



American
Heart
Association.

Cardiovascular Health in Girls and Women Compendium Toolkit



Developed by the

American Heart Association

In Collaboration with the

American Academy of Pediatrics
American College of Obstetricians & Gynecologists
Society for Maternal-Fetal Medicine

American Academy
of Pediatrics



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ACOG
American College of
Obstetricians & Gynecologists



Society for
Maternal•Fetal
Medicine
High-risk pregnancy experts

Why Women's Cardiovascular Health Needs a New Framework

We have made so much progress in recognizing and addressing unique risk to women, but women's care needs to catch up with a more comprehensive approach.

Cardiovascular Disease Remains the Leading Threat to Women

Cardiovascular disease is the leading cause of death in women accounting for 1 in 3 deaths - yet fewer than half of U.S. women recognize it as their top health threat. Women experience unique life events that can provide important information about cardiovascular health.

Care is Fragmented Across Specialties

Women's cardiovascular care has been fragmented across specialties and guidelines. Women frequently move through a health system divided across pediatrics, primary care, obstetrics and gynecology, cardiology, endocrinology, behavioral health, neurology and community services. This has left female-specific cardiovascular risk under-recognized and inconsistently managed.

Cardiovascular Health is Not "One Size Fits All"

The health system was not built around the way cardiovascular risk unfolds across a woman's life: puberty, reproductive years, pregnancy if it occurs, perimenopause, postmenopause and healthy aging in older adulthood.

The American Heart Association, in collaboration with the American Academy of Pediatrics, the American College of Obstetricians & Gynecologists, and the Society for Maternal-Fetal Medicine, developed the Cardiovascular Health in Girls and Women Compendium, a landmark series of papers that focuses on supporting cardiovascular health in girls, women and the people that care for them across all stages of life.

For the first time ever, these four leading medical groups developed a single framework for women's heart health that follows a woman across the life course. The Female Life Stage Framework organizes cardiovascular prevention and management around hormonally mediated life transitions, while explicitly connecting hormonal, psychosocial and cardiovascular health rather than treating them as separate domains.

The Papers

Paper 1: Presidential Advisory - A Female-Specific Life Course Approach to the Prevention and Management of Cardiovascular Disease

The *Why* – Introduces the need for the female life stage construct

[Full Manuscript](#)

Paper 2: Scientific Statement - Consensus Guidance for the Female-Specific Prevention and Management of Cardiovascular Disease

The *How* – Highlights stage-specific clinical guidance across the life course

[Full Manuscript](#)

Paper 3: Science Advisory - Comprehensive Centers of Excellence for Women's Cardiovascular Care

