



MENSTRUATION INFORMATION PACK

# MENSTRUATION AND MENSTRUAL HEALTH



# DISCLAIMER

Everyone's experience of menstruation is different. People may be experiencing different symptoms and different medical conditions. This information pack is here to provide information and signposting to support anyone experiencing symptoms or those wanting to learn more.

People of diverse gender expressions and identities menstruate and experience menopause, and although we may use the terms 'women' 'female' 'her' when quoting specific research, this information pack is focused on how everyone can be supported.

Disclaimer: The information, including but not limited to: text, graphics, images and other material contained in this information pack are for informational purposes only. No material is intended to be a substitute for professional medical advice, diagnosis or treatment. Always seek the advice of your GP or other qualified healthcare provider with any questions you may have regarding any medical condition or treatment and before undertaking a new healthcare regime.





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# INTRODUCTION



Many of us already know that menstruation can impact on people's lives. According to research, 71% of people who menstruate experience menstruation-related pain at some point in their life. Although not severe for many, this can have a significant impact, in particular at work.

Conversations around menopause have been instrumental in contributing to removing the stigma and shame associated with it. However, there is still a lack of discussion on topics relating to menstrual health and menstrual bleeding, due to stigma and shame, and employees who experience painful or significant menstrual symptoms can feel the need to suffer in silence and not obtain the support they require.

Being able to  
talk openly  
about  
menstruation  
and menstrual  
health at work  
is  
*crucial.*

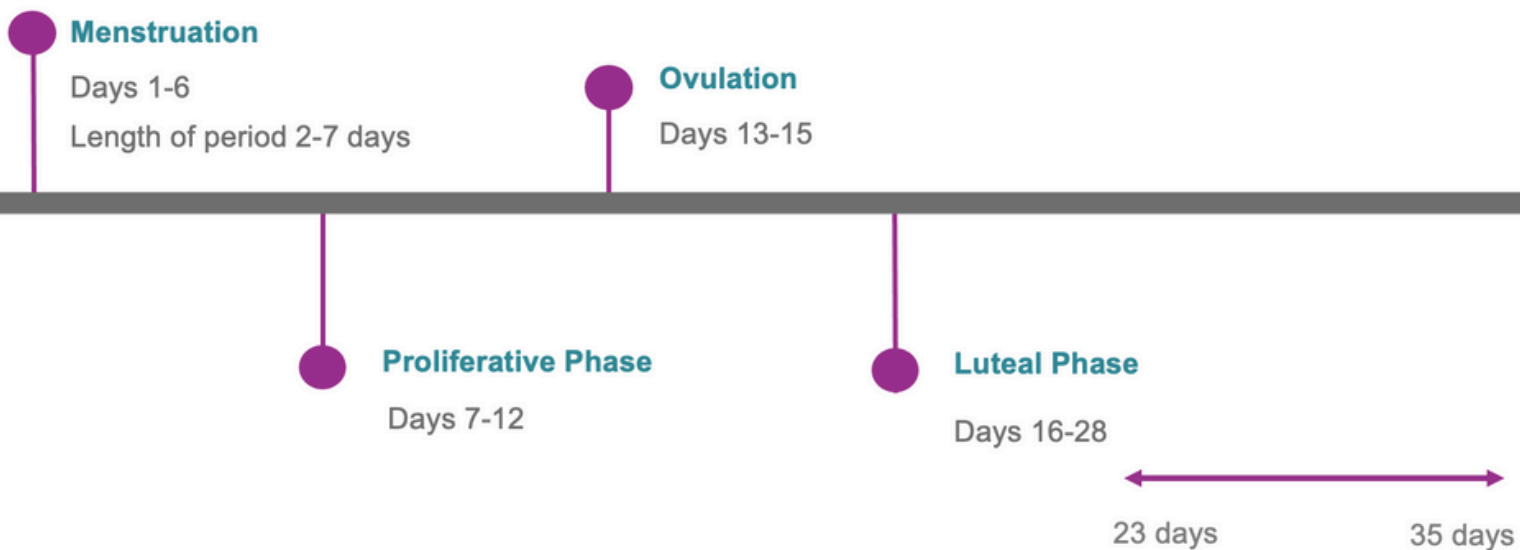


# MENSTRUATION: THE FACTS

To begin to understand the potential experiences of menstruation, it is useful to understand a “typical” menstrual cycle. We say typical – it's important to remember that everyone is different and cycle times can be shorter or longer for different people.

