checkbox"/> Stomach pain <input type="checkbox"/> Nausea or Sickness	
THURSDAY	Date: _____ Period day: _____	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> 	<input type="checkbox"/> Back pain <input type="checkbox"/> Pain when opening bowels <input type="checkbox"/> Pain when passing urine <input type="checkbox"/> Stomach pain <input type="checkbox"/> Nausea or Sickness	
FRIDAY	Date: _____ Period day: _____	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> 	<input type="checkbox"/> Back pain <input type="checkbox"/> Pain when opening bowels <input type="checkbox"/> Pain when passing urine <input type="checkbox"/> Stomach pain <input type="checkbox"/> Nausea or Sickness	
SATURDAY	Date: _____ Period day: _____	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> 	<input type="checkbox"/> Back pain <input type="checkbox"/> Pain when opening bowels <input type="checkbox"/> Pain when passing urine <input type="checkbox"/> Stomach pain <input type="checkbox"/> Nausea or Sickness	
SUNDAY	Date: _____ Period day: _____	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> 	<input type="checkbox"/> Back pain <input type="checkbox"/> Pain when opening bowels <input type="checkbox"/> Pain when passing urine <input type="checkbox"/> Stomach pain <input type="checkbox"/> Nausea or Sickness	

THE PAIN SCALE			
0	No pain	6	Hard to ignore, avoid usual activities
1	Hardly notice pain	7	Focus of attention prevents doing daily activities
2	Notice pain, does not interfere with activities	8	Awful, hard to do anything
3	Sometimes distracts me	9	Can't bear the pain, unable to do anything
4	Distracts me, can do usual activities	10	As bad as it could be, nothing else matters
5	Interrupts some activities		

**If any changes occur, it's important to track them.
If they impact your quality of life, you should seek medical advice.**

	Any other symptoms? e.g. Body aches, bloating, fatigue, headaches, acne, anxiety, breast tenderness, cervical discharge, temperature, diarrhoea or constipation, moodiness, night sweats, trouble sleeping	Mood Please circle the moods you are feeling today	Medication Please note any medications you have used today
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			



Never feel embarrassed for talking about your periods.

It is important to normalise the conversation surrounding our menstrual health.

Toolkit Glossary A-Z

Abdomen — The space in the body between the chest and pelvis.

Amenorrhea — Word given to describe the absence of a period.

Androgens — A group of sex hormones. They help start puberty and play a role in reproductive health and body development. All genders make androgens, but males make more of them.

Anus — The opening of the rectum (last part of the large intestine) to the outside of the body.

Bloating — A condition where your stomach feels and looks full. It can often feel tight and uncomfortable, even painful in some cases.

Bowel — The long tube that carries solid waste from the stomach out of the body.

Defecation — The act of getting rid of solid waste from your body through your bowels.

Dysmenorrhea — Word given to describe pain associated with a period.

Faecal — Consisting of, contained in, or relating to the solid waste passed out of the body through the bowels.

Follicle — A small, fluid-filled sac in the ovary that contains one immature egg.

Hormones — Chemical messengers that coordinate different functions in your body.

HRT — Hormone Replacement Therapy is a treatment used to relieve menopausal symptoms.

Menorrhagia — Word given to describe heavy menstrual bleeding.

Nausea — A stomach discomfort and the sensation of wanting to be sick.

Oral — Relating to the mouth, for example: “A tablet is taken orally”.

Osteoporosis — A health condition that weakens bones, making them fragile and more likely to break.

Ovulation — The process in which an egg is released from the ovary.

Pelvis — The area of the body below the abdomen that contains the hip bones, bladder, and rectum. In females, it also contains the vagina, cervix, uterus, fallopian tubes, and ovaries.

Prolapse — Where organs like the womb or bladder move out of place.

Rectum - The straight section of the large intestine connected to the anus.

Reproductive System

Cervix — The lower, narrow end of the uterus that forms a canal between the uterus and vagina.

Fallopian Tubes — Slender tubes that connect the ovaries to the uterus. Eggs pass from the ovaries, through the fallopian tubes, to the uterus.

