HERSELF HEALTH®

Female Athlete Health Q&A Guide

A practical, evidence-informed resource for female athletes

Created by Dr Masi Njawaya, FACSEP
Women's Sport, Exercise & Lifestyle Medicine Physician
Founder & CEO, HERSELF HEALTH®

This guide provides general educational information only and is not a substitute for individual medical advice, diagnosis or treatment.

How to use this guide

This guide groups common female athlete health questions into practical answer themes. It is designed to help you understand the key issues, know what to monitor, and recognise when individual assessment may be appropriate.

The three Body Check-In moves are:

- Know your normal - what has changed?
- Check your Foundation of Health - which pillar has been shaken?
- Count all your load - does recovery capacity match total load?

Key message: Your body is not something you need to overcome to perform. It is your body producing the performance.

1. How do I know whether my cycle is irregular?

Track from the first day of one period to the first day of the next. Do not judge yourself against a perfect 28-day cycle. For many reproductive-aged adults, cycles roughly every 24 to 38 days can be within the usual range, and bleeding for up to 8 days can still be within current normal terminology. What matters clinically is your pattern: has it changed, become much more variable, disappeared, become very heavy, or become associated with significant symptoms? Tracking bleeding is useful, but it does not tell the whole story about ovulation or hormone function. Persistent changes deserve assessment.

Key takeaway: Common does not mean normal. A persistent change is information.

2. Is cycle syncing useful?

Cycle awareness can be useful. A universal cycle-syncing rulebook is not supported by strong enough evidence. If you notice a consistent pattern across several cycles, such as pain, migraine, heavy bleeding, poor sleep or late-luteal fatigue, that pattern can guide individual planning. But I would not prescribe the same training phase plan to every woman, because individual variation is large and many studies are limited.

Key takeaway: Know your pattern before trying to optimise your pattern.

3. What is the difference between a natural cycle and the combined oral contraceptive pill?

A natural menstrual cycle involves changing ovarian hormones and, in many cycles, ovulation. The combined oral contraceptive pill creates a different hormonal environment and usually suppresses ovulation. The bleed during the pill-free or placebo interval is a withdrawal bleed, not the same as a natural menstrual period. That means a pill cycle should not be interpreted as though it is the same as a natural cycle for training decisions.

Key takeaway: **A pill cycle is not a natural menstrual cycle.**

4. Does the pill affect athletic performance?

Not necessarily. At group level, the average effect of oral contraception on performance appears small, but individual women can respond differently. Contraception should be chosen for the individual woman, taking into account symptoms, medical history, side effects, preference, fertility goals and how she feels and performs. It should not be used as a generic performance hack.

Key takeaway: **The best contraception is an individual health decision, not a generic performance hack.**

5. What about implants, injections or hormonal IUDs?

Different hormonal contraception methods create different hormonal environments. Bleeding with an implant or hormonal IUD may be irregular, reduced or absent, and should not be used as a simple map of natural menstrual-cycle phase. The practical approach is to know your method, track symptoms if helpful, and seek advice if bleeding, pain, mood, recovery or performance changes are concerning.

Key takeaway: **Do not use contraceptive bleeding as a natural-cycle calendar.**

6. Are missed periods normal in athletes? What about RED-S?

Missed or persistently irregular periods are common in some sports, but common does not mean normal. In athletes, one important possibility is low energy availability and Relative Energy Deficiency in Sport, or RED-S. But other causes also need consideration, including pregnancy where relevant, PCOS, thyroid or prolactin problems and other medical conditions. RED-S recovery focuses on restoring enough energy for normal body function, not simply forcing a period to appear.

Key takeaway: **Treat the energy problem and the whole athlete, not just the missing period.**

7. What should I know about fuelling, weight and body composition?

Fuel is not just fuel for training. It supports your brain, bones, hormones, immune system, tissue repair, mood, recovery and life outside sport. If body-composition change is being considered, first ask whether it is genuinely needed for performance and whether it can be done safely. Health, menstrual function, bone health, mood, recovery and performance should be monitored carefully. Generic weight-loss advice can be risky for athletes.

Key takeaway: **The goal is not the lightest body that can compete. It is the healthiest body that can perform.**

8. How do I reduce injury risk and protect bone health?

Do not blame every injury on hormones. Injury risk is shaped by strength, tissue capacity, previous injury, rehabilitation quality, load changes, recovery, fuelling, sleep and the sporting environment. For bone stress injuries, especially recurrent or high-risk injuries, it is important to ask why the bone was not tolerating the load. Energy availability, menstrual function and bone health are part of that assessment.

Key takeaway: **Build capacity for the load, and treat the reason the tissue became vulnerable.**

9. Does collagen help tendons?

Collagen may be a useful adjunct in selected situations, but it is not magic and it is not a substitute for rehabilitation. Tendons need an appropriate progressive loading programme. Collagen or gelatin may be considered as part of a broader nutrition and rehabilitation plan, but overall fuelling, protein, diagnosis and loading matter more than any single supplement.

