

How do I start the first-period talk?

If your daughter has not had her first period yet, or has just had it, this card offers sentences to help you start the talk. You do not need to say them all at once; a few are enough.

1 Start early, in small pieces.

When breast budding begins, it is time to talk; the first period usually comes 2–3 years later. "One day you may see blood in your underwear; that is normal and healthy" is a good enough start.

2 Tell your own story.

"I had my first period at 12. Nobody had told me about it, and I was scared." Your own experience is the strongest way in.

3 Name the body with real words.

Use the words uterus, ovary and vagina without hesitation. Euphemisms teach shame.

4 Give a short answer to "Why does it happen?"

"Every month the uterus builds a lining to welcome a baby; when there is no baby, it sheds this lining as blood."

5 Pack the kit together.

Two pads, spare underwear, wet wipes, a small bag. With a ready kit, the first period becomes a plan, not a panic.

6 Show how to use a pad.

Open a pad and show how it sticks to underwear, that it is changed every 4–6 hours, and how to wrap it and throw it away.

7 Say there may be pain, but don't overstate it.

"You may get cramps in your tummy; a hot water bottle helps. If it hurts a lot, tell me and we'll sort it out together."

8 Talk through the school scenario.

What will she do if it starts at school: whom to tell, the pouch in her bag, letting you know if needed. A note template for PE and swimming is included in this pack.

9 Teach her to keep a calendar.

In the first two years, cycles may vary between 21 and 45 days; irregularity is normal. A calendar is the most useful information to bring to the doctor.

10 Leave the door open.

"You can ask me anytime; if I don't know the answer, we'll ask the doctor together." This is not one talk; it spreads over years.

For fathers

Fathers raising a child alone most often ask: "How do I explain it?" The same sentences work for you too; the only difference is that you have no story of your own. Instead, saying "We are learning this together" is enough.

Packing the kit together, going to buy pads together and showing that you are not embarrassed are worth more than any sentence you say. If needed, bring a woman she trusts into the talk, but do not leave yourself out.

When should you see a doctor?

The situations below do not mean disease; they need evaluation. At SoftCare Clinic, examinations of adolescents are planned according to age and symptoms; a pelvic exam is not mandatory.

Situations that need evaluation

- No breast development at all by age 13
- No period 3 years after breast development began
- No period at all by age 15
- Breast development or clear signs of puberty before age 8; a period before age 9
- Cycles still shorter than 21 days or longer than 45 days 2 years after the first period; a gap of more than 90 days
- Bleeding that lasts longer than 7 days, soaks a pad in 1–2 hours or comes with large clots
- Pain that keeps her from going to school or doing daily tasks
- Marked hair growth, rapid weight change, milk-like discharge from the breasts or vision problems

What is normal in the first years?

- Bleeding is light or moderate and lasts 3–7 days; 3–6 pads a day is usual.
- In the first 1–2 years, the cycle length may vary between 21 and 45 days; ovulation may not happen every month.
- After the third year, the interval settles at 21–35 days in most girls.
- Having periods does not prove that ovulation happens regularly every month; if she is sexually active, a pregnancy test should be considered.

Bring with you to the clinic

- Period calendar (start dates, length, number of pads)
- Mother's age at her first period; any family history of late or early puberty
- Changes in height and weight, how much sport she does, medicines she takes

Our approach at SoftCare Clinic

We start with the history, the growth curve and Tanner staging; if needed, ultrasound and basic hormone tests (FSH, LH, estradiol, TSH, prolactin) are requested. If delayed puberty, precocious puberty or an anatomical anomaly is suspected, we refer to pediatric endocrinology or pediatric surgery.