

Your Heart Health Through Every Stage of Life

A Plain-Language Guide

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A guide for girls, women, and the people who care for them — based on the American Heart Association (AHA) women’s cardiovascular health compendium, 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).

Why this matters

- Diseases of the heart and blood vessels are the top health threat for women. Cardiovascular disease, or CVD is the number one cause of death in women worldwide and takes more than 400,000 women’s lives in the United States each year.
- Most women don’t know this. Only about 4 in 10 women recognize heart disease as their leading cause of death.
- Women’s care is delivered in different places. Care is often split among many different doctors — pediatrics, primary care, obstetrics and gynecology (OB/GYN), heart care, and more — who don’t always share the full picture. Signs that are specific to women can slip through the cracks.

A new way to look at women’s heart health

Four leading medical groups — AHA, AAP, ACOG, and SMFM — agreed on one shared roadmap that follows a woman’s heart health across her whole life. They call it the Female Life Stage approach. Here is the idea in plain terms:

- Your hormones affect your whole body, not just your reproductive system. Estrogen and other sex hormones help shape your blood vessels, heart, cholesterol, blood sugar, and even your brain.
- As your hormones change over time, your heart health needs change too. So the care that’s right for you shifts as you move through the stages of life.
- It connects three things that are often treated separately. Your hormonal health, your mental and emotional health (which doctors call psychosocial health), and your heart health are all linked — and this roadmap looks at them together.

What’s new here: for the first time, these four groups agreed on a single, life-stage roadmap for women’s heart health. Its value is practical — it points you and your care team to specific windows in life when risk can be spotted and acted on early.

The stages of the roadmap

Each stage is defined by a change in your body’s hormones. Here is what happens in each one and why it matters for your heart.

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Before your first period (S0 — premenarche)

- This is a foundation-setting time. There isn't heart guidance specific to girls yet, but healthy habits and good information during childhood help shape heart health for life.

Around your first period (S1 — perimenarche)

- This is the earliest point doctors can see heart signals that are specific to females. As estrogen rises, differences in cholesterol, body fat, and blood vessel flexibility begin to show up. A first period before age 10 is now recognized as an early marker of higher heart risk.
- Mental health differences appear here too. By about age 17, girls have at least twice the odds of depression compared with boys, closely tied to the changes of puberty. Eating concerns also become more common. These matter for the heart over time.

The cycling / reproductive years (S2 — ovarian cycling)

- Regular menstrual cycles offer some natural protection for your blood vessels. Because of this, the short-term chance of overt heart disease in these years is low — but changes in your cycle can be an early clue to future risk.

- Your menstrual cycle is a vital sign. OB/GYN experts treat it like blood pressure or heart rate. Irregular, missed, or very heavy periods can be among the earliest signs of diabetes or heart risk and are worth checking.
- A few conditions in these years carry real heart meaning. Heavy menstrual bleeding is common and is the leading cause of iron deficiency, which can affect heart health. Polyendocrine metabolic ovarian syndrome (PMOS — the condition formerly called polycystic ovary syndrome, or PCOS) affects about 10–13% of women and is linked to roughly 60–70% higher heart risk.

The menopause transition (S3 — perimenopause)

- This is not a simple drop in estrogen. Hormones swing up and down, often rising before they fall. This usually begins around age 47, with menopause itself around 51.
- This is a turning point when heart risk starts to speed up. LDL ("bad") cholesterol and a particle called Lp(a) tend to rise, and blood vessels stiffen — changes that happen beyond what normal aging alone would explain. That makes this an important window to act early.
- Symptoms are common and can carry heart meaning. Hot flashes, night sweats, poor sleep, and mood changes affect most women in this stage. Frequent or severe hot flashes have been linked to higher heart risk.

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After menopause (S4 — postmenopause)

- This stage covers about 40% of a woman's life. It's a long stretch that deserves steady attention to heart health.
- Most first heart attacks, strokes, and heart failure show up here — but the risk was building for years. That's why prevention in the earlier stages matters so much.
- Brain health is part of the picture. Stroke and dementia are the 3rd and 4th leading causes of death in U.S. women, and about two-thirds of Americans with Alzheimer's disease are women.

Pregnancy — a natural stress test for your heart

- The pregnancy window can reveal hidden heart risk. This window includes the year before pregnancy, the pregnancy itself, and the year after delivery. Pregnancy acts like a stress test that can bring earlier, hidden risk to the surface.
- Problems during pregnancy carry forward. High blood pressure disorders of pregnancy, gestational diabetes, and preterm birth are grouped together as adverse pregnancy outcomes (APOs). They are linked to higher heart risk later in life, so they're worth remembering and sharing with your care team.

Hormone therapy — useful for some things, but not a heart treatment

- Hormone therapy is used for many reasons. Hormone therapy (HT) can help with heavy bleeding, contraception, fertility treatment, and menopause symptoms.
- Hormone therapy is not used to prevent heart disease. Major medical groups agree on this point.
- For menopause symptoms, timing and form matter. When started earlier — under age 60 or within 10 years of menopause — studies suggest hormone therapy does not raise heart risk. Low-dose skin-patch (transdermal) forms may be gentler on clot risk. Vaginal estrogen used for genital or urinary symptoms is absorbed very little into the body and has not been linked to higher heart, clot, or cancer risk. These are decisions to make with your clinician based on your own health.

The bottom line. Your heart health is a lifelong story, and your hormones are part of it at every chapter. The Female Life Stage roadmap gives you and your care team a shared way to spot risk early and act on it — from your first period, through the reproductive years and menopause, and across the decades after. AHA, AAP, ACOG, and SMFM all stand behind this shared approach.