

# MENSTRUAL TRACKING GUIDELINES

## Guidelines and recommendations for sporting organisations considering system based menstrual tracking among female athletes

### Introduction

A regular menstrual cycle is an important indicator of a healthy reproductive system. The menstrual cycle is a complex system, with significant variation between individuals. Normal menstrual cycles commence between age 11 and 15, occur on average every 21 to 35 days and the menstrual periods lasting two to seven days, with a large array of symptoms often associated with the fluctuating hormone concentrations. Menstrual dysfunction is common amongst female athletes, and knowledge around menstrual cycle and dysfunction is poor amongst athletes. Exercise induced amenorrhoea (absence of periods) can be observed in most elite sports, however, is most prevalent in sports that have an aesthetic or endurance component. Irregular menstruation, dysmenorrhoea (painful periods), menorrhagia (heavy periods) or amenorrhoea may be signs of an underlying medical condition (e.g., endometriosis), pregnancy, relative energy deficiency in sport (RED-S) and/or disordered eating. Female athletes are also significantly impacted by adverse menstrual symptoms including heavy menstrual bleeding and pain, including worsening of musculoskeletal pain throughout cycles. Although menstrual cycle related symptoms impact training and performance in many athletes, less than half seek assistance with the management of these issues. Athletes must be educated and empowered to take control of their own health and wellbeing.

Monitoring an athlete's menstrual cycle along with any associated symptoms provides an opportunity to understand individual cycle variation, including both positive (e.g., increased strength, energy, improved sleep) and negative symptoms, that may assist to identify menstrual dysfunction and underlying medical issues early. Failure to have any medical oversight of menstrual cycle monitoring may have significant short and long-term health consequences for an athlete. The purpose of these guidelines is to consider the unique health, personal and privacy issues affecting female athletes when tracking the menstrual cycle at a system level. These guidelines also aim to prevent misuse of athletes' menstrual cycle data, by helping sporting organisations address privacy and commercial bias issues.

### Menstrual cycle tracking recommendations to optimise athlete health

- > A regular menstrual cycle between puberty and menopause is an important indicator of a healthy reproductive system.
- > Menstrual dysfunction is common amongst athletes. It can be secondary to a range of causes, including low energy availability, disordered eating and underlying medical conditions.
- > Monitoring the menstrual cycle over time (minimum three months) can help athletes and doctors determine what is normal for an individual and their response to training and medication interventions.
  - This can include collection of data around length, flow, positive and negative symptoms, impact on training, sleep and daily living, and other fluctuations across the menstrual cycle.



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- Because of the high inter-individual variability, athletes and clinicians should maintain an open dialogue to pursue the best interests of the athlete. At all times, the athlete's health should be prioritised and provide the focus for menstrual cycle data collection.
  - It should be noted that for those not on hormonal contraception, the exact timing of specific phase of the menstrual cycle can only be understood through hormonal testing.
- > Sporting organisations implementing menstrual cycle monitoring on a system level, should only do so if they have appropriate medical support to monitor this information for menstrual dysfunction and early management of underlying causes.
- Early identification of menstrual irregularities or dysfunction must trigger targeted care to optimise athlete's health and wellbeing. Failure to identify menstrual dysfunction appropriately, may have significant short- and long-term health consequences.
  - A doctor should have oversight over what screening entries need to be 'flagged' with a doctor for review.
  - Review of cycle data should occur at a minimum of every 6 months.
  - Sporting organisations need to setup clear processes of how this medical oversight will function in practice.
  - If appropriate medical oversight is not available, menstrual tracking systems may not be appropriate for the sporting organisation to have a system-wide tool.
- > Athletes are strongly encouraged to take responsibility for their own health and performance and track their own menstrual cycle and symptoms, irrespective of whether this is encouraged in their sporting organisation.
- Athletes should be proactive with following up any concerns or irregular observations.
  - It is good practice for all athletes to develop an ongoing relationship with a regular GP to discuss health issues, and for female athletes this would include their menstrual cycle, dysfunction, hormonal contraception, fertility, and pregnancy. For some athletes this may be their team doctor, if appropriately skilled.
- > The confidentiality of female athlete menstrual cycle information is of the utmost importance and should only be collected with explicit permissions of the athlete and can only be accessed by specific performance staff with explicit permission of the athlete.
- Menstrual cycle tracking in the Athlete Management System should not be mandatory and must have an opt in function for all athletes. System based menstrual cycle information collection must have medical oversight.
  - The athlete should always have the express authority to retract permission for data sharing.
  - Athletes should be able to export their menstrual cycle information for future medical and fertility planning.
- > If athletes choose to use commercial menstrual tracking apps, they should understand the permissions they give regarding third party data access and use, where their information will be stored, or who this data will be shared with.
- Some apps provide feedback to users that may not be appropriate or accurate for high performance athletes.
- > Current evidence is insufficient to recommend generic, population-based changes to training and/or nutrition advice based on menstrual cycle phases.



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## Further reading

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- > Ravi, S, Waller, B, Valtonen, M, et al. [2020]. Menstrual dysfunction and body weight dissatisfaction among Finnish young athletes and non athletes. *Scandinavian Journal of Medicine & Science in Sports*. 00: 1– 13. <https://doi.org/10.1111/sms.13838>
- > Findlay RJ, Macrae EHR, Whyte IY, et al. [2020]. How the menstrual cycle and menstruation affect sporting performance: experiences and perceptions of elite female rugby players. *British Journal of Sports Medicine*. 54(18): 1108-13.
- > Bruinvels G, Burden R, Brown N, et al. [2016]. The Prevalence and Impact of Heavy Menstrual Bleeding (Menorrhagia) in Elite and Non-Elite Athletes. *PLoS One*. 11(2): e0149881.
- > Bruinvels G, Goldsmith E, Blagrove R, et al. Prevalence and frequency of menstrual cycle symptoms are associated with availability to train and compete: a study of 6812 exercising women recruited using the Strava exercise app. *British Journal of Sports Medicine* Epub ahead of print: Published Online First: 16 November 2020. <https://doi:10.1136/bjsports-2020-102792>



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