

# Common Myths About Puberty Blockers

## Myth 1

**Puberty blockers are ‘experimental treatments’ or permanent or dangerous.**

The foremost and largest professional association of pediatricians, the American Academy of Pediatrics (AAP), recommends<sup>1</sup> the use of puberty-blocking medications, stating: “If pubertal suppression treatment is suspended, then endogenous puberty will resume.” These medications are also frequently prescribed to cisgender children (whose gender identity matches their sex assigned at birth) who experience precocious puberty—showing signs of puberty before it is age-appropriate.

## Myth 2

**Puberty blockers will always, 100% of the time, result in infertility in children.**

This claim is pseudoscientific and not up to date with current medical research. While there are risks associated with all medications, puberty blockers do not necessarily impact fertility, especially if taken for a short time. Research is ongoing, but the AAP recommends that—like all other medical decisions—parents and children talk with their child’s doctor to make the decision that is right for them.

## Myth 3

**All gender-affirming care is sterilizing.**

This claim is intentionally misleading. Anti-trans voices often conflate all gender-affirming healthcare—including mental health care and medications—with specific surgical procedures, which are a) not available to young children and b) not even pursued by all trans adults. Trans adults, just like cisgender adults, have families—biologically or otherwise—and have the right to bodily autonomy in matters of fertility.

## Positive Outcomes Associated with Gender-Affirming Care

### Fact 1

The science<sup>1</sup> tells us that supportive families and affirming medical care are associated with positive health outcomes in kids, allowing them to pursue “academic success, relationship building, and future-oriented planning.”

### Fact 2

The risks of stigma and marginalization—more severe for children of color—that accompany family rejection or non-affirming intervention (i.e. conversion therapy) are associated<sup>2</sup> with high rates of anxiety, depression, and suicide, as well as increased likelihoods of dropping out of school, as well as experiencing poverty and/or violence.



## References

- 1 [publications.aap.org/pediatrics/article/142/4/e20182162/37381/Ensuring-Comprehensive-Care-and-Support-for?autologincheck=redirected](https://publications.aap.org/pediatrics/article/142/4/e20182162/37381/Ensuring-Comprehensive-Care-and-Support-for?autologincheck=redirected)
- 2 [publications.aap.org/pediatrics/article/142/4/e20182162/37381/Ensuring-Comprehensive-Care-and-Support-for?autologincheck=redirected](https://publications.aap.org/pediatrics/article/142/4/e20182162/37381/Ensuring-Comprehensive-Care-and-Support-for?autologincheck=redirected)