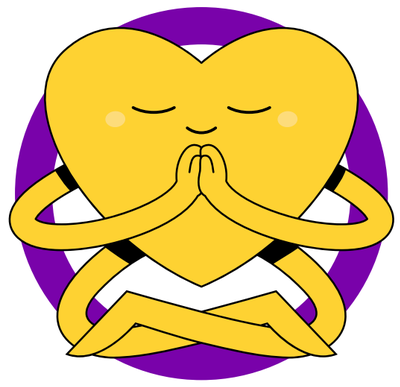
The Intersex Guide To

MANAGING PERIODS

interACT
ADVOCATES FOR INTERSEX YOUTH

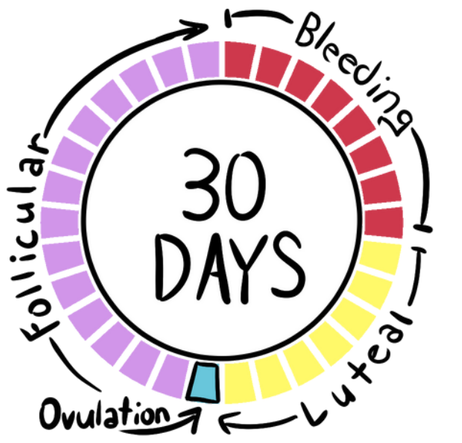
What is intersex?

If you are intersex, or have variations in your sex traits, you may have been diagnosed with a DSD (difference in sexual development) or have other differences that fall under the intersex umbrella. This can include variations in chromosomes, hormones, or reproductive anatomy like gonads and genitals.



How might being intersex affect my period?

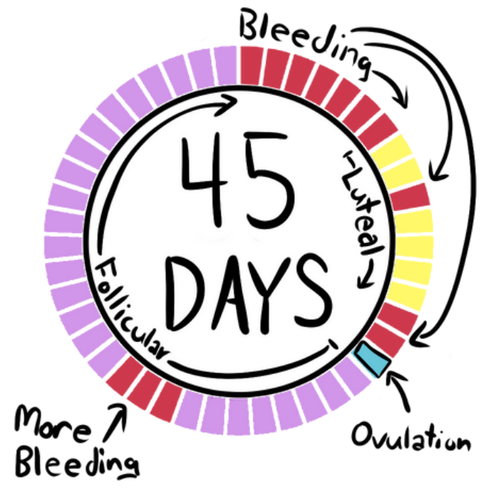
Every intersex person is different, depending on their intersex variation and their body. Some people may have no menstrual cycle at all due to an absence of ovaries, others may have a hormonal and ovulatory cycle but do not get a period (menstruate) due to an absent uterus. Some intersex people may be prone to heavy bleeding, or irregular or absent periods.

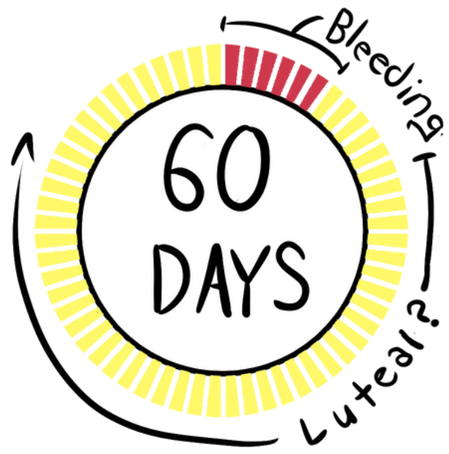


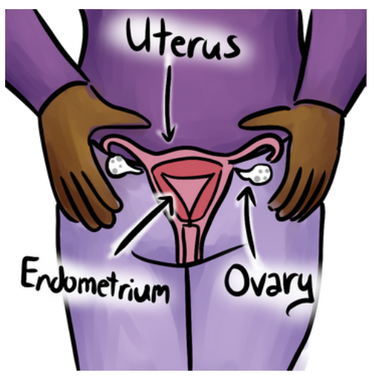
Most people with ovaries and a uterus will have menstrual cycles that look like this.

Sometimes, hormonal imbalances or other reproductive differences will cause a menstrual cycle to look like this

Or like these



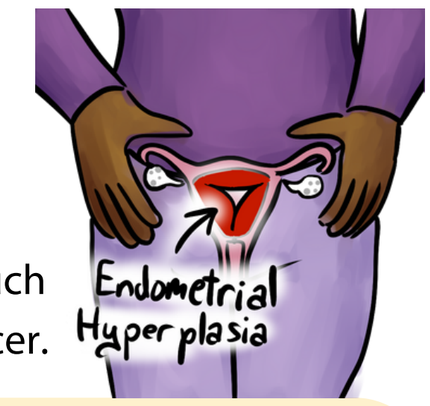




The Cycle

For individuals of reproductive age (roughly 12-51) menstrual cycles may be irregular the first year or two, but over time the menstrual cycle should stabilize. A normal period happens every 21-34 days. ***It can be dangerous when they don't.*** In the first (follicular) half of the menstrual cycle, as the ovary is working on growing a mature follicle/egg, the uterine lining called the endometrium grows in response to estrogen released by the ovary.

