Use of Birth Control in Women with Down Syndrome
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Women with Down syndrome (DS) experience similar gynecological concerns as women without DS. However, women with DS may have trouble expressing these concerns to medical professionals. Menstruation, fertility, sexual activity, pregnancy, birth control, and menopause can all affect women with DS.

Birth control, also known as contraception, is often used to prevent unplanned pregnancy. However, it may also be used to reduce symptoms associated with menses or hormone fluctuation. It can be prescribed to help with:

**Irregular periods** – they are quite common in girls or women with and without DS, especially for the first few years after onset of menses. Hygiene may be challenging for some women with DS and irregularity may make it more complicated. Oral contraceptive pills or OCPs (discussed in greater detail below) can improve regularity or reduce blood flow to make periods more manageable.

**Painful periods (dysmenorrhea)** – are just as common in women with DS as women without DS and may be manifested by behavioral change, particularly in women with DS. Usually the pain can be treated with over the counter medications such as ibuprofen (Advil) and acetaminophen (Tylenol), but in some cases OCPs can also significantly improve dysmenorrhea.

**Premenstrual syndrome (PMS)** – is just as common in women with DS and its symptoms include mood changes, bloating, food cravings, headaches, and breast swelling. The mentioned symptoms often start a week prior to onset of menses. OCPs are one of the methods used to treat PMS.

**Premenstrual dysphoric syndrome** – is a more severe form of PMS which includes stronger recurrent episodes of anxiety and depression. OCPs are one of the methods used to treat premenstrual dysphoric syndrome.

While our experience has shown that birth control is more commonly used to treat the conditions discussed above, some people with DS are sexually active and use birth control as a form of contraception. For these individuals, one of the methods of birth control reviewed below may be appropriate.

- **Natural Family Planning (NFP)** – regular observations of changes in the woman’s body such as temperature and vaginal mucus to determine which days the woman is likely to be fertile. Sexual activity should be avoided during these days to prevent pregnancy. Most people with DS need significant assistance in monitoring and determining these changes.

- **Barrier methods** – prevent sperm from getting to the egg. They include condoms and diaphragms. Use of these devices can be challenging for many people with DS.
• **Intra-uterine devices (IUDs)** – T-shaped devices which are implanted into the uterus by a physician. They prevent sperm from getting to the eggs. Side effects can include discomfort during menstruation, heavier bleeding, and increased risk of pelvic inflammatory disease (infection).

• **Depo-Provera** – shot given every three months that prevents woman from ovulating and, often, stops menstruation/bleeding. Possible side effects include bone density loss and blood clots. Bone density loss is a concern in women with DS as they are more likely to develop osteoporosis. Other serious and potentially life-threatening side effects can include deep venous thrombosis (blood clots located in veins of the legs) and pulmonary emboli (blood clots that can go into the lungs). These abnormal clotting conditions may be more common in women with DS.

• **Oral Contraceptive Pills (OCPs)** – pills that are taken daily and prevent woman from ovulating. This is one of the most common and generally well-tolerated methods of birth control. Some of the side effects can include nausea, headaches, weight changes, irregular bleeding, and breast tenderness. Further side effects can include stroke, blood clots, heart attack, gall bladder disease (which is more common in people with DS), and elevated blood pressure. Stopping usage of OCPs should be considered after the age of 35 due to increased risk of blood clotting.

Careful examination of possible side effects should be considered when recommending birth control options especially to women with DS. Women with DS are at an increased risk for certain medical conditions such as osteoporosis, gall bladder disease, thyroid disorders, congenital heart defects, and possibly abnormal blood clotting. It should be kept in mind that it is also harder for people with DS to express discomfort and symptoms to their doctor.

Since pregnancy is not the only concern related to sexual activity, it should be noted that none of these methods of birth control, except condoms, prevents the possibility of developing AIDS or other sexually transmitted diseases (STDs). Unfortunately, many patients with DS can find it difficult to use condoms. It is important to get tested for these diseases to make sure sexual activity is safe. Most importantly, education about birth control, sexual activity, and sexuality should be paramount to healthy sexuality.

References:

*The Guide to Good Health for Teens & Adults with Down Syndrome* by Brian Chicoine, M.D. & Dennis McGuire, Ph.D.

*Down syndrome: Clinical features and diagnosis*. Up to Date.  