BLACK MOM Ish
FOUNDATION

A BLACK MOM ISH FOUNDATION GUIDE

Reproductive Health Toolkit

Clear, culturally grounded info for every season of your cycle.

ROOTED IN EVIDENCE. WRITTEN FOR US.

YOUR CYCLE • YOUR CONDITIONS • YOUR OPTIONS • YOUR CARE TEAM

WHEN NOT TO WAIT

Most of this guide is about understanding your body over time. This page is different. These are signs worth acting on today, not at your next scheduled appointment.

Sudden, severe pelvic or abdominal pain, especially one sided, or pain with dizziness or fainting

This can signal ovarian torsion or a ruptured ectopic pregnancy. Call 911 or get to an emergency room now.

A positive pregnancy test with sharp abdominal or shoulder pain, or heavy bleeding

This combination can mean an ectopic pregnancy, a medical emergency. Don't wait for a scheduled visit.

Soaking a pad or tampon every hour for two or more hours, or bleeding with dizziness or a racing heart

This level of bleeding needs same day care. Go to urgent care or an emergency room if you can't reach your provider quickly.

Fever along with pelvic pain or unusual discharge

This can signal a pelvic infection that needs prompt treatment to protect your fertility.

Any bleeding after menopause, meaning after twelve full months without a period

Always worth a prompt visit, even if it's light, even if it stops on its own.

None of these mean panic. They mean today instead of next week.

A Note Before You Start

There's a version of reproductive health education a lot of us never got. Not because the information doesn't exist, but because so much of it was written with someone else's body in mind, someone else's symptoms, someone else's pain treated as the default and everything past that treated as overreacting.

This guide covers the full arc. Understanding your cycle. The conditions that show up more often, earlier, and more severely in Black women. Screenings worth keeping current. Birth control explained plainly, without steering you toward one option. What trying to conceive and pregnancy loss can look like. The other end of the cycle, perimenopause and menopause. And a section on why so much of this has historically looked different for Black women, because understanding that history changes how you walk into an appointment.

You don't have to read this front to back. Use the table of contents and go straight to what you need today.

In your corner,

The Black Mom Ish Foundation

What's Inside

Every heading below jumps straight to that page.

SECTION 1 Understanding Your Cycle

A lot of us learned the basics of our cycle once, in a school gym or a rushed conversation, and never revisited it. Here's the plain version, worth knowing at any age.

What counts as a typical cycle

- Length: anywhere from 21 to 35 days, counted from the first day of one period to the first day of the next. About 28 days is average, not mandatory.
- Period length: 2 to 7 days of actual bleeding is typical.
- Four phases run through every cycle: menstrual (your period), follicular (your body preparing an egg), ovulation (the egg releases, usually around the midpoint), and luteal (the two weeks between ovulation and your next period).
- Some month to month variation is normal. A cycle that's the same length to the day, every time, isn't the goal.

What's worth tracking

Cycle length, how heavy the flow is, pain level, and any spotting between periods. This takes thirty seconds in a period tracking app and turns into genuinely useful information the moment a provider asks about it.

What's worth mentioning to a provider

- Cycles consistently shorter than 21 days or longer than 35.
- Periods lasting more than 7 days.
- Soaking through a pad or tampon every hour or two for several hours in a row.
- Pain severe enough to regularly disrupt work, school, or sleep.
- Going 3 or more months without a period when pregnancy and menopause aren't the explanation.

> **REAL TALK** **Debilitating period pain is common. It is not required.**
>
> “Just take some ibuprofen” is often the extent of what period pain gets addressed with, and sometimes that's genuinely enough. But pain that keeps you home from work or unable to function most months isn't something to just build your life around. It's worth naming clearly and repeatedly until someone actually looks into why.

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SECTION 2 Conditions Worth Knowing

Three conditions come up constantly in conversations about reproductive health, and all three affect Black women differently than they're usually described in general health content. Here's what each one actually is.

Uterine fibroids

Fibroids are non-cancerous growths made of muscle tissue that form in or on the uterus. They're extremely common, affecting up to 80 percent of Black women by age 50, compared to around 70 percent of white women, and the difference goes beyond who gets them.

- Black women are two to three times more likely to develop fibroids serious enough to cause symptoms.
- They tend to show up earlier in life for Black women.
- Symptoms tend to be more severe: more fibroids, larger ones, heavier bleeding, and more pain.
- Common symptoms include heavy or prolonged periods, pelvic pressure or pain, frequent urination, pain during sex, and in some cases, fertility challenges.

Fibroids are the leading reason for hysterectomy in the United States, and Black women are at least twice as likely as white women to have one, often during their prime childbearing years. That gap isn't fully explained by disease severity alone. Less invasive, uterus sparing options exist, including medication, a myomectomy (which removes fibroids and leaves the uterus intact), and minimally invasive procedures like radiofrequency ablation. If hysterectomy is presented as the only option, Section 9 covers how to ask about alternatives.

