

Empowering Through Education.

FEMALE ATHLETE TOOLKIT



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FEMALE ATHLETES: INTRODUCTION

Worldwide, young males are more likely to play sport than females. In addition, the trend towards downward participation in sport across adolescence is consistently stronger among females. Environmental factors such as coaching climate and enjoyment, as well as technical skills, physical ability, social pressures, body image, lack of support, other interests and years of experience in sport, are all related to female drop out in sport. Young females are also increasingly aware of the gendered context of sport including that they have less opportunities, support and enjoyment in sport than males. This gendered environment is often maintained across the lifespan for female athletes, impacting performance and health. At the same time, female athletes have many sex specific experiences across youth and adulthood, which require consideration.



SEX SPECIFIC EXPERIENCES: FEMALES IN SPORT

Females have sex specific experiences, such as the menstrual cycle, hormonal contraceptive use and breast development that may impact their participation, enjoyment, and performance in these sports. For example, among intercounty female Gaelic games players, **72% perceive an impact of their menstrual cycle on performance and 38% use hormonal contraception.**

Researchers and practitioners have called for the development of sport specific, evidence informed education strategies to increase health literacy and communication around these sex specific experiences, for athletes, parents/guardians and coaches. These resources should prioritise basic information on female physiology and be oriented to health and participation before offering guidance around impact on performance.



USING THIS RESOURCE: HOW TO

This resource should be used with the following considerations:

- Athletes, parents/guardians and coaches should prioritise learning about female health to increase knowledge and skills to promote and maintain good health.
- Young female athletes should be supported to talk about their experience of the menstrual cycle, hormonal contraception and breast health etc. especially if it is impacting on their health or ability to train or perform.
- Teams/clubs can consider having a designated person to support athletes around female health.
- Menstrual cycle tracking should begin with each athlete understanding their own experience of the menstrual cycle.
- Specific guidance around adaptations to training based on the menstrual cycle/hormonal contraceptive use should only be delivered by a qualified sports science practitioner and are beyond the scope of this resource.
- Additional educational supports for athletes, parents/guardians and coaches will be available through SHE Research, and colleagues.

The aim of this educational initiative is to improve health literacy around sex specific experiences for females who play sport.

THE MENSTRUAL CYCLE: THE BASICS

Defining the terms:

- **Menarche:** The **first occurrence of menstruation** (aka your first ever period!).
- **Menstrual cycle:** A fairly predictable, and repeating, **cycle of changes in sex hormones** (such as oestrogen and progesterone) making pregnancy possible. Day one of your cycle begins on the first day of your period and runs until the day before your next period!
- **Period (menstruation/menses): Shedding of the endometrial lining** (of the uterus) through the vagina, if the egg released at ovulation is not fertilised.
- **Ovulation:** The **release of an egg(s) from the ovary** (usually this occurs at the midpoint of each menstrual cycle).

What's 'normal'?

Reminder: The menstrual cycle is **highly individual**, but there are some **common characteristics**:



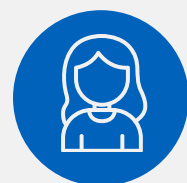
Cycle length:
between **21**
and **35** days
(21 to 40 days
for teens).



Period length:
between **2 to**
7 days.



Period blood flow:
shouldn't be
excessive/
affect life.

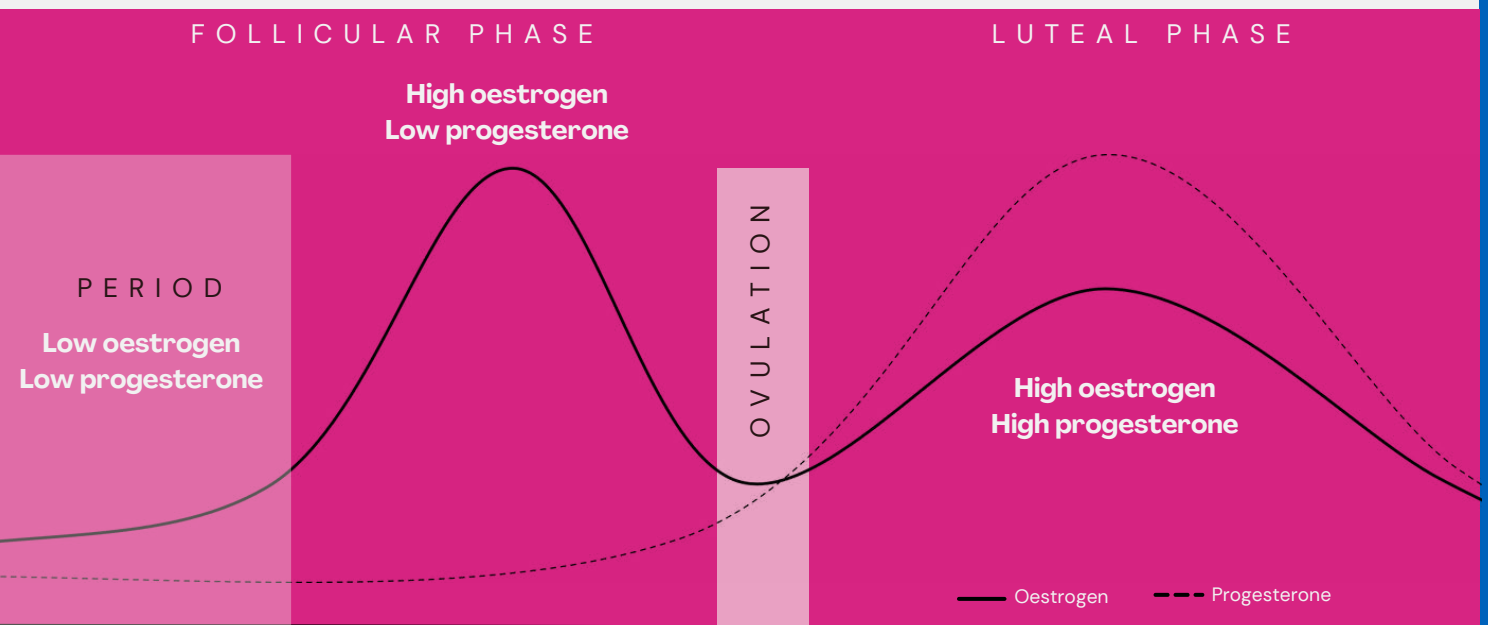


First period age:
between **9**
and **15** years
old.

