HEALTH BASICS

Postmenopausal

Postmenopausal describes the life stage after menopause, usually confirmed after 12 months without menstrual bleeding.

WHAT IT IS
The life stage after menopause

WHERE IT COMES UP
Menstrual history, health records, and menopause care

WHY IT MATTERS
Hormone changes affect bleeding, bones, and treatment choices

WHAT IT IS NOT
A life stage, not a disease

WHO TO ASK
Primary care, gynecology, or menopause services

HOW IT IS CHECKED
Menstrual history; testing when timing or cause is uncertain

Overview

Postmenopausal means that you have passed menopause. Menopause is the point reached after 12 months without a menstrual period, when there is no other cause for the bleeding to have stopped. The years after that point are called postmenopause.

Postmenopause is a life stage, not a disease. It does not have a fixed set of symptoms, and people experience it differently. Effects that began during the menopause transition, such as hot flushes or sleep changes, may continue for a time, but they are not required for someone to be postmenopausal.

Menopause usually happens naturally as the ovaries stop releasing eggs and make much less of certain hormones. It can also follow surgery that removes both ovaries. Chemotherapy, pelvic radiotherapy, and some medicines can affect ovarian function, although this may not always be permanent.

The timing can be harder to establish if you have had your uterus removed, use hormonal medicines, or have irregular bleeding for another reason. A clinician may then use your age, medical history, treatment history, and sometimes blood tests to assess your situation.

How it works

Before menopause, the ovaries usually release an egg during each menstrual cycle. They also make hormones, including estrogen and progesterone, that help control ovulation and changes in the lining of the uterus.

During the menopause transition, ovarian activity becomes less predictable. Hormone levels and bleeding patterns may change from month to month. Once natural menopause is established, the ovaries no longer release eggs and make much less estrogen and progesterone.

The body still makes small amounts of estrogen through other tissues. The ovaries and adrenal glands also continue making hormones called androgens, although levels can change with age.

Menopause is usually identified from menstrual history rather than a single laboratory result. A blood test for follicle-stimulating hormone, or FSH, is sometimes useful when the timing or cause is unclear. FSH encourages the ovaries to work. Its level can fluctuate during the transition, so one result does not always give a clear answer.

If both ovaries are removed, menopause begins at the time of surgery. If only the uterus is removed and the ovaries remain, periods stop but ovarian hormone production may continue until natural menopause.

Why it matters for your health

Knowing that you are postmenopausal helps place new bleeding in the right context. Bleeding after established menopause is not treated as an ordinary menstrual period and should be assessed.

Lower estrogen levels can affect vaginal, urinary, and bone tissues. They may also influence cholesterol and how body fat is distributed. Age, family history, smoking, activity, blood pressure, and other health factors remain important; being postmenopausal does not by itself show that you have osteoporosis or heart disease.

Your life stage may affect decisions about contraception, fertility care, bone health, and menopausal hormone therapy. Once natural menopause is confirmed, spontaneous pregnancy is no longer expected. If the timing is uncertain, do not assume that contraception is unnecessary. Hormone therapy used for menopause is not contraception.

Routine health care still matters after menopause. Depending on your age, health history, and local recommendations, this may include blood pressure checks and screening for breast, cervical, bowel, bone, or metabolic conditions. Menopause does not automatically end cervical

screening; eligibility also depends on age, previous results, and whether you still have a cervix.

What can go wrong

These are conditions and situations associated with this life stage. They are not symptoms or complications of the word "postmenopausal" itself.

Postmenopausal bleeding means vaginal bleeding or spotting after menopause has been established. Possible causes include thinning and inflammation of vaginal or uterine tissues, cervical or uterine polyps, medicine-related bleeding, and endometrial hyperplasia, which is overgrowth of the uterine lining. Less commonly, bleeding can be linked to cancer of the uterus, cervix, vagina, or vulva. Most causes are not cancer, but assessment is important.

Genitourinary syndrome of menopause is the medical name for changes in vaginal, vulval, and urinary tissues linked to lower estrogen. It can involve dryness, irritation, discomfort during sex, urinary urgency, or repeated urinary infections. These concerns are treatable and do not need to be accepted as an unavoidable part of aging.