Ovaries — Ovaries: Small, oval-shaped glands located on either side of your uterus. They produce and store your eggs and make hormones that control your menstrual cycle and pregnancy.

Uterus — Also known as the womb, the uterus is a hollow, muscular organ located in the pelvis between the bladder and rectum of individuals who are assigned female at birth.

Vagina — A muscular tube that provides the passageway from the outside of the body to the uterus (womb) *See page 9 for diagram.*

Vulva — The outer part of the female genitalia, the vulva includes the clitoris, labia, urethra, and vaginal opening.

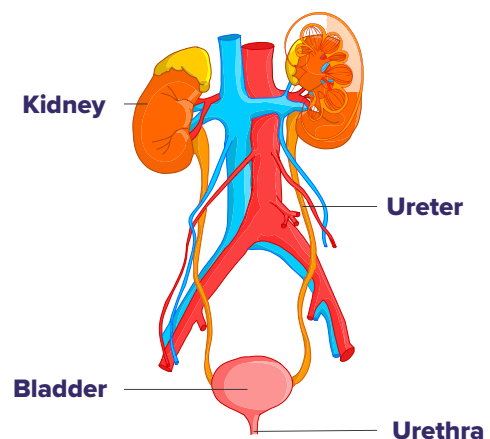
Urinary System

Bladder — The bladder is a round, bag-like organ that stores your urine.

Kidneys — The kidneys are two bean-shaped organs in the renal system. They help the body pass waste as urine.

Ureter — A tube that carries urine from the kidney to the urinary bladder. There are two ureters, one attached to each kidney.

Urethra — The tube through which urine leaves the body. It empties urine from the bladder.



List of Organisations

- **Bladder & Bowel Community** – www.bladderandbowel.org
- **Bladder Health UK** – www.bladderhealthuk.org
- **Bloody Good Period** – www.bloodygoodperiod.com
- **British Menopause Society** – thebms.org.uk
- **British Society Gynaecological Endoscopy** – www.bsge.org.uk
- **Colostomy UK** – www.colostomyuk.org
- **Cysters** – www.cysters.org/
- **Days for Girls UK** – www.daysforgirls.org/uk/
- **Endobuddies** – www.endobuddies.com
- **Endo Southcoast** – www.endometriosisouthcoast.com
- **European Society of Human Reproduction & Embryology** – www.eshre.eu
- **Fair Treatment for Women in Wales** – www.ftww.org.uk
- **Fowlers Syndrome UK** – www.fowlerssyndrome.co.uk
- **Grace Cancer Charity** – www.grace-charity.org.uk
- **Guidance Suite** – www.instagram.com/guidancesuite/
- **IAPMD** – www.iapmd.org
- **Irise International** – www.irise.org.uk
- **Lady Garden Foundation** – www.ladygardenfoundation.com
- **Love Your Period** – www.instagram.com/loveyourperiod
- **MASIC** – www.masic.org.uk
- **Menopause Consortium** – www.themenopauseconsortium.com
- **MIND** – www.mind.org.uk
- **Mortal and Strong** - www.mortalandstrong.com
- **NICE Guidelines** – www.nice.org.uk
- **Papyrus** – www.papyrus-uk.org
- **SHOUT** – www.giveusashout.org
- **The Adeno Gang** – www.theadenogang.com
- **The Daisy Network** – www.daisynetwork.org
- **The Eve Appeal** – www.eveappeal.org.uk
- **The Female Lead** – www.thefemalelead.com
- **The Lowdown** – www.thelowdown.com
- **The Menopause Support** – www.menopausesupport.co.uk
- **The PMDD Project** - www.thepmddproject.org
- **The UK Sepsis Trust** – www.sepsistrust.org
- **The Urology Foundation** – www.theurologyfoundation.org
- **Verity PCOS** – www.verity-pcos.org.uk
- **Wellbeing of Women** – www.wellbeingofwomen.org.uk



Content created by Menstrual Health Project. Design created by BeYou.

beyou.co.uk

www.menstrualhealthproject.org.uk
hello@menstrualhealthproject.org.uk