OffChartCPD

Women's Health on Expedition

A practical guide written by women, for women

Managing your period, contraception at altitude, altitude sickness, UTIs, knee health, pregnancy and postpartum — everything in one place, before you leave.

WHAT'S INSIDE

Before you go — read this once

This guide is written by women who have been on these trips. Some of us are doctors, some are not — but all of us have asked these questions at some point, usually after we were already in the field wishing we'd sorted it earlier. So here it all is, in one place, before you leave.

The destinations OffChartCPD travels to — ski touring in remote ranges, diving in the Indo-Pacific, trekking at altitude — each bring their own health considerations. This guide covers the ones most relevant to women. If something here raises a specific question for your situation, see your GP before departure.

1. Managing your period on expedition

Cold, limited water, shared facilities, long days, and carry-out waste rules make expedition menstruation a planning problem — not a medical one. The right prep means it doesn't have to be a big deal.

Product	How it goes on expedition
Menstrual cup	Our top pick for multi-day trips. Zero waste, works 8–12 hours, easy to clean with cold water. Practise at home first — don't use one for the first time in a tent at 4000m.
Menstrual disc	Similar to a cup. Some people find it easier to insert and remove. Less widely available.
Period underwear	Great as backup or on lighter days. Needs washing and drying — tricky in cold/wet conditions. Not enough on its own for heavy flow days.
Tampons	Reliable if you're used to them. Need disposal — carry waste bags. Strings can freeze in extreme cold.
Pads	Bulky, need disposal, work less well in cold. Fine as backup but not ideal as primary.
Best combo	Cup or disc as primary + period underwear as backup. Works well across skiing, hiking, and water-based trips of any length.

Cold-weather tips

→ Keep cups and tampons in an inner jacket pocket — they won't freeze and are easier to handle.

→ A small ziplock + hand sanitiser means you can rinse a cup without running water.

→ Period underwear worn over a cup adds warmth and a useful backup layer.

→ Know the waste rules for your destination before you leave — carry-out bags are the norm in most wilderness areas.

→ For cramps: ibuprofen or naproxen taken from day one of your period works better than waiting until the pain starts. Chemical hand warmers also help in cold conditions.

2. Delaying or skipping your period

Lots of women choose to skip or delay a period for an expedition — it's a completely reasonable thing to do and there are safe options for most people. Talk to your GP at least 2–3 months before departure so you have time to trial whatever you choose.

Options worth knowing about

→ **Combined pill (COCP) — running packs back to back:** Safe and effective for most people. Breakthrough bleeding is common in the first few months of continuous use, so start early enough to get past that.

→ **Norethisterone:** A tablet you take 3 days before your period is due and keep taking until you're ready for it. It's not a contraceptive. Side effects can include bloating and mood changes.

→ **Depo-Provera (injection):** About half of users stop having periods after the first injection. Start at least 6 weeks before you need it to work, and be aware it's not quickly reversible if you don't like the side effects.

→ **Hormonal IUD (Mirena, Kyleena):** If you already have one, you may already have light or no periods — great for expeditions. Don't have a new one inserted within 6 weeks of departure.

→ **Desogestrel (mini-pill):** Often stops periods after 2–3 months of use, but only helpful if you're already established on it.

> **Altitude and your cycle:** Above 3,000m, your cycle can become irregular — periods may come early, late, or not at all, even if you're on contraception. This is from the physical stress of altitude and usually settles when you come back down.

3. Contraception at altitude

The most important principle: **the best contraceptive at altitude is whichever one you're already established on and know works for you.** Don't change methods just before a trip.

The altitude and blood clot question

The combined pill does increase the risk of blood clots — roughly 3–4 times above baseline. For most healthy women under 35 without other risk factors, this remains a low absolute risk. The main practical messages are:

→ Stay well hydrated — dehydration is the most important modifiable risk factor.

→ Wear compression stockings on long-haul flights.

→ If you have a history of blood clots, a clotting disorder, or multiple other risk factors (smoking, BMI over 30, over 35), have a specific conversation with your GP before choosing the COCP for high-altitude travel.

→ Progestogen-only pills, hormonal IUDs, and barrier methods don't carry the same clot risk.

Time zones and not missing pills

→ Cross-timezone travel is one of the most common reasons for missed pills. Set a phone alarm at your home dose time before you leave.

