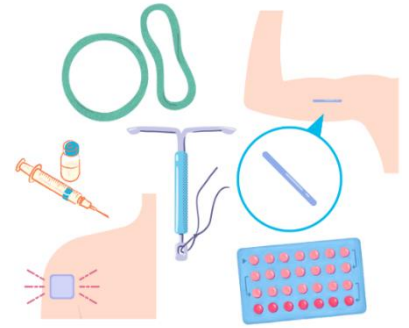


Bleeding Suppression

Monthly bleeding can cause gender dysphoria or distress. It is a reminder that they have a body that does not match their gender identity. Some people may also feel worried about their privacy, afraid that others will see them using hygiene products for bleeding. This can include items like tampons, pads, and menstrual cups.

It is safe to stop monthly bleeding for as long as you want. There are medicines that can stop bleeding if you have heavy bleeding, long periods, painful cramps, or gender dysphoria. When you stop taking the medicines, bleeding usually comes back. Some of these medicines are also used to prevent pregnancy, but they will not affect your ability to have children in the future.



Taking testosterone can stop monthly bleeding. People on low doses might still have bleeding. For people on higher doses, bleeding usually stops within 3 to 6 months. If needed, medicine to stop monthly bleeding can be used in addition to testosterone.

Types of Medicines Used for Bleeding Suppression

Combined Estrogen and Progesterone Medicine:

Many medicines used to stop bleeding have two hormones: estrogen and progesterone. These are often used for birth control and are taken every day for 21 days, then stopped for 7 days. During these 7 days, bleeding occurs. To stop bleeding, you take the medicine every day without the 7day break.

Progesterone-Only Medicine:

Some people don't want to take estrogen or are unable to because of health problems. They can use medicine that only has progesterone. These medicines might take a little longer to stop the bleeding but still work for many people. Some progesterone-only medicines prevent pregnancy, but not all medicines are used for birth control.

Other Medicine Options:

For people who want to stop bleeding without using estrogen or progesterone, there are a few choices. However, there is not enough information on how well these work, especially for people taking testosterone

Please speak with your medical provider for more information on which method might be right for you!

Medicine	Dosing	Bleeding Control*	Advantages	Disadvantages
Progesterone-Only Medicine				
Norethindrone acetate (Aygestin)	Pill (Daily)	Up to 76%* after 2 years, Sensitive to missed doses	Dose can easily be increased/decreased based on how well it is working	Small chance medicine can turn into estrogen when broken down by the liver. <u>Not approved for use as birth control</u>
Drospirenone (Slynd)	Pill (Daily)	Data lacking but likely similar to Aygestin	Approved as <u>birth control (93%)</u> , Timing slightly less sensitive	Some insurances may not cover, Expensive out-of-pocket
Norethindrone (Micronor, etc)	Pill (Daily)	Less reliable than Aygestin	Approved as <u>birth control (93%)</u> , but timing is very sensitive	Needs to be taken at the same specific time every day to be the most effective
Medroxyprogesterone acetate (Provera)	Pill (Daily)	Data lacking but likely similar to Aygestin	Dose can be changed based on efficacy	Medicine has a small chance of turning into estrogen when broken down by the liver. <u>Not approved for use as birth control</u>
Medroxyprogesterone acetate (Depo-Provera)	Injection (Every 3 months)	68 to 71%* at 2 years, but often spotting for the first 3 to 6 months	<u>Reliable birth control (96%)</u>	Linked to weight gain, Potential lower bone density (reverses after stopping med)
Levonorgestrel (Mirena, Liletta, Kyleena, Skyla)	Intrauterine Device (Every 3 to 8 years)	50%* after 1 year and 60%* 5 years	<u>Reliable birth control (greater than 99%)</u>	Placed internally requiring a pelvic exam, Initially more bleeding/cramping
Etonogestrel (Nexplanon)	Arm Implant (Every 5 years)	Less reliable for bleeding control (22 to 30%)*	<u>Reliable birth control (greater than 99%)</u>	Spotting is a common side effect, but unknown for those on testosterone
Combined Estrogen and Progesterone Medicine				
Combined Pills (Many brands)	Pill (Daily)	70 to 88%* after 1 year	<u>Reliable birth control (93%)</u> , may help with acne	Contains estrogen, Small increased risk of blood clots
Internal Ring (NuvaRing)	Flexible Ring (Every 4 weeks)	89%* after 6 months	<u>Reliable birth control (93%)</u> , may help with acne	Contains estrogen, Requires comfort with genital area for self-insertion and removal
Transdermal Patch (Xulane)	Patch Placed on Skin (Every 1 week)	Limited data, Bleeding recommended every 3 months	<u>Reliable birth control (93%)</u> , may help with acne	Contains estrogen, Small increased risk of blood clots
Other Medicine Options				
GnRH Analogs (Supprelin, Lupron, Eligard)	Implant (Every 2 to 3 years) Injections (Every 3 months)	Nearing 100%* after the first 6 to 8 weeks	Often used as a “puberty blocker” to pause the effects of estrogen	Expensive, Potential lower bone density, <u>Not approved for use as birth control</u>
Aromatase Inhibitor (Letrozole)	Pill (Daily)	Data lacking	If bleeding on T with good levels, may use to stop it from turning into estrogen	Possible hot flashes, Unknown impact on bone, <u>Not birth control</u>
Copper IUD (Paragard)	Intrauterine Device (Every 10 years)	Does not usually stop monthly bleeding*	<u>Reliable birth control (greater than 99%)</u> , No hormone	Unknown bleeding effect on testosterone