



Managing periods in young people with disabilities

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About this leaflet

This leaflet discusses managing periods in young people with disabilities. It will help the young person and their carers be as informed as possible about the options for support. Your healthcare team will be able to answer any questions you may have.

Key points

- Heavy periods are common in the first few years after periods start
- Young people with disabilities and their carers may find the management of periods very challenging
- Medications are available to reduce flow, frequency or aim to temporarily stop periods
- There is no reason for a young woman with special needs to have a hysterectomy (removal of womb)

Do young people with special needs have heavy periods?

Heavy irregular periods are common in all young people. This is due to the immaturity of the hormonal system that controls the monthly cycle. This matures over a few years and periods tend to become lighter and more regular. In general, young people with special needs do not have heavier periods than others.

What period problems can young people with disabilities have?

Young people may not understand why they are bleeding. This may cause them to become distressed. They may have mood swings resulting in behavioural difficulties.

Young people with disabilities may not be able to deal with their own menstrual hygiene. They may forget to place or change sanitary protection. They may have physical disabilities and be dependent on their carers for help.

What can be done to help young people with special needs to manage their periods?

The young person will be seen by a healthcare professional to talk about their periods. They may have their carer with them for some, or all, of the consultation. It is very unlikely that an examination will be needed.

Discussions will be focused on the young person but will include her carer to support making decisions if this is needed.

The healthcare professional may be able to discuss washable period products like “period pants” that can sometimes help with some of the practicalities of managing a period.

What tests might be done?

If a young person is having heavy periods, blood tests to look for anaemia (low red blood cells), iron levels, clotting problems and occasionally hormone levels may be useful. An ultrasound scan of the womb may also be helpful if simple treatment is not effective. This involves moving a hand-held probe over the tummy.

What treatment is available?

Most of the treatments available involve giving hormones to minimise the frequency of periods and to reduce or stop the blood loss.

Hormone Tablets

These are most commonly either combined oral contraceptives (“the pill”) or the progestogen-only contraceptive (“minipill”).

Both types are generally very effective at reducing blood flow and period cramps. Occasionally, the contraceptive pills can cause side effects like nausea, bloating, breast discomfort, mood disturbance and increased appetite.

Combined hormonal contraceptives have a very small increased risk of blood clots in deep veins which can travel to the lungs. Your healthcare professional will be able to advise if these are safe to take.

If taking tablets is difficult, combined hormonal contraceptive patches that stick on the skin are available.

Intrauterine System (IUS)

A device that sits inside the womb and releases hormones can be fitted (e.g. Mirena®). These systems can be very effective in reducing or stopping bleeding. They are contraceptive and can stay in place for up to 5 years for heavy periods and 8 years for contraception. A brief general anaesthetic may be required for insertion as a day case procedure.

Hormone injections

Sometimes contraceptive injections may be used (e.g. Depo-Provera®). These are 3-monthly injections and can often stop periods completely. They can impact on bone strength (density) and are used with caution in under 18s. Your doctor will be able to discuss the benefits and risks of this medication.

All hormonal treatments described can cause irregular spotting or bleeding in some girls. This may settle down over a few months or a different treatment may be needed. The BritSPAG leaflet “Heavy Menstrual Bleeding” describes these treatments in more detail.

Further possible treatments if period problems continue

Injections to suppress the young person’s own hormone cycle may be given every 12 weeks. Replacement hormones (oestrogen and progesterone) may then be given aiming to avoid periods.

There are no reasons for the womb to be removed (hysterectomy) in young girls. There are many options for managing periods with medication. A hysterectomy is a major operation with potential risks and is permanent.

Further Information

<https://www.myfamilyourneeds.co.uk/support-child/puberty-and-periods-in-girls-with-developmental-delay/>

Focuses on how parents and carers may prepare for and manage periods in young people with developmental delay before considering medical interventions.

Periods and Neurodivergent children

https://edwebcontent.ed.ac.uk/sites/default/files/atoms/files/periods_and_neurodivergent_children_.pdf

Sources and acknowledgements

This information has been produced by the BritSPAG Executive Committee.

The information is evidence-based (at the time of production) and a full reference list is held by the BritSPAG Executive Committee.