As you will see hormone levels change during the monthly cycle but in general that will follow a regular pattern for each person (unless they are experiencing an underlying health condition which is affecting the regularity of their cycle). As someone reaches perimenopause this is where hormones can go a bit crazy with often huge fluctuations, especially oestrogen which can lead to irregular cycles and many different menopause symptoms. For more information on menopause go to our [Menopause Hub](#).

## Typical menstrual cycle



# MENSTRUATION: THE FACTS

## STAGES OF A "TYPICAL" MENSTRUAL CYCLE

### Menstruation - days 1-6

Menstruation typically happens from Day 1–6. During menstruation (which is referred to as your period, the time which you are bleeding) your oestrogen is lower and you may or may not experience uterine contractions (cramps).

### Proliferative phase - days 7-12

The proliferative phase (after your period) is when oestrogen levels start to increase, which may also mean an increase in energy and feelings of positivity. Testosterone increases during this time too and people often report feeling on top of their game or feel able to do more.

### Ovulation - days 13-15

Day 13–15 is typically when ovulation occurs, an egg is released at this point and leads into the luteal phase. This is when sudden hormone changes occur, which can intensify emotions and increase tiredness.

### Luteal phase- days 16-28

Day 19–21 in the luteal phase is when oestrogen drops and testosterone and progesterone surge which can sometimes lead to sensitive skin and breakouts.

Day 23-25 sees high levels of progesterone which can cause bloating, lowered libido and sluggishness.

Day 25–28 can see PMS and associated symptoms like breast tenderness and cramps.



# MENSTRUATION: THE FACTS

Everyone should have menstruation awareness, so they can support colleagues, friends and family.

## Most common symptoms experienced during a "typical" cycle:

- blood loss
- menstrual cramps/pain
- mood changes
- digestive changes (bloating, constipation, diarrhoea)
- fatigue
- breast pain and/or swelling
- headaches
- poor sleep quality
- temperature hypersensitivity
- worsening of existing muscle/joint/back pain

1 in 10\*

women are affected by PCOS

70%\*

of women and girls report regularly experiencing menstrual symptoms

## Conditions that people experience:

- Endometriosis
- Adenomyosis
- PMDD
- PCOS

8 years

is the average length of time to receive a diagnosis of **endometriosis**

10%\*

of women are affected by **endometriosis**

**The majority of people** are unwilling to disclose menstruation-related health problems to line managers

*\*Most of the research carried out refers to women, however we know this may affect people who are trans or non-binary, those who were assigned female at birth.*



# MENSTRUATION: THE FACTS

## PREMENSTRUAL SYMPTOMS

Hormonal changes can result in a wide range of symptoms, both physical and psychological. Typical symptoms may include:

- Mood swings
- Feeling down or anxious
- Feeling irritable
- Feeling bloated
- Headaches
- Breast tenderness or changes
- Loss of interest in sex
- Changes in skin (like spots or dryness)
- Changes in appetite
- Tiredness and/or difficulty sleeping

These symptoms usually improve once a period starts and disappear a few days afterwards. PMS doesn't affect all people who have periods. But some people can experience these symptoms in a severe way that can affect their everyday life.

Menstrual pain can also vary from mild discomfort to severe cramps with a stabbing pain. In the case of debilitating pain, there might be an underlying cause. It's important anyone experiencing this speaks to their doctor if they feel they need help managing symptoms.



# MENSTRUATION: THE FACTS

## MANAGING SYMPTOMS

There are lots of different things you can try that may ease the symptoms of PMS. As we all know, the way someone looks after themselves affects their health and wellbeing, and many of the things that support this can have a positive impact on how we manage our menstrual cycle such as:

- Exercise
- Nutrition
- Hydration
- Sleep
- Reducing stress
- Limiting alcohol

The national association for premenstrual syndrome (NAPS) suggests these can improve PMS symptoms but they may not be enough when managing moderate to severe PMS. Information from NAPS is available in your workbook.

Tracking your cycle can be useful and you know your own body best, so considering using your cycle to prioritise what you do and when can be helpful.

