



DIVA

Finding *Your Flow*

A BEGINNER'S MENSTRUAL EDUCATION HANDBOOK





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FINDING YOUR FLOW: A BEGINNER'S MENSTRUAL EDUCATION HANDBOOK INTRODUCTION

Welcome! If you've picked up this handbook, it probably means you're curious about the changes your body is going through. Perhaps you've just started your period, or maybe you're starting to notice general changes in your body. Whatever it is, this handbook was made for anyone new to or unfamiliar with the world of periods.

This handbook gives an overview of human anatomy and the menstrual cycle, as well as period tips, tricks, and general wellness. We'll guide you through the basics of period care, and take a deeper look into menstruation, including period-related diseases and menstrual inequities. We hope this book helps you learn something new and makes the whole process a bit less intimidating.



THE PERIOD: AN OVERVIEW

We've been told that menstruation is culturally off limits and should be kept private. This might mean you feel shy or even reserved when discussing it—you're not alone. But not learning about your cycle can mean ignoring *important* health indicators that can have long term implications.¹



INTERNAL & EXTERNAL ANATOMY

Vagina & Vulva

It's important to demystify our human anatomy. This section will cover the basics of the vagina and the vulva. The aim of this section is to help you familiarize yourself with your body and become empowered to discuss your health.

First and foremost, the vagina and the vulva are two different reproductive parts. The *vulva* is the outside/external section, and the *vagina* is the internal section. Vulvas can come in different shapes, colours, and sizes! More importantly, no matter what your vulva might look like, every vulva is unique and beautiful.

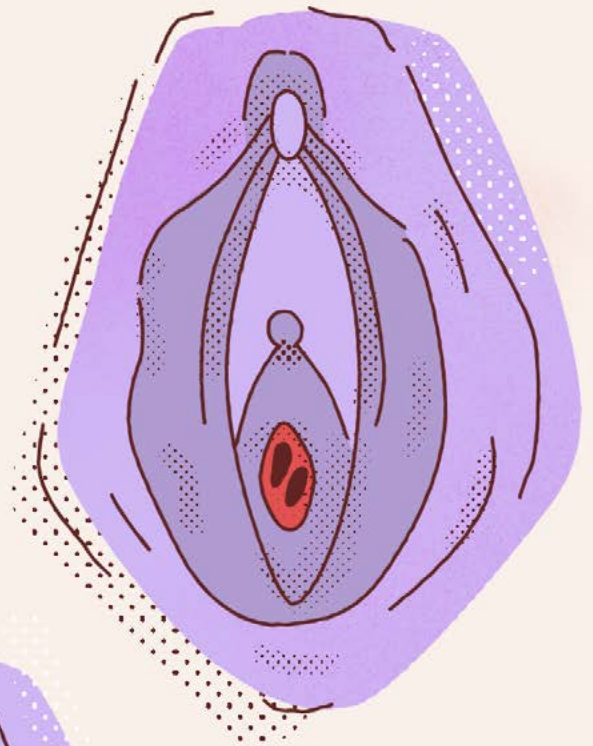
The Hymen

The hymen is a thin membrane or fleshy tissue that's located at the opening of the vagina. The hymen will naturally have a hole large enough for period blood to come out. It can be stretched open by intercourse but can also be opened by riding a bike, doing sports, or wearing a tampon.

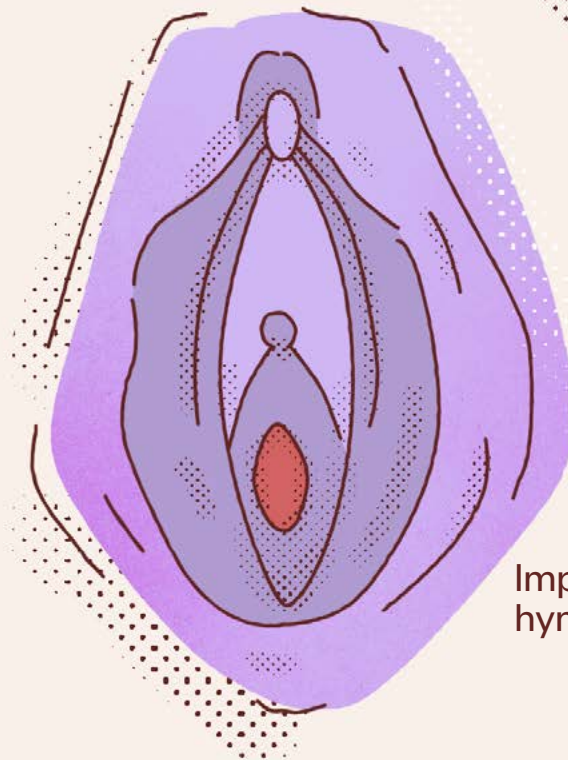
“The hymen can tear from physical activity and approximately 50% of teens who report sexual activity have an intact hymen.”²



Annular or crescent hymen



Microperforate hymen



Imperforate hymen

Different shapes of the hymen

Your hymen is formed in the womb, and can take many different shapes. Some hymens surround the vaginal opening, while others can almost completely cover it. Sometimes, hymen disorders are discovered when you experience issues with menstruation.³

