

Menstrual Suppression for Adolescents

What is menstrual suppression?

Menstrual suppression refers to using hormone medications to make periods lighter, and in some cases to stop periods completely.

Why would I choose menstrual suppression?

There are many reasons why you may choose to suppress your periods. For some people, their periods can be heavy and painful. Some have irregular periods that are hard to control. Others are athletes, and their period gets in the way of sports. Some just choose not to have a period.

There are many medical reasons to suppress periods; for example, chronic pelvic pain, endometriosis, polycystic ovary syndrome (PCOS), headaches, bleeding disorders, developmental delay and many conditions can make it hard to control menstrual hygiene.

Is it safe to lighten or stop my periods?

It is safe to control or stop your period using hormone medications. People have been safely using hormone medications to suppress periods since the 1960s. Using hormonal medications to stop your period does not cause harm to your body. The medications and methods may have some side effects and risks, and you should discuss those with your provider.

How long will it take for my periods to lighten or stop?

All of the different methods for menstrual suppression will take some time to shorten the length and heaviness of periods. For the first few months, you might have some unpredictable bleeding, but the bleeding will generally lighten or stop over time. Keeping a menstrual calendar (charting your bleeding and spotting) can be helpful: both for updating your healthcare provider and for documenting if you are seeing improvement in bleeding and spotting. If you are not achieving enough suppression of your period after 6 to 12 months, you can talk to your provider about other therapies.

What are my options?

There are many hormone medication options for controlling and suppressing your period. See the table on the next page, and discuss these options with your healthcare provider.

To Learn More

- Adolescent Medicine
206-987-2028
- Ask your child's healthcare provider
- seattlechildrens.org

Free Interpreter Services

- In the hospital, ask your nurse.
- From outside the hospital, call the toll-free Family Interpreting Line, 1-866-583-1527. Tell the interpreter the name or extension you need.



Seattle Children's offers interpreter services for Deaf, hard of hearing or non-English speaking patients, family members and legal representatives free of charge. Seattle Children's will make this information available in alternate formats upon request. Call the Family Resource Center at 206-987-2201. This handout has been reviewed by clinical staff at Seattle Children's. However, your child's needs are unique. Before you act or rely upon this information, please talk with your child's healthcare provider.

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Medication	How it works	Frequency	Amenorrhea (lack of period)	Advantages	Disadvantages
Progestin-only pills	Pill releases hormone into the bloodstream.	Pill taken at the same time each day	Up to 76% with high dose progestins at 2 years.	Can be used if you can't take estrogen. The dose can be titrated to decrease bleeding.	Strict compliance is needed, irregular and unpredictable bleeding may happen. Less effective contraceptive. Some experience hormonal side effects such as bloating and moodiness.
Nexplanon [etonogestrel]	A tiny rod (smaller than a match stick) inserted under the skin in your arm. It releases the hormone into the body.	3 to 5 years	30%	Most effective contraceptive. Placed once and lasts 3 years.	The cost is covered by most insurance plans. Irregular and unpredictable bleeding, less effective control of period than IUD.
Birth control pills (Called combined oral contraception [COC]) [estrogen and progestin]	Pill releases hormone into bloodstream.	Pill taken at the same time each day	70% at 1 year when taken continuously as prescribed.	Pills have been in use for a long time and are well understood. May help acne.	Daily compliance is needed or breakthrough bleeding occurs. Small risk of blood clots. Some experience hormonal side effects such as headaches, bloating and moodiness.
IUD - (Levonorgestrel 20mg/D (Mirena or Liletta) [progestin]	A small device that is inserted once into the uterus (in a doctor's office). It releases the hormone slowly into the body. Dose varies by brand.	Lasts 5 to 7 years	50% of people at 1 year don't have their period and 60% at 5 years.	Inserted once and lasts for years, very effective. can improve heavy bleeding and help with endometriosis. Most effective contraception.	The cost is covered by most insurance plans. Pain of placing the IUD, may fall out early. Initial breakthrough bleeding and cramping is common.
Transdermal patch [estrogen and progestin contraception]	A patch worn on your skin that slowly releases the hormone. Looks like a square band aid.	Need to put on a new patch weekly	May have fewer days of breakthrough bleeding, but it is necessary to have periods every 2 to 3 months with this method.	You put it on once a week instead of having to take a pill each day. May help acne.	Small risk of blood clots, some have hormonal side effects (see COC disadvantages). Some experience hormonal side effects such as headaches, bloating and moodiness.
Vaginal contraceptive ring [estrogen and progestin]	Small bendable ring that you insert into the vagina. It can stay in for 3 to 4 weeks.	Every 3 to 4 weeks	Using continuously may suppress periods but you may still have spotting.	You only have to put it in monthly instead of weekly or daily. May help acne.	Some experience hormonal side effects such as headaches, bloating and moodiness. You have to feel comfortable putting it in and taking it out yourself.
Depo-Provera shot (Medroxyprogesterone) 150 mg progestin]	Shot	Every 12 weeks	50-60% at 1 year, 70% at 2 years	Given every 12 weeks so you don't have to remember to take a pill daily.	Weight gain, breakthrough bleeding, prolonged use may affect bone density*, need to go to a clinic for a shot, every 3 months.
Depo-Lupron Shot (GnRh Analog)	Shot that reduces estrogen in the body.	Every month or every 3 months	Close to 100% after the first 2 weeks.	May protect ovaries from some effects of chemotherapy.	Expensive, bleeding may first increase before decreasing, possible effect on bone density*, may need extra hormone therapy to reduce effects such as hot flashes. Not a birth control method.

*The denser your bones are, the stronger they are and the less likely they are to fracture or break. Adapted from Altshuler AL and Hillard P.J. Menstrual suppression for adolescents. Current Opinion in Obstetrics and Gynecology. 2014;26(5):323-31.