Female Athlete Toolkit

THE MENSTRUAL CYCLE: THE BASICS

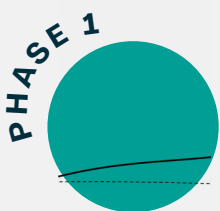
Whilst there are many hormones involved in controlling the menstrual cycle (e.g., GnRH, FSH, & LH), the **two main hormones** are **oestrogen and progesterone**.



The above diagram represents the fluctuations in sex hormones across a textbook 28-day cycle. Please note we're not all textbooks and only 13% of women have a 28-day cycle!

The phases:

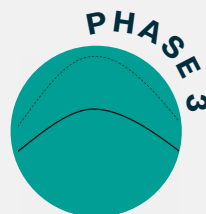
The varying concentrations and ratios of oestrogen and progesterone across the menstrual cycle give the cycle its **four main phases**:



Menstruation occurs. Oestrogen and progesterone are **at their lowest**.



Oestrogen rises until it reaches its peak just before to ovulation.



Progesterone starts to rise after ovulation. **Oestrogen also has a secondary peak** at this time.



If pregnancy does not occur, **both oestrogen and progesterone begin to decline**.

THE MENSTRUAL CYCLE: DISORDERS DICTIONARY



Primary amenorrhea

When a girl reaches **age 15** and her period has not yet started.



Secondary amenorrhea

The **absence of at least three consecutive periods** in non-pregnant women who previously had regular menstruation and who are not on hormonal contraception.



Oligomenorrhea

Infrequent periods, or intervals **longer than 35 days** between each period (roughly four to nine periods in total over twelve months).



Anovulation

A cycle that **does not include ovulation** (*i.e.*, unable to detect ovulation using urinary ovulation test kit or by sex hormone analysis).



Heavy periods

Abnormally heavy periods (e.g., needing to change a super pad or tampon every 2 hours, flooding, large clots, bleeding lasting more than 7 days) that interferes with a woman's quality of life.



Dysmenorrhea

Painful periods which can be primary (pain caused by the bleeding itself) or secondary (pain with another root cause, such as endometriosis etc.).



Premenstrual syndrome (PMS)

A cluster of repetitive **symptoms** (e.g., breast pain, bloating, mood changes) experienced by some women in the 1 to 2 weeks **before their period**.



Premenstrual dysphoric disorder

A **severe form of premenstrual syndrome**. Typically symptoms include depression, and other mood changes a week or two before the period.



Polycystic ovary syndrome (PCOS)

A **hormone disorder** resulting in:

- Irregular or absent periods
- Elevated androgen hormones which might result in excess facial and body hair, acne, and male-pattern hair loss.
- Ovaries might contain cysts (polycystic).



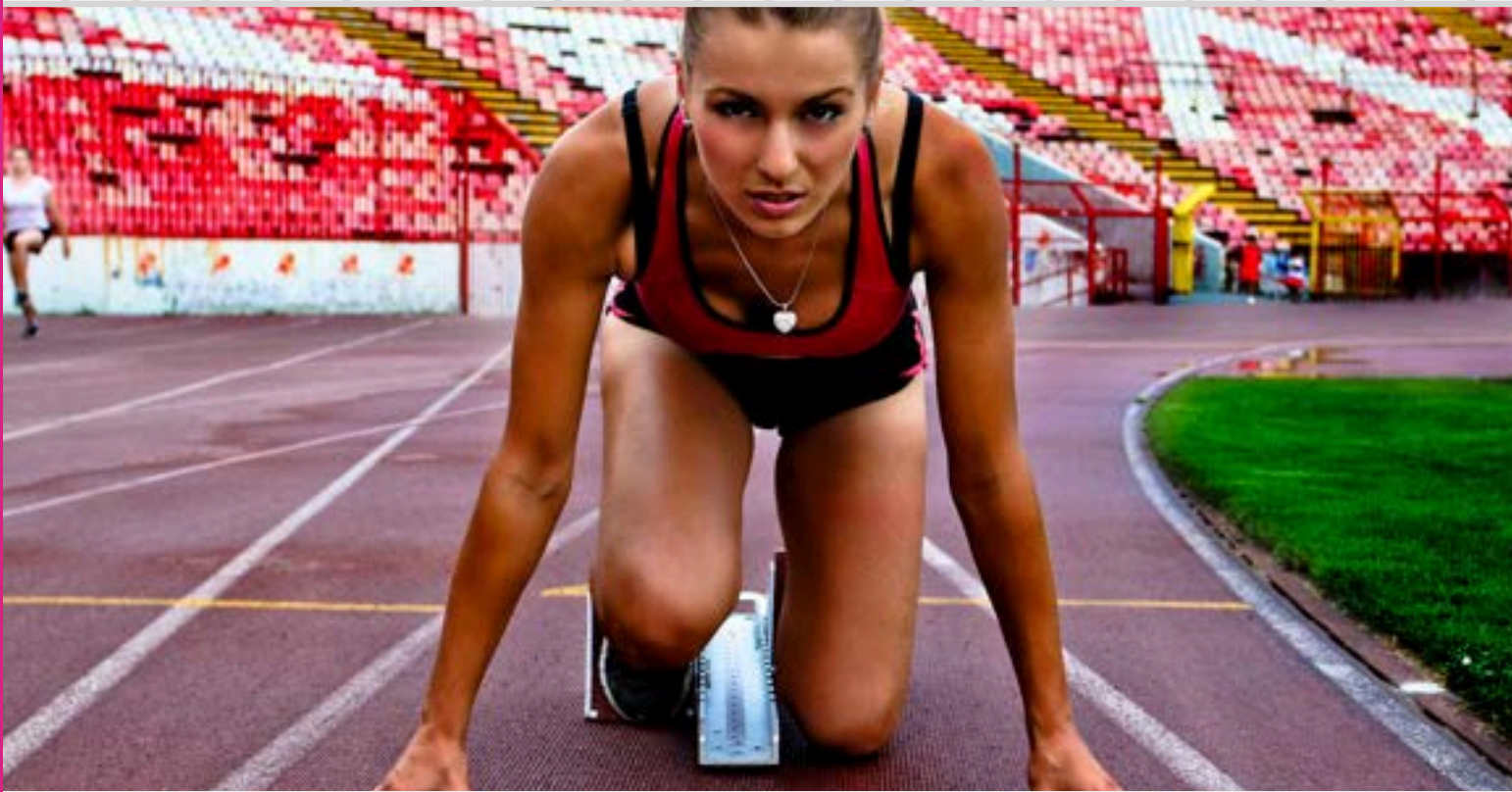
This content is not medical advice.