Endometriosis

Endometriosis happens when tissue similar to the uterine lining grows outside the uterus, often on the ovaries, fallopian tubes, or pelvic lining. It causes severe period pain, pain during sex, chronic pelvic pain, digestive symptoms, and for some, fertility difficulty.

Across the general population, diagnosis is delayed an average of 7 to 12 years from when symptoms start. For Black women, it's worse. For decades, medical literature described endometriosis as a disease of affluent white women, a false idea that actively shaped how doctors evaluated Black patients' pain. Research shows Black women are significantly less likely to be diagnosed with endometriosis than white women, and when they are diagnosed, it happens an average of two and a half years later.

If period pain has ever been dismissed as something to push through, that dismissal has documented roots. It's not a reflection of your pain tolerance or your ability to describe what you're feeling.

PCOS (polycystic ovary syndrome)

PCOS is a hormonal condition affecting roughly one in ten women of reproductive age. A diagnosis typically involves two of three signs: irregular or absent ovulation, signs of excess androgens (like acne or extra hair growth), and polycystic ovaries seen on ultrasound. You don't need all three.

- Common symptoms: irregular or missing periods, acne, excess hair growth, weight changes, and difficulty conceiving.
- PCOS is the leading cause of infertility related to ovulation, and it's highly manageable once identified.
- Left untreated, infrequent periods can allow the uterine lining to build up in a way that raises long term risk, and PCOS is linked to higher rates of insulin resistance and type 2 diabetes, both worth monitoring with your provider.

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SECTION 3 Screenings and Preventive Care

Screening guidelines shift periodically as research improves, and they vary depending on the exact test used, so treat the numbers below as a starting framework and confirm your personal schedule with a provider.

Screening	General Timeline
Cervical cancer screening (Pap / HPV test)	Most current guidelines start screening between ages 21 and 25 depending on the test used, then repeat every 3 to 5 years rather than annually. Your provider can confirm the right schedule for your history.
STI testing	At least annually if you're sexually active, and any time you have a new partner. Many STIs have no symptoms at all, so testing on a schedule matters more than waiting to feel something.
Breast health	Clinical breast exams as part of your regular visits, with mammograms generally starting around age 40, earlier if you have a family history. Confirm your personal timeline with your provider.
Well woman visit	An annual checkup covering all of the above plus blood pressure, weight, and a general conversation about anything that's changed since last time, even things that feel minor.

On self collection

Some clinics now offer self collected HPV testing as an option, meaning you can collect your own sample rather than having a clinician do it. If a traditional pelvic exam has ever kept you from getting screened, it's worth asking whether this option is available near you.

On getting tested without judgment

STI testing is routine preventive care, the same category as a blood pressure check, not an accusation or a referendum on your choices. If a provider's tone around this ever feels judgmental, that's worth naming directly, or worth finding a different provider for this specific care.

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SECTION 4 Birth Control

Every method below works differently, and the right one depends on your health history, your goals, and honestly, your preferences, which are allowed to matter. Effectiveness numbers reflect typical use, meaning real world use with the normal amount of human error.

Method	Effectiveness	Worth Knowing
Implant	About 99.95% effective	A matchstick sized rod placed under the skin of the arm. Lasts several years. Most effective reversible option available.
IUD (hormonal or copper)	99.2% to 99.8% effective	Placed in the uterus, lasts 3 to 10 years depending on type. Hormonal and copper (hormone free) versions both available.
Sterilization	99.5% to 99.85% effective	Permanent. Available for any partner in a relationship, not only the person who could become pregnant.
Injection (Depo-Provera)	94% effective with typical use	A shot every 3 months. Requires remembering to return on schedule.
Pill, patch, or ring	91% effective with typical use	Requires daily, weekly, or monthly consistency. Perfect use effectiveness is much higher than typical use.
Diaphragm	88% effective with typical use	Used with spermicide, inserted before sex, requires refitting after childbirth.
Condoms (external or internal)	79% to 82% effective with typical use	The only options that also reduce STI risk. Often paired with another method for pregnancy prevention.
Fertility awareness methods	About 76% effective with typical use	Tracking cycle signs to identify fertile days. Effectiveness depends heavily on consistency and cycle regularity.

A note on being offered your full range of options

You're entitled to hear about every method that fits your health profile, not just the one a provider defaults to or the one that's easiest for them to prescribe in a short visit. If you're interested in a specific method and it isn't brought up, ask for it directly: “Can we talk about whether an IUD or the implant would work for me.” You don't need a reason beyond wanting it.

Emergency contraception

Emergency contraceptive pills can reduce pregnancy risk when taken as soon as possible after unprotected sex, and are most effective within 72 hours, though some types work up to 5 days. A copper IUD placed within 5 days is actually the most effective emergency option available. Many emergency contraceptive pills are available over the counter without a prescription.