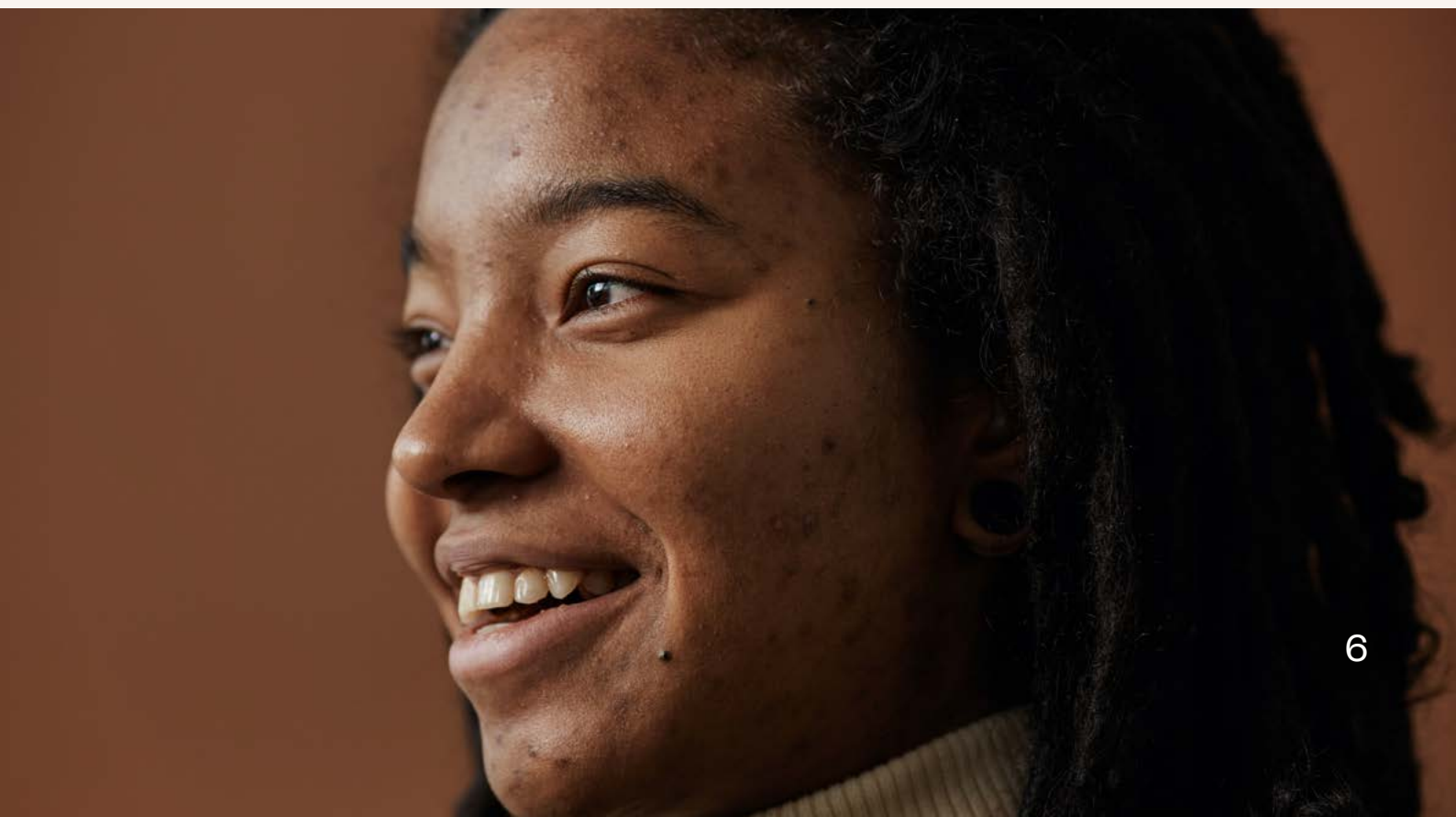


THE TELL-TALE SIGNS OF PUBERTY

Puberty is the development of the body as it shifts into adulthood, and it includes the beginning of the menstrual cycle. Puberty often happens between the ages of 9 to 11 for girls⁴ but for some, it can begin earlier than that. In the US, the average age of menstruation, or the beginning of the menstrual cycle, is between 10 to 15 years old.

Some signs of puberty for girls include:⁵

- Breasts begin to grow
- The areola, the skin around the nipple, expands and may darken
- Pubic hair starts to grow around the lips of the vulva and in the armpits
- Acne appears on the face and/or back
- Rapid height growth
- Hips widen, thighs and butt become larger
- Menstruation begins