If you have any questions or concerns arising after reading this, please speak to your doctor/GP.



Endometriosis

Tissue similar to the inner lining of the uterus grows outside the uterus, resulting in chronic pelvic pain, painful periods, painful sex, back pain, etc.



THE MENSTRUAL CYCLE: DEBUNKING MYTHS

1

"I shouldn't talk about my periods at training".



When it comes to our participation in sport we often talk about sleep habits, diet, and training, **but rarely our menstrual cycle**. But, to optimise our health, participation, and performance in sport, we need to **break this silence** and start to consider the menstrual cycle in the same light as these other functions.

2

"I'm going to perform worse on my period".

There are **no evidence-based guidelines** for managing exercise performance across the menstrual cycle. Some athletes might notice a difference in their performance across their menstrual cycle, whilst others might not. The best advice for now is to **take an individualised approach** through cycle tracking.



3

"I need to be training in line with my cycle."

Everyone is individual and some people might benefit from tailoring their training to their menstrual cycle phase, whereas others might not. Reminder: there are only 5 studies to date that have looked at tailoring strength training across the cycle, and no studies that have looked at endurance/combination training!



4

"My cycle doesn't help me as an athlete".



While the inconveniences of menstrual bleeding and negative cycle-related symptoms might leave you feeling this way, your menstrual cycle is in fact **an indicator of health**. The sex hormones involved in your menstrual cycle are also important for the likes of bone and cardiovascular health!

5

"Not having a period means I'm training hard!"

Red flag: A missing period or extended/irregular cycle length might be a sign of relative energy deficiency in sport (REDs) which could be a result of over-exercising, under-fuelling, or a combination of both. This might put you at an **increased risk of injury, illness, and underperformance**.



6

"Everyone has a period every 28 days".

A textbook cycle might be 28-days, but we're not all textbooks! The length of a menstrual cycle (time from day one of bleeding to the day before your next period) is between **21 to 35 days** (and up to 40 days in teens). It is also 'normal' for menstrual cycle length to vary by up to 5 days cycle-to-cycle.



7

"Period pain and other symptoms are normal".

While some menstrual cycle-related symptoms are to be expected, **severe** period pain and other symptoms that impact your day-to-day life as well as performance and training should not be dismissed as 'normal'. **You don't have to train through the pain**. Speak to your doctor/GP for more information.



8

"I just have to get on with heavy bleeding".

Excessive heavy menstrual bleeding that **impacts your quality of life should not go ignored**. Heavy menstrual bleeding might put you at risk of iron deficiency and anaemia, and could be a sign of menstrual cycle dysfunction. Reminder: you shouldn't supplement with iron unless advised to by a medical practitioner!



9

"I should avoid exercise on my period".

There is **no evidence** to suggest that you should avoid exercise (intense or not) whilst you're on your period. In fact, exercising whilst on your period is **completely safe, and might also help you to manage some of the negative cycle-related symptoms** you might be experiencing at this time!



10

"It's ok to be 16 and not have my first period".

Yes and no. There might be **medical and other (training and/or nutritional) reasons for delayed menarche** (aka your first period). If you reach the age of 15 and a half and you haven't experienced your first period yet, then it's time to see your doctor/GP as they can clarify any uncertainty and determine why.

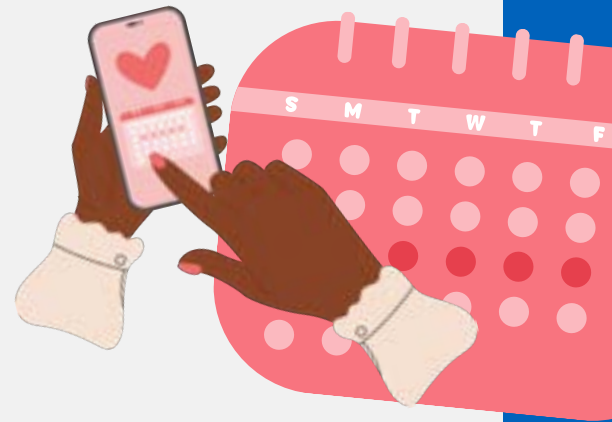


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THE MENSTRUAL CYCLE






HOW TO TRACK



01




The benefits of menstrual cycle tracking:

As an athlete, tracking your menstrual cycle can benefit both your health as well as your sport participation and performance. In particular it can help you:

-  Understand your own individual menstrual cycle patterns like cycle length and blood flow
-  Identify any changes in your typical patterns and seek support for this (if needed)
-  Be prepared by predicting your next period date(s)
-  Manage menstrual cycle related symptoms
-  Tracking alongside performance, training and recovery metrics could help you identify performance related trends across the menstrual cycle (if any)

02

How to track your menstrual cycle:

-  Using a phone app* designed for menstrual cycle tracking
-  Using a calendar
-  Using pen and paper

No matter which method you choose, consistency is key! Start by tracking your cycles for at least **three consecutive months** to establish your patterns and what's typical for you.

