

What to Watch For — and What to Do — at Each Stage of Life

A Plain-Language Guide

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Practical, stage-by-stage guidance for women and caregivers, based on the Scientific Statement in the women's cardiovascular health compendium. The compendium, from the American Heart Association (AHA) was created in collaboration with the American Academy of Pediatrics (AAP), the American College of Obstetricians and Gynecologists (ACOG), and the Society for Maternal-Fetal Medicine (SMFM).

How to use this guide

This guide follows the same four life stages as the roadmap. For each one, it covers three parts of your health — your hormones, your mind and mood, and your heart — and points to things worth raising with your care team. It brings guidance that used to be scattered across many specialties into one place. None of this replaces your own clinician's advice; it's meant to help you ask better questions.

A note on one name change: what used to be called polycystic ovary syndrome (PCOS) is now called polyendocrine metabolic ovarian syndrome (PMOS). The new name reflects that it's a whole-body hormonal and metabolic condition, not just an ovary problem.

Around your first period (S1 — perimenarche)

Your hormones

- Puberty is worth tracking. Doctors watch how puberty and periods are progressing, usually starting around age 8. Cycles often take 1–3 years after the first period to settle into a regular pattern.

- A very early first period is a risk marker. A first period before age 10 is linked to a modestly higher heart risk later, partly through extra body weight. It's now recognized in national cholesterol guidelines.

Your mind and mood

- Screening starts in the teen years. Guidelines support routine checks for depression, anxiety, and eating concerns during adolescence, using body-positive language.

Your heart

- Simple checks each year. Blood pressure and body mass index (BMI) are checked yearly using age- and sex-specific charts. Cholesterol is typically checked around ages 9–11 and again at 17–21.
- The move to adult care is a vulnerable moment. When teens shift from a pediatrician to an adult doctor, female-specific details can get lost. It helps to carry forward your period history and any mood concerns.

The cycling / reproductive years (S2 — ovarian cycling)

Your hormones

- Know your normal. It helps to know your age at first period, cycle length, and how heavy your bleeding is. Periods that stop for 3 months or more (without hormone use) are worth checking.

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- Heavy bleeding and iron deficiency are common and matter. Heavy menstrual bleeding affects roughly 20–30% of younger women and is the most common cause of iron deficiency — which can affect heart health even before it causes anemia. Watch for fatigue, shortness of breath, or restless legs.
- Blood thinners can worsen bleeding. If you take a blood thinner, heavy periods are common, and it's worth asking your clinician which option fits you best.
- PMOS deserves attention. Polyendocrine metabolic ovarian syndrome (PMOS, formerly PCOS) is linked to higher heart risk. Guidelines suggest checking heart and metabolic risk at diagnosis, regardless of body weight, and managing it with lifestyle steps and, when appropriate, medicines.

Your mind and mood

- Keep up routine mental health checks. Depression and anxiety screening continue in these years. Premenstrual symptoms and, less often, a more severe form called premenstrual dysphoric disorder (PMDD) can occur.

Your heart

- Ask about your long-term risk, not just your 10-year risk. A tool called PREVENT can estimate heart risk over 10 years and, for younger adults, over 30 years. The 30-year view helps correct the mistaken idea that younger women aren't at risk.
- Bring your history into the conversation. Early first period, PMOS, irregular cycles, and any pregnancy complications (adverse pregnancy outcomes, or APOs) all add to your risk picture.

- Chest pain in women can be missed. Some heart conditions are more common in or unique to women — including a sudden tear in an artery wall (spontaneous coronary artery dissection, or SCAD) and heart attacks or reduced blood flow without a major blockage (called MINOCA and INOCA). If you have chest pain, ask that heart causes be considered.

The menopause transition (S3 — perimenopause)

Your hormones

- It's diagnosed by your symptoms, not a blood test. This stage usually begins around age 47. A lasting change of 7 or more days in your cycle length signals its start. Hormone blood levels swing too much to be useful for the diagnosis.
- Symptoms are real and worth addressing. Hot flashes, night sweats, palpitations, poor sleep, and mood changes are common. They're not only about lower estrogen — other brain chemicals shift too.
- Early menopause is a risk marker. Menopause before age 45 (early) or before 40 (called premature ovarian insufficiency, or POI) raises heart risk and is worth flagging.

Your mind and mood

- Mood symptoms can intensify now. Depression and anxiety can rise in this stage. Sleep problems, caregiving demands, and financial stress add to the load. Screening and support help.

Your heart

- This is a turning point. "Bad" cholesterol and Lp(a) rise, belly fat tends to increase, and blood vessels stiffen — beyond normal aging. It's a strong moment to focus on prevention.

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- Ask about your numbers and, if needed, extra tests. Your clinician may use the PREVENT tool and, in some cases, a coronary calcium scan to sharpen your risk estimate. Because a form of heart failure is more common in women, heart-failure risk may be checked too.

After menopause (S4 — postmenopause)

Your hormones

- Estrogen stays low, for a long chapter of life. This stage begins 12 months after your last period and covers about 40% of a woman's life. Symptoms are usually most common in the first few years and can be treated. Vaginal and urinary symptoms are common and often easy to address.

Your mind and mood

- Life changes can weigh on mental health. Depression, anxiety, and insomnia stay common. Loss, isolation, and caregiving can add to the burden, so continue check-ins and support.

Your heart and brain

- This is when heart disease most often becomes visible. Heart attack, heart failure, and atrial fibrillation (an irregular heartbeat) most often appear here — but the groundwork was laid across earlier stages, so guideline-based prevention still counts.

- Protect your brain. Stroke and dementia are leading causes of death in women. Past conditions — PMOS, endometriosis, pregnancy complications (APOs), early menopause or POI, and heavy hot flashes — are linked to higher stroke and dementia risk.

Hormone therapy — the basics

- It has many uses. Hormone therapy (HT) can help with hormone regulation, contraception, heavy bleeding, PMOS, fertility treatment, and menopause symptoms.
- It is not used to prevent heart disease. Leading medical groups agree on this.
- Timing and form matter for menopause symptoms. Studies suggest no added heart risk when hormone therapy is started under age 60 or within 10 years of menopause. Skin-patch forms may carry lower clot risk than pills. Vaginal estrogen is absorbed very little and hasn't been linked to higher heart, clot, or cancer risk. If your 10-year heart risk is high, hormone therapy for menopause symptoms is generally avoided. These are personal decisions to make with your clinician.

A few things worth doing at any stage

- Keep your own health history handy. Your age at first period, any pregnancy complications, and your menopause timing are useful facts for every clinician you see.
- Ask to be part of the bigger effort. Women have long been underrepresented in heart research. Taking part in studies, when you can, helps close that gap for everyone.

The bottom line. This Scientific Statement is the first guidance that pulls women's heart care together across the whole life course — from the first period through the years after menopause — into one clear, stage-by-stage picture. The goal is coordinated, whole-person care built around you.