

Menstrual Tracker Guide (Volume)



Welcome to HFA's menstrual tracking tool! We hope these logs provide you with ways to understand your cycle better and have some agency over your health. Please use them to track in whatever way works for you and consider taking what you record to your medical appointments. These logs are meant to support a better conversation with your healthcare providers if you feel that your menstrual cycle affects your quality of life.

Please see the Menstrual Definitions page to learn special terminology. This guide will provide basic instructions that apply to all of the logs. Each log has specific instructions. You can complete the logs on your computer using Adobe Acrobat or print them and fill them out by hand.

*This log is meant to help you track your period and discuss your circumstances with your healthcare provider. It is not meant as medical advice. **An estimated measurement of more than 80 ml or 2.7 ounces per period might merit a conversation with your doctor about heavy menstrual bleeding.***

To Use the Tracker Logs:

If you choose to track estimated measurements, add up what you record at the end of each day or the week of your menstrual cycle appropriately. If you combine more than one method of protection, fill out the charts for each of them. Note clots and flooding as appropriate. Clots may be described in size by saying "grape" or "quarter" to help your provider visualize your situation, and it will help if you can say how many clots you saw.

To estimate a measurement of how much blood you have lost, add up your tally marks for each category and multiply the total of tally marks compared to the chart. The estimates indicated for measurement refer to "heavy," or a fully soaked overnight pad or tampon. For moderate or light, you will need to estimate based on heavy. Remember that this is a tool for your own personal evaluation, so try to be consistent about how you estimate. **Here is an example:** You are using an overnight pad. You have one tally mark for moderate and two for heavy that day. You feel like the moderate pad was about .24 ounces or 7 ml. You feel that the heavy pads were .5 ounces or 15 ml.

For ounces: $(1 \times .24 \text{ oz.}) + (2 \times .5 \text{ oz.}) = 1.24 \text{ oz}$

For milliliters: $(1 \times 7 \text{ ml}) + (2 \times 15 \text{ ml}) = 37 \text{ ml}$

Clot Sizes

Quarter

Dime

Large (quarter size or larger)

Small

Estimated Measurements Full/Soaked Product

Description	Oz./ml
Maxi Pad	.17/5
Overnight Pad	.34-.5/10-15
Super Tampon	.4/12
Menstrual Cup	1/30

A Few Notes About the Estimated Measurements:

These logs are inspired by a validated tool (PBAC, 1990) and have been modified to give you another choice for logging and tracking. Instead of counting products, you can measure the amount of blood loss. This version is for your own personal use and might be a preferred way to learn about your menstrual bleeding. Use these logs to have a conversation with your medical providers. Note that it is not a formal evaluative or diagnostic tool, and we have modified it to better suit the blood sisters' needs. It is solely a tool to generate a better discussion and a way for you to track your progress. (You may be asked to transfer your log or log again into a tool your doctor considers validated.)

Tips from Your Blood Sisters

- In general, you will remember better if you log your bleeding right away. Consider carrying your log with you.
- Period panties/shorts may be more comfortable and convenient when you have light or moderate days or as a backup.
- Reusable pads and menstrual cups may cost less in the long run.
- Menstrual cups sometimes have applicators (might be sold separately) if that is more comfortable for you to use. If you are trying to use menstrual cups to measure, you may want to empty them more often for a few heavy days so that you don't risk overflowing them.
- If you want to measure how much liquid your particular pad holds, you can try weighing a new one on a sensitive scale and then weighing it again after it is soaked. The difference in weight is a decent measurement of how much the pad holds. If you choose to use a pad after you have soaked it, be sure to weigh it before the blood dries for better accuracy.
- For an environmentally friendly option, consider biodegradable pads and tampons.
- Use Depends style for super heavy days, post-partum, or after surgery.
- A&D ointment, Sensicare, or some essential oils may help with rash or skin inflammation. (Do not use essential oils full strength—dilute with a carrier oil.)

- Take a friend or other advocate with you to talk to your doctor if you feel you need to.
- Prepare for your appointment: gather your logs, write down your questions, and take your documentation with you.
- Take pictures to share with your providers.
- Keep your friends and family informed, to the extent that you are comfortable, so that they can offer you support.

Provider Discussions

(Please discuss with your provider to explore your options for anything on this list. Shared decision making is important.)

- NSAIDs (e.g., ibuprofen, naproxin sodium) can make your periods worse.
- Oral contraception may thin the uterine lining and make periods less heavy if you want to talk to your doctor about trying it.
- Antifibrinolytics, desmopressin acetate (DDAVP), and clotting factor may lighten your flow.
- Uterine ablation may lighten your flow.
- Iron and folic acid are supplements you can ask your healthcare provider about taking, especially for low energy during your period.