Key takeaway: **Collagen may be an adjunct to loading. It is not a replacement for loading.**

10. What should happen in the first six weeks postpartum?

The first six weeks after birth are primarily a recovery and rehabilitation phase, not a race back to sport. Appropriate activity depends on pregnancy, birth, healing, symptoms, sleep, breastfeeding if relevant, pelvic floor, abdominal wall, pain and the demands of the sport. Gentle walking, breathing, pelvic-floor work and progressive functional activity may be appropriate when comfortable, but return to running or high-impact sport should be based on readiness, not the calendar alone.

Key takeaway: Six weeks is not a magic clearance date. Return when the body is ready.

11. What if I have endometriosis or PCOS?

Endometriosis and PCOS change the conversation because symptoms and individual health goals matter. Endometriosis can involve pelvic pain, heavy bleeding, fatigue and bowel, bladder or sexual symptoms. PCOS is one possible cause of irregular periods, but it should not be assumed without assessment. In both cases, the goal is to understand the individual woman, treat symptoms properly and support health and performance together.

Key takeaway: Irregular periods or pain are clues, not diagnoses.

12. Can elite sport affect fertility or sexual health?

Elite sport itself does not automatically mean infertility. The clearer concern is that low energy availability and menstrual dysfunction can suppress reproductive function while they are occurring. Age also matters, especially if pregnancy is delayed for career reasons. Sexual health is also part of athlete health. Persistent pelvic pain, pain with sex, leakage, libido change or other symptoms deserve assessment rather than being dismissed as the price of sport.

Key takeaway: Protect reproductive and sexual health while you perform.

13. Should ethnicity, body type and personal environment be considered?

Yes. Personalised healthcare should consider body type, family history, culture, access to healthcare and food, finances, training environment, sport demands and lived experience. At the same time, do not assume an athlete's health risk from race or ethnicity alone. Use culture, lived experience, family history, environment and individual clinical information to personalise care. Good care is individual and culturally safe.

Key takeaway: Personalised medicine means understanding the athlete in front of you.

14. How do I calculate life load?

I would not try to turn life load into one perfect number. The first step is making it visible. Look at your week and track, for example: work, study, commuting, family, caregiving, relationships, finances, sleep and mental load. Then notice patterns. When life load goes up, what happens to energy, mood, cycle, recovery, pain or performance? The number matters less than whether your total load is exceeding recovery capacity.

Key takeaway: You do not have to perfectly calculate life load before you can start counting it.

15. What should female athletes do better?

I would reframe that question. Female athletes do not need another list of things they are doing wrong. The useful skills are: know your normal, check your Foundation of Health, count all your load, and respond earlier when something persistently changes. Your health is not separate from performance. It is part of sustainable performance.

Key takeaway: You do not need to optimise everything. Make one useful decision.

Reputable places to learn more

Resource	Best for	Link
HERSELF HEALTH®	Female athlete health resources and Body Check-In™	www.herselfhealth.com
Dr Masi Njawaya	Individual clinical consultations	www.drmasi.com.au
AIS Female Performance & Health Initiative	Australian female athlete performance and health resources	www.ausport.gov.au/ais/fphi
Global Alliance for Female Athletes (GAFA)	International female athlete health and performance resources	www.yourgafa.com

Selected evidence base

- Elliott-Sale KJ et al. The Effects of Oral Contraceptives on Exercise Performance in Women: A Systematic Review and Meta-analysis. Sports Med. 2020. PMID: 32666247.
- Mountjoy M et al. 2023 IOC consensus statement on Relative Energy Deficiency in Sport (REDs). Br J Sports Med. 2023. PMID: 37752011.
- Crossley KM et al. Female, woman and/or girl Athlete Injury pRevention (FAIR): IOC consensus practical recommendations. Br J Sports Med. 2025. PMID: 41330629.
- Moore IS et al. Female athlete health domains. Br J Sports Med. 2023. PMID: 37349084.
- ASRM Practice Committee. Current evaluation of amenorrhea: a committee opinion. Fertil Steril. 2024. PMID: 38456861.
- Hirsch A et al. Planned oocyte cryopreservation: systematic review and meta-regression. Hum Reprod Update. 2024. PMID: 38654466.
- Christopher SM et al. Return-to-running readiness after childbirth: international Delphi consensus. Br J Sports Med. 2024. PMID: 38148108.
- Power CJ et al. Sex-related differences and sleep studies in female athletes. Sports Med. 2024. PMID: 37989830.
- Faculty of Sexual and Reproductive Healthcare. Combined Hormonal Contraception Guideline. 2023 update; Progestogen-only Implant Guideline. 2021, amended 2023.
- FIGO Menstrual Disorders Committee. Normal and abnormal uterine bleeding terminology. Int J Gynaecol Obstet. 2024.

When to seek individual advice

Seek advice from an appropriately qualified health professional if you have persistent or significant changes in periods, pain, bleeding, bone health, energy, recovery, performance, fuelling, mood, pelvic symptoms, sexual health or thoughts of self-harm. You do not need to know the diagnosis before asking for help.

If you feel unsafe or have thoughts of self-harm, seek urgent support through local emergency services or a crisis support service.