If you’re one of those rare women whose periods come and go with no problems—no cramps, no moodiness, no bloating, no heavy bleeding, no fatigue, no headaches—then congratulations. You don’t need to read this. But if you’re like most of the rest of us and you find your periods about as welcome as a tax audit, then this Women’s Health Update is for you.

This Women’s Health Update will help you understand how your menstrual cycle normally works; how birth control pills affect your cycle to prevent pregnancy; and how you can use contraceptive options to manage or even prevent your periods based on your individual needs.

Fact 1. Women today menstruate about two-thirds more than our ancestors did. Once you reach menopause, you will have had an average of 450 periods, give or take a few dozen. Compare that to the 160 or fewer periods our ancestors had. Thousands or even hundreds of years ago, women menstruated far less than we do today. They had no choice: Without reliable birth control and readily accessible infant formula, they spent much of their reproductive life either pregnant or breastfeeding. Both prevent ovulation, and if you don’t ovulate, you don’t get a period.

Fact 2. Menstrual disorders are the most common gynecologic reason women see their health care professional. About two-thirds of women aged 18 to 50—nearly 2.5 million a year—see their health care professional about something related to menstruation, including missed periods, periods that last too long, heavy bleeding, cramps, premenstrual symptoms, migraines or anemia. These are not benign problems. About one-third of women say they spend an average of 9.6 days a year in bed because of menstrually related issues, while 12 percent of emergency department visits in women aged 15 to 44 are related to gynecologic problems.

Fact 3. Having fewer periods could protect you against ovarian and endometrial cancer. Every time an egg bursts through the ovary during ovulation, ovarian cells have to reproduce and divide to “fix” the damage. The more often cells divide, the more likely it is that something will go wrong—a bit of genetic code will get mixed up, for instance, and that cell will become abnormal, possibly cancerous. However, beginning menstruation late, having a first child in your 20s or earlier, having several children, and breastfeeding your children all reduce the number of times you ovulate. The less you ovulate, the less ovarian damage. That’s why reproductive milestones—like your age when you had your first child—are linked with ovarian cancer.

Fact 4. There is no medical reason for women to have a week off when taking oral contraceptives, or to take them for three weeks at a time. The two men who developed the birth control pill, John Rock, MD, and Gregory Pincus, PhD, decided to limit the hormonal pills to just three weeks with a week of bleeding because they thought women would find it “reassuring” to continue their menstrual cycle. (Obviously, they neglected to discuss this with the women in their lives.) Plus, the manufacturer of the synthetic progesterone used in the pill said it would not supply the drug for anything that would interfere with a woman’s normal menstrual cycle.

But there was another reason: To placate the Catholic church so it would not ban the pill. To do that,
Dr. Rock “pitched” the pill as another form of the natural rhythm method. Whereas the rhythm method prevented contraception by restricting intercourse to a woman’s “safe” time (when she isn’t ovulating), he argued, the pill prevented pregnancy by using a woman’s natural hormone (progesterone) to make the entire month “safe.” And since it was “natural,” women had to have their “natural periods.” Of course, the argument didn’t work, and the church banned the use of all forms of contraception in 1968.8

Fact 5. Women have been manipulating their periods for years with oral contraceptives.9 Women and their health care providers caught on early to the fact that if you kept taking the active pills in a pack of oral contraceptives and skipped the placebo week, you would never get a period. Even if you did, it would be very light. Women have used this information to go period-free during weddings and honeymoons, athletic competitions, vacations, deployments—any time having a period might interfere with their lives.

Fact 6. Most women would prefer to have their periods less often and consider their periods a nuisance. According to a NWHRC survey of 250 women conducted recently by Harris Interactive, most women agree that they would prefer to get their period less often (76%) and that they view their period as a nuisance (74%). At the same time, nearly half of women (49%) report a belief that it is not healthy to get their period less than once a month.10

The Normal Menstrual Cycle

Most girls in the United States have their first period sometime between age 12 and 13.11 Once their periods become regular, they’ll continue menstruating once a month—with time off for pregnancy and breastfeeding—until around age 51, the average age of menopause in the United States.12

The first day you start bleeding is the first day of your menstrual cycle. The average menstrual cycle runs 28 days but, as we know, not all women are average!

Your menstrual cycle is the result of a complex symphony of hormones conducted by the hypothalamus gland. The hypothalamus signals the pituitary gland to produce follicle stimulating hormone (FSH). That hormone, in turn, tells your ovaries it’s time to begin producing a form of estrogen called estradiol. The FSH also triggers the growth of several egg-containing follicles in your ovary. Meanwhile, the estradiol has been thickening your uterine lining.

