



NIDDAH

*Jerusalem is likened to a menstruant. Just as she returns to her permitted state,
so too will the holy city become redeemed.*

—Talmud Taanis 20:a



Disclaimer: Due to the interwoven and complex nature of gynecological situations and procedures, an orthodox rabbi who is knowledgeable in this area should always be consulted. Note, too, that the following excerpt from the first expanded edition of Family Purity is presently undergoing editing. Thus, the following is supplied as general guidelines.

GYNECOLOGICAL CONSIDERATIONS

OPENING OF THE UTERUS . The sages¹ asserted, “There can be no opening of the uterus² without blood flowing³.”

This applies not only when something is expelled, such as during menstruation, but also when something is inserted⁴ into the uterus, e.g. a medical instrument.

Some internal gynecological examinations involve penetration into the uterus using various types of medical instruments⁵. When the uterus is penetrated with a medical instrument, the *niddah* state almost

1. *Niddah* 21:a, b.

2. *Rashi Niddah* 21:a.

3. *Mehaber* 188:3, *Ramo* 194:2. This rule applies primarily to the internal os, but also applies to the external os as a stringency, *Shiurei Shevet Halevy* 188:3, 4.

4. *Shulchan Aruch Admur Hazoken* 188:8. This applies for pregnant, nursing, and post-menopausal women, as well, *Pischei Teshuva* 194:4.

Some poskim hold this rule does not apply when something is inserted into the uterus, see Appendix - Gynecology for more deliberations.

5. For example: an endometrial biopsy with a biopsy curet or a hysteroscopy (visual examination of the uterine cavity through an instrument called a hysteroscope). A number of instruments are used to perform a cervical biopsy, for example: Tischler cervical forceps, Kevorkian-Young forceps, and the Duncan endometrial curet.

invariably results⁶, even when no sign of blood is present. Therefore, in the event that a medical instrument was inserted into the cervix⁷ or into the womb⁸, an orthodox Rabbi⁹ knowledgeable in these matters must be consulted¹⁰.

In light of the above, it is advisable to arrange such procedures at a time when the woman is already a *niddah*. If this is not possible, an orthodox Rabbi should be consulted.

PROCEDURES WHICH CAUSE NIDDAH

IUD . Insertion or removal of an intrauterine contraceptive device, IUD, renders the *niddah* state¹¹. An orthodox Rabbi who is knowledgeable in these matters should be consulted regarding spotting.

Note: Contraception is permitted only in cases of potential physical or psychological danger to the wife¹².

OTHER COMMON PROCEDURES . Bleeding caused by scraping the inside of the cervix; an endometrial biopsy; a hystero-gram¹³ or hysterosalpingogram (HSG); a hysteroscopy; a foley bulb (induction for birth) cause *niddah*.

6. See Appendix - Gynecological.

7. See opinions brought in *Nishmat Avraham* Volume Two *Yoreh Deah* on *Mehaber* 183:2 and 194:2.

“Penetration into the cervix causes *niddah*, or at least requires consultation with an orthodox Rabbi who is knowledgeable in these matters,” *Shiurei Shevet HaLevy* on 188:3. Note *Gefen Porioh* Chapter One endnote 68.

8. An overview of opinions regarding the width which causes *niddah* is found in Appendix - Gynecology.

9. More sources: *Nishmat Avraham* 194:2.

10. In order to accurately consult the Rabbi, the wife should ask the doctor what diameter the instrument was and how far it reached.

11. *Gefen Porioh* 1:2 and 16:14. Therefore, it is best inserted while the wife is *niddah* in any case. *Note*: the *hefsek tahara* cannot be performed until staining resulting from the placement of the IUD ceases.

12. And through consultation with an orthodox Rabbi knowledgeable in these matters and familiar with the circumstances.

“When the wife is healthy, birth control is not permissible; in questionably life threatening circumstances it is. When contraception is necessary for other reasons, those and what method is permissible, need to be clarified through a rav who is particularly knowledgeable in this area. It is not possible to write sweeping general guidelines,” *Shiurei Shevet Halevy* on *Mehaber* 194:1.

“The Torah opposes intentionally limiting family size unless there exists a hazard to life or health... Such decisions must be deferred to higher competent Rabbinical authority because of the complexity and delicacy of such situations... They will consider not only instances of acute fatigue which ultimately could contribute to a compromise of physical health or emotional instabilities which may constitute a hazard to mental health,” *Gefen Porioh* pg. 102.

13. Bleeding may be due to irritation from the catheter to the uterus, and thus may be *dam makkah* (blood of a wound) and not *dam niddah*. The couple should consult with an orthodox rabbi for his determination. The patient should be informed of the diameter of the catheter used.

For the HSG a colored dye is used and the cervix is cleaned with betadine, which is brown. Therefore, colors other than blood may appear.

Staining caused by the Pill, implantation bleeding or premature detachment of the placenta may potentially cause *niddah*, and a Rabbi who is knowledgeable in this area should be consulted¹⁴.

PROCEDURES WHICH DO NOT CAUSE NIDDAH

Regarding this section, it is important to verify that another procedure, or condition, which potentially do cause *niddah* are not present.

An examination using the fingers¹⁵ only does not render the *niddah* state¹⁶ and she is not required to examine herself following such an examination¹⁷.

A transvaginal¹⁸ ultrasound¹⁹ does not penetrate the cervix and therefore does not cause *niddah*.

Examining the vagina, even using an instrument²⁰, does not render the *niddah* state²¹. A standard gynecological examination does not penetrate the womb or cervix²².

If blood is found following these, an orthodox Rabbi knowledgeable in these matters must be consulted²³.

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14. Generally, these are uterine bleeding which would be judged according

15. Even when the doctor presses her stomach in order to lower her womb, *Tahara Kehalacha* Chapter Seven note 22, *poskim*.

16. *Gefen Porioh*. “The wife’s, midwife’s, or the examining doctor’s finger (or the husband’s organ) do not reach the womb to cause the *niddah* state because of the rule “there can be no opening of the womb without flowing of blood,” *Pischei Teshuva* 194:4. *Igros Moshe Orach Chaim* (3) section 100. *Responsa of Chosem Sofer* 179, see *Nishmat Avraham* 192:2.

17. *Gefen Porioh* Chapter One note 70.

18. Transvaginal means across or through the vagina. Also called an endovaginal ultrasound.

19. A type of pelvic ultrasound used to check the reproductive organs, e.g. uterus, fallopian tubes, ovaries, cervix, and vagina.

A transducer is inserted into the vagina only and thus causes no cervical dilation. It is generally well lubricated, thus unlikely to cause bleeding.

20. Which is designed to examine the vagina alone and can not reach the uterus.

21. *Gefen Porioh* 1:18; and *Nishmat Avraham* 194:2 citing *Beit Yitzchak Yoreh Deah* volume 2 section 14, *Shut Otzei Levanon* section 50, *Shut Maharsham* volume 4 section 146, and *Shut Tzitz Eliezer* volume 10 section 25:11.

22. *Gefen Porioh* Chapter One note 69. “Preferably the physician should be asked if bleeding occurred,” *Shiurei Shevet HaLevy* on 188:3.

23. *Gefen Porioh* 1:18. A physician, or other health care practitioner, reporting the instrument can not reach into the uterus and that it caused a bleeding injury in the vagina is relied upon and the wife does not become *niddah*, *Igros Moshe Orach Chaim* volume 4 section 100; *Nishmat Avraham* 194:2 cites additional sources.