→ Desogestrel (Cerazette) has a 12-hour window — much more forgiving than the traditional mini-pill (3-hour window).

→ The COCP has a 12-hour window for most formulations.

Emergency contraception

If there's any chance you might need it, carry it from home — you cannot rely on finding it in remote or international locations.

→ **Levonorgestrel (Plan B / Postinor-2):** OTC in Australia. Works within 72 hours, less effective by 72–96 hours.

→ **Ulipristal acetate (ellaOne):** Prescription in Australia. Works up to 120 hours with more consistent effectiveness across that window.

4. Altitude sickness — the same rules apply to you

There is no reliable evidence that women are more or less susceptible to altitude sickness than men. Your risk depends on how fast you ascend, how high you go, and how well you've acclimatised — not your sex or what contraception you're on.

The fundamentals: ascend slowly, drink plenty of water, don't push through headache or nausea, and descend immediately if someone is confused, very unwell, or struggling to walk in a straight line. The full guide to altitude illness is in the OffChartCPD learning hub — everyone travelling above 3,000m should read it before departure.

> **Acetazolamide (Diamox)** for altitude sickness prevention is safe to use alongside all forms of hormonal contraception. If you're prescribed it, take it as directed.

5. Eating and drinking enough

Cold and altitude both suppress appetite — sometimes significantly. On a ski touring or trekking day you can easily burn 4,000–5,000 calories. This is not the time to eat less than usual. High-fat, high-calorie food is appropriate and necessary in cold environments.

→ Eat before you feel hungry — your hunger signals are delayed at altitude and in the cold.

→ Carry more snacks than you think you'll need.

→ Aim for at least 3–4 litres of fluid per day at altitude — your urine should be pale yellow.

→ If you have a history of heavy periods or low iron, check your ferritin before departure and supplement if needed. Low iron makes altitude significantly harder.

6. UTIs, thrush, and vaginal health in the field

Two of the most common health issues women deal with in remote settings are UTIs and vaginal thrush. Both are very treatable — the key is having the right medication with you.

UTIs (urinary tract infections)

UTIs are more common on expedition because of reduced fluid intake, delaying going to the toilet in cold or inconvenient conditions, and sustained physical activity. An untreated UTI can progress to a kidney infection — worth taking seriously in a remote setting.

→ **Prevention:** Drink enough, don't hold on, change out of wet base layers promptly.

→ **Treatment (carry one of these):** Trimethoprim 300mg once daily for 3 days is first-line in Australia. Nitrofurantoin 100mg twice daily for 5 days is a good alternative.

When to evacuate: Fever, rigors, back or flank pain, vomiting, or not improving after 48 hours of antibiotics means you may have a kidney infection and should seek medical care — this needs IV antibiotics.

Vaginal thrush

Antibiotics, physical stress, altered immunity, and sweating in technical gear can all trigger thrush. Not serious but very uncomfortable.

→ **Fluconazole 150mg single oral dose** — available OTC in Australia. Carry two.

→ **Clotrimazole pessary 500mg** — single dose, topical alternative.

→ **Clotrimazole 1% cream** — for topical symptom relief.

Bacterial vaginosis

BV can be triggered by antibiotic use or sustained physical stress. Symptoms: malodorous discharge, usually no itch (which helps distinguish it from thrush).

→ **Metronidazole 400mg twice daily for 7 days** — prescription required. Carry a course if you have a history of recurrent BV.

7. Knee and ACL injury — what you can do about it

Women have a higher rate of ACL injury than men in alpine skiing, for reasons that are partly anatomical and partly about how muscles fire during a fall. This is genuinely worth addressing before a ski touring trip.

→ **Most evidence-based thing you can do:** Complete a neuromuscular training programme (squats, single-leg balance work) in the 3–6 months before departure. Ask a physio to set you up.

→ **Binding settings matter:** Have a certified technician set your DIN. Bindings set too high are a significant ACL risk.

→ **Watch for fatigue:** Most ACL injuries happen late in the day. Know when to call it.

→ **Postpartum:** Hormonal changes during breastfeeding increase ligament laxity — factor this into your skiing risk assessment.

8. Practical kit — sports bra and chest fitting

An ill-fitting sports bra combined with a loaded pack is a surprisingly common source of significant discomfort over a multi-day trip. Sort this before departure.

