

4-10-2024

## Discussing Menstrual Health in Family Medicine

Allison Casola  
*Thomas Jefferson University*

Alice Renaud  
*Thomas Jefferson University*

Ashwini Kamath Mulki

Follow this and additional works at: <https://jdc.jefferson.edu/fmfp>



Part of the [Family Medicine Commons](#)

[Let us know how access to this document benefits you](#)

---

### Recommended Citation

Casola, Allison; Renaud, Alice; and Mulki, Ashwini Kamath, "Discussing Menstrual Health in Family Medicine" (2024). *Department of Family & Community Medicine Faculty Papers*. Paper 74.  
<https://jdc.jefferson.edu/fmfp/74>

This Article is brought to you for free and open access by the Jefferson Digital Commons. The Jefferson Digital Commons is a service of Thomas Jefferson University's [Center for Teaching and Learning \(CTL\)](#). The Commons is a showcase for Jefferson books and journals, peer-reviewed scholarly publications, unique historical collections from the University archives, and teaching tools. The Jefferson Digital Commons allows researchers and interested readers anywhere in the world to learn about and keep up to date with Jefferson scholarship. This article has been accepted for inclusion in Department of Family & Community Medicine Faculty Papers by an authorized administrator of the Jefferson Digital Commons. For more information, please contact: [JeffersonDigitalCommons@jefferson.edu](mailto:JeffersonDigitalCommons@jefferson.edu).

# Discussing menstrual health in family medicine

Allison R Casola <sup>1</sup>, Alice Renaud <sup>1</sup>, Ashwini Kamath Mulki<sup>2,3</sup>

**To cite:** Casola AR, Renaud A, Mulki AK. Discussing menstrual health in family medicine. *Fam Med Com Health* 2024;**12**:e002149. doi:10.1136/fmch-2023-002149

## MENSTRUAL HEALTH

Menstrual health is a general biological marker for many cisgender women, transgender men and non-binary people. Despite more than half of the population being people who menstruate, stigma, lack of conversation and pressing social needs around menstrual health persists throughout medicine.<sup>1</sup> Discussions around menstruation and menstrual management can be difficult for individuals, whether it is with friends or family, or in the healthcare setting.<sup>1</sup> Patients who have never discussed menstruation with a clinician may not know what is healthy, assume that an abnormal experience is normal and may endure periods that negatively affect their life, career or well-being.<sup>2-5</sup> Menstruation plays a vital role in overall well-being and contributes significantly to an individual's quality of life. Given their scope of care, family medicine clinicians are poised to identify red-flag menstrual symptoms in their routine visits with patients, reducing time to diagnosis of menstrual disorders. We urge family medicine clinicians to have renewed conversations surrounding menstrual health with their patients. The purpose of this report is to supply a brief overview of the importance of menstrual communication in primary care and serve as a resource to enhance menstrual communication between patient and clinician, with the ultimate goal of decreasing menstrual stigma and promoting improved menstrual health and experiences for patients.

Menstrual health is a nuanced topic that can vary greatly from person to person and region to region. There are differences in menstrual health and wellness measures and norms between high-income countries (HIC) and low-income and middle-income countries (LMICs). This paper focuses on menstrual health in HIC specifically. This is not to say that the points described do not apply to LMIC, but to acknowledge that the topic of menstrual health in these areas is greater than the scope of this singular work.

## FAMILY MEDICINE CLINICIANS AND MENSTRUAL HEALTH

Family medicine clinicians care for people of all ages and life stages. They are on the front lines of preventative medicine and can be a great resource for patients trying to improve their quality of life through medical and lifestyle means. By caring for people across their lifespans, family medicine clinicians are well poised to address menstrual health with patients who menstruate. They may see their patients who menstruate when they first begin menstruating in adolescence, when they become sexually active, when they are trying to become pregnant, when they are trying not to become pregnant, when their periods begin to slow at perimenopause, and at all other times in between. Family medicine clinicians are trained to provide comprehensive women's health services and should include menstrual history as a vital sign to be addressed at routine visits.<sup>4</sup> The scope of menstruation and menstrual wellness is expansive, with connections to family planning, sexual wellness, diet and exercise habits, and mental health.<sup>6</sup> Patients can feel more in control of their bodies by understanding their menstrual cycle and its full-body impacts overall.<sup>1</sup>