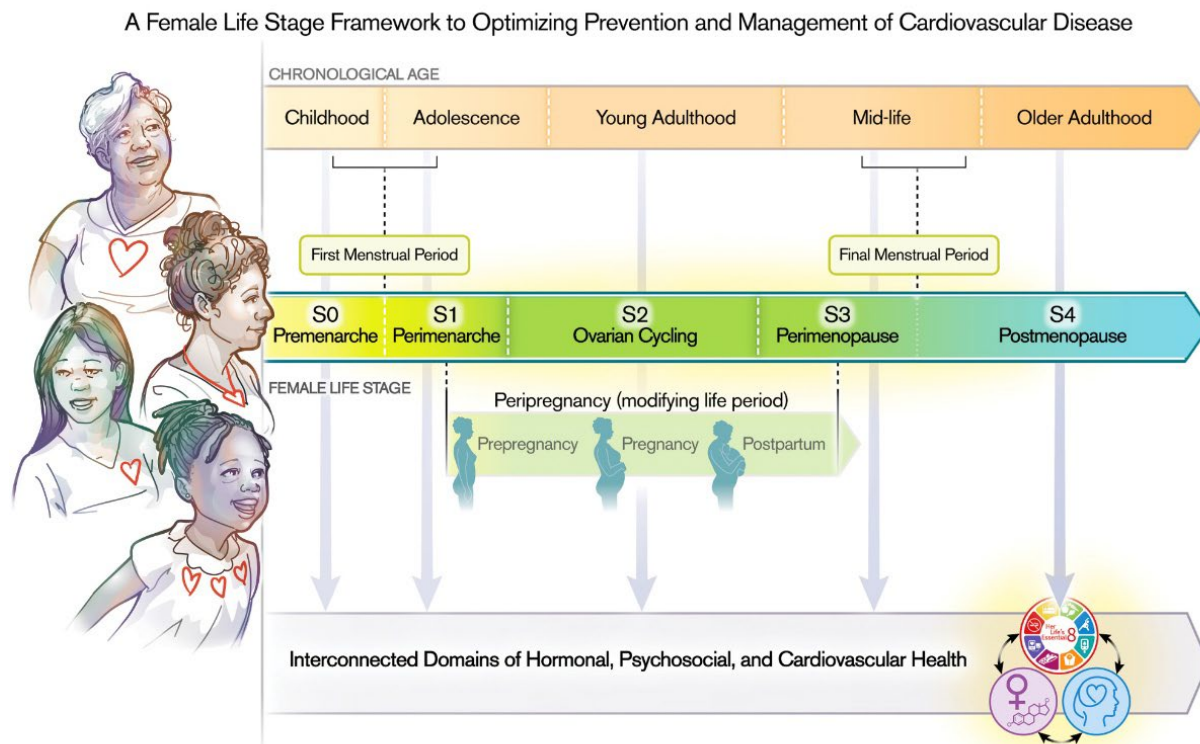
The *Where* – Establishes an interdisciplinary, female-specific model to deliver the care

[Full Manuscript](#)

Female Life Stage Framework

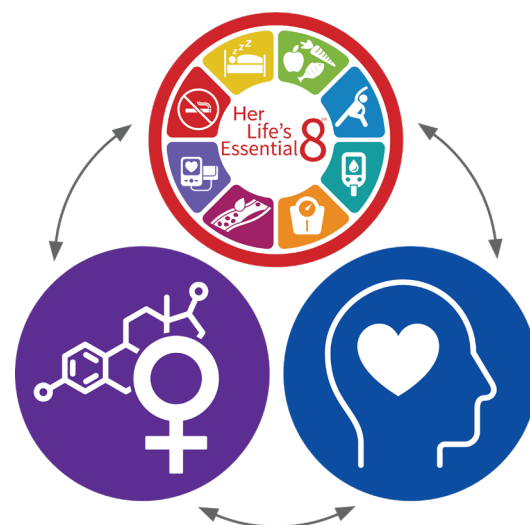
The Female Life Stage Framework is a new approach to heart health based on female biology. The framework consists of four life stages, each defined by a change in hormones that is uniquely experienced by girls and women:

- | | | |
|-----------|------------------------|---|
| S1 | Perimenarche | Fewer than 1 in 4 adolescent females have high cardiovascular health. Menstrual irregularity, hyperandrogenism, eating disorders and body-image concerns emerge as the earliest signals or drivers of cardiovascular risk. |
| S2 | Ovarian Cycling | Irregular cycles may signal female-specific risk enhancers (e.g., PMOS) or lead to iron deficiency due to heavy menstrual bleeding. Cyclical changes can bring mood symptoms (e.g., PMDD). Hormone therapy decisions should evaluate risk, benefit and patient preferences. |
| S3 | Perimenopause | Adverse cardiometabolic changes frequently occur in the years during the perimenopause stage. Premature or early menopause is a female-specific risk enhancer, which should prompt discussions on intensive cardiovascular risk assessment and modification. |
| S4 | Postmenopause | Clinical cardiovascular disease becomes increasingly common. Hormonal and non-hormonal therapies can address symptoms while weighing individual risk and preferences. |



Other Important Considerations

Hormonal, psychosocial and cardiovascular health are linked within every stage and should be assessed together - not in isolated specialty silos.