KEY TERMS: INTERNAL ANATOMY

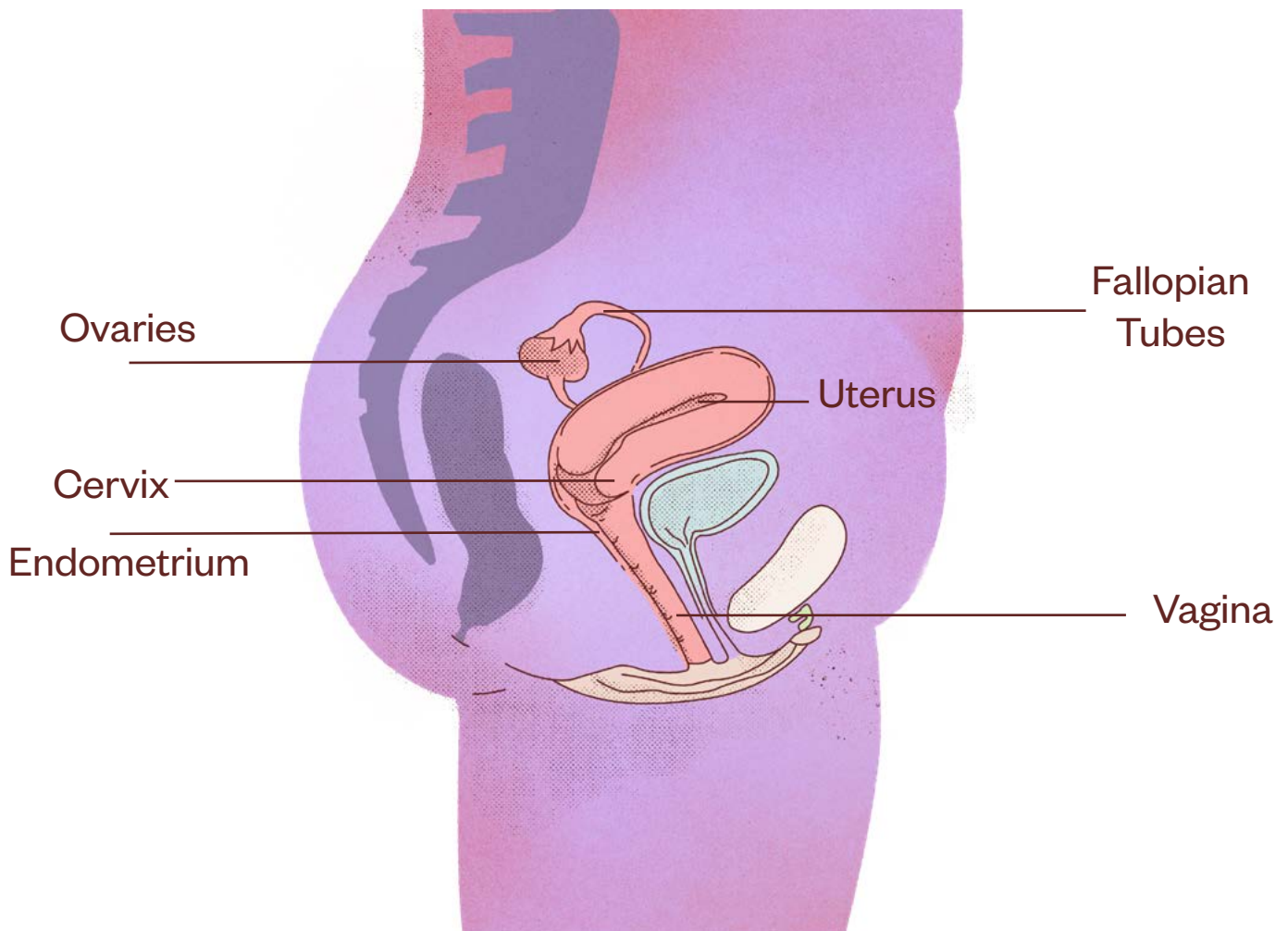
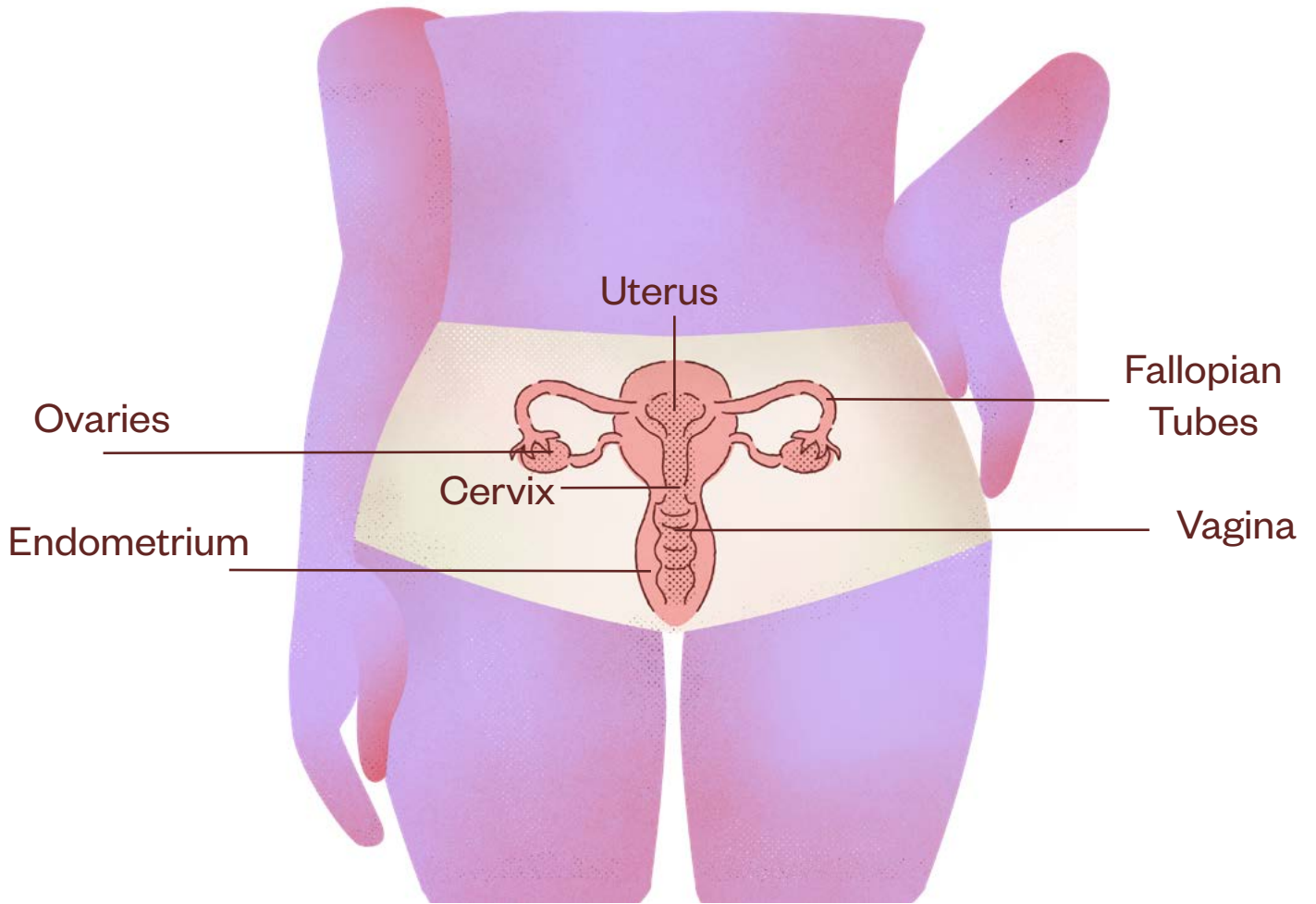
Cervix: The cervix is a narrow passage at the bottom of your uterus. It's shaped like a tiny donut and is made up of strong muscles. Your cervix separates your vagina from the rest of your body. When you menstruate, your menstrual blood passes through your cervix into your vaginal canal.⁶

Endometrium: The endometrium is a mucous membrane that lines the uterus and thickens during your cycle to prepare for the implantation of a fertilized egg. If implantation does not occur, the lining is shed, and menstruation begins.⁷