Osteoporosis is a condition in which bones become less dense and more likely to break. Bone loss can speed up around menopause, but personal risk also reflects age, family history, previous fractures, body weight, smoking, alcohol use, nutrition, physical activity, and certain medicines or health conditions.

Cardiovascular disease includes heart attack and stroke. Risk tends to rise with age, while menopause-related changes can affect cholesterol, blood vessels, and body composition. Postmenopausal status alone does not determine your individual risk.

If menopause occurred earlier than expected, a clinician may consider causes such as primary ovarian insufficiency and discuss possible effects on bones, fertility, and heart health.

What you can do

Record the approximate date of your final natural period if you know it. Also record any later spotting or bleeding, including when it started, how long it lasted, and whether it followed sex or a change in medication.

Arrange a prompt, non-emergency appointment for any vaginal bleeding after established menopause. Tell the clinician about hormone therapy, blood-thinning medicines, previous gynecological conditions, and whether you still have your uterus and cervix. Assessment may include an examination, a transvaginal ultrasound, which uses a small ultrasound probe in the vagina, or an endometrial biopsy, which samples the uterine lining.

Seek urgent care if bleeding is heavy and you feel faint, severely weak, short of breath, or have severe pelvic pain. Call emergency services if you collapse or have chest pain or major breathing difficulty.

For routine follow-up, you can ask:

A DXA scan is the standard test for bone density. Whether you need one, and when, is based on factors such as age, fracture history, medicine use, and local screening guidance. There is no need for repeated hormone testing simply because you are postmenopausal.

If vaginal, urinary, sleep, temperature, mood, or sexual concerns affect daily life, discuss them during routine care. Treatment choices can include non-hormonal measures, local vaginal treatments, or systemic menopausal hormone therapy. The appropriate choice depends on the concern being treated and your medical history.

- Is my menopause status clear from my history?
- Do I still need contraception?
- Am I due for any screening based on my age and history?
- Do I have risk factors for osteoporosis?
- Could a medicine or hormone treatment explain new bleeding?

Common questions

Is postmenopausal the same as menopausal?

Not exactly. Menopause is the point confirmed after 12 months without a period. Postmenopausal describes the years after that point. "Menopausal" is often used more broadly for the transition and later life stage.

Can periods restart after menopause?

A true menstrual cycle does not restart after natural menopause. Any later bleeding may come from the vagina, cervix, uterus, urinary tract, or rectum. Even light spotting should be reported rather than assumed to be a period.

Do I need a blood test to prove I am postmenopausal?

Usually not when your age and menstrual history make natural menopause clear. Testing may be considered when periods cannot be used as a guide, menopause occurs unusually early, or another cause of absent periods is possible.

Can I become pregnant?

Spontaneous pregnancy is no longer expected once menopause is confirmed because

ovulation has ended. If your status is uncertain, pregnancy may still be possible. Some people may be able to pursue pregnancy using assisted reproductive treatment if they have a uterus.

Does taking hormone therapy mean I am no longer postmenopausal?

No. Hormone therapy does not reverse menopause. Some treatment schedules can cause planned or unexpected bleeding, which should be discussed according to the type of treatment and how long you have used it.

Are you postmenopausal for the rest of your life?

Yes. Postmenopause is the life stage after menopause. Health needs can continue to change with age, but the term still applies.

Sources

- National Institute for Health and Care Excellence. Menopause: identification and management (NICE guideline NG23)
- National Institute on Aging. What Is Menopause?
- American College of Obstetricians and Gynecologists. The Menopause Years
- American College of Obstetricians and Gynecologists. The Role of Transvaginal Ultrasonography in Evaluating the Endometrium of Women With Postmenopausal Bleeding , Committee Opinion No. 734
- U.S. Preventive Services Task Force. Osteoporosis to Prevent Fractures: Screening
- The North American Menopause Society. The 2022 Hormone Therapy Position Statement of The North American Menopause Society . Menopause. 2022;29(7):767-794