

# Menses

## Key terms and definitions

- **Menarche:** Age at onset of menstruation
- **Primary amenorrhea:** Absence of menstruation despite signs of puberty
- **Secondary amenorrhea:** Absence of menstruation for 3-6 months in a woman who previously menstruated
- **Dysfunctional uterine bleeding (DUB):** Irregular bleeding due to anovulation or anovulatory cycle
- **Oligomenorrhea:** Menstrual interval greater than 35 days

# Key terms and definitions

- **Menorrhagia:** Regular menstrual intervals, excessive flow and duration
- **Metrorrhagia:** Irregular menstrual intervals, excessive flow and duration
- **Anovulation/anovulatory:** Menstrual cycle without ovulation
- **Mittelschmerz:** *Pain with ovulation*
- **Molimina:** Symptoms preceding menses
- **Dysmenorrhea:** Menstrual cramping/pain

# PROBLEM ASSOCIATED WITH MENSTRUATION



# Key terms and definitions

- **Threatened abortion:** Vaginal bleeding within first 12 weeks of pregnancy
- **Inevitable abortion:** Dilation of cervix, vaginal bleeding, products visible
- **Incomplete abortion:** Some products of conception expelled but not all, +bleeding, cervical dilation
- **Complete abortion:** Products of conception expelled, cervical os closed, minimal bleeding
- **Missed abortion:** Embryonic demise, no products of conception passed

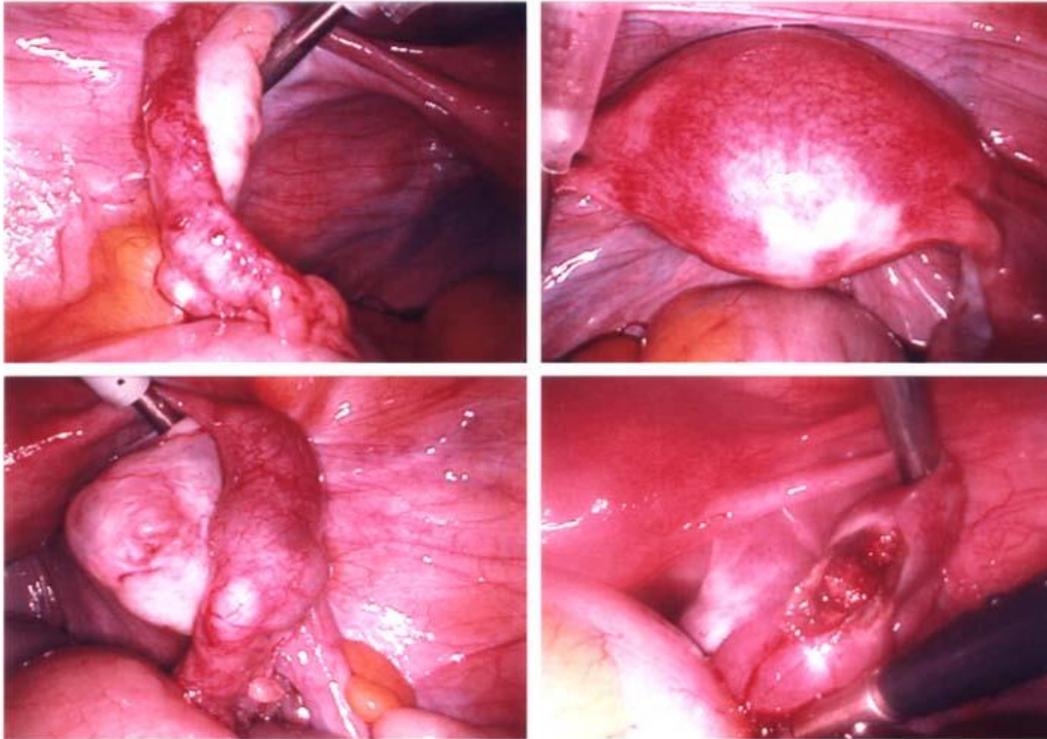
# Abortion/Miscarriage

- Threatened
- Incomplete
- Complete
- Bleeding in first trimester
- Bleeding, cx dilatation, some products expelled
- Min. bleeding, cx closed, products expelled