*When using cycle tracking apps, ensure that your **personal data is secure** by reviewing the apps' policy to understand how your data will be collected, stored, and shared.

What to track across your menstrual cycle:



Cycle length:

The number of days from the start of one period to the day before the next period. To track this, **log the first day of your period** (first day of bleeding) – this marks day 1. *A typical cycle length is between **21 and 35 days** (or up to 45 days in girls who got their first-ever period in the last 3-5 years).*



Period length and blood flow:

The number of days when you are bleeding and how much you bleed, such as light, moderate, heavy etc. You can also note any spotting/bleeding between periods. To track this, **log all the days when you are bleeding**. *A typical period length is between **3 and 7 days**.*



Ovulation:

Keeping track of signs of ovulation, such as **changes in cervical fluid, basal body temperature and ovulation predictor kit results** can help you spot if and when ovulation might be occurring (allowing you to get a better estimation of your cycle phases).

For more details on cycle phases, refer to 'The Menstrual Cycle: Back to Basics'



Menstrual cycle related symptoms:

Log any **physical and mood symptoms (and their severity)** even if you aren't sure if they are linked to your cycle. Over time, you may be able to identify patterns and trends across multiple cycles.



Performance related factors:

You can **map your performance data** (e.g., wellness, performance results, training data, and recovery metrics) **onto your cycle data**. Over time, you may be able to identify patterns and trends across multiple cycles.

Takeaway message:

As an athlete you might want to start to track your menstrual cycle to:

- Gain a deeper understanding of your body (e.g., predict your next period date and stay prepared)
- Recognise any menstrual irregularities and dysfunctions (and seek medical help if needed)
- Anticipate and manage any menstrual cycle related symptoms
- Understand if/how your menstrual cycle influences your sport performance and what strategies can help you overcome any negatives or make the most of any positives!

All of this will allow you to keep performing at your best at any day of your cycle!



MANAGING MY PERIOD:

WHAT ARE THE OPTIONS?

When it comes to managing your period and choosing period products, there are **many different options available**. The type of product(s) you use will vary depending on personal preference, blood flow, and maybe even the sport/activity you do.

Below is a short **summary of the different types of period products available, including how they work**.



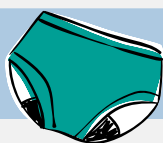
1

Pads



2

Tampons



3

Period knickers



4

Menstrual cup



QUICK TIPS

Periods sometimes arrive unexpected. To avoid not having period products when you need them (especially when you're playing sport) create a period product kit with all your favourite products in which you can take with you wherever you go!

PADS

What are pads?

Pads are probably the first-ever period product you will use and they are one of the easiest period products out there! Pads are made of absorbent material that you simply stick to the inside of your underwear to absorb your period blood as it comes out of the vagina.

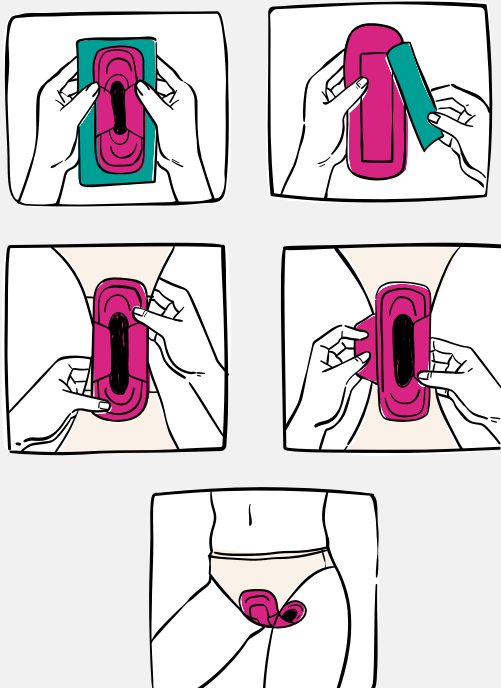


How to use:

Simply remove the pad from the packaging, peel away the paper covering the sticky adhesive backing, and stick the pad onto the inside of your underwear. Reusable pads can be attached to your underwear using buttons.

Variations:

Some pads have wings (which fold over the edges of your underwear to prevent leaking) and some don't. There are also light, regular, heavy, and super heavy/night pads. **Choose what type works best for your blood flow.**



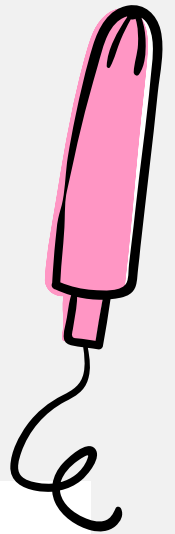
When to change:

For hygiene reasons, aim to change your pad roughly every **4-8 hours**. However, how often you need to change your pad will be dependent on your blood flow (see page 'Go with your flow'). Put a new pad on before bed and change it first thing in the morning.

TAMPONS

What are tampons?

Tampons are another very common period product. These are cylindrical and are made of compacted, soft, cotton (or other fibres) material. A tampon has to be inserted into your vagina where it sits and absorbs period blood before it comes out of your vagina.



How to use:

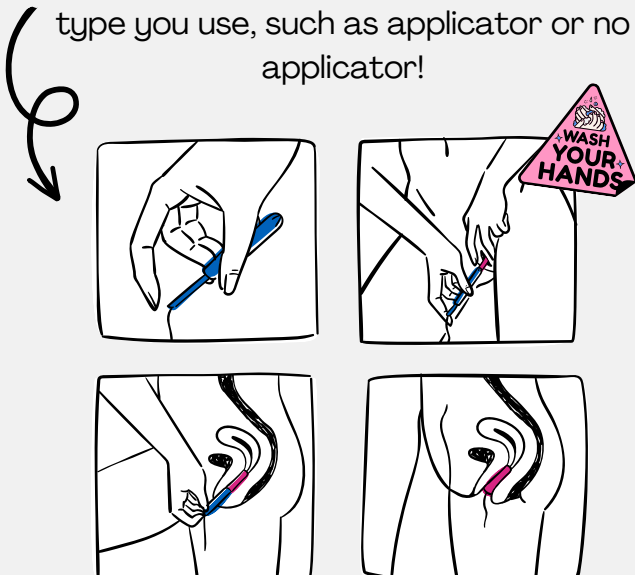
First, find a comfortable position. Gently insert the tampon into the vagina (cotton bit first) and using your index finger, push the applicator towards you. To remove, gently pull on the string that hangs out of your vagina.