Fallopian Tubes: The fallopian tubes are two narrow tubes that are about 4 to 6 inches long. They are connected to the ovaries and carry eggs from the ovaries to the uterus.⁸

Uterus: The uterus is a hollow, muscular, pear-shaped organ about the size of a lemon. It builds up and releases a blood-rich lining, called the endometrium every cycle. Once pregnant, the uterus can stretch to the size of a watermelon.⁹

Vagina: The vagina is an elastic muscular tube that connects your vulva with your cervix and uterus, often ranging 4 to 6 inches in length.¹⁰ “Everyone’s vagina is unique in shape, size, and appearance. Concepts of ‘tightness’ or ‘looseness’ are rooted in misogyny.”¹¹



KEY TERMS: EXTERNAL ANATOMY

Discharge: Discharge is a mucus-like substance that exits the vaginal opening. Its purpose is to clear away dead skin cells and bacteria, as well as add lubrication to the vaginal canal. Discharge will vary in texture and colour.¹²

Labia: The labia (lips) are folds of skin around the vaginal opening. The labia majora (outer lips) are two thick folds of skin from the mons pubis to the anus. Labia majora are usually fleshy and covered with pubic hair. The labia minora (inner lips) are located inside the outer lips. They begin at the clitoris and end under the opening of the vagina. Just like your vaginal canal, all labia are unique in colour, shape, and size.

Mons pubis: The mons pubis is the soft fleshy tissue above your vulva. After puberty, it's covered with pubic hair. It cushions your pubic bone and protects the internal reproductive organs.

Pubic bone: The pubic bone (or the pubis bone) is the most forward-facing bone of the pelvic bones. Its main function is to protect urinary and internal sex organs.¹³

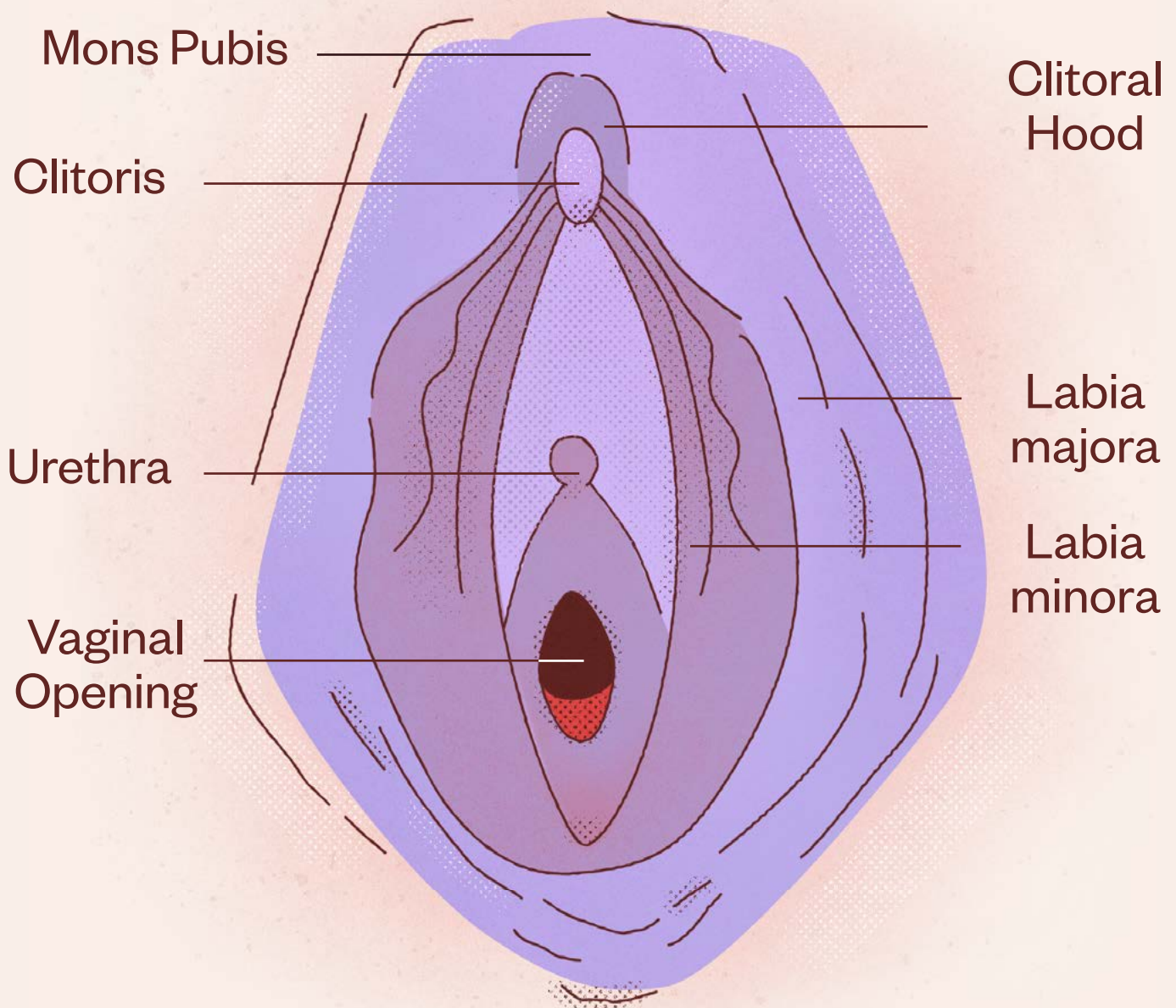
Urethra: The urethra is a tube from the urinary bladder. The urethral opening is a tiny hole where urine comes out and is located above the opening of the vagina.¹⁴

Vaginal opening: The vaginal opening is right below your urethral opening. It is where menstrual blood leaves your body and where babies may exit during birth.¹⁵

Vulva: The vulva is the external genitalia that surrounds the opening of the vagina. It consists of the labia majora, the labia minora, and clitoris.

