This article is devoted to aspects of women's health which are particularly relevant to the increasing numbers of female pilots among you. I hope it will also prove of interest to male pilots and improve their understanding of the subject.

The areas I will be addressing are the key female ones of menstrual problems, contraception, pregnancy and antenatal care in relation to flying and the menopause.

Menstrual problems

Premenstrual syndrome, pain and heaviness of bleeds are all problems which may affect the performance of a female pilot or indeed any woman in any workplace. Premenstrual syndrome can have a significant impact on a woman's life.

Management strategies and treatments include dietary modifications to maintain steady blood sugar levels, regular prophylactic ibuprofen or similar to prevent menstrual migraine, and taking the oral contraceptive pill to 'switch off' the menstrual cycle.

Heavy, painful periods can be helped by an oral contraceptive or the hormone-releasing intrauterine system (coil). The cycle can also be controlled by prescribed oral progestogen (very useful for postponing a period for an important occasion such as a holiday).

Non-steroidal anti-inflammatory tablets such as ibuprofen are much better for controlling menstrual pain than paracetamol or aspirin. Obviously, persistently heavy bleeds will need medical advice. Please be aware that if you suffer from asthma or have any gastric symptoms, such as indigestion, you should not take non-steroidal anti-inflammatory medication such as ibuprofen.

There are also herbal supplements which may be recommended, but discuss their suitability with your doctor or AME as they may or may not be compatible with flying as a pilot.

Contraception

The combined oral contraceptive pills are very effective taken cyclically, or you may take packs together to reduce the number of bleeds (discuss with your doctor). Irregularity of rosters and passing through time zones may be an issue as contraceptive pills need to be taken regularly within a specific time frame or efficacy may be lost. Please note that there are specific guidelines for situations of missed or delayed pills which can take the anxiety out of this situation.

The progesterone-only pill is taken continuously and does not contain oestrogen and so does not increase the risk of DVT.

There are some long-acting reversible contraceptives (LARCs): the intra-uterine contraceptive device (Mirena), the implant (Nexplanon) and depot injection (Depo-provera) are all effective methods of contraception and can control heavy periods. They are particularly effective if remembering to take pills on a regular basis is a problem. However, their main disadvantage is of irregularity of bleeding.

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Pregnancy

Pregnancy must be reported to the CAA as early as possible. The pilot is made temporarily unfit until the CAA has received a report from the antenatal clinic. The pilot is then made fit with an ordinary maternal leave (OML) and can fly until 26 weeks, subject to a regular report being received by the AME.

There is a list of symptoms to look out for (provided by the CAA) during the pregnancy and if these occur must be reported to the AME/CAA. Some airlines ground pilots as soon as pregnancy is confirmed regardless of the CAA certification with an OML because of the European cosmic radiation directive.

The earliest a pilot can return to work after a normal delivery is four weeks, or three months after a caesarean section. A report from the hospital or health visitor confirming all is well and a normal haemoglobin level are required and can be sent to your AME.

As a passenger, a woman can fly up to the 28th week of pregnancy, counting from the first day of the last period. Flying from 28 to 34 weeks requires a letter from the doctor confirming estimated date of delivery and fitness to travel. If flying at this late stage, do consider the date of the return flight.

Menopause

The average age of the menopause is 52, but symptoms and irregularity of bleeding may occur for several years before cessation of periods. There are many non-hormonal strategies to help with symptoms, but despite its adverse press, hormone replacement therapy (HRT) is for most women a safe, effective and sometimes life-transforming treatment and should be discussed with your doctor if symptoms are severe.

The combination of a Mirena intra-uterine system (IUS) with hormone replacement therapy is a very useful perimenopausal contraceptive and treatment option as hormone replacement therapy itself is not a contraceptive. Remember: contraception must be continued for two years if your last period was under the of age 50 or one year if over 50.

See also **www.womens-health-concern.org.uk** *and* **www.fpa.org.uk**

Photo: www.istockphoto.com