REPORT

MENSTRUAL HEALTH IN SCHOOLS: EVIDENCE FROM VOICES WITH EXPERIENCE

Endometriosis South Coast -
Medical Professionals

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Introduction

Menstrual pain is one of the **most common** symptoms experienced by children and adolescents, yet it remains one of the **least consistently** addressed in primary and secondary care.

Surveys completed by **538 adults** in the Portsmouth area reveal a pattern of:

- **Severe pain beginning in childhood**
- **Delayed diagnosis**
- **Ineffective early treatment**
- **Long-term physical and emotional consequences**

The**se findings align with national priorities in:**

- **The NHS Women's Health Strategy for England (2022–2032)**
- **NHS Long Term Plan** commitments to reduce diagnostic delays
- **Core20PLUS5**'s focus on early intervention and health equity
- **NICE NG73** guidance on dysmenorrhoea and suspected endometriosis
- **NICE NG88** guidance on heavy menstrual bleeding: Assessment and management
- **NICE QS47** guidance on heavy Menstrual Bleeding

Clinicians are key to early recognition and prevention of avoidable harm.

What Local People Reported About Their Healthcare Experiences

Theme 1: Severe symptoms were commonly minimised

- 86% reported severe or debilitating pain during adolescence
- Most were told their symptoms were “normal”

“I nearly passed out and was told to get on with it.”
This led to a delayed investigation and preventable deterioration.

Theme 2: Hormonal contraception often used as first-line, only-line treatment
Young people frequently received the contraceptive pill without symptom investigation, explanation, or follow-up.
“I was put on the pill at 13 and no advice until I searched myself at 28.”
This reinforces the need for choice, consent, and clear rationale in management.

Theme 3: Lack of guidance on when to re-present

Respondents lacked:
- information on what is not normal
- knowledge of when to seek escalation
- confidence in explaining their symptoms

“I didn’t know how to talk to doctors. I felt embarrassed.”
Earlier clinical education could reduce diagnostic inertia.

Theme 4: Emotional dismissal impacts future help-seeking

Trauma from early interactions affected long-term trust:
“No matter whom I talked to, I wasn’t listened to at all.”
Invalidation contributes to late diagnosis, poorer pain outcomes, and anxiety.

Theme 5: Diagnosis in adulthood was the norm

Only 20 respondents received a diagnosis as teenagers; 306 in adulthood
This reflects:
- missed opportunities for early identification
- burden of unrecognised chronic pain conditions
- years of reduced quality of life

What patients say they needed from clinical care

These suggestions come directly from lived experience:

- Validation — taking pain seriously at first presentation
- Clear explanation of normal vs abnormal symptoms
- Holistic pain history, including impact on function
- Investigation pathways instead of immediate hormonal suppression only
- Practical self-management advice
- Appropriate referral where symptoms persist
- Assistance with language and communication in appointments
- Culturally and gender-inclusive care

One respondent summarised:
“If someone had believed me at 14, my whole life would be different.”

Opportunities for Improvement in Practice

Aligned with NHS strategic priorities:

National Direction	Clinical Action in Context
Women's Health Strategy	Proactive early identification of menstrual disorders and inequalities
NHS Long Term Plan	Reduce delayed presentations → earlier referral and diagnosis
Core20PLUS5	Address stigma and inequity affecting minoritised groups
NICE NG73	Follow dysmenorrhoea and suspected endometriosis pathways
Patient Safety Strategy	Trauma-informed communication to prevent harm

Clinical Recommendations

1Assessment

- Ask directly about functional impairment
→ school absence, PE avoidance, fainting, vomiting
- Screen for features of secondary dysmenorrhoea
→ heavy bleeding, cyclical bladder/bowel pain, early-onset symptoms

Language

- Replace normalising language
“Everyone gets this”
“This pain sounds severe. Let’s look into it.”

Documentation & Monitoring

- Emphasise the importance of symptom diaries and cycle tracking
- Use pain scales + impact scales regularly
- Ensure to capture how their pain and other symptoms impact their life and things they do to ‘cope'

Clinical Recommendations

Management

- Offer choice and clear explanation when prescribing contraception
- Provide non-hormonal options where appropriate
- Share self-management toolkits (heat, rest, NSAIDs protocols)

Referral

- Escalate if symptoms persist beyond 3–6 months despite management
- Prioritise patients with early onset or high distress

Inclusion & Equity

- Use gender-inclusive language when appropriate
- Provide translated information or interpretation support
- Recognise disproportionate stigma affecting minoritised groups

Final Message

GPs, nurses, and paediatric professionals are often the first clinical contact when a menstrual disorder emerges.

Your role can:
- prevent years of uncontrolled pain
- protect mental wellbeing
- avoid unnecessary diagnostic delay
- ensure safe, compassionate care
- change the entire trajectory of a life

Clinicians are crucial to early intervention, and patients feel the difference when you listen.

Thank you to all clinician who have contributed to supporting their patients in their journey.

We’re here to support you

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