Clitoris: The tip of the clitoris is located at the top of the vulva, where the inner lips meet. It has thousands of nerve endings—more than any other part of the human body, including the penis. The tip of the clitoris is covered by the clitoral hood.

Clitoral Hood: The clitoral hood is a protective covering of the clitoris. It is formed by the joining of the two labia minora (inner vaginal lips).



HORMONES

Estrogen: Estrogen is a hormone that is produced by the ovaries and plays an important part in puberty, menstruation, pregnancy, and menopause. This hormone supports the menstrual cycle, as well as other parts of the body including bones, breasts, skin, hair, and the brain.¹⁶

Progesterone: Progesterone is produced by the ovaries after ovulation. Progesterone helps prepare the lining of the uterus for a fertilized egg and plays an important role in pregnancy. If fertilization does not occur, progesterone helps suppress estrogen after ovulation.¹⁷

Testosterone: Testosterone is produced by the adrenal glands and ovaries. It helps regulate the menstrual cycle and supports bone and muscle strength.¹⁸





MENSTRUAL CYCLE

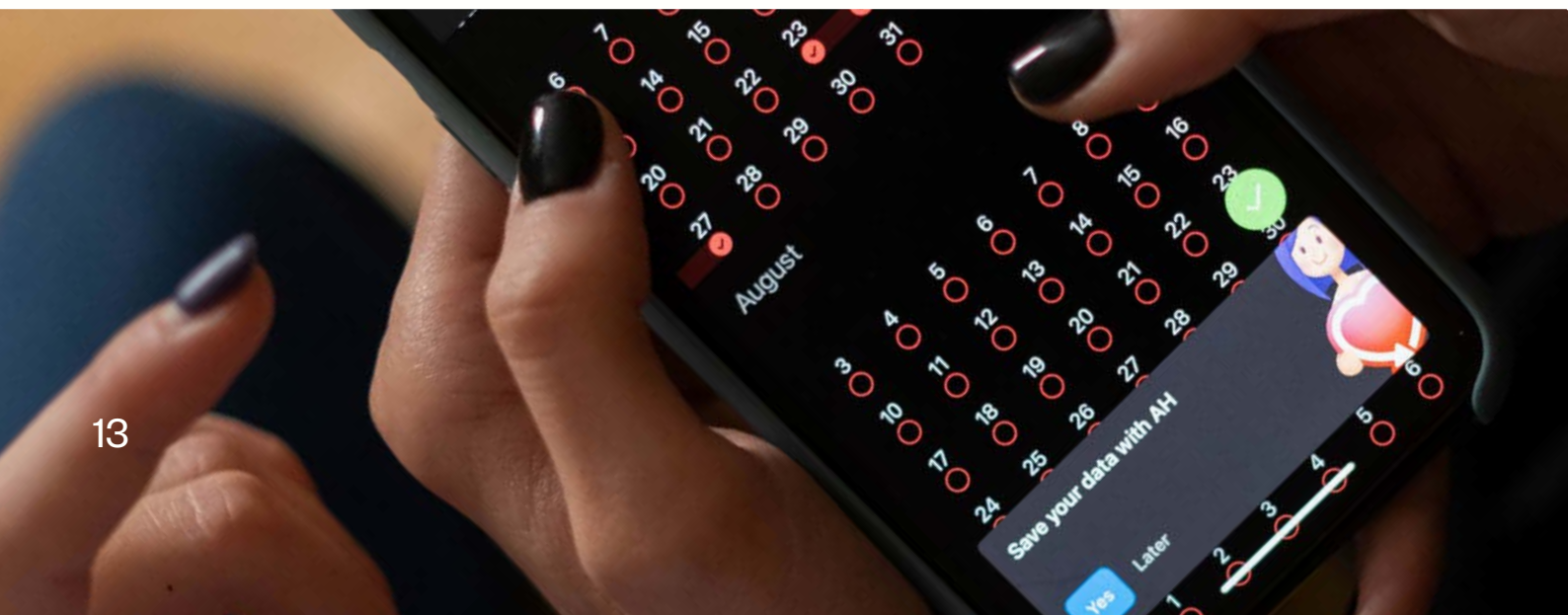
Premenstrual Syndrome (PMS)

Premenstrual Syndrome is a group of symptoms someone might experience leading up to their period. For some, PMS can be more severe and intense, affecting their day-to-day lifestyle. Symptoms can include:¹⁹

- Mood swings
- Tiredness or trouble sleeping
- Irritability
- Abdominal bloating
- Headaches
- Tender breasts
- Acne
- Feelings of anxiety, restlessness
- Food cravings
- Cramping
- Digestive changes (diarrhea or constipation)
- Muscle pain

Cycle Duration

On average, one menstrual cycle lasts 28 days, but can be as short as 21 days, or as long as 45 days. Anything longer should be discussed with your family physician.²⁰ The menstrual cycle begins on day one of the last period and ends the day before your next period begins.



DISCHARGE & OVULATION

Discharge is a mucus-like substance that exits the vaginal opening. Its purpose is to clear away dead skin cells and bacteria, as well as add lubrication to the vaginal canal. Vaginal discharge will also vary in texture and colour. Textures can fluctuate between watery and thin or creamy and thick, and it might be white, yellow, or clear.²¹ Discharge increases as ovulation approaches and helps with implantation when you're looking to get pregnant.

Ovulation, on average, occurs between day 11 to day 21 of a menstrual cycle but can occur at different parts of the menstrual cycle as well as different parts of each month.²² An egg leaves the ovary and lives for 12 to 24 hours. Usually, only one egg is released. Ovulation can be impacted by stress, illness, or change in routine.



TMI QUESTIONS I WISHED I ASKED

Q & A with Registered Pelvic Health Physiotherapist, Keri Martin Vrbanac

1. How do you know you're pregnant without taking a test?

There are several indications that your body may give you to suggest that you are pregnant. Indicators of potential pregnancy may include missed periods, spotting, nausea and/or vomiting, and aversion to certain foods, amongst others. But to confirm pregnancy, tests that detect hormone levels are more reliable. A pregnancy test will measure the levels of human gonadotrophic hormone (hCG), which is produced during pregnancy and can be detected in the urine and blood as early as 10 days after conception.