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SECTION 5 Trying to Conceive

Before you start trying

- A daily prenatal vitamin with at least 400 micrograms of folic acid is recommended starting before conception, since it protects against certain birth defects in the earliest weeks, often before you know you're pregnant.
- A preconception visit is worth scheduling, especially if you have a condition like fibroids, endometriosis, or PCOS, since each can affect fertility and each has its own considerations for pregnancy planning.
- Tracking ovulation, whether through an app, temperature tracking, or cervical mucus changes, helps identify your most fertile days, generally the few days leading up to and including ovulation.

When to seek help

- If you're under 35: after 12 months of trying without success.
- If you're 35 or older: after 6 months, since fertility evaluations and treatment take time, and starting sooner preserves options.
- Sooner than either timeline if you have irregular or absent periods, a known condition like fibroids, endometriosis, or PCOS, or a history of pelvic infection.

Reaching out to a fertility specialist is not an admission that something is wrong. It's information gathering, and the earlier it starts, the more options tend to be available. If fibroids or endometriosis are part of your picture, revisit Section 2 for how each can affect this process.

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SECTION 6 Pregnancy Loss and Reproductive Grief

Miscarriage is common, affecting roughly one in four known pregnancies, the large majority in the first trimester. Common does not mean it doesn't warrant real grief, and it almost never means something is permanently wrong with your body.

Black women experience pregnancy loss at higher rates than white women, and research on the experience itself shows something else worth naming: Black women are less likely to have that grief acknowledged and supported by the people and providers around them. If your loss was met with a rushed appointment and a quick “try again soon,” that response said something about the system, not about how much your loss mattered.

What can help

- Naming the loss out loud, to a partner, a friend, a provider, or a support group, even when it feels easier to stay quiet.
- Asking your provider directly what caused the loss if you want to know, and asking again if the first answer felt rushed.
- Giving yourself permission to grieve on your own timeline, regardless of how early the loss occurred or how it looked to anyone else.

If grief or mood symptoms are heavy right now, our *Maternal Mental Health guide* covers this in more depth, including when what you're feeling may need more than time.

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SECTION 7 Perimenopause and Menopause

Perimenopause is the transition leading up to your final period, and it can start years before your cycle actually stops, often in your late 30s or 40s. Menopause itself is a single point in time: twelve full months without a period.

Common symptoms during the transition

- Hot flashes and night sweats.
- Sleep disruption.
- Mood changes, including new or worsening anxiety and depression.
- Irregular periods, before they stop altogether.
- Vaginal dryness and changes in sex drive.

What's different for Black women

Research from the Study of Women's Health Across the Nation, a 25 year study following women through this transition, found real, measurable disparities. Black women reach menopause earlier, by about 8.5 months on average. Vasomotor symptoms, hot flashes and night sweats, last dramatically longer: an average of 10.1 years for Black women compared to 6.5 years for white women, nearly 4 additional years of disrupted sleep and daily discomfort. Black women also report hot flashes more frequently overall.

Despite carrying a heavier symptom burden, Black women are less likely to be offered treatment, including hormone therapy, and more likely to have symptoms minimized or dismissed. This pattern connects directly to what Section 8 covers in more depth.

> WORTH KNOWING **Treatment options exist, and they're not one size fits all.**
>
> Hormone therapy is safe and effective for most women and is worth a real conversation rather than an automatic no. Non-hormonal medications, lifestyle changes, and targeted treatment for specific symptoms like vaginal dryness are also available. If a provider brushes off a symptom as “just part of aging,” that's a cue to ask what your actual treatment options are, not to accept the symptom as unchangeable.

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SECTION 8 Why This Looks Different for Black Women

Every section before this one includes a version of the same pattern: a condition that shows up more, earlier, or worse in Black women, paired with care that shows up less, later, or more dismissively. That pattern has a history, and understanding it changes how you can move through the present.

Where some of this history comes from

Modern gynecology owes much of its surgical foundation to experiments performed in the 1840s on enslaved Black women, without anesthesia, without consent as we'd define it today. That history is uncomfortable and it is documented, acknowledged today even within mainstream medicine as a foundational ethical failure of the field.

Reproductive coercion continued well past that era. Between the 1920s and 1970s, tens of thousands of Black women across the American South were sterilized without informed consent, a practice common enough to earn the grim nickname “Mississippi appendectomy.” Civil rights leader Fannie Lou Hamer coined the term herself after undergoing a hysterectomy in 1961 that she never consented to and only learned about afterward. A 1974 federal lawsuit, Relf v. Weinberger, revealed that federally funded programs had sterilized well over 100,000 people, disproportionately poor and Black, including two Black sisters aged 12 and 14. That case led directly to the informed consent protections that exist in reproductive care today.

