GUIDE 01

YOUR CYCLE. YOUR TRAINING.

Menstrual-cycle confidence without rigid rules or hormone hype.

You can work with your symptoms without letting a calendar decide what you are capable of.

Practical examples. Clear boundaries. Space for your experience.
General adult education, not diagnosis or medical clearance.

Understand the changes

The basic sequence [1]

Day one is the first day of your period. The follicular phase starts here; ovulation follows, then the luteal phase runs until the next period. Timing varies: a 28-day diagram is an example, not a standard you must match.

Your experience matters

Cramps, breast tenderness, bloating, sleep changes or low mood can make a normal training week feel different. Having symptoms does not mean you are weak. Equally, you do not need to feel worse at a particular point.

Do not confuse a pattern with a diagnosis

Note what you experience, including changes after starting contraception. Hormonal contraception can alter bleeding and ovulation, so a natural-cycle training template may not apply. Speak to a prescriber about side effects; do not stop medication based on gym advice.

Neon action

For the next two or three cycles, record only what is useful: bleeding, symptoms, sleep and how training felt. A paper note is enough; sharing this information with a coach is optional.

Train by readiness

What the research actually says [2]

A systematic review found small average performance differences and substantial variation, with low-quality evidence. It does not justify making everyone lift heavy at ovulation or avoid strength training during their period. Individual response is the useful starting point.

READY - follow your plan

If symptoms are mild and your warm-up feels normal, train as planned. Use your usual technique and effort targets. There is no need to change a good session because an app labels the day differently.

ADAPT - keep the useful part

If symptoms affect comfort, try a longer gentle warm-up, a supported exercise or one fewer set. For example: change three sets of squats to two sets of comfortable box squats. This is a coaching option, not a cycle-phase prescription.

REST / SEEK HELP

If you feel unwell, do not force the session. Severe or unusual pain, faintness or disruptive bleeding needs healthcare advice, not extra motivation. Rest is a valid choice.

Eat for the whole month

Keep a repeatable meal structure

Use three meals as a starting rhythm. Include protein, carbohydrate and fruit or vegetables; add fats and enough food to feel satisfied. A meal might be chicken or tofu, rice, vegetables and olive oil. Do not automatically cut carbohydrate in any phase.

When hunger rises

Try adding a planned snack or increasing a meal rather than fighting hunger until evening. Examples: yoghurt and cereal; toast with eggs; fruit and a cheese sandwich. These are experiments to review, not mandatory extra calories on particular dates.

When appetite is low

Choose familiar, smaller meals more often. Soup with bread and eggs, or a smoothie alongside toast, may feel easier than a huge salad. Persistent difficulty eating deserves support.

Around training

Avoid arriving at a demanding session after missing meals. A banana or toast can bridge a long gap; eat a normal meal afterwards. Supplements marketed for hormone balancing are not a prerequisite.

Bloating, cravings and the scales

Separate discomfort from judgement

A bloated day does not require a tighter diet. If weighing makes you anxious or changes how you eat, leave the scales out. Your coach can discuss progress through strength, consistency, comfort and energy.

Use a three-question pause

1. Have I eaten enough today?
2. Do I want a particular food or a satisfying meal?
3. What choice would leave me feeling cared for?

You are allowed to enjoy the food you want. The aim is a deliberate choice, not perfect control.

Make a difficult-day kit

Choose a comfortable training outfit, a familiar meal, any usual period products and a lower-demand session option. Ask your pharmacist or GP about appropriate pain relief if needed.

Review like-for-like

If you do use body measurements, note cycle context and look across several weeks. Do not change your whole plan in response to one uncomfortable day. A recurring pattern is a prompt to adjust support, not a reason to blame your body.

Your two-cycle experiment

Before you begin

Choose one question: for example, "Do cramps make running less comfortable?" Avoid trying to optimise every symptom at once.

A 30-second daily note

Date / bleeding: _____
Main symptom and severity: _____
Sleep and energy: _____
Session completed or changed: _____
What helped: _____

Review with your coach

After two cycles, compare the notes. If the same issue recurs, prepare one change ahead of time. If no pattern emerges, use daily readiness. An app can store observations but cannot confirm your hormone levels or reliably determine ovulation from dates alone.

Example

"On two days of cramps I swapped intervals for an easy walk, then completed strength later in the week." That is useful flexibility. It does not mean everyone needs the same swap.

When to get support

Book a GP appointment [1]

Seek advice for new or worsening period changes, pain or bleeding that disrupts life. Bleeding between periods, after sex or after menopause should be checked. If pregnancy is possible and a period is missed, take a pregnancy test; seek advice after three missed periods with a negative test, or earlier if concerned.

Do not wait for a pattern if you are unwell

Severe sudden pelvic pain, very heavy bleeding with faintness, collapse, or possible pregnancy with severe pain requires urgent assessment. In Scotland call NHS 24 on 111 for urgent advice; call 999 for a life-threatening emergency.

Mental health counts

Severe cyclical mood symptoms deserve a GP conversation. If you feel at risk of harming yourself, seek urgent help. You do not need to prove that symptoms are hormonal to deserve care.

Take this to your appointment

When did it start? What changed? What stops you doing normal activities? Bring relevant notes, contraception details and any medicines or supplements.

Sources & how to use this guide

[1] NHS: Periods

Open source

[2] McNulty et al. (2020). Menstrual cycle phase and exercise performance. Sports Medicine.

Open source

Evidence and practical examples

Sources checked 12 September 2026. Numbered references support the clinical summaries; the meal ideas, checklists and example routines are Neon coaching suggestions, not validated treatment protocols. Advice must be adapted to you.

Using this guide

This guide is general education for adults, not individual medical advice. It has not been independently clinically reviewed; obtain individual advice for symptoms, medical conditions, medicines, pregnancy or disordered eating. Do not change prescribed treatment using this booklet.