Halfway through the cycle, ***ovulation*** occurs when an egg is released from the ovary and a hormone called progesterone rises to stabilize the uterus. This is called the luteal phase! If the egg is fertilized by sperm, the person becomes pregnant and the endometrium thickens in preparation for a baby. If not, the subsequent drop in ***progesterone*** will be the trigger to have a ***menstrual period*** (period, for short). When the body has a period, the uterus gets a chemical signal to get rid of the endometrial lining, and it sheds out of the vagina. In individuals with a uterus but no vagina, this lining can get trapped inside the uterus or elsewhere in the abdomen, which can cause a painful condition called ***endometriosis.***



When one of those chemical signals is ***weak*** or ***missing***, or if the person never ovulates, the lining can shed irregularly, or the signal to menstruate never comes, and the person never gets a period. Over time, the endometrium keeps building and building. This can cause a condition called ***endometrial hyperplasia.*** Too much endometrium means a higher chance of irregular cells. With time, these irregular cells can turn into uterine cancer.

What do you do if you skip a period and aren't pregnant?

If you're not sexually active and you notice that your period is a month, or more, late, don't panic.
This can be caused by stress, undereating, or other common causes. If this is a recurrent problem, it's best to talk to a doctor.

They may run a few tests to see if something is going on. Some of these can include:

- An oral interview
- A metabolic and sex hormone panel, which involves taking a tiny sample of blood from your arm
- A transabdominal or transvaginal ultrasound, which uses a scanner that runs across your stomach or inside your vagina to get pictures of your uterus
- After testing, you may be asked to take medication to either prevent your lining from building up or to shed it regularly.

Why treat missed cycles at all?

Some people are distressed when their periods don't come on time. Others may be happy not having to deal with blood or cramps as often. But when a uterus builds up an endometrial lining and never lets go of any of it, it can put the uterus at risk of endometrial hyperplasia, which can cause cancer. Some people may have a higher risk of endometriosis, such as those with uterine remnants—even if they do not menstruate. **Luckily, there are quite a few different treatments for missed cycles.** Some of these treatments are also used as pregnancy prevention or in treating other conditions like endometriosis, painful periods, or dysphoria related to menstruation.

Oral Contraceptives (OCP): The most common medication to regulate cycles. These medications work by stabilizing the cyclical nature of hormones in the menstrual cycle, which can stop ovulation and also stabilizes the endometrium so that it doesn't need to shed. Some patients who prefer to have a period use OCPs cyclically, where they take the pills for three weeks, and then during a week of "placebo" pills, causing the body to have a period. Some patients prefer to not have a period at all, and take the hormonal pills continuously.

→ ***Different OCP drugs have different side effects. It's important to talk to your doctor about what kind is best for you.***

Testosterone (injections or topical gel): Most often prescribed to trans/nonbinary patients, testosterone thins out the endometrium and masculinizes the whole body, and at high enough doses, periods can stop entirely.

→ ***Not recommended for patients who are not in medical transition.***

Spironolactone: Conversely, spironolactone is a drug that blocks the effects of testosterone. In patients whose irregular periods are related to higher levels of circulating androgens, taking spironolactone can lower their androgens, which can allow their ovulatory function to return to normal

→ ***Can make you dehydrated or decrease your blood pressure, so if you have an electrolyte imbalance or heart issues, talk to your doctor about how to stay safe while on spironolactone.***

Progesterone: Progesterone is the natural hormone that stabilizes your endometrium. The drop in progesterone is also a signal to your body to have a period. There are many forms of progesterone! Some are pills taken for a short course (5-10 days) to trigger a period when it is stopped, but others are used continuously to prevent your endometrium from building up.

→ ***Some forms of progesterone are effective and contraceptive, but others are not. Make sure to talk to your doctor if you are trying to prevent pregnancy.***

Hysterectomy: For people who do not ever want to get pregnant, or people with a history of uterine cancer. Hysterectomy is a surgery that removes the uterus, and sometimes the ovaries as well.

For people with heavy or too-frequent periods, the following are also sometimes prescribed:

Hormonal IUDs: (which go in your uterus), injections, and implants (which go in your arm), which are another form of birth control, can lighten bleeding by a lot, but in some people can cause bleeding to become worse. Every person is different!

Endometrial ablation: A medical procedure that physically removes some of the "permanent" endometrium and can lighten bleeding. This is not a good option for patients who want to become pregnant in the future or have risk factors for uterine cancer.

Learn More: Medical Resources for Providers and Patients

This brochure was made by Nessa Calvin with the support of interACT: Advocates for Intersex Youth. It has been reviewed by a provider for accuracy. interACT works to empower intersex youth and advance the rights of all people with innate variations in their physical sex characteristics through advocacy, public engagement and community connection.