



Menstrual Suppression for Adolescents with Disabilities

Do you have to have a period every month?

No. For teens with disabilities, some families may choose to make periods stop. This is known as menstrual suppression and is a common request from families for their menstruating teens with physical, developmental, and/or intellectual disabilities.

Why would you want to make periods stop?

Some families choose to stop monthly periods because they are very painful or because there is a lot of bleeding. For teens who cannot toilet independently or change menstrual pads themselves, periods can be very challenging. Some families may find that their teen has mood changes, behavior changes or even seizures with periods. Teens with disabilities may be at risk for abuse and the medicines used to stop periods can protect against an unplanned or unwanted pregnancy.

Is there any risk to stopping periods?

There is no evidence that stopping periods by using hormones is harmful to long-term health. However, most healthcare providers will want menstrual cycles to start on their own before they initiate menstrual suppression.

Will the period stop immediately?

Any hormones that are used to stop periods will not work immediately. There may be quite a bit of spotting or vaginal bleeding when these hormones are first started. This is normal. The body needs to shed the lining already in the uterus so that there is not a monthly period. Over time the bleeding should lessen and stop. If the bleeding seems significant or does not stop, speak to a healthcare provider about treatment options or the need to switch methods.

How can a provider stop periods?

Hormonal medications can decrease and sometimes stop periods. There are options for pills, patches, injections and intrauterine devices (IUD).

Hormonal medication with estrogen & progesterone:

- Oral contraceptive pills that contain estrogen and progesterone are taken daily (may be given via G-tube or crushed in food). Another option is a skin patch that is changed weekly.
- With the pill/patch, periods should be predictable, light and less painful. The pill or patch can be prescribed so that periods are not coming monthly.
- Medication that contains estrogen is not an option for teens who are at risk for blood clots.

Hormonal medication with progesterone only:

- Oral contraceptive pills that contain progesterone only are taken daily, and may decrease menstrual bleeding.
- A birth control injection (Depo-Provera[®]) is given every 12 weeks. This may cause weight gain and long-term use can affect the bone density. Loss of bone density is reversible when the medication is stopped.
- A progesterone IUD can be used to decrease and possibly eliminate periods and provide birth control. Many healthcare providers are able to offer this under sedation for teens with disabilities.

Your healthcare provider can discuss the most appropriate treatment plan for your child. All birth control methods are safe, but some types of birth control are safer than others for certain people.

Some families ask about procedures such as endometrial ablation and hysterectomy (removing the uterus). These surgeries are not appropriate for treatment of heavy bleeding in adolescents.