



Menstrual Tracking Report

Key outcomes of Verhagen E, Ferrer E, Antero JDS, Bahtijarevic Z, Barlow A, Bolling C, et al. UEFA consensus statement on menstrual cycle tracking in women's football. BMJ Open Sport & Exercise Medicine. 2025;11:e002769

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Background and rationale

The **UEFA Consensus Statement on Menstrual Cycle Tracking in Women's Football (Verhagen et al., 2025)** was developed through a structured, expert-led process to create evidence-based and practical guidance for clubs, staff, and players.

The project was initiated because menstrual tracking practices in football were highly inconsistent, with teams using different methods and interpretations. There is a growing interest in understanding menstrual health. However, without clear standards, clubs risked misusing or misinterpreting data. This highlighted the need for a unified, ethical, and scientifically sound approach.

This report summarises the key outcomes of the UEFA Consensus Statement on Menstrual Cycle Tracking in Women's Football with the **key target group being medical staff in elite football**.





Let's challenge – **WHY** we measure

The key reason for tracking is not to predict performance drops or injury risk but **to understand and support player health.**



Tracking can:



Identify menstrual irregularities that might signal health issues like menstrual dysfunction, stress, or low energy availability.



Help players manage symptoms such as pain, fatigue, or mood changes.



Give players more ownership of their bodies and cycles.



However, evidence that specific menstrual phases directly affect football performance or injury risk is **inconclusive**. So, the “why” should focus on **well-being, education, and empowerment**, not assumptions about performance or injury prevention.



Let's challenge – **WHAT** we measure

The consensus defines a clear set of meaningful measures:



Bleeding Tracking

Tracks (i) regularity, (ii) characteristics of bleeding (volume and number of days), and (iii) type, intensity, and frequency of cyclical symptoms



Menstrual Cycle Tracking

Tracks (i) ovarian hormone health through ovulation, (ii) physiological state across the menstrual cycle, and (iii) indicators of players general health



Please consider

To avoid any over-interpretation, **bleeding tracking cannot and should not be used to predict menstrual phases.**

Collecting at least **three consecutive cycles** is recommended to spot normal patterns and meaningful changes. Tracking everything (symptoms, ovulation, hormones) is ideal for research, but in practice, a simple diary, noting the regularity of bleeding and symptoms, is often enough.

Regularity will be impacted **by age and player maturation.** Larger irregularities are likely to be seen for teens and perimenopausal women.



Let's challenge – **HOW** we measure

Measurement should be **collaborative, standardised, and ethical**.

- Privacy, comfort, and voluntary participation are **essential**.
- Tracking **must not be** forced or intrusive.
- Data should be handled **securely** and **only shared** with player consent.
- Education before starting any monitoring **is key**.
- Qualified staff **must** oversee the process.



Bleeding Tracking

(i) regularity – a diary

(ii) characteristics of bleeding (volume and number of days) - a diary

(iii) type, intensity, and frequency of cyclical symptoms – pictorial blood loss charts



Menstrual Cycle Tracking

(i) point of Ovulation



Minimum standard	Self-reporting the onset of bleeding (establish menstrual cycle). Tracked for at least 1 cycle.
	Daily lutenising hormone urine sticks (3 days before the estimated day of ovulation until confirmation of the lutenising hormone surge). Tracked for at least 1 cycle.
Best practice	Self-reporting the onset of bleeding (establish menstrual cycle). Tracked for at least 3 cycles.
	Daily lutenising hormone urine sticks (3 days before the estimated day of ovulation until confirmation of the lutenising hormone surge). Tracked for at least 3 cycles.
	Check daily changes in cervical mucus (to mark the end of ovulation - i.e., when it changes to a stretchy consistency that resembles raw egg whites and is slippery and very wet). Tracked for at least 3 cycles.
Gold standard	Self-reporting the onset of bleeding (establish menstrual cycle). Tracked for at least 3 cycle.
	Daily lutenising hormone urine sticks (3 days before the estimated day of ovulation until confirmation of the lutenising hormone surge). Tracked for at least 3 cycles.
	Check daily changes in cervical mucus (to mark the end of ovulation - i.e., when it changes to a stretchy consistency that resembles raw egg whites and is slippery and very wet). Tracked for at least 3 cycles.
	Transvaginal ultrasound (i.e. gynaecologist assessment on day 20 or 21 of the menstrual cycle), for at least 1 of the 3 tracked cycles.