# Ectopic Pregnancy

- Implantation of pregnancy outside of uterus
- **Risk factors**
  - **STDs, PID, cervical dysplasia**
- Abdominal pain, amenorrhea, vaginal bleeding
- Physical exam findings: ruptured/unruptured
- Quantitative hCG
- Medical vs. surgical management

# Unruptured Ectopic Pregnancy



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# Molar Pregnancy

## Gestational trophoblastic neoplasia

### Hydatidiform mole

- **COMPLETE**

- *Diploid*
- *46 XX*
- *Paternal only*
- *“Empty egg”*
- *Rarely a fetus*

- **PARTIAL/INCOMPLETE**

- *Triploid*
- *69XXY (80%)*
- *Dispermy*
- *Fetus often present*

# Differential diagnosis of Abnormal Uterine Bleeding

- AUB due to pregnancy
- Dysfunctional uterine bleeding/anovulation
- Anatomical causes
- Systemic causes

# Polycystic Ovarian Syndrome: **PCOS**

## A special case of DUB

1. **Persistent anovulation**
2. **Polycystic ovaries**
3. **Obesity**
4. **Hirsutism**
5. **Insulin resistance**
6. **Hyperinsulinemia**
7. **Hyperandrogenism**

# Amenorrhea

- Primary--lack of menses by age 16
- Secondary--cessation of menses for > 3 months.
- Most common cause of secondary amenorrhea is..... Pregnancy

# Outflow Obstruction Leading to Amenorrhea

- Imperforate hymen
  - Bulging at hymen
  - Membrane or partial membrane
- Absent uterus/vagina
  - *Mayer-Rokitansky-Kuster-Hauser Syndrome*
- Asherman's syndrome
  - Scarring of uterine cavity after D&C with interruption of basalis layer



# **Menstrual Hygiene Management**

## 1. Introduction

# Menstruation



52% of women worldwide are in reproductive age and most of them thus are menstruating monthly.

Still, the majority of them are not in conditions to take care of their menstruation in a hygienic manner or are impaired by it.

*Menstruation is supposed to be invisible and silent.*

Source: [http://www.mcmaster.ca/museum/Exhibitions\\_Fierce.html](http://www.mcmaster.ca/museum/Exhibitions_Fierce.html) [Accessed: 07.08.2013]

Source: KJELLEN ET AL. (2012)



## 2. Beliefs, Myths and Taboos

# Harmful restrictions

In some cultures, women and girls are told that

- During their menstrual cycle they should not bathe (or they will become infertile)
- Touch a cow (or it will become infertile)
- Look in a mirror (or it will lose its brightness)
- Touch a plant (or it will die)



Young women chatting about menstrual issues. *Source:*  
UNICEF (2008)

## 2. Beliefs, Myths and Taboos

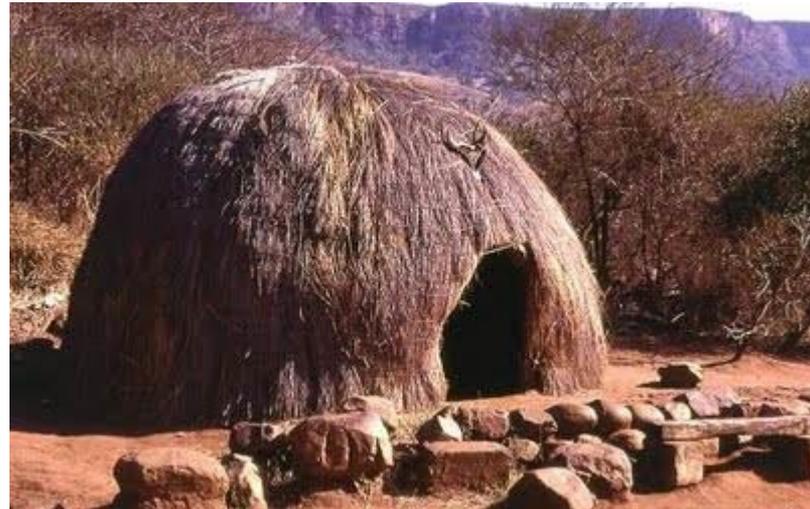
# Other restrictions



Restrictions on girls during their menstrual period in Afghanistan, India, Iran and Nepal. *Source: (HOUSE et al. 2012).*

## Relieving restrictions

Women may appreciate the ‘banishment’ to menstrual huts as they are given a rest period from the normal intensity of daily chores.