## COMMON MENSTRUAL CONCERNS TO DISCUSS WITH PATIENTS

A discussion on exact timing of symptoms in relation to the menstrual period can help guide prompt diagnosis and treatment. Menstrual concerns may include weight changes, abdominal pain, back pain, headache, swelling and tenderness of the breasts, nausea, change in appetite, constipation, and mental health concerns including, an increase in anxiety, irritability, anger, fatigue, mood swings and heavy or painful bleeding.<sup>1</sup> Additional concerns may be leakage, physical activity limitations, fear of toxic shock syndrome, cost of products, painful or irregularity of bleeding, adolescents worried that



© Author(s) (or their employer(s)) 2024. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.

<sup>1</sup>Thomas Jefferson University Sidney Kimmel Medical College, Philadelphia, Pennsylvania, USA

<sup>2</sup>Lehigh Valley Health Network, Allentown, Pennsylvania, USA

<sup>3</sup>Valley Health Partners Family Health Center, Allentown, Pennsylvania, USA

### Correspondence to

Dr Allison R Casola;  
allison.casola@jefferson.edu

**Table 1** Menstrual product overview

Product	Price	Pros	Cons
Pads (sanitary napkins)	Highly variable ~US\$7–US\$12 per box of 20–40	<ul style="list-style-type: none"> <li>▶ External</li> <li>▶ Easily accessible</li> <li>▶ Disposable, no care</li> </ul>	<ul style="list-style-type: none"> <li>▶ Single-use—not environmentally friendly</li> <li>▶ Typically use multiple in a day</li> <li>▶ Can feel bulky</li> </ul>
Tampons	Highly variable ~US\$10–US\$14 per box of 20–30	<ul style="list-style-type: none"> <li>▶ Internal, not visible to outside</li> <li>▶ Easily accessible</li> <li>▶ Disposable, no care</li> <li>▶ Allows for more movement/flexibility than pads</li> </ul>	<ul style="list-style-type: none"> <li>▶ Single-use—not environmentally friendly</li> <li>▶ Must be changed every few hours</li> <li>▶ Risk of toxic shock syndrome—not to be used overnight</li> </ul>
Menstrual cup	One time buy of ~US\$15– US\$35, brand dependent	<ul style="list-style-type: none"> <li>▶ Internal, not visible to outside</li> <li>▶ Can be used for 12 hours or more</li> <li>▶ Allows for more movement/flexibility than pads multiuse—environmentally friendly</li> </ul>	<ul style="list-style-type: none"> <li>▶ Higher upfront cost</li> <li>▶ Can be difficult to find the correct size</li> <li>▶ Can be very stiff and difficult to insert</li> <li>▶ Learning curve when it comes to application</li> <li>▶ Need to be properly cleaned</li> </ul>
Menstrual disc	One time buy of ~US\$15– US\$40, brand dependent	<ul style="list-style-type: none"> <li>▶ Internal, not visible to outside</li> <li>▶ Can be used for 12 hours or more</li> <li>▶ Allows for more movement/flexibility than pads, multiuse so environmentally friendly</li> <li>▶ Disposable options available</li> <li>▶ More flexible than menstrual cup</li> </ul>	<ul style="list-style-type: none"> <li>▶ Higher upfront cost</li> <li>▶ Can be difficult to find the correct size</li> <li>▶ Learning curve when it comes to application</li> <li>▶ Need to be properly cleaned</li> </ul>
Menstrual underwear (period underwear)	~US\$10–US\$40/pair, brand dependent	<ul style="list-style-type: none"> <li>▶ External</li> <li>▶ Can be used all day</li> <li>▶ Allows for more exercise activity</li> <li>▶ Multiuse, environmentally friendly</li> </ul>	<ul style="list-style-type: none"> <li>▶ Highest upfront cost</li> <li>▶ Need to be properly cleaned</li> </ul>
Menstrual cycle tracking apps	US\$0–US\$5—Smartphone apps, more detailed tracking on those that cost money	Period tracking apps are a great tool for both patients and clinicians. Health applications for smart phones allow for tracking of period symptoms and more including bleeding, cramping, bloating, mood changes, sexual activity, etc. Having a patient track their symptoms for 2–3 months can help a provider get a better idea of that patient's individual cycle to better treat their symptoms and address their concerns.	