Variations:

There are two main types - ones with an applicator and ones without (to insert these use your finger instead). There are also light, regular, super, super plus/ultra tampons.

Choose what type works best for your blood flow.

*Please note: the method for inserting a tampon might vary depending on the type you use, such as applicator or no applicator!



When to change:

For hygiene and to prevent infection, change your tampon every **4-8 hours**. However, how often you need to change your tampon will be dependent on your blood flow (see page 'Go with your flow'). You can use a tampon overnight (but **not for more than 8 hours**).

PERIOD KNICKERS

What are period knickers?

Period knickers are new to the period product scene but they are very easy and simple to use. They are just like your regular underwear except they contain extra, absorbent layers of fabric which allows them to absorb menstrual blood.



How to use:

Period knickers are worn like regular underwear. After use, you can rinse them and then throw them into the washing machine with the rest of your laundry (your other clothes will be fine!). After washing, hang them up to air dry.



*Please note: try not to use fabric softeners in the wash as they can reduce the absorbency of your knickers!

Variations:

Period knickers come in lots of different sizes, styles, and absorbencies (such as light, moderate and heavy). Whilst they can be used on their own, period knickers can also be used as a backup for tampons and menstrual cups.

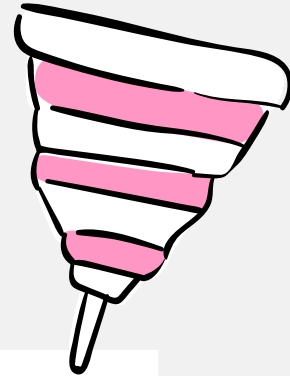
When to change:

To prevent leaks and maintain good hygiene, change your period knickers every **8 hours** (depending on your blood flow and the absorbency of the period knickers you're using). Put a new pair on before bed and change them first thing in the morning.

MENSTRUAL CUP

What is a menstrual cup?

Menstrual cups are small, egg-shaped cups made from flexible materials, like medical grade silicone that you insert into the vagina. They work like tampons in that they sit inside of the body. But, rather than absorbing blood, cups collect the blood to be disposed of later.



How to use:

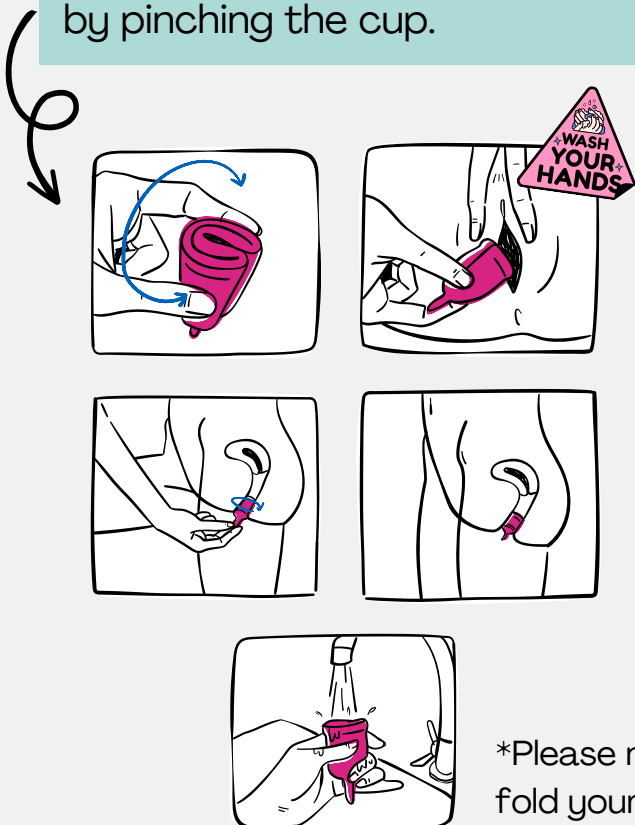
Find a comfortable position. Fold the cup whichever way makes inserting the cup easier. Insert cup with your fingers into vagina. Once inserted the cup will open. Next, rotate the cup to create a seal. To remove, break the suction seal by pinching the cup.

Variations:

Most brands offer multiple sizes/types. You might find that different sizes/types of menstrual cup feel better at different times during your period, or you might use different ones for different activities. **It's best to check the brand for advice here!**

When to change:

Empty, rinse out (with clean water), and reinsert your menstrual cup every **8-12 hours** (depending on your blood flow). Remember to sanitise (in boiling water) your cup at the end of your period. Tip: When starting out, check your cup regularly to learn how full it gets.



*Please note: there are lots of different ways to fold your menstrual cup - we've used a C fold here!

Period products

GO WITH YOUR FLOW

How often you change your period product will be dependent on your blood flow (and this can change each day). Most period product packaging will contain the symbols below to indicate its absorbency.

Choose the appropriate absorbency for your blood flow.



Light: for lighter flow days (like the end of your period)



Medium: for regular flow days (like the middle of your period)



Heavy: for heavier flow days (like the start of your period)



Super heavy/overnight: these can manage flow overnight

*These symbols might differ dependent on brand so always check the specific details of the brand you're using!

Reminder: Days when you're active/playing your sport you might need to change your period product more often for hygiene reasons!

Will I need the same period product each day?