Another approach people may choose is complementary and herbal medicine. They can include:

- acupuncture
- reflexology
- supplements such as vitamin B6, calcium and vitamin D and magnesium

(always check with a GP or pharmacist before starting to take regular supplements)

As well as changes to your lifestyle, a GP can recommend treatments including:

- hormonal medicine – such as the combined contraceptive pill
- cognitive behavioural therapy
- antidepressants
- dietary supplements

If you still get symptoms after trying these treatments, you may be referred to a specialist. This could be a gynaecologist, psychiatrist or counsellor.

# UNDERLYING MEDICAL CONDITIONS

## FIBROIDS

### What are fibroids?

Fibroids are non-cancerous growths that develop in or around the womb (uterus). The growths are made up of muscle and fibrous tissue and vary in size.

The exact cause of fibroids is unknown, but they have been linked to the hormone oestrogen.

Fibroids usually develop during the reproductive years (from around the age of 16 to 50) when oestrogen levels are at their highest.

They tend to shrink when oestrogen levels are low, such as after the menopause.

Fibroids can grow anywhere in the womb and vary in size considerably. Some can be the size of a pea, whereas others can be the size of a melon.

2 in 3

people who menstruate will develop fibroids in their lifetime

## Symptoms

Many are unaware they have fibroids because they do not have any symptoms. Some symptoms that are experienced are:

- heavy periods or painful periods
- stomach (abdominal) pain
- lower back pain
- a frequent need to urinate
- constipation
- pain or discomfort during sex



# UNDERLYING MEDICAL CONDITIONS

## FIBROIDS

### Diagnosis

As fibroids do not often cause symptoms, they're sometimes diagnosed by chance during a routine examination or scan, but if you do have symptoms of fibroids, it is always recommended that you go to see your GP.

If a GP suspects fibroids, they'll usually carry out a pelvic examination to look for any obvious signs. They may also refer you for further tests to confirm a diagnosis or rule out other possible causes of your symptoms. Further tests could include things like an ultrasound scan, hysteroscopy, laparoscopy or biopsy.

### Treatment

Fibroids do not need to be treated if they are not causing symptoms and after the menopause, they'll often shrink without treatment. If you do have symptoms caused by fibroids, medicine to help relieve the symptoms will usually be recommended first – this include such things as an IUS (also known as a coil), tranexamic acid, anti-inflammatory medicines, the contraceptive pill, oral progesterone and other medications that may shrink fibroids.

Several different surgical procedures can be used to treat fibroids. A GP can refer you to a specialist, who'll discuss the options with you, including benefits and any associated risks. These options can include: myomectomy, hysteroscopic resection of fibroids, hysteroscopic morcellation of fibroids. There also some non-surgical options such as: uterine artery embolisation (UAE) and endometrial ablation.

# UNDERLYING MEDICAL CONDITIONS

## ENDOMETRIOSIS

### What is endometriosis?

Endometriosis is a condition when cells similar to the ones in the lining of the womb grow elsewhere in the body. These cells react to the menstrual cycle each month and also bleed. However, there is no way for this blood to leave the body. This can cause inflammation, pain and the formation of scar tissue.

1 in 10\*  
women are  
affected by  
endometriosis

## Symptoms

Symptoms can vary in intensity with endometriosis, and the amount of endometriosis does not always correspond to the amount of pain and discomfort experienced.

The classic endometriosis symptoms include:

- Painful periods
- Pain during or after sex
- Infertility
- Painful bowel movements
- Fatigue

For more information on endometriosis go to [Endometriosis UK](#)

## Diagnosis

It takes on average eight years to get a diagnosis of endometriosis in the UK. This lengthy time to diagnosis means someone could be suffering the symptoms of endometriosis for many years before having a definitive diagnosis.

It can sometimes be difficult to diagnose because the symptoms can vary considerably, and many other conditions can cause similar symptoms.

*\*Most of the research carried out refers to women, however we know this may affect people who are trans or non-binary, those who were assigned female at birth.*



# UNDERLYING MEDICAL CONDITIONS

## ENDOMETRIOSIS

### Diagnosis

A healthcare practitioner will ask about your symptoms and may ask to check your stomach and perform an internal examination.