they have not started menstruating because their friends have or ability to get pregnant.<sup>5–7</sup> For menstruators who identify as non-binary or transgender, menstruation can be a trigger for gender dysphoria.<sup>2</sup> Another concern is period poverty. Period poverty, the lack of access to menstrual products, clean facilities and health education, impacts nearly one in four menstruating people at least once in their life.<sup>6–8</sup> Menstruators may perceive heavy bleeding as normal, fear embarrassment and dismissal by clinicians who do not validate their concerns.<sup>9</sup> Family medicine clinicians should proactively engage in these discussions by eliciting a detailed menstrual history. Family medicine clinicians can help normalise these conversations, provide reassurance regarding the common physiological symptoms of menstruation, while also addressing abnormal symptoms, and work with patients to optimise

their menstrual health for their individual circumstances at various stages across the lifespan.<sup>7–9</sup>

## MENSTRUAL PRODUCTS

There are excellent resources available online that detail birth control options, however, there are no sites that provide the same level of detailed information about options for menstrual products. Some menstruators may only be familiar and comfortable with what they first started using when they began menstruating as an adolescent or what they were introduced to by their parent/caregiver. The choice of a menstrual product that fits best with a patient's lifestyle can impact their quality of life.<sup>4</sup> Products such as tampons and menstrual cups/discs might allow a patient to be more active. Cups and

**Table 2** Menstrual health conversation starters during clinical encounters

Quality of life	Bleeding	Symptoms	Resources
<ul style="list-style-type: none"> <li>Does your period keep you from taking part in your usual activities?</li> <li>Has it ever kept you home from school/work or kept you from doing something you wanted to?</li> <li>Does your period affect your relationships with people in your life?</li> <li>Do you feel your mental health changes in response to your menstrual cycle?</li> <li>Do you want to continue having a period?</li> </ul>	<ul style="list-style-type: none"> <li>How many days of bleeding do you typically have?</li> <li>How heavy is your bleeding typically?</li> <li>Do you feel fatigued during your period?</li> <li>Do you take iron supplements? What is your diet like?</li> <li>What period product(s) do you use? Do you know the other options that are available?</li> </ul>	<ul style="list-style-type: none"> <li>Do you experience pain during your period?</li> <li>Do you take any pain medications before or during your period?</li> <li>Have you experienced any changes in mood before, during or after your period?</li> <li>Do you experience any changes in or pain with bowel movements?</li> <li>Do you experience headaches or migraines?</li> </ul>	<ul style="list-style-type: none"> <li>What resources did you have/use to learn about your period?</li> <li>Have you ever used a period tracking app?</li> <li>Do you have consistent access to menstrual products?</li> <li>Are you able to discuss any changes or difficulties with your period with someone in your life?</li> <li>I, as your physician, can be a resource to you for any questions about your menstrual health, including all associated symptoms. Do you have any questions for me?</li> </ul>

Sample conversation starters are based on expert opinion, community input and prior literature.<sup>18 9</sup>