Pregnancy is a cardiovascular stress test. Adverse pregnancy outcomes can reveal new or previously underrecognized cardiovascular risk. The peripregnancy period is 12 months before pregnancy and 12 months after delivery. This is a critical, frequently missed opportunity to improve maternal cardiovascular health.

Women carry a greater burden of non-obstructive coronary disease (MINOCA and INOCA), peripheral artery disease (PAD), spontaneous coronary artery dissection (SCAD), stress-related cardiomyopathy (Takotsubo) and stroke. Greater recognition reduces diagnostic delays, avoids misclassification and ensures evidence-based treatment.

Interdisciplinary care models, workforce education, research infrastructure and community partnerships can support earlier risk detection, reduce inequities and advance cardiovascular health for girls and women across the life course.

TOP TAKEAWAYS

A Life Course Approach to the Prevention and Management of Cardiovascular Disease in Girls and Women

PRESIDENTIAL ADVISORY | COMPENDIUM ON WOMEN'S HEALTH

1 Cardiovascular disease is women's leading cause of death

It accounts for 1 in 3 deaths among women worldwide, yet fewer than half of US women recognize it as their top health threat.

2 A shared Female Life Stage framework

AHA, AAP, ACOG and SMFM introduce four stages: S1 perimenarche, S2 ovarian cycling, S3 perimenopause, S4 postmenopause.

3 Three interconnected health domains

Hormonal, psychosocial and cardiovascular health shape one another and should be assessed together at every stage.

4 The menstrual cycle is a vital sign

Cycle history and patterns can signal hormonal dysregulation, such as polyendocrine metabolic ovarian syndrome (formerly PCOS).

5 S1 Perimenarche: the earliest signals

Fewer than 1 in 4 adolescent females have high cardiovascular health. Cycle irregularity, eating disorders and body image concerns emerge here.

6 S2 Ovarian cycling: cycles, mood, therapy

Irregular or heavy cycles, iron deficiency and premenstrual dysphoria matter. Hormone therapy decisions weigh indication, risk and preference.

7 S3-S4: risk accelerates at menopause

Adverse cardiometabolic change occurs beyond aging alone, and clinical disease becomes common. Early menopause is a female-specific risk enhancer.

8 Pregnancy is a cardiovascular stress test

Adverse pregnancy outcomes affect about 1 in 5 pregnancies and raise future risk. The year before through the year after delivery is a critical window.

9 Sex differences change the diagnosis

Women carry a greater burden of MINOCA, INOCA, SCAD, Takotsubo cardiomyopathy and stroke. Recognition reduces delay and misclassification.

10 Research for women, with women

Improve trial representation, stratify results by sex, age and life stage, and engage patients in setting priorities and designing studies.

11 From episodic care to the life course

A coordinated clinical, research and public health agenda can identify adverse trajectories before symptoms begin, extending healthy years of life.

TOP TAKEAWAYS

Clinical Guidance Across the Female Life Stages: Prevention and Management of Cardiovascular Disease

SCIENTIFIC STATEMENT | COMPENDIUM ON WOMEN'S HEALTH

1

Consensus guidance across four societies

AHA, AAP, ACOG and SMFM apply the Female Life Stage framework. Movement across stages is not defined by chronologic age alone.

2

Start with Life's Essential 8

Assess cardiovascular health through the Life's Essential 8 lens alongside hormonal and psychosocial health, personalized to each patient.

3

Hormonal health: ask, assess, document

Treat cycle history as a cardiovascular vital sign. Evaluate for PCOS, heavy or abnormal bleeding, and iron deficiency with or without anemia.

4

Psychosocial health: ask, assess, refer

Depression, anxiety and eating disorders are more common in females and persist across life. Address body image with respectful, stigma-free conversation.