This history is also where the phrase “reproductive justice” itself comes from. A group of Black women coined the term in 1994, in Chicago, defining it as the right to have children, to not have children, and to parent the children you have in safety. It's the same city this Foundation calls home.

How this shows up now

- Black patients' pain is documented to be taken less seriously and treated less aggressively across multiple conditions, not only reproductive ones.
- The dismissal pattern named throughout this guide, fibroids diagnosed later and treated more aggressively, endometriosis diagnosed years later, menopause symptoms minimized, is a continuation of the same root issue, not a series of unrelated coincidences.
- Medical mistrust in Black communities is frequently described as a barrier to overcome. It's more accurately described as a rational response to a documented pattern.

What this means for how you show up

None of this means avoiding care. It means walking in prepared. Bring a written timeline of symptoms rather than relying on memory in the moment. Ask directly: “What would you offer a patient without my history who described these same symptoms.” Request a second opinion without apologizing for it. And when possible, seek out providers and practices with a track record of taking Black patients seriously, word of mouth in community is real data.

> **REAL TALK** **Advocating for yourself is not being difficult.**
>
> Asking follow up questions, requesting a second opinion, or pushing back on a rushed answer can feel like you're being “too much” in a system that hasn't always welcomed it. You're not. You're doing exactly what the moment calls for.

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SECTION 9 Building Your Care Team

What to look for in a provider

- Someone who explains multiple options before recommending the most invasive one, not instead of it.
- Someone who responds to “that hurts” by asking more questions, not by moving on.
- Someone who's comfortable being asked “why this option and not another one” without getting defensive.

Questions worth bringing to any appointment

- “What are all of my options here, including the ones you're not recommending, and why aren't you recommending them?”
- “What would happen if we waited, or tried something less invasive first?”
- “Can you put that in writing so I can look into it further before deciding?”
- “Is there research on how this treatment performs specifically for Black patients?”

Getting a second opinion, without the guilt

A second opinion isn't an insult to your current provider, and a good one won't treat it that way. “I'd like to get a second opinion before moving forward” is a complete sentence. You don't owe an explanation beyond it, and you're allowed to bring your records with you to make the second visit more useful.

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SECTION 10 Free and Low Cost Resources

Every resource here is free or available at low or no cost. Save this page before you need it.

Resource	Contact	What It's For
SisterSong	sistersong.net	National reproductive justice collective, founded by and centering women of color. Advocacy, education, and community connection.
Black Women's Health Imperative	bwhi.org · 202-787-5930	National nonprofit focused specifically on Black women's health, including reproductive health advocacy and education.
CDC GetTested	gettested.cdc.gov	Free national locator for free and low cost STI, HIV, and hepatitis testing near you, searchable by zip code.
HRSA Find a Health Center	findahealthcenter.hrsa.gov	Locates community health centers offering care on a sliding fee scale, regardless of insurance status.
Postpartum Support International	1-800-944-4773	Support specifically for pregnancy loss and postpartum mood concerns. Call or text, English or Spanish.

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SUMMARY Quick Reference

A condensed version of everything above.

- ☐ Cycle outside 21 to 35 days, periods over 7 days, or pain that disrupts your life: worth a real conversation, not something to just manage alone.
- ☐ Heavy bleeding, severe one sided pain, or fever with pelvic pain: same day care, not a scheduled appointment.
- ☐ Cervical cancer screening: generally starts age 21 to 25, repeats every 3 to 5 years depending on the test.
- ☐ STI testing: at least yearly if sexually active, sooner with a new partner.
- ☐ Considering birth control: ask for your full range of options, not just the first one offered.
- ☐ Trying to conceive: seek help after 12 months if under 35, after 6 months if 35 or older.
- ☐ Pregnancy loss: common, and your grief is valid regardless of how far along you were.
- ☐ Perimenopause symptoms dismissed as “just aging”: ask directly about treatment options.
- ☐ Feeling dismissed anywhere in this process: a second opinion is always allowed, no explanation required.

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CLOSING A Final Word From The Foundation

Your body is not a mystery you have to solve alone, and your pain is not something you have to prove before it counts. Every season of your cycle, from your first period to the other side of menopause, deserves care that actually listens.

We built this guide because so many of us learned to manage symptoms quietly instead of asking why we were having them in the first place. If it helped, or if there's another topic you wish existed as a resource, we want to hear about it.

The Black Mom Ish Foundation

Chicago, IL

Your body. Your questions. Your right to real answers.

KEY RESOURCES

sistersong.net · Reproductive Justice Collective
bwhi.org · Black Women's Health Imperative
gettested.cdc.gov · Free STI Testing Locator

IN ILLINOIS

Illinois Family Planning Program
Over 100 clinics statewide offering low or no cost reproductive health care. Search dph.illinois.gov for a location near you.

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