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## The period and period problems (menstruation)

A woman's period (or menstrual cycle) starts at puberty (11-16 years old) and should occur regularly until the menopause (45–55 years old). The cycle is approximately 28 days and the bleeding last 3–4 days. Individuals will vary widely. Severe generalised illness, severe weight loss, anorexia nervosa, severe stress may all interfere with the cycle, but the most common cause for a missed period is pregnancy.

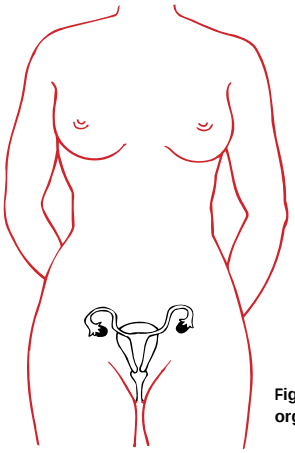


**Figure 9.1 Female sexual organs**

### Painful periods

Many women experience pain with periods. This can range from mild discomfort and a feeling of heaviness, to severe cramping pains, backaches, nausea and even vomiting. It is very individualistic. Paracetamol can be used for the pain and simple measures such as rest, a hot bath or hot water bottle over the lower abdomen all help.

### Pre-menstrual tension

The changes in hormones prior to the period can make women more emotionally changeable and alter concentration. However the extremes of the condition are extremely rare.

## Pregnancy

As already stated the commonest cause of a missed period in healthy women is pregnancy, especially if the woman has had unprotected sex in the last 2–3 weeks. Suspect pregnancy if the period is overdue by 2 weeks, the woman is experiencing 'morning sickness' i.e. nausea and vomiting on waking which settles as the day progresses, pigmentation of the nipples, and swelling of the breasts. There is usually no sign of abdominal swelling until 16 weeks. A pregnancy test should be sought as soon as possible.

### Bleeding during pregnancy or suspected pregnancy

This must always be taken seriously. During the first 6 months it can mean a threatened or inevitable miscarriage. These are most common at 12 weeks. After 6 months it can signify labour or a problem with the placenta. The other important cause is an ectopic pregnancy. See below.

## Miscarriage

### Threatened miscarriage

There is some vaginal bleeding and there may be some pain (similar to period pain). This should last no longer than 1–2 days. The woman must have bed rest until the bleeding stops and should do no strenuous activity after that until she has seen a doctor for a check-up.

### Inevitable miscarriage

More often a threatened miscarriage progresses to an inevitable miscarriage. The bleeding continues, increases and often clots of blood are passed. The pain is worse. The woman must be put to bed, have regular observations performed and all shed blood must be examined for evidence of clots and solid material, which indicate that she has miscarried the foetus. Seek RADIO MEDICAL ADVICE.

If bleeding continues, the pulse rises or she develops a temperature, it can indicate an incomplete miscarriage, i.e. some foetal material still remains inside the womb. Discuss this with your radio medical advisor. She may need Ergometrine 500 mg intramuscularly for continued bleeding and raised pulse rate. She may require antibiotics if she has a raised pulse rate and temperature.

### Bleeding after 6 months

This is likely to be the onset of labour , (see chapter 10) or an abnormal position of the placenta causing bleeding. The woman should be put to bed with regular observations until she can be landed. Seek RADIO MEDICAL ADVICE.

## Ectopic pregnancy

This occurs when the fertilised egg starts developing outside of the womb, in the Fallopian tubes (the tubes that connect the ovaries to the womb). It is rare. It usually occurs around the 6th week of pregnancy (missed 1 period), but can occur up to the 10th week.

The egg as it grows splits the tube and this can cause severe pain and some bleeding. The sensation of pain is in the lower abdomen, centrally or either side. The blood is often dark in colour. When the tube splits, it can damaged an artery and cause severe bleeding internally, causing very severe abdominal pain and collapse due to shock.

As a rule of thumb – a little pain and lots of blood indicates a miscarriage, a lot of pain and a little blood indicates an ectopic pregnancy. If you suspect an ectopic pregnancy seek RADIO MEDICAL ADVICE at once.

## Other vaginal bleeding

This can occur in women after the menopause or in women of childbearing years who are not pregnant and outside of their usual period. If the bleeding is a small amount , she should rest until it stops, and seek medical advice at the next port. If it is a larger amount and continuous, she should be put to bed and observed regularly. If she has significant abdominal pain give intramuscular Morphine 10 to 15 mg. Get RADIO MEDICAL ADVICE.

## Vaginal discharge

This is usually due to an infection within the vagina, uterus (womb) or Fallopian tubes. It may be associated with lower abdominal pain (Pelvic inflammatory disease). It can be related to a sexually transmitted disease.

If the discharge is offensive in smell give the antibiotic Metronidazole 400 mg three times a day for 7 days.

If the discharge is white, with the texture of cream cheese, i.e. Thrush., instruct the woman to use a miconazole pessary if available (instructions will be on the packet).

Alcohol must not be drunk whilst taking metronidazole. The patient should refrain from sexual activity, whilst under treatment. She should see a doctor at the next port.

## External genital itching. (Puritus vulvae)

A minor degree of itching may occur with menstruation, pregnancy or the menopause. At other times, it can be persistent and troubling. It is usually worse at night, when the patient is warm in bed. If a vaginal discharge is present , treat as above. Ask about any other features such as general health, rash, swelling or redness. Consider problems such as crab lice, scabies, diabetes and threadworm.

Any examination should be restricted to visual only and must be done in the presence of a chaperone, preferably female, to protect yourself as well as the woman. The urine must also be examined for sugar (diabetes) and the faeces for threadworms.

## Contraception

There are various methods of contraception, none are infallible. The only absolute way to avoid pregnancy is abstinence.

### The Barrier method – Condom, Cap or Femidom

These all prevent sperm reaching the egg. Reliability depends on correct usage. The condom is also useful in preventing sexually transmitted diseases.

### The Contraceptive pill

There are many different formulations of pills, but they all work by altering the hormonal balance of the woman's body so that eggs are not released by the ovaries. The pills need to be taken every day as denoted on the packets, at a regular time. For the first month of taking the pill an additional method should also be used, i.e. one of the barrier methods. If a pill is forgotten, as long as it is taken within 12 hours of its usual time, there should be no consequence. If it has been forgotten for a longer period, the woman should continue to take the pills as normal but use additional methods of contraception i.e. a barrier method, for 2 weeks after the missed pill. Similarly if there has been any episodes of sickness, diarrhoea, or a course of antibiotics, the woman should use an additional method for 2 weeks, as all these can interfere with the absorption of the pill into the bloodstream.

Women should have regular monthly bleeds on the pill, and some may experience a small amount of bleeding mid-cycle. This is nothing to worry about.

### The coil

This is a small metallic or plastic coil placed inside the uterus, which prevents the egg finding a place to rest. It can cause lower abdominal pain, vaginal bleeding and infection. The woman will need to consult her doctor about suitability or if problems arise.

### Post coital contraception 'The morning after pill'

If a woman is able to consult a doctor within 72 hours of unprotected sexual intercourse, a combination of pills can be prescribed which act as a contraceptive. They are not 100% effective and are an emergency measure, not a regular contraceptive method.