5

S0 Premenarche: build the foundation

Begin cardiovascular health assessment in childhood using Life's Essential 8, social drivers of health, and age- and sex-specific BMI and BP percentiles.

6

S1 Perimenarche: catch early risk

Assess cycle history, psychosocial symptoms and Life's Essential 8 to identify and modify adverse trajectories at their earliest point.

7

S2-S4: individualize hormone therapy

Match formulation, dose, route and duration to indication, cardiovascular and thrombotic risk, and patient preference in a shared discussion.

8

Screen for perimenopause by age 40

Median menopause age in the US is 50, but timing and symptom burden vary. Onset should prompt full cardiovascular risk assessment and management.

9

Anticoagulation and bleeding in S2-S3

Anticoagulant or dual antiplatelet therapy can worsen uterine bleeding. Counsel in advance and prevent iron deficiency to avoid unintended discontinuation.

10

S4 Postmenopause: treat, don't undertreat

Heart attack, heart failure, stroke, AF and PAD peak here yet are largely preventable. Optimize guideline-directed therapy regardless of age or sex.

11

Discuss pregnancy intent at every visit

In S2-S3, a standardized prompt such as One Key Question supports planning or prevention, medication safety, and pre-pregnancy optimization.

12

Pregnancy history is a risk enhancer

Document hypertensive disorders, gestational diabetes, preterm birth and SGA, with a defined transition from obstetric to longitudinal primary care.

TOP TAKEAWAYS

Toward a Roadmap of Centers of Excellence for Women's Cardiovascular Care

SCIENCE ADVISORY | COMPENDIUM ON WOMEN'S HEALTH

1

Care for women is fragmented today

Services are split across pediatrics, primary care, obstetrics, gynecology, endocrinology, cardiology, hematology and neurology, and were never designed around the life course.

2

A foundation built since the 1990s

The first federally designated Women's Cardiovascular Centers created a base for specialized care and for closing gaps in awareness, diagnosis and treatment.

3

One shared framework, four societies

The Female Life Stages give stage-specific guidance endorsed by AHA, AAP, ACOG and SMFM across an interdisciplinary, female-specific care model.

4

A national landscape analysis

Existing Women's Cardiovascular Centers vary widely in services, teams, referral pathways, education, research infrastructure and community engagement.

5

The proposal: Comprehensive Centers of Excellence

CCoEs integrate clinical care, education, research and community partnership within a unified, accountable structure built on four pillars.

6

Pillar 1 - Clinical care

Center the Female Life Stage framework in coordinated team-based care, using quality improvement, patient-reported outcomes, AI-enabled workflow and virtual care.

7

Pillar 2 - Education

Longitudinal training from medical school through continuing education, grounded in ACGME competencies and case-based, experiential learning.

8

Pillar 3 - Research

Dedicated funding and infrastructure, a national research network, harmonized outcomes, registries such as Research Goes Red, and stronger trial representation.

9

Pillar 4 - Community partnership

Trusted, bidirectional partnerships with community leaders and organizations, grounded in shared decision-making, accountability and mutual value.

10

A national network of exemplars

Shared standards, common data elements, referral pathways and monitoring let centers raise awareness, prevention and treatment across surrounding systems.

11

A coordinated commitment to transform care

With the Presidential Advisory and Scientific Statement, this Advisory reshapes how cardiovascular care for women is delivered, taught, researched and understood.

Links

For Healthcare Professionals

[Compendium on Professional Heart Daily](#)
[GoRedforWomen.org/LifeCourse](#)

For Patients

[GoRedforWomen.org/StagesofLife](#)

American Heart Association Newsroom

[Compendium Press Release](#)

American Heart Association News

[Compendium Story](#)

Communications

Sample Newsletter Copy

A multi-society call to action to redefine women's health

For the first time, the American Heart Association, American Academy of Pediatrics, American College of Obstetricians & Gynecologists and Society for Maternal-Fetal Medicine have issued shared guidance, connecting girls' and women's heart health across the life stages, helping healthcare professionals identify cardiovascular risk and act earlier.