Category	Normal	Abnormal	<input checked="" type="checkbox"/>	
Frequency	Absent (no periods or bleeding) = amenorrhea		<input type="checkbox"/>	
	Frequent (<24 days)		<input type="checkbox"/>	
	Normal (24 to 38 days)		<input type="checkbox"/>	
	Infrequent (>38 days)		<input type="checkbox"/>	
Duration	Prolonged (>8 days)		<input type="checkbox"/>	
	Normal (up to 8 days)		<input type="checkbox"/>	
Regularity	Regular variation (shortest to longest ≤ 9 days)		<input type="checkbox"/>	
	Irregular (shortest to longest 10+ days)		<input type="checkbox"/>	
Flow volume	Heavy		<input type="checkbox"/>	
	Normal		<input type="checkbox"/>	
	Light		<input type="checkbox"/>	
Intermenstrual Bleeding (IMB) Bleeding between cyclically regular onset of menses	None		<input type="checkbox"/>	
	Random		<input type="checkbox"/>	
	Cyclic (Predictable)	Early Cycle		<input type="checkbox"/>
		Mid Cycle		<input type="checkbox"/>
		Late Cycle		<input type="checkbox"/>
Unscheduled Bleeding on Hormone Medication (eg Birth Control Pills, Rings or Patches)	Not Applicable (not on hormone medication)		<input type="checkbox"/>	
	None (on hormone medication)		<input type="checkbox"/>	
	Present		<input type="checkbox"/>	

**Figure 1** International Federation of Gynecology and Obstetrics (FIGO) 2018 abnormal uterine bleeding (AUB) 1 system.<sup>10</sup>

discs can allow for much longer wear without changing compared with tampons and pads. Period underwear allows the patient to essentially free bleed without fear of leakage. A period tracker app, though not a traditional menstrual product, can be useful for both patient and clinician to notice changes in a patient’s menstrual cycle throughout their life as well as predict when any symptoms may start regardless of whether it aligns with bleeding. Below is a table of available period products as well as some discussion points for talking to patients about each one (table 1).

### CONVERSATION STARTERS

Asking a patient when their last menstrual period was is fairly common practice to gauge regularity and risk of pregnancy. It should not be assumed that because a patient does not bring up their menstrual cycle it is not negatively affecting their life.<sup>9</sup> For example, premenstrual dysphoric symptoms affect 75%–90% of women<sup>3–6</sup> and are often seen as normal and something that people who menstruate just cope with. However, many of the symptoms can be treated with hormonal contraceptive options, anti-inflammatory medications or even just general counselling from a clinician. Despite this, menstrual history-taking varies among primary care clinicians and is often incomplete.<sup>3</sup> Detailed history-taking can help assess how a patient’s menstrual cycle is affecting their life. Here are several such questions that you can ask any menstruating patient to assess whether they have any symptoms that you can help treat (table 2).

With these simple conversation starters, it is possible to identify patients with menstrual concerns that may not have otherwise been reported. Each of these prompts could segue into an opportunity for counselling and/

or medical treatment that can easily be provided and improve the patient's quality of life. These questions can be incorporated as part of wellness visits and as needed for related problem visits. Use the International Federation of Gynecology and Obstetrics table to guide normal and abnormal menstrual symptoms to guide clinical decision-making<sup>10</sup> (figure 1).

Consider having patients complete a questionnaire regarding their menstrual health as it may assist provide privacy and avoid embarrassment around this sensitive topic. Family medicine clinicians should continue to emphasise the normalcy of these issues with patients, reassure them that these conversations are appropriate and necessary and that their clinician is a readily available resource for questions surrounding all these issues.

