MENSTRUAL SUPPRESSION

CHELSEA’S STORY

“Be quick and don’t waste water”, we said to our daughter during a period of drought and water restrictions. In reply our daughter created the 12 second shower. This was a detailed dance showing off her flexibility, allowing all parts of her pre-soaped body to become wet, and therefore clean. The concepts of personal hygiene were understood but their use was both literal and creative.

Periods are a normal part of life.

As she got older, we talked about the changes our bodies go through and the joy of menstruation, or periods, for some of the population. It was not easy to convince her that menstruation was a good thing. We used plain language, books with clear pictures, demonstration and open conversation. Eventually she said, “Enough! Do I have to do this?” and we replied, “Yes... it is just the way it is”.

Despite our worries she felt well prepared. One day she came home from school to say “Oh yeah, my butt blood (her name) came today. It was fine... I used the stuff in the bag.”

“What a relief I thought” “This will be OK”.

Learning how to deal with your period can take time.

The idea of a period continuing past the first day, or more than once, or at home, at other people’s houses, in the car, at sport - we got through with lots of conversation and assurances and routines. Later she tried to negotiate having her period. “It is just so uncomfortable with my pyjamas. Can I start it in the morning?”

The need to be careful with hygiene, to empty rubbish, that not all people will be comfortable or appropriate to talk to about this challenge, we kept working on.

Her periods were uncomfortable, as they are for many, so we sought advice and used pain relief medication. Some suggested using an implant or contraceptive to suppress, or stop, menstruation altogether, but as we had said to our daughter, “this is normal” and “this will settle down”.

Her periods were irregular, and we managed this at home, at school and with lots of help.

Her periods were heavy, so we sought more advice and supported her to manage this.

It’s normal to have cramps (sore squeezing feelings) or to feel bloated (swollen up) when you have your period.
The champion efforts of education staff in the school and camp environments supporting and embracing this natural and awkward process was essential. All this we managed as individuals, a family and a community for 2 years.

**It can take up to 2 years for the time between periods to be the same.**

Things didn’t “settle down” though. Her periods were so frequent, so lengthy, so heavy and so uncomfortable, that she sat in the bathroom and said, “I am not coming out until you make this stop”. We went back to the doctor.

**If your period is too sore or happens too often you should see a doctor.**

The very helpful GP made an effort to explain it with pictures and plain language. Our daughter looked at me and said “seriously Mum. Again? It is still gross”.

We tried increasing the pain relief and anti-inflammatory medication as we waited for blood test results and specialist appointments.

She does not like blood tests, or going to the doctor, but understands that she, and most women, go through menstruation.

Two specialists discussed the options with me and with our daughter.

**The doctor will check that you are healthy and let you know what things you can do that might help you feel better.**

When she was asked about stopping her periods altogether she drew on the experience of those she trusts. She asked family, her friends, some teachers and decided she should have a period just like other women.

She started on medication (a contraceptive pill) to try to manage the heaviness and frequency of her periods.

She was keen to try and thrilled with her first period after the medication started. She was so surprised at the change that she continued to expect blood flow after the first few days and expected she was going to need to get up during the night to change her pad like she had to before. The second period after the medication started was not as great, but she continues to remember to take her medication and showed an understanding of the menstrual cycle and the effect of medication for her.

**It’s your choice if you have your period, or if you would like help to change how often you have it.**

**People you trust can help you understand the different choices.**

It’s still early days and the effect may not last. I am not certain, even though we’ve tried to explain, that she understands the contraceptive nature of the pill or the risks of its long-term use. This was a carefully thought out decision made together that has consequences. Because our daughter has an intellectual disability, the risk of increased vulnerability and exploitation, which may be more easily disregarded for other women, was a factor in the decision.

We continue to believe it is important for our daughter to experience life to the full. To explore options and make decisions about her health, wellbeing and lifestyle in the same way as her mother, sister, her cousins and friends.

**Medicines are meant to help.**
All medicines can have effects other than what you want help with (side effects).

It is important to understand all of the effects that a medicine will have before making a choice.