Participate in SisterSpace and other Blood Sisterhood activities to receive support from your blood sisters and bleeding disorders community.



Menstrual Definitions

Please note that these definitions are specific to menstruation.

Anemia: A blood condition in which a person either does not have enough red blood cells, in hemoglobin (the iron- and oxygen-carrying component) or in total volume from loss of blood or has red blood cells that do not function properly.

Antifibrinolytic: These medications inhibit the enzymes that break down clots. Examples of these include tranexamic acid and aminocaproic acid.

Blood Clots: A clump of platelets and blood proteins (also known as a thrombus) that form a plug at the site of an injured blood vessel to prevent excessive bleeding. A clot may also form inside a blood vessel and block that vessel, which is called a thrombosis or a blood clot.

Breakthrough Bleeding: Bleeding that occurs between menstrual cycles.

Desmopressin Acetate (DDAVP): A synthetic hormone used to treat some patients with bleeding disorders.

Flooding: Gushing bleeding that might go through your clothes or sound like urinating when you first sit on the toilet.

Heavy Menstrual Bleeding (HMB)/Heavy Periods/Menorrhagia: Excessive menstrual bleeding, for example, needing to change your tampon or pad after less than 2 hours or passing clots the size of a quarter or larger.

Iron (Ferritin): A form of iron that is stored in the liver and released as needed to make new red blood cells.

Iron Deficiency: A condition where a lack of iron in the body leads to a reduction in the number of red blood cells.

Iron Deficiency Anemia: Anemia due to insufficient iron.

Intrauterine Device (IUD): A device inserted into the uterus to prevent pregnancy; certain devices containing hormones may also help with HMB by thinning the lining of the womb.

Menstrual Cup: A small, flexible cup made of rubber or silicone that you insert into your vagina during your period to collect blood.

Menstrual Cycle/Menstruation: A woman's monthly bleeding. When you menstruate, your body sheds the lining of the uterus (womb). Menstrual blood flows from the uterus through the small opening in the cervix and passes out of the body through the vagina.

Oral Contraceptives: Pills containing estrogen and progesterone or just progesterone that can be used for pregnancy prevention and menstrual disorders. (Non-oral contraceptives may also be useful and include the ring, the patch, and the "depro" shot.

Pictorial Blood Loss Assessment Chart (PBAC): An alternative semiquantitative tool that is used to demonstrate HMB.

Shared Decision Making: The process of collaborative communication between a healthcare provider and a patient and/or their caregiver where both parties work together to make informed decisions about the patient's healthcare.

Spotting: Bleeding that is much lighter than a period and often occurs out of cycle.

Links to Resources



Blood Sisterhood web page: www.hemophiliafed.org/join-blood-sisterhood/



Learning Central: www.hfalearning.org



Research (FIRST): www.hemophiliafed.org/females-in-research-sharing-and-translation-first-project/



Mental Health Resources: www.hemophiliafed.org/resource/mental-health/



Rezan Abdul-Kadir, Ahmad Tarawah, Naveen Shridhar, Roshni Kulkarni; Driving Change: Improving Diagnosis and Awareness of Heavy Menstrual Bleeding and Bleeding Disorders in Women and Girls Among Healthcare Providers. Blood 2022; 140 (Supplement 1): 2717–2718. doi: <https://doi.org/10.1182/blood-2022-166777>

Link: <https://ashpublications.org/blood/article/140/Supplement%201/2717/488985/Driving-Change-Improving-Diagnosis-and-Awareness>

Cleveland Clinic, Heavy Menstrual Bleeding (Menorrhagia), accessed 5 June 2023, last medical professional review, 11/11/2021.

Link: <https://my.clevelandclinic.org/health/diseases/17734-menorrhagia-heavy-menstrual-bleeding>

James AH. Heavy menstrual bleeding: work-up and management. Hematology Am Soc Hematol Educ Program. 2016 Dec 2;2016(1):236-242. doi: 10.1182/asheducation-2016.1.236. PMID: 27913486; PMCID: PMC6142441.

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Quinn SD, Higham J. Outcome measures for heavy menstrual bleeding. Womens Health (Lond). 2016 Jan;12(1):21-6. doi: 10.2217/whe.15.85. Epub 2015 Dec 23. PMID: 26693585; PMCID: PMC5779559.

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CDC, Heavy Menstrual Bleeding, accessed 5 June 2023, last review, 8/17/2022.

Link: <https://www.cdc.gov/ncbddd/blooddisorders/women/menorrhagia.html>