HEALTH BASICS

Women's health

Women's health is an approach to care that considers life stage, reproductive health, sex, gender, and personal risks.

WHAT IT IS
A broad approach to health across women's lives

WHERE IT COMES UP
Preventive visits, reproductive care, screening, pregnancy, menopause, and general care

WHY IT MATTERS
Connects personal risks and life stage with appropriate care

WHAT IT IS NOT
Not a disease or single diagnosis

WHO TO ASK
Primary care, sexual health, obstetric, or gynaecology services

HOW IT IS CHECKED
Health history, examination, screening tests, and risk assessment

Overview

Women's health is a broad area of healthcare, not a disease or diagnosis. It includes general health needs as well as issues related to periods, contraception, pregnancy, fertility, menopause, breasts, and reproductive organs.

It also considers how sex and gender can affect health. Sex-related factors include hormones, chromosomes, and reproductive anatomy. Gender can influence work, caregiving, exposure to violence, access to care, and how symptoms are taken seriously.

Not everyone who needs services commonly described as women's healthcare identifies as a woman. Trans men and some nonbinary people may need cervical screening, contraception, pregnancy care, or menopause support. Trans women may also have specific preventive and reproductive healthcare needs. The care that is relevant to you is based on your organs, treatments, age, health history, and goals-not identity alone.

Women's health covers care throughout life. It may include:

You may receive this care through primary care, sexual health services, obstetrics and gynaecology, maternity services, mental healthcare, or other specialties.

- routine preventive care and vaccinations
- sexual and reproductive healthcare
- support before, during, and after pregnancy
- screening for certain cancers and other conditions
- heart, bone, mental, and pelvic health
- care during perimenopause and menopause

How it works

Women's healthcare combines general medical care with attention to life stage and individual risk.

A clinician may ask about your medical history, family history, medicines, periods, pregnancies, sexual health, emotional wellbeing, and daily life. You can choose what you are ready to discuss. If a question feels unclear or intrusive, you can ask why it matters.

Preventive care aims to find risks or early disease before serious problems develop. This may involve measuring blood pressure, reviewing vaccinations, or offering screening tests. Screening means testing someone who does not have related symptoms. It is different from testing used to investigate a new symptom.

The screening you need is not determined by gender alone. It may depend on your age, organs, pregnancy history, previous results, family history, and other risks. For example, cervical screening is relevant only if you have a cervix. Breast screening decisions may be affected by age, breast tissue, previous surgery, family history, or certain genetic changes.

Reproductive care may include period concerns, contraception, fertility, pregnancy planning, abortion care, pregnancy, birth, and recovery after birth. These services should support informed choices. No single reproductive plan is right for everyone.

Hormone changes can also shape care. Puberty, pregnancy, the time after birth, and menopause may affect bleeding, sleep, mood, bone strength, or cardiovascular health. These changes do not explain every health concern, so new symptoms should not automatically be dismissed as "just hormones."

Why it matters for your health

Some conditions affect women differently or are more common in women. Others may be less

quickly recognised because symptoms, research, or diagnostic standards have historically focused on men.

Heart and blood vessel disease is one example. It is an important health concern for women, although personal risk differs. Blood pressure, cholesterol, diabetes, smoking, pregnancy history, physical activity, and family history can all contribute to risk.

Pregnancy can reveal or increase certain health risks. Conditions such as high blood pressure during pregnancy, pre-eclampsia, and gestational diabetes may influence health after pregnancy as well. Keeping a record of pregnancy complications can help future clinicians assess your needs.

Bone health also changes over time. The fall in oestrogen around menopause can speed up bone loss. Age, family history, low body weight, smoking, some medical conditions, and long-term use of certain medicines may further affect fracture risk.

Mental health is part of women's health. Depression, anxiety, eating disorders, substance use, trauma, and mental health conditions during or after pregnancy deserve the same attention as physical concerns.

Access and safety matter too. Cost, discrimination, disability, language barriers, caring responsibilities, and fear of violence can make healthcare harder to obtain. A patient-centred service should help you understand your options and take part in decisions.

What can go wrong

Women's health itself does not "go wrong." The term brings together conditions and situations that may need assessment or care.

