

Tracking your Menstrual Cycles

Demystified



by Sarah King, ND
Upper Beach Health & Wellness
1937 Gerrard St E
Toronto, ON, M4L2C2

Understanding your menstrual cycle involves more than just estimating your next period. Knowing your body and tracking your menstrual cycles can provide insight into your hormonal and reproductive health. You might be experiencing symptoms that we usually label as “normal,” when we should be calling them “common.” These symptoms could be signs of a hormonal imbalance, a nutrient deficiency, too little or too high body-fat percentage,^[1] or a result of stress.

Menstrual Cycle Length

The length of a healthy menstrual cycle is in the range of 26–32 days.^[2] You can track your cycle length either with your calendar or an app like “P Tracker,” counting your first day of bleeding (first day of your period) as day 1, and continuing until the day before your next period. When we assign a healthy cycle length, regularity is important. That means that even if your cycle is 33 days long, outside of our healthy range, if your cycles are consistent and are always within a very small range, say 32–34 days long, that would still be considered healthy and regular. If, however, your cycles are always a different length, for example, 23 days one month, 34 another, then 28 on month three, and so forth, that would be more indicative of irregular hormonal fluctuations or cycle irregularities.^[2] Consistency is key for hormonal health, but even more so for reproductive—and overall—health.

Variations in cycle length have been linked to risk factors for cardiovascular disease, breast cancer, and myocardial infarctions.^[3] The menstrual cycle can be broken down into two distinct phases, the follicular phase and the luteal phase, both approximately 14 days long. Knowing which day ovulation occurs might not seem like an important task for women who aren’t trying to conceive, but understanding where ovulation lies with respect to your total cycle length can make a huge difference in investigating hormonal dysfunction.

The follicular phase is represented by days 1–14 of your cycle, or from day 1 of menstruation until the day of ovulation. Conversely, the luteal phase occurs from the day

after ovulation until the day before your next menstrual bleeding day.^[3] In general, our cycles tend to become shorter as we age, with perimenopause influencing the largest variability in cycles. At this stage in a woman's life, cycles may skip, producing a period only every 2–3 months.^[3] For younger females, a longer cycle may be associated with a higher BMI, recent use of oral contraceptives, and a later age of menarche.^[3] Marijuana use in women has also been associated with longer follicular phases.^[3]

Shorter menstrual cycles and shorter follicular phases have been linked to heavy caffeine intake and alcohol consumption.^[3] A short cycle in general may indicate a shorter luteal phase. This can be determined by marking down the day of ovulation, either with the use of ovulation-symptom tracking (see below) or LH test strips (also known as ovulation prediction tests).

There are several factors that can affect and shorten the luteal phase, but often we see hormonal abnormalities such as low progesterone, low estrogen, and consequently impaired corpus luteum and endometrial function.^[4] Luteal-phase dysfunction or shortening has been an associated cause of repetitive miscarriages,^{[3][4]} but the consequences of abnormal hormone function go beyond fertility. Low progesterone levels have also been linked to PMS symptoms including anxiety, sleep disruption, water retention, decreased libido, and headaches or migraines.^[1]

Tracking Ovulation

Now that we understand the importance of cycle length and how the timing of ovulation affects the length of each phase of the menstrual cycle, it's important to recognize when ovulation occurs. There are several ways to track ovulation, some more reliable than others. Inexpensive, at-home ways to track ovulation consist of knowing your body and recognizing the different types of vaginal and cervical discharge. Cervical discharge may be apparent a few days before the date of ovulation, often appearing 1–5 days postmenstruation. Look for a clear, sticky, egg-white-like discharge. It may appear “goosey” and can be tested by slowly plying it apart between two fingers (or with bathroom tissue), looking for stretchiness. This type of discharge needs to be sticky and stretchy in order to help facilitate retention of sperm for ovulation, and may still be present one day (but usually no longer) postovulation.

Alternatively, many women use basal body temperature (BBT) tracking as a means of identifying ovulation. Although not the most reliable method,^[3] it may serve as a screening tool by looking at temperature trends throughout the cycle. In order to properly track BBT, it's important to take a temperature reading first thing upon waking, but before getting out of bed. Many women find taking temperature under the arm in the axilla to be sufficient, but oral temperature will also work, as long as the location

is consistent. BBT should be taken and recorded every day over the course of three cycles. Because it is not the most reliable method, having readings over three months helps to discern patterns in temperature.

Overall, BBT reaches a low point on the temperature curve before ovulation, then displays a prominent rise, peaking postovulation.^[5] Although it may be difficult to identify the exact day of ovulation, using BBT helps narrow it down to a range of approximately two days around ovulation.^[5]

To date, one of the most reliable means of testing ovulation is via hormone testing.^[6] This has been made easier for women with at-home ovulation predictor kits, also known as urinary LH kits. These predictor kits are used to track the peak rise in LH levels, but may be costly to continue use on a monthly basis.

Tracking Bleeding Patterns and Other Symptoms

Typically, bleeding during menses lasts 4–6 days.^[2] Again, you could experience anywhere between 3 and 7 days of bleeding, but it's more important to look for consistencies from cycle to cycle. For most women, the first 2–3 days tend to be the heaviest, with flow lightening for the remainder of menses.

Total flow over the course of a menstrual period should measure around 30–35 mL of shed tissue.^[1] This equates to about two tablespoonsful. Heavy bleeding would be characterized by at least double this amount. The easiest way to measure flow is by using a menstrual cup which contains marked measurements, allowing you to keep track of volume of flow each time you empty the cup. Alternatively, you may want to track how often you need to change your pad or tampon. For example, needing to change a saturated pad once an hour over the course of a day would be an indicator of a heavy flow.

While tracking flow, take note of any clots, their size, and the overall colour of your menstrual flow. The characteristics and volume of menstrual flow may lead your doctor (ND or MD) to investigate bleeding disorders, current platelet count, as well as iron storage. With any increase in lost blood, the risk of lowering iron levels also increases and can result in chronic fatigue.

Lastly, cycle tracking provides a medium for tracking many other symptoms that can be linked to hormonal fluctuations. Tracking mood swings, acne breakouts, headaches, and/or migraines are all important in assessing the root cause of such symptoms.

Conclusions

Cycle tracking can be a powerful reproductive tool. We can use symptom tracking to understand when we're ovulating, when our periods are about to start, as well as if something isn't right. Cycle tracking can also be used as a way of understanding when your fertile days are occurring. With a consistent and regular cycle, this tracking is used in the Fertility Awareness Method (FAM) for either preventing or promoting pregnancy. But apart from fertility tracking, knowing your cycle provides key information about your hormonal health, and may help to discern whether other symptoms are linked to hormonal dysfunction.

Tracking can be done via smartphone or tablet app, or by chart/calendar tracking. Monitor your cycles consistently, starting with cycle length, and try to observe when you may be ovulating. Know your body, and pay attention to changes in vaginal and cervical discharge. And most importantly, don't hesitate to seek medical or naturopathic help to try to understand your individual hormonal symptoms and fluctuations. Just because a symptom is common, doesn't necessarily mean it's "normal."

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