This collaboration resulted in a series of landmark papers with guidance to make evidence-based care more accessible and create a path forward to advance women's healthcare at every age and life stage.

Learn More at [GoRedforWomen.org/LifeCourse](#).

Social Media

Sample Copy

Post 1

Protecting your heart is just one piece of the puzzle. New guidance on the four stages of a woman's life highlights the connection between heart health, hormones and mental health and well-being to help women and those who care for them create a whole-person healthcare plan.

The American Heart Association, American Academy of Pediatrics, American College of Obstetricians & Gynecologists and Society for Maternal-Fetal Medicine developed a framework consisting of four stages to support a woman's heart health across her life course. This enables more female-specific screening, prevention and treatment considerations throughout a woman's life.

Post 2

From the first period through the years after menopause, a woman has four stages of her life. The American Heart Association, American Academy of Pediatrics, American College of Obstetricians & Gynecologists and Society for Maternal-Fetal Medicine developed a framework to support a woman's heart health at every stage of life: 1. Around the first period; 2. Menstrual cycling; 3. Menopause transition or perimenopause; and 4. Postmenopause.

Establishing these stages and the unique health considerations each of them bring enables more female-specific cardiovascular health screening, prevention and treatment throughout a woman's life.

Posts could drive to any of the links on page 9.

About the Groups



American Heart Association

Instagram: @American_Heart

Facebook: @AmericanHeart

X: @American_Heart

[LinkedIn](#)

The American Heart Association is a relentless force for a world of longer, healthier lives. Dedicated to ensuring equitable health in all communities, the organization has been a leading source of health information for more than 100 years. Supported by more than 35 million volunteers globally, the Association funds groundbreaking research, advocates for the public's health, and provides critical resources to save and improve lives affected by cardiovascular disease and stroke. By driving breakthroughs and implementing proven solutions in science, policy, and care, the American Heart Association works to advance health and transform lives every day. Learn more at heart.org.

American Academy of Pediatrics (AAP)

Instagram: @ameracadpeds

Facebook: @AmerAcadPeds

X: @AmerAcadPeds

[LinkedIn](#)

The American Academy of Pediatrics is an organization of pediatricians committed to the optimal physical, mental, and social health and well-being of all infants, children, adolescents, and young adults. Founded in 1930, the AAP supports its members in delivering high-quality pediatric care through education, advocacy, research, and the development of evidence-based policies and clinical guidance. The Academy represents tens of thousands of pediatricians dedicated to improving the health of children and families nationwide. Learn more at aap.org.

American College of Obstetricians & Gynecologists (ACOG)

Instagram: @acog_org

Facebook: @ACOGNational

X: @acog

[LinkedIn](#)

The American College of Obstetricians & Gynecologists (ACOG) is the nation's leading professional membership organization for obstetrician-gynecologists and other health care professionals dedicated to advancing women's health. Representing more than 60,000 members, ACOG works to improve health outcomes through clinical guidance, physician education, research, advocacy, and the delivery of high-quality, evidence-based care across the lifespan. Learn more at acog.org.

Society for Maternal-Fetal Medicine (SMFM)

Instagram: @mysmfm

Facebook:

@SocietyforMaternalFetalMedicine

[LinkedIn](#)

The Society for Maternal-Fetal Medicine (SMFM), founded in 1977, is the medical professional society for obstetricians who have additional training in high-risk, complicated pregnancies. SMFM represents more than 6,500 members who care for high-risk pregnant people and provides education, promotes research, and engages in advocacy to reduce disparities and optimize the health of high-risk pregnant people and their families. SMFM and its members are dedicated to optimizing maternal and fetal outcomes and assuring medically appropriate treatment options are available to all patients. Learn more at smfm.org.