Algorithm: Menstrual Suppression for Gender Diverse Youth

Has the patient started menstruating?

NO

Menstrual suppression should not be started prior to menarche. See Caring for Gender Diverse Youth algorithm for referral and treatment guidelines.

YES

If the patient is distressed by menses, discuss options for menstrual suppression. Menstrual suppression can help alleviate dysphoria for many patients.

Is the patient interested in menstrual suppression?

YES

Menstrual suppression can be started by PCPs. It can be achieved with the same medications typically used for contraception. Learn more about menstrual suppression here (page 11).

NO

If the patient is only interested in menstrual suppression (and not gender-affirming hormones), this can be managed by the PCP.

Referral to Gender Clinic is not needed. If a patient is only interested in menstrual suppression (and not gender-affirming hormones such as testosterone), this can be managed by the PCP.

Does the patient need contraception (based on sexual history)?

YES

For menstrual suppression AND contraception:

- Combined oral contraceptives used continuously (skipping the last week of placebo pills). Some patients may not want to take pills containing estrogen if this does not align with their gender identity.
- Depo medroxyprogesterone acetate IM every 3 months (Depo Provera). Can be administered as frequently as every 9 weeks if needed for breakthrough bleeding.
- Subdermal etonogestrel implant (Nexplanon).
- Discuss sexual health and screen for sexually transmitted infections (gonorrhea, chlamydia, HIV, syphilis) as needed based on history.

NO

For menstrual suppression WITHOUT contraception:

- Aygestin (norethindrone acetate pills) is the most common form of menstrual suppression we use.
- Aygestin is started at 5 mg (1 tab) once a day and can be increased to 10 mg (2 tabs) once a day if the patient continues to experience bleeding or spotting.
- Micronor (norethindrone 0.35 mg) is another progesterone-only pill that can be used for menstrual suppression.
- Any of the options that provide contraception (above) can also be used for menstrual suppression only, if preferred by the patient.

Provide social and emotional support.

- Additional resources for patient and family support and non-medical options for gender affirmation, including binding and tucking, can be found on our website: https://www.seattlechildrens.org/clinics/gender-clinic/patient-family-resources/
- Consider referral to a mental health therapist if there are any concerns for depression or anxiety, or for continued gender exploration. Please note: Gender Clinic does not provide long-term mental health therapy.

Gender-neutral terminology:

It is important to use language that aligns with a person’s gender identity. Below are examples of gender-neutral language that is often used. You can also ask your patient what terms they prefer.

- Gender neutral (vs. gendered)
- People who menstruate (vs. women)
- Bleeding (vs. period/menses)
- Chest (vs. breasts)

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