No, your blood flow/ period product preference can change throughout your period. Some days it might be heavy and other days it might be light. Therefore, it is important to **choose a period product that is right for you that day**, and this is likely to change day-to-day whilst you're bleeding!





Heavy menstrual bleeding:

This refers to abnormally heavy periods that interfere with your life. A good way to help you know if you have heavy periods is **needing to change super pads and tampons roughly every 2 hours (or less)**. If you notice this, it's best to inform someone you trust so you can get the help you need!

Period products

SUMMARY TABLE

	Pads	Tampons	Period Knickers	Menstrual Cups
Ease of use	Easy	Moderate	Easy	Difficult
Absorbency				
How long can they be used for?	4-8 hours <small>*dependent on type used</small>	4-8 hours <small>*dependent on type used</small>	~8 hours <small>*dependent on type used</small>	8-12 hours
Suitable for sport?	Yes, most sports but not all water-based sports	Yes, all sports	Yes, most sports but not all water-based sports	Yes, all sports
Inside or outside the body?	Outside	Inside	Outside	Inside
Reusable?	No, but you can get reusable pads	No, but you can get reusable applicators	Yes	Yes

Period products

FLOWCHART

Want an easy and fun way to discover the best period product for you? Follow the flowchart below to **find your best match!**



Period leaks often happen in sport and shouldn't be something to be embarrassed about or ashamed of!

Inside OR outside?

Inside

Outside

Tampon fan?

Pad fan?

YES

NO

YES

NO

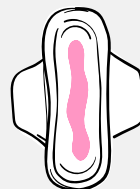
Worry about **leaks** whilst playing sport?

YES

NO



Pad it is!



Yes, but eco-conscious? Try a **reusable pad!**

Try **period knickers!** They offer better protection from leaks and might be more comfortable whilst playing some sports!



Try a **menstrual cup** (it is also reusable!)

Tampon it is!
If you're eco conscious, try a reusable tampon applicator!

A fan of pads and tampons but worried about **access to toilets / sanitary bins** whilst playing sports? Then try disposal bags for tampons and pads that seal closed to ensure easy and hygienic disposal wherever you are!

*You can also double up and use a pad or period knickers with a tampon!

THE MENSTRUAL CYCLE: TIME TO TALK

Why talk?

Speaking to someone about your menstrual cycle helps you to **get the appropriate support you might need.**

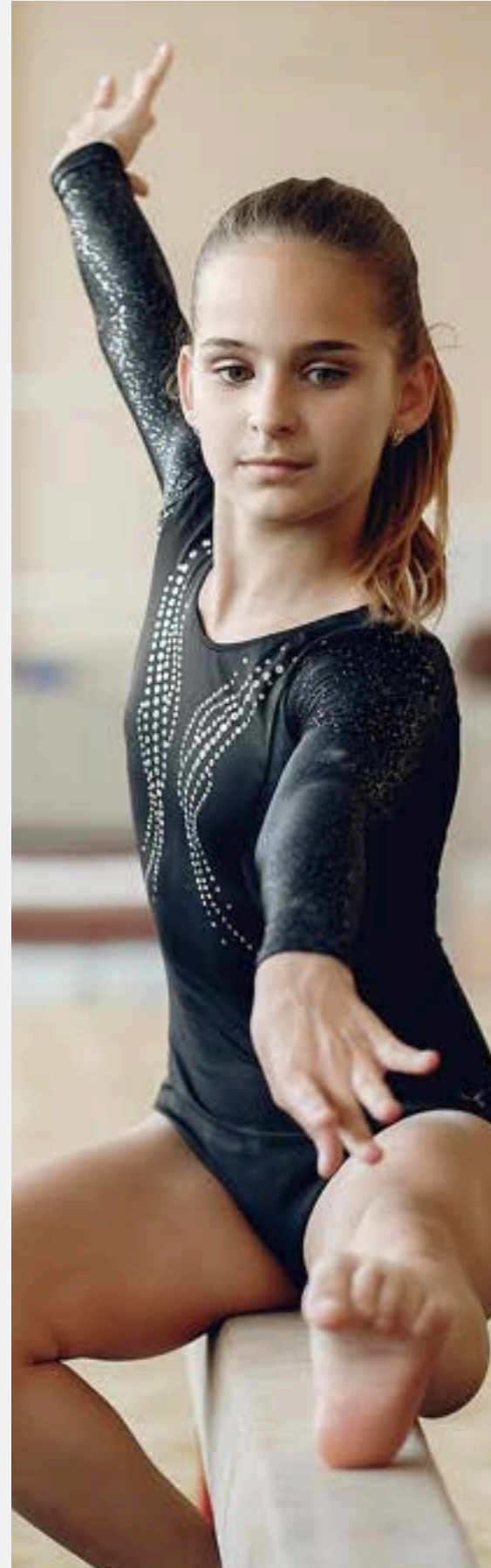
For example, if you're experiencing:

- Period pain and other symptoms
- Heavy menstrual bleeding
- Absent or irregular periods

Additionally, maintaining an open dialogue with those supporting you (e.g., a coach) might help you to **keep being active and/or optimise your performance and training**, particularly if you're struggling to train/compete at certain points in your cycle.

Reminder: You don't always have to talk to someone about your menstrual cycle. It is entirely up to you how much information you want to share with others around you.

If you're wondering who you can speak to, here are some examples...



1 A parent/guardian



A parent/guardian can be a **great place to start** talking about your menstrual cycle. They might also help you approach others (e.g., doctor/ coach).



A coach

2

Your menstrual cycle might be affecting your ability to keep being active, perform in competition and/or train optimally. Speaking to your **coach, or others supporting you** (e.g., S&C coach, female liaison officer) might help you.

3 Friends/ teammates



Another great place to start having open conversations about your menstrual cycle. But, it's important to remember that **your experience of your menstrual cycle might not be the same as your friends or teammates** and others (e.g., doctor/ coach) might be able to help support you better.