2. What do I do if my tampon gets stuck?

The first thing to do is try and relax. Stress causes your vaginal, or pelvic floor muscles, to tighten. The good news is that there is nowhere for your tampon to go. You will want to remain calm and do some deep breathing. I recommend a slow inhale combined with the visualization of opening the vagina. Try to imagine opening a rose bud at the entrance of the vagina. You can go into a squat position or try to remove the tampon while sitting on the toilet. Both positions will help lengthen the pelvic floor muscles. You've got this!

3. What do I do if my DIVA™ Cup is high and hard to reach?

When inserting, you want to be sure to not push the tip of the stem further than ½ inch (1.27 cm) into your vagina. Before trying to remove it, take a few deep breaths and relax the pelvic floor muscles as they are what hold the cup in place. Take a deep breath in and allow your belly to expand on the inhale. Breathe out and release the pelvic floor muscles—like the feeling you have after having to urinate and finally being able to. Repeat this a couple of times, keeping your shoulders down on the inhale. Once relaxed and in a comfortable position (standing, sitting on the toilet, or squatting), reach into your vagina on the inhale with your thumb and index finger until you can reach the stem.

About Keri

Keri is an incredibly passionate pelvic physiotherapist whose mission is to save the world—one pelvis at a time. As a practitioner, Keri works with all ages and genders experiencing pelvic floor dysfunction, and boasts a strong commitment to educating and empowering people to find their ultimate pelvic health.



TMI QUESTIONS I WISHED I ASKED

Q & A with Dr. Katharine O'Connell White, MD, MPH



4. I go to the washroom A LOT when I'm on my period. Is that common?

If you feel like you're constantly heading to the loo when you're on your period, you're not imagining it. There are three reasons that you might need to urinate more during this point in your menstrual cycle: hormones, cramping, and hygiene.

In the second half of your cycle—between ovulation and the start of bleeding—your progesterone levels peak, and then plummet. When progesterone levels are high, you tend to hold onto fluid. This is why you may feel more bloated before your period starts, and why some methods of birth control with progesterone may lead to weight gain. When the progesterone levels then drop, your body releases that excess fluid, and you need to pee it out.

Additionally, when your uterus contracts to expel its lining (the menstrual blood you see), it can cause pressure on your bladder, which sits right in front of it. Sometimes, with this cramping, you may feel the urge to urinate, even if your bladder isn't full.

The other reason that you may be heading to the restroom more often when you're on your period is being uncomfortable with the sensation of blood. Many menstruators want to change or empty their period products more often than they "need" to because it makes them feel drier or more comfortable. And there's nothing wrong with that!

You can help reduce an extreme need to pee by staying well hydrated, reducing your caffeine intake, and avoiding foods with high levels of sodium (salt).

5. I'm 17 and I still don't have my period. Should I be worried?

Short answer: maybe. Most people with a uterus get their first period between the ages of 10 and 15, but it can occur earlier or later. The average age for a first period in the US is 12. You may find that the timing of first periods runs in your family—if other people like your mom or sisters got their first period later into their teens, it may be normal for you.

There are other factors that can influence when you get your first period. Athletes and people who exercise often or intensely may get their period later. Similarly, having a very low body weight or high stress levels can also affect period timing. Doctors recommend that if you haven't gotten your first period by age 15, you should come in for an evaluation. Your doctor will talk with you about lifestyle factors that could be contributing to your lack of a period, as well as check you for hormone imbalances. They may also order an ultrasound or an MRI to look at your reproductive organs to make sure everything looks normal.

6. My period blood is sometimes different colours— brown, bright pink, deep red—why is that?

No one teaches us that it's normal to have period bleeding in so many colours! The colour of the blood that you see most often reflects how long the blood has been sitting in your body before it comes out.

- **Pink blood** is often seen at the start of your period, and sometimes at ovulation. This represents a little bit of bleeding mixed with cervical mucus. Bright red bleeding represents a steady flow of bleeding from your uterus. This is the “freshest” colour of blood and tends to make up most of the days of your period.

- **Dark red blood** is often seen first thing in the morning. The blood has been present in your vagina for a while, but not long enough to turn brown.
- **Brown blood** is even older—the longer blood hangs around, the more it darkens when it's exposed to air (this is called oxidation). This brown colour can get so dark it's nearly black. You may see brown or black blood at the beginning or end of your period. And for many menstruators, the very first time they see period blood, it's often brown.

Are there any colours you need to worry about? Orange blood is often a mix of your period blood with an orange vaginal discharge. That could be a sign of infection. Same with green or gray blood. For these two colours, you should head to your gyno for testing.

