

SIX WAYS IN

Openers for after you've both listened- or after only one of you has. **They work in the car, on a walk, doing the dishes: anywhere she doesn't have to hold eye contact.** One is plenty for a first go.

you go first.

1

"There's a lot nobody explained to me. Do you want to know what I got wrong?"

GO FIRST - every question below works better after you've answered it yourself.

Maddie was in her thirties before she knew her vulva wasn't her vagina, and said so on air. Dr Hunter sees girls defer to their mothers, and only open up once the room feels safe.

2

"How are your periods actually going?"

WHEN THE ANSWER IS 'FINE' - ask the specific ones instead.

How often are you changing a pad? Leaving class? Waking to sheets in the wash? Passing clots? Missing sport, dance, swimming, school? Dr Hunter measures periods by their impact on a life, not by volume, any one of those is a reason to book.

3

"If a doctor didn't take you seriously, would you tell me?"

AGREE ON THE NEXT MOVE NOW - before you need it.

The line Dr Hunter hears most from mothers is "I felt gaslit." Decide in advance what you do next: ask for the referral, or book with someone else.

4

"What have you seen online about bodies that you're not sure about?"

CURIOSITY, NOT AUDIT - this question only works if it doesn't feel like a trap.

Search is where the questions go when they can't be asked out loud, and social media is where search lands. You're not trying to take the phone off her. You're trying to be a better source than it.

5

"If you ever worried about how you look down there, I'd want you to hear the truth from me first."

THIS ONE IS PARENT EDUCATION - as much as it is hers

Dr Hunter sees girls brought in by mothers asking for a nip and tuck to make her happy. Her answer: the labia and clitoris are dense with nerves and blood supply, cutting risks disfiguring scarring and chronic pain, and anatomy keeps changing into the early twenties. Under 18, the guidance is to wait. Dr Hunter also mentions the labia library as a greay resource.

6

"Is there anything you've been putting off telling me because you thought it'd be awkward?"

ASK IT ONCE - then let the silence sit

You are not owed an answer today. You're establishing that the door opens, and that it stays open after the episode finishes. That's the whole job of this sheet.

BOOK THE APPOINTMENT, DON'T WAIT AND SEE

Signs Dr Hunter would want looked at rather than managed with paracetamol

- Pain that wakes her at night, or radiates into her back or legs
- Pain at other points in the cycle, not only during her period
- Bleeding that runs longer than seven days
- Pain using tampons, or pain with sex
- Vomiting, fainting or going clammy from period pain
- Missing school, sport or friends because of it, month after month
- Cycles still irregular more than two years after her first period
- A severe mood change in the week or two before her period- Dr Hunter is emphatic should be assessed promptly, not waited out

This Is designed as a conversation starter, **not** medical advice, and **not** a substitute for a GP. If she tells you something is wrong, believe her out loud — then book someone who will do the same.