## CONCLUSION

Menstrual health is a vital part of primary care for menstruating patients. It is important for clinicians to have these conversations with patients. These conversations may be uncomfortable for both clinicians and patients due to societal stigma on menstruation.<sup>5</sup> We encourage clinicians to work to fight this stigma and build strong, and long-lasting relationships with their patients so conversations can be as comfortable as possible for both parties.<sup>5</sup> It is important to recognise, and acknowledge, that family physicians do not have a lot of time to discuss everything they would ideally like to discuss with patients during a single session. Thus, the purpose of this work is to bring heightened awareness to menstrual health in primary care. Our synthesis is simply a starting place for downstream conversation and investigation into menstrual health and wellness in clinic practice. Clinicians must be educated on normal menstruation and trained in identifying their own implicit biases, in what they perceive as 'normal', so they do not brush off any patient's menstruation-related concern as normal.<sup>2</sup> We also recognise that having access to a primary care clinician, let alone one with whom you can develop a strong relationship, is a privilege that many people do not have. Those heavily impacted by the social determinants of health are less likely to be able to have these conversations. Moreover, there are also many different cultural understandings of menstruation and menstrual care, as well as limited trust in the healthcare systems based on current and past influences of racism, sexism and the intersections that impact the physician-patient relationship.<sup>2-7</sup> While this paper focuses on conversations in HIC between clinicians and patients, future work should examine different approaches or practices that may be needed in LMIC where topics such

as menstruation-related violence and less access to information may be more prevalent. Family medicine clinicians can work closely with the communities they care for, building trust, reducing stigma and providing culturally sensitive care. We call on family medicine clinicians to bring menstrual health into the focus of primary care visits for the holistic wellness of all menstruators.

X Allison R Casola @arcasola

**Contributors** Each author substantially contributed to background research, drafting and editing of the submitted work.

**Funding** The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

**Competing interests** None declared.

**Patient and public involvement** Patients and/or the public were not involved in the design, or conduct, or reporting, or dissemination plans of this research.

**Patient consent for publication** Not applicable.

**Provenance and peer review** Not commissioned; externally peer reviewed.

**Open access** This is an open access article distributed in accordance with the Creative Commons Attribution Non Commercial (CC BY-NC 4.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially, and license their derivative works on different terms, provided the original work is properly cited, appropriate credit is given, any changes made indicated, and the use is non-commercial. See: <http://creativecommons.org/licenses/by-nc/4.0/>.

## ORCID iDs

Allison R Casola <http://orcid.org/0000-0001-7836-3774>

Alice Renaud <http://orcid.org/0000-0003-1785-7628>

## REFERENCES

- Casola AR, Kunes B, Jefferson K, *et al*. Menstrual health stigma in the United States: communication complexities and implications for theory and practice. *J Midwifery Womens Health* 2021;66:725–8.
- Li AD, Bellis EK, Girling JE, *et al*. Unmet needs and experiences of adolescent girls with heavy menstrual bleeding and dysmenorrhea: a qualitative study. *J Pediatr Adolesc Gynecol* 2020;33:278–84.
- McShane M, Peruchio J, Olsakowski M, *et al*. Menstrual history-taking at annual well visits for adolescent girls. *J Pediatr Adolesc Gynecol* 2018;31:566–70.
- American Academy of Pediatrics Committee on Adolescence, American College of Obstetricians and Gynecologists Committee on Adolescent Health Care, Diaz A, *et al*. Menstruation in girls and adolescents: using the menstrual cycle as a vital sign. *Pediatrics* 2006;118:2245–50.
- Fahs B. There will be blood: women's positive and negative experiences with menstruation. *Women's Reprod Health* 2020;7:1–16.
- Clayton AH. Symptoms related to the menstrual cycle: diagnosis, prevalence, and treatment. *J Psychiatr Pract* 2008;14:13–21.
- Barrington DJ, Robinson HJ, Wilson E, *et al*. Experiences of menstruation in high income countries: a systematic review, qualitative evidence synthesis and comparison to Low- and middle-income countries. *PLoS One* 2021;16:e0255001.
- Casola AR, Lubber K, Riley AH, *et al*. Menstrual health: taking action against period poverty. *Am J Public Health* 2022;112:374–7.
- Fredericks E. How family physicians can support discussions about menstrual issues. *Can Fam Physician* 2014;60:e194–6.
- Munro MG, Critchley HOD, Fraser IS, *et al*. The two FIGO systems for normal and abnormal uterine bleeding symptoms and classification of causes of abnormal uterine bleeding in the reproductive years: 2018 revisions. *Int J Gynaecol Obstet* 2018;143:393–408.