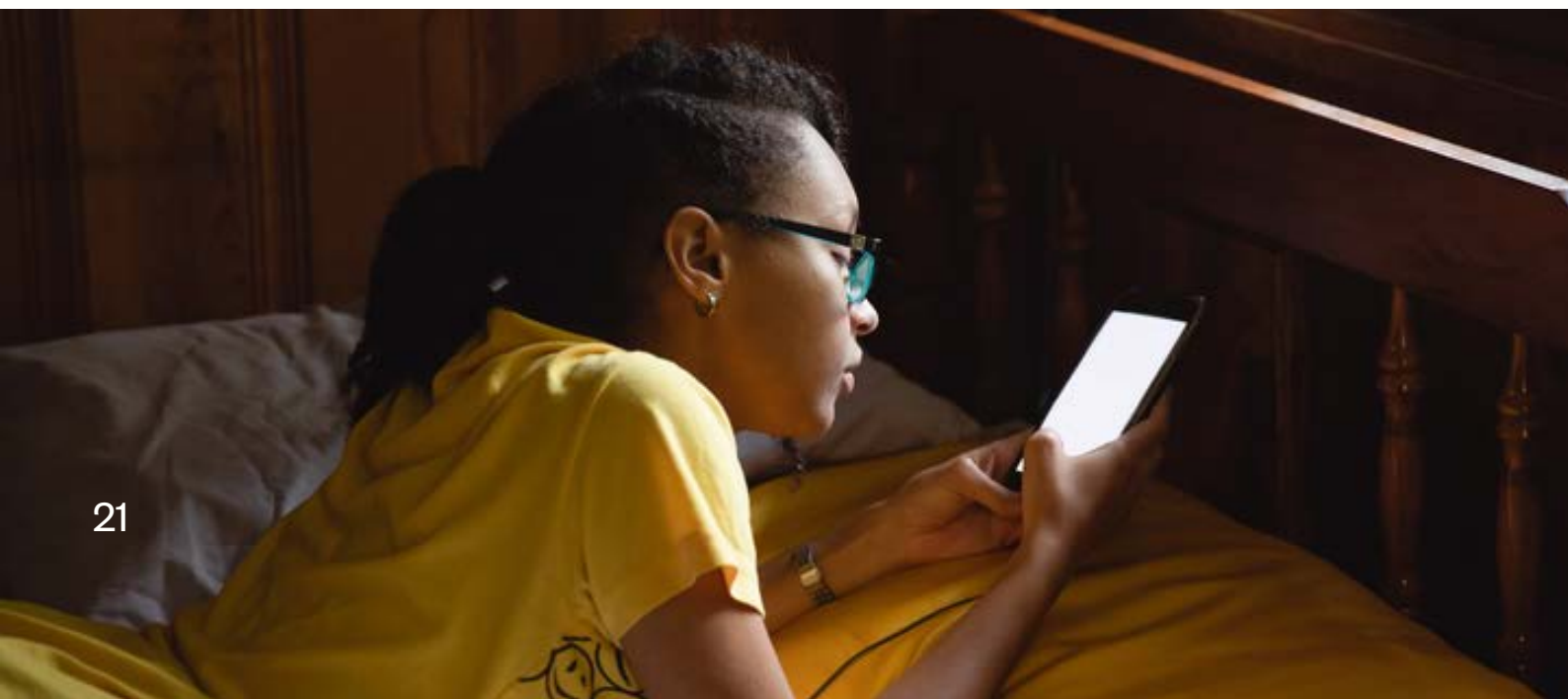


7. Is discharge consistency a sign of dehydration?

The consistency of your discharge has more to do with where you are in your cycle, rather than how much water you're drinking. In the first part of your cycle, after your period, your discharge is typically dry or pasty. As you get closer to ovulation, the release of an egg, your discharge is generally creamy and stretchy, like playing with glue between your fingers. Right before ovulation, your discharge changes to be clear, watery, and slippery, almost like raw egg whites. In the latter half of your cycle before your period, if you notice discharge at all, it tends to be thicker and drier.

Other things that can change the appearance of your discharge include:

- Being on hormonal birth control, which makes the discharge thicker, helping to stop sperm from fertilizing an egg
- Vaginal infections, particularly bacterial vaginosis (BV) and yeast infections
- Using certain medications



About Dr. Katherine

Dr. Katharine is the Vice Chair of Academics and the Associate Director of the Complex Family Planning Fellowship at Boston Medical Center and is an Associate Professor of OB/GYN at the Boston University School of Medicine. Dr. Kate has been a clinician, educator, researcher, and advocate in reproductive health for people who can become pregnant for over 20 years.

She conducts research studies and frequently lectures locally and nationally on topics related to reproductive health. Dr. Kate is also the author of *Your Sexual Health* and *Your Guide to Miscarriage and Pregnancy Loss*.



PERIOD PRODUCTS & HOW-TO'S

Menstrual Cups

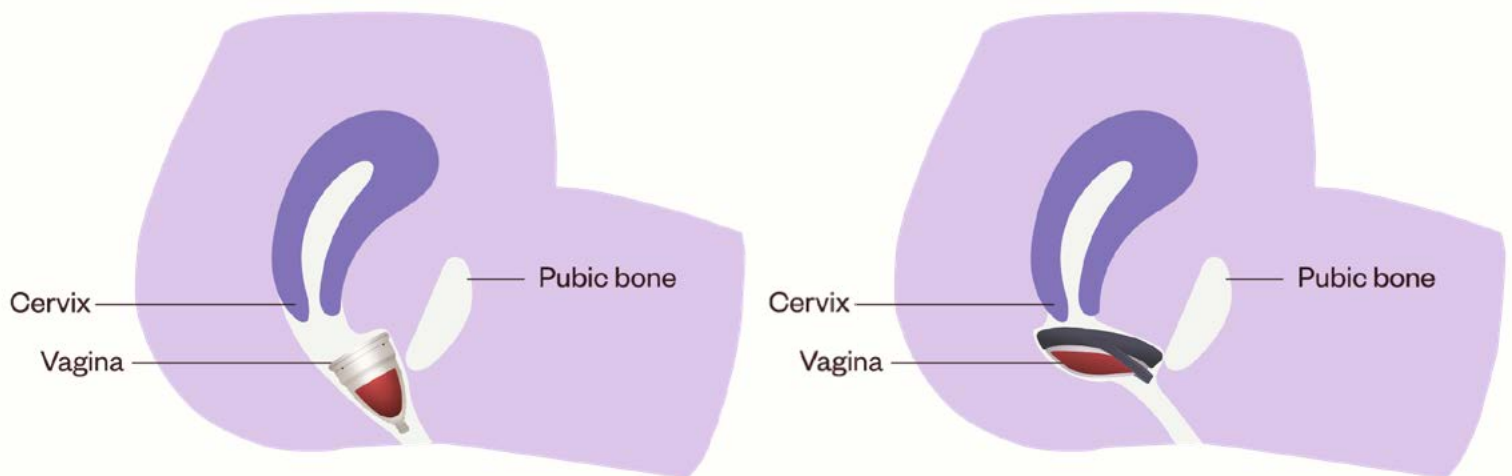
A menstrual cup, such as the DIVA™ Cup, sits low in the vaginal canal and is held in place by the vaginal walls. Menstrual cups collect menstrual blood rather than absorb it. They are made with medical grade material such as silicone and are safe to wear for up to 12 hours.