These include menstrual conditions such as heavy menstrual bleeding, endometriosis, and polycystic ovary syndrome. Sexual and reproductive concerns include sexually transmitted infections, unintended pregnancy, infertility, pelvic pain, and pain during sex.

Pregnancy-related conditions include ectopic pregnancy, miscarriage, gestational diabetes, pre-eclampsia, and mental health problems during or after pregnancy. Menopause-related concerns may include troublesome hot flushes, sleep disruption, vaginal dryness, and bone loss.

Breast, cervical, ovarian, uterine, bowel, lung, and skin cancers may also be relevant, depending on your organs and risks. Screening is available for some cancers, but not all. A screening test is not a guarantee that cancer is absent, and an abnormal result does not automatically mean cancer.

Other important areas include cardiovascular disease, osteoporosis, autoimmune diseases, migraine, bladder or pelvic-floor problems, depression, and anxiety. Domestic abuse, sexual violence, and reproductive coercion-pressure or control involving contraception or pregnancy-are health and safety issues as well.

Arrange routine medical follow-up for concerns such as persistent changes in periods, bleeding after menopause, a new breast or underarm change, ongoing pelvic pain, pain during sex, troublesome menopause symptoms, or changes in mood that affect daily life.

Seek urgent or emergency help for:

Local emergency and crisis services can help when there is an immediate threat to health or safety.

- chest pressure, severe breathing difficulty, or signs of stroke
- fainting, severe pelvic or abdominal pain, or bleeding that will not stop
- severe pain or heavy bleeding when pregnant or possibly pregnant
- seizures, confusion, or severe headache during pregnancy or after birth
- thoughts of suicide, immediate danger, or recent serious violence

What you can do

Keep a brief health record. Include major illnesses, operations, allergies, medicines, vaccinations, pregnancy complications, and important family history. Note which reproductive organs you have if surgery or gender-affirming care has changed what screening may apply.

Before a healthcare visit, write down your main questions. Useful questions include:

If you track periods or symptoms, record timing, bleeding changes, pain, and effects on daily activities. An app is optional; a paper calendar is enough. Do not share sensitive information through an app unless you are comfortable with its privacy practices.

Ask what an examination or test involves before agreeing to it. You can request an explanation, a chaperone, more time, or a pause. You can also ask whether there are alternatives. Consent should continue throughout an examination.

There is no single test that checks "women's health." Care is built from your history, relevant measurements, examinations when needed, and selected screening or diagnostic tests.

- Which screening tests apply to my age, organs, and risk factors?
- When is my next screening or vaccination due?

- Does my pregnancy history affect my future health?
- Could a medicine or hormone treatment change my health risks?
- What changes should lead to routine, urgent, or emergency care?

Common questions

Do I need a separate women's health clinician?

Not always. Primary care can provide much preventive and general care. Sexual health, obstetric, fertility, menopause, breast, or gynaecology services may be useful for specific needs.

Do I need a pelvic examination every year?

Not everyone needs one at every routine visit. A pelvic examination may be offered because of symptoms, pregnancy, follow-up needs, or a specific procedure. It is not the same as cervical screening.

Is cervical screening the same as a cancer diagnosis?

No. It looks for high-risk human papillomavirus, known as HPV, or abnormal cervical cell changes, depending on the screening programme. An abnormal result usually means that follow-up is needed, not that cancer has been diagnosed.

Does women's health apply after menopause?

Yes. Reproductive goals may change, but breast, bone, heart, sexual, pelvic, mental, and general health remain relevant. Bleeding after menopause should be medically assessed.

What if I do not identify as a woman?

Ask for care based on your anatomy, medicines, previous procedures, and goals. You can tell the service what language you prefer. If a screening invitation does not match your needs, ask how the local system handles screening outside gender-based records.

What if I feel well?

Preventive care can still be useful because high blood pressure, early cervical cell changes, and some other risks may not cause noticeable symptoms. The appropriate checks depend on your personal situation.

Sources



- World Health Organization: Women's health
- US Office on Women's Health: Women's health information
- American College of Obstetricians and Gynecologists: Well-Woman Visit, Committee Opinion No. 755
- Health Resources and Services Administration: Women's Preventive Services Guidelines
- US Preventive Services Task Force: A and B preventive recommendations
- Centers for Disease Control and Prevention: Women's health