

Study calls for putting menstrual health front and center in routine pediatric care

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The onset of menstruation is an impactful milestone as a marker of the start of reproductive potential and as a social cue for transitioning further into adolescence. Although the first period is often confusing,

can trigger embarrassment, and is frequently laden with stigma, timely guidance can empower patients to advocate for their health throughout life, according to a paper at Columbia University Mailman School of Public Health.

The authors recommend that routine pediatric primary care play a critical role in this life transition to ultimately improve population-level menstrual health. The paper is published in [The Lancet Regional Health](#).

In 2006, the American College of Gynecologists and Obstetricians (ACOG) recommended that the menstrual cycle be a vital sign of health, which was endorsed and reaffirmed in 2020 by the American Academy of Pediatrics. Included are pediatric primary care recommendations for youth and parents; answers to questions about the menstrual cycle at preventative visits; identification of abnormal menstrual patterns; and improved training for clinicians.

"Menstrual health is a fundamental pillar of preventative care and yet the limited existing evidence suggests insufficient pediatric engagement on menstrual health," says author Marni Sommer, DrPH, RN, professor of Sociomedical Sciences at Columbia University's Mailman School of Public Health. "In fact, a recent survey suggests that many pediatricians may not routinely provide any guidance on the [menstrual cycle](#), ask about the last menstrual period or discuss menstruation at all."

However, the problem does not entirely rest on the shoulders of clinicians according to Sommer, who also leads the Gender, Adolescent Transitions and Environment (GATE) Program at Columbia Mailman.

She also points to the several barriers that exist about covering menstrual health in a primary pediatric care appointment including the limited time that providers are given with each patient when they already have an exhaustive list of topics to cover in a short allotment of time.

Sommer and colleagues in adolescent medicine offer several easy-to-implement actions that may help improve access to menstrual health:

- AAP should review current guidance to assess if updates are warranted.
- Pediatricians can inform their institution's inclusion of a template for [electronic medical records](#) (EMR) on menstrual health.
- Training programs should review their societies' guidelines to value menses as an important vital sign.
- Clinical systems can utilize technology to improve menstrual history efficiency by adding menses questions to established pre-screening questionnaires.
- Adequately train clinicians to utilize optimized EMR to implement comprehensive menstrual histories.

"Even as pediatricians face shrinking clinical hours and sometimes encounter resistance when addressing sexual and [reproductive health](#), the well-being of our adolescent females depends on our commitment to prioritizing menstrual health," emphasizes David Bell, MD, MPH, Columbia Mailman School professor of Pediatrics and Population and Family Health, and former president of the Society for Adolescent Health and Medicine.

More information: Marni Sommer et al, Incorporating menstrual health into routine pediatric primary care, *The Lancet Regional Health - Americas* (2024). [DOI: 10.1016/j.lana.2024.100716](https://doi.org/10.1016/j.lana.2024.100716)

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