- They may recommend treatments if they think you have endometriosis.
- If these do not help, they might refer you to a specialist called a gynaecologist for some further tests, such as an ultrasound scan, MRI or laparoscopy.
- A laparoscopy is where a surgeon passes a thin tube through a small cut in your stomach so they can see any patches of endometriosis tissue.

This is the only way to be certain you have endometriosis. It may help to write down your symptoms before seeing a doctor. [Endometriosis UK has a pain and symptoms diary](#) you can use.

### Treatment

Although there is no cure - there are ways of managing the symptoms and the condition. Types of treatment include:

- painkillers such as ibuprofen and paracetamol (always follow manufacturer instructions)
- hormone medicines and contraceptives, including the combined pill, contraceptive patch, intrauterine system (IUS) and contraceptive implant, and medicines called gonadotrophin-releasing hormone (GnRH) analogues
- surgery to cut away patches of endometriosis tissue
- surgery to remove part or all of the organs affected by endometriosis, such as surgery to remove part of your colon, or your appendix or womb (hysterectomy)

Your doctor will discuss the options with you. Sometimes they may suggest not starting treatment immediately, to see if your symptoms improve on their own.

# UNDERLYING MEDICAL CONDITIONS

## ADENOMYOSIS

### What is adenomyosis?

Adenomyosis is a condition where endometrial tissue grows into the muscular wall of the uterus (womb). It's similar to endometriosis in a way as this tissue continues to respond to the hormonal changes in the menstrual cycle and thickens, breaks down and bleeds but endometrial tissues don't grow outside the uterus.

10-20%\*

women are affected by adenomyosis

### What are the symptoms?

It's possible to have adenomyosis and have no symptoms, but some of the common symptoms you might experience include:

- heavy periods that last for a long time
- severe period pain
- a feeling of pressure in your tummy
- bloating (your tummy sticks out more than normal)

## Diagnosis

According to the NHS you should see a GP if:

- your periods become more painful, heavier or irregular
- you have pain during sex
- heavy periods are affecting your life or you've had them for some time
- you've been feeling bloated for a while (about 3 weeks)
- you bleed between periods or after sex

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# UNDERLYING MEDICAL CONDITIONS

## ADENOMYOSIS

### Diagnosis

The GP may ask about your periods if you have symptoms of adenomyosis. They may feel your stomach to see if there's any swelling or bloating.

The doctor might also ask to do an internal examination, to check your vagina and cervix.

You might be referred to a specialist who'll carry out more tests which might include an ultrasound or an MRI, which will allow a doctor to look at your womb. This can also help rule out any other health conditions, which is really helpful.

### Treatment

If you're diagnosed with adenomyosis, there are treatments that can help ease your symptoms. Treatments include:

- the IUS (intrauterine system, also called the hormonal coil), which thins the womb lining, making your periods lighter and less painful
- other types of hormonal contraception if you cannot or do not want to have an IUS, such as the progesterone-only pill, the combined pill or the contraceptive patch
- medicines such as tranexamic acid or NSAIDs

How to ease symptoms of adenomyosis

- use a heat pad or hot water bottle wrapped in a tea towel on your tummy
- try a TENS machine – a small device that uses mild electrical impulses to reduce pain
- take painkillers like paracetamol or ibuprofen (always follow manufacturer instructions)

If these treatments do not work, there is sometimes the need to have a discussion about surgery or other medical procedures. This could be a hysterectomy, or a procedure to remove the lining of your womb (endometrial ablation).



# UNDERLYING MEDICAL CONDITIONS

## POLYCYSTIC OVARY SYNDROME - PCOS

### What is PCOS?

Polycystic ovary syndrome (PCOS) is a common condition that affects how the ovaries work.

Polycystic ovaries contain a large number of harmless follicles that are up to 8mm (approximately 0.3in) in size. The follicles are underdeveloped sacs in which eggs develop. In PCOS, these sacs are often unable to release an egg, which means ovulation does not take place.

1 in 10\*

women are affected by PCOS

### What are the symptoms?

- Irregular periods or no periods at all
- Difficulties with fertility as a result of irregular ovulation or no ovulation
- Excessive hair growth (hirsutism)
- Weight gain
- Thinning hair and hair loss from the head
- Oily skin or acne

### Diagnosis

The exact cause of PCOS is unknown, but it can be hereditary. It's related to abnormal hormone levels in the body, including high levels of insulin, caused by insulin resistance. This contributes to the increased production and activity of hormones like testosterone, which is commonly seen in PCOS.