Menstrual Discs

A menstrual disc, such as the DIVA™ Disc, sits high in the vaginal canal, positioned directly under the cervix and tucked behind the pubic bone. Like menstrual cups, menstrual discs collect menstrual blood rather than absorb it and are often made of medical grade silicone.

Menstrual Underwear

Menstrual underwear, like DIVA™ Reusable Period Underwear, is underwear equipped with thin absorbent layers and can be worn in place of a pad or tampon. This gusset can absorb 3 to 9 tampons worth of menstrual blood and can be worn all day.



Pads & Tampons

A pad is often made from absorbent cotton and medical -grade plastic and is attached to underwear. Pads come in a variety of sizes, absorbencies, and styles. Pads are safe to wear for several hours and will need to be changed based on flow levels. Pads are also available in disposable and reusable options.

A tampon is a narrow tube, often made of absorbent cotton and rayon with a string attached for easy removal. Tampons will come with or without an applicator, which can be plastic or cardboard. Tampons sit in the vaginal canal and need to be changed frequently based on flow levels and urination. While it's safe to wear a tampon for up to 8 hours, changing it more frequently is recommended.



RISKS OF PERIOD PRODUCTS

Leaks & discomfort

With cotton-based period products, you might experience friction or dryness with use. If it is difficult to remove a tampon, it is likely due to your flow level. It might be time to size down or stop wearing them for the remainder of your cycle. It's important to match your flow levels to the absorbency of whatever you're wearing.

With improper insertion, cups or discs may cause discomfort or leaks. Pads or menstrual underwear might cause discomfort if worn for too long.

How to clean blood stains out of clothing

Leaking happens, especially when someone first gets their period. To remove stains, follow this 3-step process.

- Try to soak the stain as soon as possible. If you're at home, remove underwear/clothing and rinse the stain with cold water and soap. You can then leave it to soak in the cold water, if the stain isn't out yet.
- Throw soiled garments into the washing machine with other dirty laundry and run a cycle. Before tossing them in the dryer, check to see if the stain has lifted. Repeat this process until the stain has completely lifted before drying the garment.
- If you encounter a stubborn stain or one that has been sitting for several days, try dabbing a small amount of hydrogen peroxide onto the clothing using a cotton round. Let this sit for five minutes before washing it with detergent regularly.

Toxic Shock Syndrome

Toxic shock syndrome (TSS) can occur in skin wounds, after surgery, or after prolonged usage of an internal device such as a tampon that can cause severe illness or bodily damage. There are different types of TSS, with only select types being related to menstruation.²³

Symptoms include:

- Fever
- Low blood pressure
- Vomiting
- Diarrhea
- Headache
- Muscle pain

TSS is rare and, on average, occurs in 0.3/100,000 people a year.²⁴ TSS can be diagnosed by doing a blood or urine test and depending on severity, it can be treated with intravenous antibiotics or other kinds of medication.²⁵ To reduce your risk of TSS, only wear insertable period products for their recommended usage time and don't use tampons when you're not on your period.²⁶



PERIOD RELATED DISEASE & ENDOCRINE DISORDERS

Premenstrual Dysphoric Disorder (PMDD)

Premenstrual dysphoric disorder is a more severe form of PMS (premenstrual syndrome). Some PMDD symptoms can include:²⁷

- Increased irritability, emotional sensitivity, or moodiness
- Fluid retention, including swollen ankles hands and feet or periodic weight gain
- Respiratory problems including allergies or infections
- Other symptoms can include numbness or tingling in arms or legs, decreased coordination, painful menstruation, or muscle spasms

There are many symptoms of PMDD. If you think you might have PMDD, discuss your concerns with a family doctor. Depending on the severity, it may require medical attention and treatment.²⁸ The risk of having PMDD increases if you have a family history of PMDD or a personal history of depression or other mood disorders.

Polycystic Ovary Syndrome (PCOS)

Polycystic ovary syndrome is an endocrine disorder that disrupts hormone balance. It impacts bodily functions including metabolism and fertility, among other things.²⁹ An estimated 15-20% of women worldwide have PCOS, with only around half being diagnosed. Symptoms of PCOS can include:³⁰

- Irregular ovulation
- Polycystic ovaries (small fluid-filled sacs known as cysts that form on the ovaries)
- Acne
- Easy weight gain
- Male-pattern hair growth
- Pelvic pain

There are many symptoms of PCOS. If you think you might have PCOS, discuss your concerns with a family doctor.

Endometriosis

Endometriosis is a condition in which the endometrium (cells that line the uterus) is found elsewhere in the body, including the abdomen and pelvis, the ovaries, the vagina, and the bowel or the bladder. This results in severe or debilitating pain.³¹ Other potential symptoms include:³²

- Constipation
- IBS
- Diarrhea
- Persistent pelvic pain
- Nausea
- Fatigue

There are many symptoms of endometriosis. If you think you might have endometriosis, discuss your concerns with a family doctor.



RESOURCES



Websites

- For reviews of period products and video tutorials, check out [Period Nirvana](#).
- For international news on menstrual health and the fight for menstrual rights, visit [Menstrual Matters](#).
- To learn about the signs, symptoms, diagnosis process and treatment options for endometriosis, check out [World Endometriosis Society](#).
- To learn about the signs, symptoms, diagnosis process and treatment options for PMDD, check out [Viscous Cycle PMDD](#) and [IAPMD](#).
- To learn about the signs, symptoms, diagnosis process and treatment options for PCOS, check out [PCOS Awareness Association](#) and [PCOS Challenge](#).

Period Trackers

When selecting a period tracker, it's important to know where that information is stored and who it's being shared with. Before downloading and using an app, be sure to investigate its privacy settings. **Here are five apps that do not sell or share menstrual information with third parties:**

1. Menstruation Nation (by the Period Purse)
2. Spot On (by Planned Parenthood)
3. Clue (by BioWink)
4. Oky (by Unicef)
5. Euki

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