Doctor/ medical practitioner

4

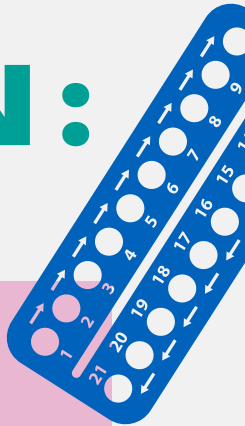
It's important to **seek medical advice if you're struggling with your menstrual cycle and/or notice a change** in what's 'normal' for you. **They can provide you with the support you need.**

5 Female liaison officer



Your sports club/organisation might have a **specific person** (e.g., a **female liaison officer**) that you can speak to about your menstrual cycle. Ask around to find out if you have one!

HORMONAL CONTRACEPTION: THE BASICS



What are hormonal contraceptives?

Hormonal contraceptives are medications or devices containing synthetic oestrogen and/or progesterone to **prevent an unplanned pregnancy**.



Sometimes, female athletes use hormonal contraceptives to **modify bleeding** (e.g., to avoid bleeding during important competitions etc.)*



They are commonly used by female athletes to **manage menstrual cycle-related symptoms** (e.g., abdominal cramps)*

**Reminder: Please seek medical guidance from a doctor/GP before deciding to use hormonal contraceptives.*

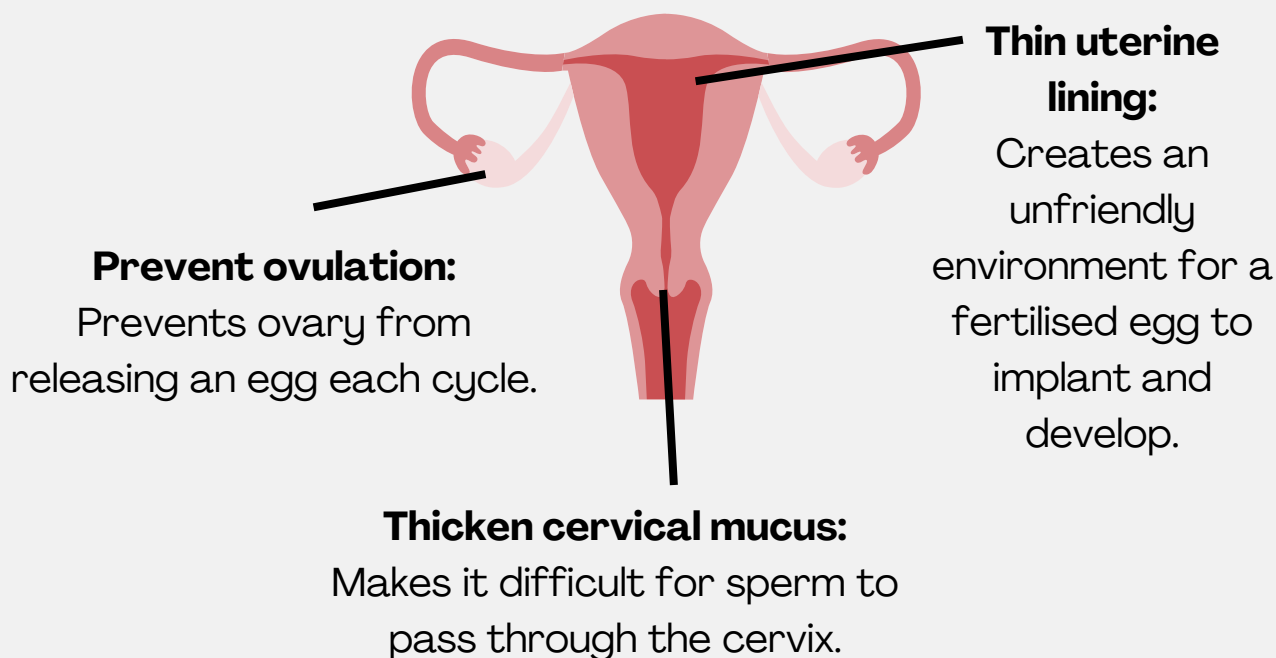
Where to get advice on hormonal contraceptives:

It is essential to consult with a **healthcare professional** regarding hormonal contraceptive options to help you make informed decisions that prioritise your health and safety. If you experience any **unwanted side effects**, don't hesitate to contact your healthcare professional to explore alternative options. These may include your GP, gynaecologist, pharmacist, or family planning clinic.



How do hormonal contraceptives work?

Generally, hormonal contraceptives can prevent pregnancy in **three different ways**:



Hormonal contraceptives **change your natural menstrual cycle** depending on the type. For example, you may not experience the typical rise and fall of natural oestrogen and progesterone observed in a menstrual cycle!

There are **various types of hormonal contraceptives** such as the combined pill, intrauterine system, and the implant (and much more), which deliver hormones in different ways (e.g., orally, through the skin or muscle etc.)

For more information on the different types, see '*Hormonal Contraception: The Different Types*'.



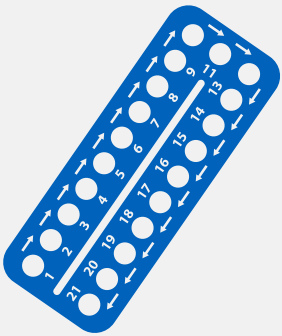
The bleed you may experience on hormonal contraceptives is not your period, it is known as a **withdrawal bleed**.

HORMONAL CONTRACEPTION: THE DIFFERENT TYPES

01

▶ COMBINED CONTRACEPTIVE PILL

Example brands: Microgynon®, Rigevidon®, and Ovranelle®

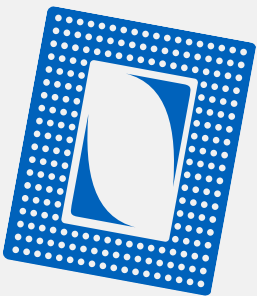


- **Delivery method:** Self-administered, taken orally
- **Frequency:** Some types might be taken every day whereas others might be taken for 21 days followed by a break for 7 days. Sometimes individuals might have a shorter break of 4 days (tailored regime) or skip the break (continuous regime).
- **Formulation:** Synthetic oestrogen and progesterone. Also available in monophasic, biphasic, triphasic and quadruphasic forms.