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# UNDERLYING MEDICAL CONDITIONS

## POLYCYSTIC OVARY SYNDROME - PCOS

### Diagnosis

A diagnosis of PCOS can usually be made if:

- You have irregular periods or infrequent periods – this indicates that your ovaries do not regularly release eggs (ovulate)
- **AND** you blood tests showing you have high levels of "male hormones", such as testosterone (or sometimes just the signs of excess male hormones, even if the blood test is normal)

You will not necessarily need to have an ultrasound scan if you meet both of these criteria, but you could also have a scan showing you have polycystic ovaries for diagnosis purposes.

### Treatment

There's no cure for PCOS, but there are things to focus on to support the condition. Some top tips include:

- try to do everything you can to manage your risk of heart disease, don't smoke, don't drink excessively, look at your diet and exercise and manage your weight.
- it can be helpful to talk to a dietitian for specific advice, as it's really about long-term maintenance rather than quick fixes
- keeping your BMI within normal limits can have a big impact. Weight and weight loss can make the difference between ovulating or not. If your BMI is over 30 your doctor can talk to you about losing weight, as that can be helpful. If you're not ovulating because of PCOS ask for a referral to a fertility specialist, who can talk to you about ovulation induction.

Medicines are also available to treat symptoms such as excessive hair growth, irregular periods and fertility problems too.

# UNDERLYING MEDICAL CONDITIONS

## PREMENSTRUAL DYSPHORIC DISORDER - PMDD

### What is PMDD?

Premenstrual dysphoric disorder (PMDD) is a very severe form of premenstrual syndrome (PMS), which can cause many emotional and physical symptoms every month during the week or two before you start your period. It is sometimes referred to as 'severe PMS'.

PMDD occurs during the luteal phase of your menstrual cycle. This is the time between when you ovulate and when your period starts. The luteal phase lasts approximately two weeks for most people but can be longer or shorter. It is important to note that PMDD is experienced by a low percentage of people, around 3–8% according to Harvard Health.

3-8%\*

women are affected by PMDD

*\*Most of the research carried out refers to women, however we know this may affect people who are trans or non-binary, those who were assigned female at birth.*

### What are the symptoms?

#### Emotional experiences

- mood swings
- feeling upset or tearful
- lack of energy
- less interest in activities you normally enjoy
- feeling hopeless
- suicidal feelings
- feeling angry or irritable
- feeling anxious
- feeling tense or on edge
- feeling overwhelmed or out of control
- difficulty concentrating.

#### Physical and behavioural experiences

- breast tenderness or swelling
- pain in your muscles and joints
- headaches
- feeling bloated
- changes in your appetite, such as overeating or having specific food cravings
- sleep problems
- increased anger or conflict with people around you
- becoming very upset if you feel that others are rejecting you.



# UNDERLYING MEDICAL CONDITIONS

## PREMENSTRUAL DYSPHORIC DISORDER - PMDD

### Diagnosis

To get a diagnosis of PMDD the best place to start is visiting your doctor. To help them understand your symptoms your doctor may:

- Ask you to keep a detailed record of your symptoms for at least two months, to see if your symptoms have a pattern over time. This may be in your diary or they may give you some daily questionnaires to fill out.
- Ask you about your medical history, such as any history of mental health problems.
- Ask about your lifestyle, such as if you smoke, drink alcohol or are overweight.
- Give you a physical examination along with some blood tests, so that they can rule out other medical problems.

When you're asked to keep a record of your symptoms over several months, getting a diagnosis can feel like a very slow process. This can be frustrating if you're having to wait a long time to get treatment. [Mind have a great factsheet](#) with some ideas on self-care you can try in the meantime.

### Treatment

Treatment options could include things like – SSRIs, (selective serotonin reuptake inhibitors, oral contraceptives, talking therapies, painkillers and anti inflammatory drugs, gonadotropin releasing hormone (GnRH) analogue.

In VERY severe cases your doctor may talk to you about possible surgical routes such as a hysterectomy or oophorectomy. There is a lot to consider, but the aim of the surgery is to get rid of your PMDD symptoms by stopping your cycle.

