

## Women in sport

*How does contraception affect female athletes?*

### Emma Ross:

It might seem odd to be talking about hormonal contraception, particularly if you're a coach or a trainer, someone working with a woman and thinking you've got to start discussing her choice of contraception.

It's a very personal choice, and we don't walk around asking someone if they use contraception, if they use a condom. So why would we ask if a woman was using any other type of hormonal contraception?

But the thing about using synthetic hormones as a method of contraception is that it also affects our physiology. And unlike having the physiology that happens during a natural menstrual cycle, using hormonal contraception suppresses that reproductive cycle of hormones and actually creates a different physiology within the woman.

So there are different types of hormonal contraceptive approaches that a woman can use. They can use something that they take daily, like the pill, and this can be a combined pill, which contains oestrogen and progesterone, a synthetic form of those hormones, or the progesterone-only pill. And those are taken daily.

There are also what we call LARCs, Long-Acting Reversible Contraceptives. So those can include the implant, they can include an injection, and they can include a hormonal coil, such as the Mirena coil. And all of those approaches deliver the synthetic dose of hormones that stay in your system a long time, so anywhere between three months and five years, depending on the approach you use.

The interesting thing about using the Mirena coil is that it is delivering a dose of progesterone very locally, at the level of the uterus. It basically keeps the uterus lining thin and avoids pregnancy. But what happens is because that hormone isn't being delivered across your whole body, your menstrual cycle is actually allowed to tick over in the background. So you have natural peaks and troughs of oestrogen and progesterone when you're using the Mirena coil.