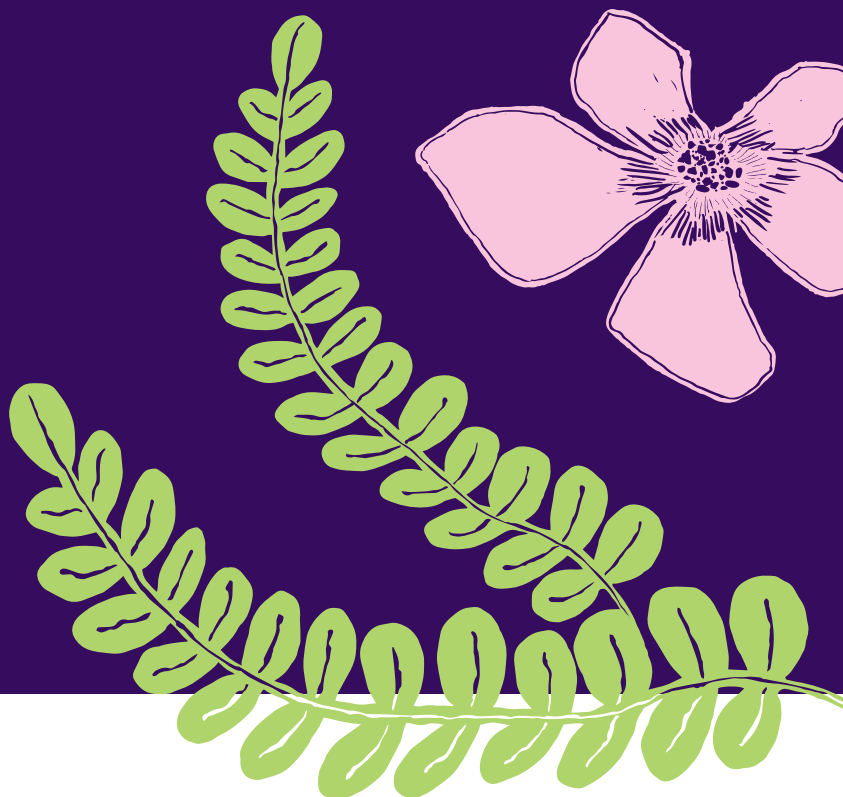


Your guide to women's health





Contents

Welcome	3
Ovaries and uterus	4
Endometriosis.....	8
Polycystic ovary syndrome	12
Menopause.....	14
Health checks	18
Vulva and vagina.....	20
Bladder and pelvic floor.....	24
Periods	26
Sex and sexual health.....	28
Anxiety	30
Persistent pelvic pain	32
Grow your knowledge.....	34

What's on offer

Jean Hailes publishes free health information to suit a range of literacy levels and learning styles. Visit our website or scan the QR code for:



**Easy Read
fact sheets**



**Translated
fact sheets**



**First Nations
resources**



Welcome

Looking for health information that's based on facts, not fads? You've come to the right place.

Jean Hailes for Women's Health is Australia's most trusted leader in women's health. This booklet covers the topics we get asked about most. From health checks to menopause, we bring it back to basics and answer your top questions.

We know that no two people are the same and everyone has different needs. This booklet is just the beginning. You'll find so much more on our website, including checklists, podcasts, Easy Read and translated fact sheets, and resources for First Nations people.

To explore more women's health topics and resources, visit jeanhailes.org.au



Ovaries and uterus

The ovaries and uterus are part of the female reproductive system. Many conditions can affect the ovaries and uterus. In most cases, early diagnosis and treatment lead to good outcomes.

Adenomyosis

Adenomyosis is a condition where cells similar to those that line the uterus are also in the muscle wall of your uterus (usually in the back wall).

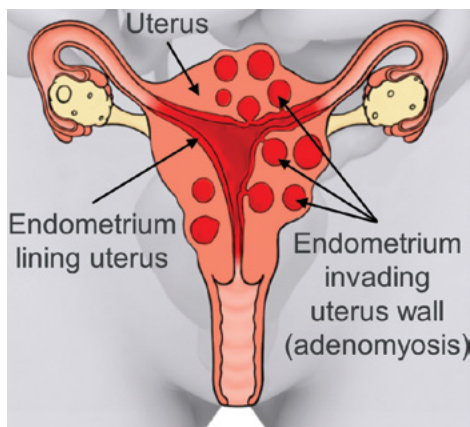


Illustration of a uterus affected by adenomyosis

Symptoms may include painful and heavy periods, iron deficiency, painful sex and persistent pelvic pain.

Treatment will depend on your symptoms, stage of life and whether you plan to have children.

Hysterectomy

A hysterectomy is an operation to remove your uterus. There are many reasons for having a hysterectomy. For example, health conditions that cause heavy bleeding or severe pain.