→ Use a high-impact technical sports bra for dynamic mountain activities.

→ Trial your bra with your loaded pack on a training day before the trip.

→ In cold environments, synthetic or merino wool bras maintain insulation. Cotton next to skin in the cold is a bad idea.

→ Most technical expedition packs have adjustable shoulder and chest strap geometry — use a specialist fitting if you can.

9. Pregnancy, postpartum, and breastfeeding

If you're pregnant: OffChartCPD expeditions are not suitable during pregnancy.

This isn't a judgement — it's about genuine risk: altitude above 3,000m affects foetal oxygen delivery, ski touring carries significant fall and trauma risk, and evacuation from remote terrain in an obstetric emergency may be severely delayed. If you become pregnant after booking, please contact us — we're flexible on deferral and refund.

> **Important: Any woman of reproductive age with sudden lower abdominal pain, abnormal vaginal bleeding, shoulder tip pain, or unexplained fainting in a remote setting — think ectopic pregnancy and arrange evacuation urgently.**

If you're recently postpartum:

→ Wait at least 6 months before high-altitude travel above 3,000m as a general guide.

→ Postpartum anaemia is common — check your haemoglobin and ferritin before altitude travel.

→ Ligament laxity is increased postpartum, especially during breastfeeding — ACL risk in skiing is relevant here.

If you're breastfeeding:

→ Breastfeeding can generally continue at moderate altitude with good hydration and nutrition.

→ Caloric needs are already elevated by 300–500 kcal/day above your normal baseline — add expedition expenditure on top.

→ Acetazolamide (Diamox) is not recommended during breastfeeding — discuss alternatives with your GP.

10. Post-menopausal women on expedition

Post-menopausal women are increasingly well-represented on adventure expeditions — this section is here as useful information, not a limiting framework.

Bone health

Bone density decreases after menopause, which means fracture risk in a fall is higher than it was earlier in life. Worth factoring into your risk assessment for ski touring and alpine terrain.

→ If you're over 60 or have risk factors for osteoporosis, ensure DEXA scanning is up to date.

→ Calcium (1,200mg/day) and vitamin D (800–1,000 IU/day) are important — rarely achieved through diet alone in cold environments.

HRT at altitude

Combined HRT carries a similar consideration to the COCP regarding blood clots at altitude. Transdermal (patch or gel) oestrogen has a significantly lower clot risk than oral oestrogen — this is the preferred form for women travelling to high altitude.

→ If you're on oral combined HRT, discuss your specific preparation with your GP before high-altitude travel.

→ Cardiovascular risk increases after menopause — if you have hypertension, diabetes, or a history of cardiac disease, a pre-expedition medical review is worthwhile for high-altitude destinations.

11. What to pack — personal medical kit

Prescription items need a prescription. This supplements the standard OffChartCPD expedition kit — don't duplicate what's in the group kit.

Item	What it's for
Trimethoprim 300mg × 3	UTI treatment (first-line)
Nitrofurantoin 100mg MR × 10	UTI treatment (alternative)
Ciprofloxacin 500mg × 14	Suspected kidney infection — Rx required
Fluconazole 150mg × 2	Vaginal thrush — OTC in Australia
Clotrimazole pessary 500mg × 2	Topical thrush treatment
Clotrimazole 1% cream 20g	Topical symptom relief
Metronidazole 400mg × 14	Bacterial vaginosis — Rx required
Levonorgestrel 1.5mg × 1	Emergency contraception — OTC in Australia
Ibuprofen 400mg tablets	Period pain, musculoskeletal
Naproxen 500mg × 10	Longer-acting for period pain
Chemical heat packs × 4	Period cramps in cold environments

Menstrual cup or disc	Primary menstrual management
Period underwear × 2	Backup
Hand sanitiser 50ml	Hygiene when water is limited
Ziplock bags × 5	Cup rinsing, waste management
Pregnancy test × 1	If any possibility of pregnancy before departure

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Further reading

→ **The Mountain Doctor** — themountaindoctor.co.uk — Dr Hannah Lock's work on women's health in mountain settings.

→ **Wilderness Medical Society** — wildernessmedicalsociety.org

→ **Faculty of Sexual and Reproductive Healthcare** — fsrh.org — clinical guidelines on contraception.

→ **OffChartCPD pre-departure learning hub** — full modules on altitude illness, hypothermia, and scene safety.