

Teacher Training Curriculum Correspondence Course 2003, 2019

DIFFERENT TYPES OF BLEEDING

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It seems to be human nature that any unexplained blood loss is cause for anxiety. From an early age a child is puzzled by, or becomes anxious at, the presence of blood. It is only through reassurance (and maybe a band-aid) that a child becomes satisfied with the explanation and ceases to worry. It is similar with young girls. They come to understand their body changes and realise that menstrual bleeding is normal. It can be a frightening experience if the girl has no knowledge of what to expect at puberty.

When studying these charts, we continue this reassurance and education, so that in these varied circumstances, we can empower the woman with good self-knowledge. Irregular, intermittent bleeding or spotting is cause for alarm to many but with guided teaching most variations will be explained.

A woman with a knowledge of what is her "normal" pattern is able to recognise an abnormality, be it bleeding or discharge, and seek medical attention promptly, armed with knowledge about her cycle and herself.

STUDY THE CHART BELOW

Take another look at the chart on Page 43 of Teaching the Billings Ovulation Method Part 2. Note how the endometrium starts to develop as soon as the oestrogen level starts to rise. The endometrium is dependent on the support of the ovarian hormones. When they are withdrawn, bleeding is likely to occur.

Menstruation

As the chart on Page 43 indicates, the withdrawal of both oestrogen and progesterone at the latter part of the luteal phase results in the bleeding of menstruation. When ovulation occurs and there is no conception, the bleeding which follows is recognised as menstruation. Menstruation is a **withdrawal of both oestrogen and progesterone**.

Now take a look at the enclosed chart with hormones recorded. This shows three different types of bleeding:

Breakthrough Bleeding

Breakthrough bleeding occurs with high oestrogens and may be spotting or bleeding, as charted on day 14 and days 44 & 45, (often incorrectly thought of as menstruation).

Note the peak of oestrogen occurs before ovulation so breakthrough bleeding will occur a day or two before Peak. The peak oestrogen turns off the bleeding, therefore this event occurs before the Peak.

Withdrawal Bleeding

Look again at the chart on (page 43 – Teaching the Billings Ovulation Method – Part 2). See how the rising oestrogen level influences the growth of the endometrium - when this support is withdrawn bleeding may occur. In long cycles a small oestrogen rise or a prolonged slightly raised oestrogen level will cause the endometrium to grow and may result in bleeding when the oestrogen level drops.

Note that the withdrawal bleeding on days 31-33 on the attached chart is because of the **withdrawal of oestrogens**. Without this support the endometrium is shed.

The bleeding on Day 58 is a withdrawal of the corpus luteum hormones, that is, oestrogen and progesterone - **menstruation**.

Implantation Bleeding

Implantation bleeding is quite a normal event and does not indicate that there is anything wrong with the pregnancy. In early pregnancy from about the 6th day after conception, implantation of the embryo into the endometrium may result in spotting or even heavier bleeding. Implantation is complete by about the 12th day after conception. Implantation bleeding may continue intermittently for some weeks.

Study Pages 24-25 of Teaching the Billings Ovulation Method Part 2.

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Delayed Ovulation (Page 15, Teaching the Billings Method Part 2)