02

▶ CONTRACEPTIVE PATCH

Example brands: EVRA®



- **Delivery method:** Self-administered. A small square patch, 5cm by 5cm that you wear on your skin (top of your arm or back, your bottom or your tummy) which releases hormones into your body.
- **Frequency:** Replaced every 7 days for 3 weeks until patch free week (or sometimes might be worn back-to-back)
- **Formulation:** Synthetic oestrogen and progesterone.

O3

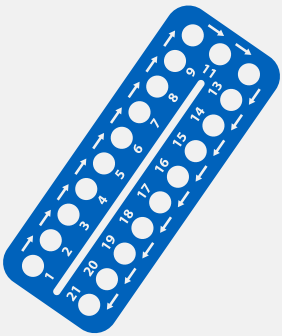
▶ VAGINAL RING

Example brands: NuvaRing®

- **Delivery method:** Self-administered, inserted into vagina. It's made of soft plastic and is around 5cm across.
- **Frequency:** Replaced every 3 weeks followed by ring free week (or sometimes might be worn back-to-back)
- **Formulation:** Synthetic oestrogen and progesterone.

O4

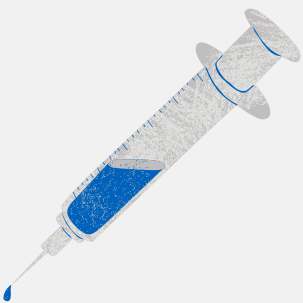
▶ PROGESTIN-ONLY PILL

Example brands: Cerazette®, Cerelle®, and Norgeston®

- **Delivery method:** Self-administered, taken orally.
- **Frequency:** Typically this is taken daily for 28 days. When you finish a pack, you start a new pack the next day (without any break). Some new forms might be taken for 24 days followed by a 4 day break.
- **Formulation:** Synthetic progesterone only.

O5

▶ INJECTION

Example brands: Depo-Provera™

- **Delivery method:** Medically administered, intramuscular injection (you can choose to do one type of contraceptive injection yourself at home and a doctor or nurse can show you how to do this).
- **Frequency:** Once every 8 to 13 weeks, depending on the type.
- **Formulation:** Synthetic progesterone only.

06

▶ **IMPLANT**

Example brands: Implanon™ and Nexplanon™

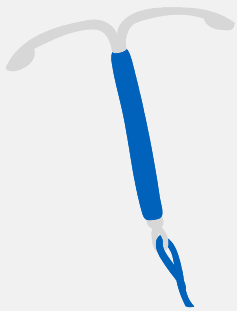


- **Delivery method:** Medically administered. A small plastic rod, around 4 cm long which is implanted under skin of the upper arm.
- **Frequency:** 3 years then needs to be replaced with a new one
- **Formulation:** Synthetic progesterone *only*.

07

▶ **INTRAUTERINE SYSTEM [IUS]**

Example brands: Mirena™



- **Delivery method:** Medically administered, inserted in the uterus
- **Frequency:** 3 to 8 years, depending on the type
- **Formulation:** Synthetic progesterone *only*.

**Please note: The IUS (or hormonal coil) is not the same as an intrauterine device (IUD). An IUD, also known as a copper coil, does not contain any synthetic hormones.*



This does not constitute medical advice. It is essential to consult with your healthcare provider/GP regarding hormonal contraceptive options to make informed decisions that prioritise your health and safety. **Always adhere to the manufacturer's instructions and follow your doctor's advice.**



BREAST HEALTH: THE BASICS



Breast health basics:

The female breast is a **unique structure** and is composed of three major components: fibrous (connective), glandular (mammary), and adipose (fat) tissue.

Cooper's ligaments are one of the connective tissues in the breasts, which are often described as **the main supporting structure for the breast**. But, these only offer limited support and most of the support is provided instead by the skin which overlays the breast.

As the breast has limited support, even small movements result in breast movement, highlighting the need for some level of external support. **This need for external support is increased during sport and exercise!**

Approximately 85% of women/girls are wearing a poor-fitting sports bra!

This might be impacting both **participation in sport and exercise, as well as performance**. As such, it's important to be aware of the **different types of sports bras available** and how we can **ensure correct fit**.

BREAST HEALTH: SPORTS BRA FIT



Sports bra types:

There are **three** distinct styles:

- 1) Encapsulation** - work by lifting and supporting each breast separately (suited for larger-breasted women/girls e.g., >D cup).
- 2) Compression** - work by compressing the breast tissue to the chest wall (suited for smaller-breasted women/girls e.g., <D cup).
- 3) Combination** - incorporate both compressive and encapsulating features.

Five steps we can follow to ensure we get the best fit...

1 Underband: The band should fit firmly around the chest. It shouldn't slide around with movement, but it shouldn't be too tight to be uncomfortable, affect breathing or make flesh bulge over the band.



2 Cup: The breasts should be enclosed within the cups, with no bulging or gaping at the top or sides.



3 Straps: The straps should be adjusted to comfortably give support without being too tight or loose. The main support should come from a firm band not tight straps.



4 Front: The front of the bra should sit flat against the body and not gape away from the chest.



5 Underwire: Not all sports bras have this, but if it does it should follow the natural crease of the breast.



Female Athlete Toolkit

NOTES:

Please note: If you as an athlete/coach/parent/guardian have concerns about any topic raised in this resource, please engage with a medical/sports science professional who has experience/expertise in this area.

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Please share your feedback on this resource and let us know if you would like to avail of additional learning opportunities:

<https://tinyurl.com/SHEfemaleathletetoolkit>



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The SHE Research Sport Performance Pillar is led by Dr Niamh Ní Chéilleachair and Dr Ciarán Ó Catháin.

Content for this booklet was additionally curated Dr Kelly McNulty and Cherianne Taim.