Menstrual Cycle Tracking

(ii) hormonal profile



Minimum standard	1 saliva sample, for the determination of progesterone (>50 pg/ml), provided +7 (±1) days after the luteinising hormone surge has been confirmed)
Best practice	1 saliva sample, for the determination of progesterone (>50 pg/ml), provided +7 (±1) days after the luteinising hormone surge has been confirmed)
	Check daily changes in cervical mucus from the end of menstruation to mark the end of ovulation (i.e. when it changes to a stretchy consistency that resembles raw egg whites and is slippery and very wet). Tracked for at least 3 cycles.
Gold standard	1 saliva sample, for the determination of progesterone (>50 pg/ml), provided +7 (±1) days after the luteinising hormone surge has been confirmed)
	Check daily changes in cervical mucus from the end of menstruation to mark the end of ovulation (i.e. when it changes to a stretchy consistency that resembles raw egg whites and is slippery and very wet). Tracked for at least 3 cycles.
	One blood sample for the determination of progesterone (≥16 nmol/L), provided +7 (±1) days after confirmation of the Luteinising Hormone surge for at least 1 of the 3 tracked cycles)



Let's challenge – **WHO** should measure and access the data



Players

must own their data and choose who sees it.



Medical staff

can support collection and interpretation if trained adequately.



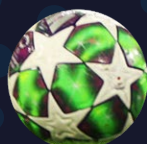
Coaches

may be informed only if players consent and if it helps support training adjustments. Tracking should never be used to influence team selection or judge performance.



Researchers

should only access data with ethical approval and player informed consent granted.



What tracking **should look like** in football today

Tracking should be **player-centred, educational, ethical, and respectful**, aiming to:



Support **health and well-being** first.



Use **consistent tools** (like the UEFA symptom diary).



Ensure relevant staff education and qualifications **come before** tracking integration.



Players should be **educated** on menstrual health and objectives of monitoring



Be **guided** by qualified staff.



Data handling must be compliant with **data protection regulations**.



Players should know and **consent to whom** their menstrual health data will be shared.



Ensure it is **purposeful**. **Adequate resources** must be available to take appropriate action.



Integrate new research as evidence grows, without overinterpreting limited data.



Players should **receive regular updates** on their menstrual cycle data and trends.



Be aware of potential conflicts due to players' **cultural differences and beliefs**.

Ultimately, menstrual cycle tracking in football should move away from “trying to predict injury and performance” toward **empowering players with knowledge about their own physiology**—a modern, evidence-informed, ethical approach.



The **methodology** used

The **UEFA Consensus Statement on Menstrual Cycle Tracking in Women's Football (Verhagen et al., 2025)** was developed through a structured, expert-led process to create evidence-based and practical guidance for clubs, staff, and players.

A diverse international panel of sports doctors, scientists, physiotherapists, and women's health specialists worked together to address five key questions: **why**, **what**, and **how** to track the menstrual cycle, **how to use** the data responsibly, and **how to study** it scientifically.

Using the **RAND-UCLA Appropriateness Method**, experts combined research evidence with real-world experience. They first reviewed all relevant scientific studies on menstrual cycle effects in sport, then drafted clear evidence statements describing current knowledge and gaps.

These statements were anonymously voted on using a 5-point agreement scale. If at least 80% agreed, the statement was accepted; others were revised and discussed further during an in-person meeting at UEFA Headquarters in Switzerland.

A second round of online voting followed, resulting in **82 final agreed statements**.

All disagreements were documented, and no panel members objected to the final recommendations.





The experts **supporting** this project



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