Zulu menstruation hut.  
*Source: RINDSTAD (2013)*

## 2. Beliefs, Myths and Taboos

# Parental Education

Education by parents about reproductive health, sexuality and related issues is often a no-go area leading to a low knowledge and understanding on these issue



Source: <http://phil2100dsu12a.wordpress.com/2012/07/10/abortion-the-solution-is-viability/> [Accessed: 07.08.2013]

### 3. *Menstrual Hygiene, Human Rights and MDGs*

## Lack of facilities and sanitary products

- ... Can push many girls out of school.
- Relationship between menstrual hygiene and school drop-out of girls from the higher forms due to lack of facilities, affordable sanitary products, fear of bloodstains and more.
- Millennium Development Goal (MDG) 2: Achieve universal primary education
- → Participation of girls especially in Africa and Asia lags far behind the boys' in higher forms of primary education
- Millennium Development Goal (MDG) 3: Promote gender equality and promote women
- → The lacking behind in primary education to not providing adequate facilities and sanitary products infringes gender equality and the promotion of women

### *3. Menstrual Hygiene, Human Rights and MDGs*

## **Lack of facilities and sanitary products**

Stigma around menstruation hurts human rights, especially human dignity but also the right to non-discrimination, equality, bodily integrity, health, privacy and the right to freedom from inhumane and degrading treatment from abuse and violence.

## *4. Health Risks of Poor Menstrual Hygiene Management*

### Health risks

- Poor protection and inadequate washing facilities may increase susceptibility to infection
- In case of female genital cutting: blockage and build-up of blood clots is created behind the infibulated area: pain, additional infection risk
- Risk of infection higher than normal during period as the blood forms a pathway into the uterus

## 4. Health Risks of Poor Menstrual Hygiene Management

# Inappropriate hygiene practices

Certain practices are more likely to increase the risk of infection e.g. **using unclean rags**. Inappropriate practices often due to the non-affordability of sanitary products for poor women.

### Findings from Bangladesh:

- *80% of factory workers are women*
- *60% of them were using highly chemically charged rags from the factory floor for menstrual cloths*
- *Infections are common, leading to 73% of women missing work for on average six days a month*
- *Women had no safe place either to purchase cloth or pads or to change/dispose of them*
- *When women are paid by piece, those six days away present a huge economic damage to them but also to the business supply chain*

## 4. Health Risks of Poor Menstrual Hygiene Management

# Inappropriate hygiene practices

- Unclean sanitary pad materials (local infections/bacteria can travel up the vagina and enter uterine cavity)
- Changing pads infrequently (skin irritation by wet pads)
- Insertion of unclean material into vagina (easier infection , also of uterine cavity)
- Using highly absorbent tampons during light blood loss or no menstruation (toxic shock syndrome, vaginal irritation)

*Source: HOUSE ET AL. (2012)*

## 4. Health Risks of Poor Menstrual Hygiene Management

# Inappropriate hygiene practices

- Wiping from back to front following urination or defecation (bacteria can travel easier into vagina)
- Unprotected sex (increased risk of sexually transmitted diseases)
- Unsafe disposal of used sanitary materials or blood (risk of infecting others with diseases)
- Frequent douching (forcing liquid into vagina can introduce bacteria into uterine cavity)
- Lack of hand-washing after changing a sanitary towel (can spread infections)

*Source: HOUSE ET AL. (2012)*

## 5. Menstrual Hygiene Management: Hardware

# Sanitary protection materials

It is critical that any programme aiming to support women or girls with sanitary protection materials involves them in the planning discussions and decisions about the options to be supported.



Schoolgirls participating in a menstrual cup project.

*Source: APHRC (2010)*