About two weeks after all this starts, one (usually) of those ovarian follicles has become the chosen one. It shelters the egg that will pop out and, so it thinks, head off to meet a sperm. The rest of your follicles give up and are reabsorbed back into the ovary. At this point, you get a “surge” in estradiol, luteinizing hormone (LH) and FSH, and about 36 hours later, out pops the egg.

Once the egg is gone, estradiol levels plunge, handing over the baton to progesterone, which begins its own rise and takes over the uterine-lining building job. If you don’t get pregnant by about day 23, progesterone and estradiol both drop, the uterine lining stops growing, and voila! On day 28 you begin bleeding and the cycle starts all over again.

Oral Contraceptives and Your Menstrual Cycle

Add birth control pills to the mix and it’s like flipping off the automatic pilot switch. The estrogen in the pills takes over, preventing release of FSH and LH, thus preventing ovulation. Meanwhile, the progestin (a synthetic form of progesterone) in the pill prevents the uterine lining from getting as thick as normal; makes the cervical mucus thicker so sperm have a harder time getting through your cervix; and slows the normal movements of the fallopian tubes so that even if an egg were released, it would have a harder time getting to the uterus.

These changes are all behind many of the menstrual cycle-related benefits you see when you take birth control pills: Shorter, lighter periods that tend to come more regularly.

Managing Your Menstrual Cycle

Women and their health care professionals have been using birth control pills to manage menstruation and menstrual cycle-related conditions
for decades. In fact, they are one of the first treatments recommended for women with very heavy periods (dysmenorrhea), irregular periods and menstrual cramps. Many of these uses, however, including taking the pills continuously to skip a period, were “off label” until recently. In other words, the FDA did not approve the oral contraceptives for those uses (but healthcare professionals can prescribe approved drugs for unapproved uses).

Today women have three FDA-approved oral contraceptives designed and approved for continuous contraception (and, for that matter, a fairly recent approved oral contraception option, Yaz, approved to prevent the more serious form of premenstrual syndrome, premenstrual dysphoric disorder [PMDD]).

**Seasonale.** The first continuous contraception option to hit the market, each pack of Seasonale contains three months of active pills followed by a week of placebo pills. You menstruate normally during that “off” week.

**Seasonique.** Seasonale’s “sister,” each pack of Seasonique also contains three months of active pills, but instead of placebo, the fourth week is low-dose estrogen pills. They bring on a period, but a very light, very short (two to three days) period.

**Lybrel.** The newest kid on the block, each prescription of Lybrel contains 365 active pills. No periods for a year! Most women stop spotting and menstruating within one year.

While you might be taking these pills to manage your menstrual cycle, keep in mind that’s not their intended use; their primary use is contraception. Also keep in mind that they are not benign; like any drug, they carry some risks. That is why they are not recommended for women who have had blood clots or stroke, who are 35 or older and smoke, who have a history of an estrogen-dependent cancer, or who have active liver disease or undiagnosed abnormal uterine bleeding. Women with frequent migraine, diabetes that has affected the blood vessels, uncontrolled high blood pressure or heart disease also should not take them.

The downside to these pills is that you may find yourself spotting until your body adjusts. Also, since you don’t get a monthly period that lets you know you’re not pregnant, you’ll have to watch for signs of pregnancy, such as nausea, unusual tiredness and sore or sensitive breasts. If you think you might be pregnant, take a pregnancy test. If it’s positive, stop taking the pills and call your health care professional.

**Other Ways to Manage Your Menstrual Cycle**

Other contraceptives can also provide some of the same benefits as oral contraceptives. For instance, half of all women who receive the injectable contraceptives Depo-Provera or Lunalet stop having periods after a year; 90 percent within two years.

The Mirena IUD, which releases a steady amount of progestin and can be left in place for up to five years, significantly reduces bleeding in over 96 percent of women and ends periods within a year in about 20 percent of those who use it.

Another option is the progestin implant Implanon. This tiny rod (about the size of a matchstick) is implanted in your shoulder. It can be left in place for up to three years, and studies find 22 percent of women stop having periods during the first two years.

Questions to Ask Your Health Care Professional

1. How do I know if my periods are normal or not?
2. What treatments are available for heavy menstrual bleeding?
3. What are the advantages, disadvantages and risks connected with the treatment option you are suggesting to control my heavy menstrual bleeding?
4. Is there anything I can do about the terrible PMS I get every month?
5. Is there anything I can do to relieve the awful cramps I get every month?
6. Is it bad for my body to use birth control pills to stop my period?
7. What are the risks and benefits of the type of continuous contraception you recommend?
8. How will I know if I get pregnant if I’m taking continuous contraception?
9. What if I want to get pregnant? How long after stopping contraception will it take?
10. Are there any reasons why I shouldn’t use oral contraceptives for menstrual-cycle management?
Managing Your Menstrual Cycle Today

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References


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