# GETTING HELP AND ADVICE

## GETTING SUPPORT FROM YOUR HEALTHCARE PRACTITIONER

If symptoms are getting in the way of you enjoying life, it's time to talk to your healthcare practitioner. Here are some helpful, straightforward tips to help you get the best from your appointment.

**Recognise.** Recognise when things don't feel 'normal' for you. Identify your symptoms and when things are getting in the way of your normal life. Remember, you don't have to "just get on with it".

**Prepare.** Track your monthly cycle and any changes. Track any symptoms – what is having the biggest impact? Decide what you want to get from seeing your GP.

**Seeing your GP.** Read any relevant guidance – i.e. NHS guidance on PMS (see links at the end of this pack). Be clear on your symptoms and what you want from your appointment. Be prepared to advocate for yourself. If you're seeing your doctor, there are some useful pieces of information to think about beforehand:

- the first day of your last period (when it started)
- how many days your period usually lasts
- what was the shortest time between your periods (from the first day of one period to the first day of the next)
- what was the longest time between your periods (from the first day of one period to the first day of the next)
- how often you need to change your period products on a heavy day
- if you are over 25, when you had your last smear test

**Diagnosis/Referral.** Ensure you are seeing the best person to support you. Ask questions so you can be clear on any next steps or diagnosis. Ensure you have the ongoing support you need.

**Self-education.** Research/read about any diagnosis – use credible resources (see signposting at the end of this workbook). Join support groups / communities. Explore support within your organisation.

# GETTING HELP AND ADVICE

## HOW TO TALK TO YOUR MANAGER ABOUT MENSTRUAL HEALTH ISSUES

People can find it hard to talk to their manager about how their menstrual cycle or how their menstrual health is affecting them. However, your manager is there to help you be at your best at work. To help you both, preparation is important. This will result in a much better conversation and outcome for both you and your employer.

Above all, it's in both your best interests to find a good solution. All anyone wants is for you to be fit and well and do your job to the best of your ability.

Menstruation issues can be isolating if you don't talk to someone but remember many are experiencing this at work, so you most certainly are not alone.

Our helpful five-step guide will support you in having successful conversations.



Keep reading to understand our tried, trusted and tested guide to having supportive conversations about menstrual health at work.



## HOW TO TALK TO YOUR MANAGER ABOUT MENSTRUAL HEALTH ISSUES

1

### PREPARE FOR YOUR MEETING

Keep a diary of your symptoms and how they're affecting you. Think about what practical support might help, being flexible and ideally coming up with some different options. These may be for a short period of time while you work out how to manage your symptoms with your healthcare practitioner. Check out what support is available in your organisation.

2

### BOOK A MEETING

So you'll have time and privacy to talk and you will be more likely to get your points across.

3

### EXPLAIN YOUR SITUATION CLEARLY

Talk about how this is affecting you at work, what you're doing to manage your symptoms and what your manager could do to help. Discuss what support you would like and timescales. Just knowing someone understands and is there to listen can help.

4

### AGREE WITH YOUR MANAGER WHAT YOU CAN BOTH DO

They may need time to think about the best support. Remember, this may have been on your mind for a long time, but it may be the first time your manager has heard about it. Allow them time to digest the information and seek advice if necessary.

5

### DO YOU WANT THE CONVERSATION TO BE CONFIDENTIAL?

Some of us are happy talking about menstruation openly, others are not. Talk to your manager about whether you want the conversation to be kept confidential or if you're happy to discuss it with colleagues. It's your choice.

6

### FOLLOW UP

At the end of the meeting put a time in the diary to meet again, whether that's to agree a way forward, to monitor progress or update. Symptoms can change over time, so you might need to ask for different adjustments or support.

# USEFUL RESOURCES

## WHERE TO GO FOR FURTHER INFORMATION



National Institute for  
Health and Care Excellence

[NICE Guidelines](#)



[Endometriosis UK](#)



[NHS Guidance on  
PCOS](#)



[NHS Guidance on  
Endometriosis](#)



[NHS Guidance on  
Adenomyosis](#)



[NHS Guidance on  
PMS and PMDD](#)



[Mind factsheet on  
PMDD](#)



[NAPS \(National  
Association for  
Premenstrual  
Syndromes\)](#)