Depending on your situation, you may need to have:

- a total hysterectomy – removal of your uterus and cervix, and often your fallopian tubes
- a subtotal hysterectomy – removal of your uterus without the cervix, and often your fallopian tubes.

If you have a hysterectomy, you will not be able to carry a pregnancy in the future.

Polyps and ovarian cysts

Cervical polyps, uterine polyps and ovarian cysts are quite common. While they are not usually cancerous, they can be.

Polyps and cysts can cause pain and abnormal bleeding.

They can also make it hard to get pregnant.

Endometrial hyperplasia

Endometrial hyperplasia is a precancerous condition involving an irregular thickening of the uterine lining (endometrium).

It's caused by abnormal levels of hormones during your menstrual cycle.

Symptoms can include heavy periods, bleeding between periods and postmenopausal bleeding.

If you are diagnosed with endometrial hyperplasia, your doctor will talk to you about different treatment options.

Fibroids

Fibroids are non-cancerous growths found in the muscle wall of the uterus.

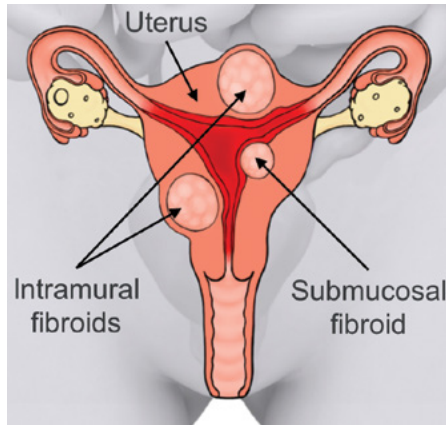


Illustration of a uterus with different types of fibroids

About 20% to 30% of people with fibroids have symptoms such as heavy and painful periods and iron deficiency.

Fibroids can affect fertility, depending on their size and location. Fibroids may also cause miscarriage or early labour.

Most fibroids don't need treatment unless you are planning to get pregnant, or symptoms impact your daily life.



FAQs



Where are my ovaries and what do they do?

You have two ovaries, one on each side of the uterus. Ovaries are small, oval-shaped organs that store eggs. They also make female reproductive hormones, called 'oestrogen' and 'progesterone', that control your menstrual cycle and pregnancy.

Can I get pregnant if I have adenomyosis?

Adenomyosis can cause fertility problems because the condition makes it hard for an embryo to implant into the uterine lining. But it is possible to get pregnant (naturally or with assistance) if you have this condition.

When to see your doctor

See your doctor if you notice symptoms such as unusual bleeding, pelvic pain or discharge.

Know your options

Learn about the cervical screening test and the new self-collection option.

Scan the QR code or visit jeanhailes.org.au



Endometriosis

Endometriosis is a condition where cells similar to those that line the uterus grow in other parts of the body, mainly in the pelvis and reproductive organs. This condition can cause mild to severe pain and may affect your fertility.

Endometriosis affects about one in seven women of reproductive age.

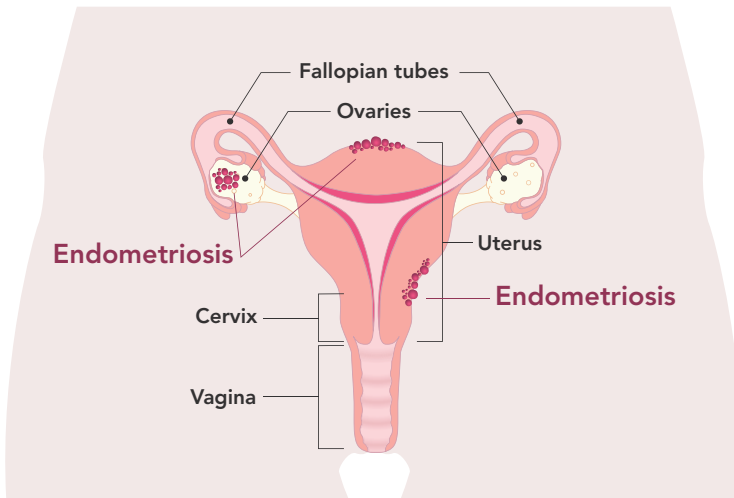


Illustration of a uterus affected by endometriosis



Symptoms

Endometriosis affects everyone differently, but pain is a common symptom of this condition.

People with endometriosis may have different types of pain. For example:

- painful periods
- abdominal, lower back and pelvic pain.

Symptoms may also include:

- pain during ovulation
- pain during or after sex
- pain when doing a wee or poo.

Causes

The exact cause of endometriosis is unknown, but it could be associated with:

- backwards (retrograde) menstruation – when some period blood flows back through the fallopian tubes into the pelvis
- family history of the condition
- the immune system not working effectively.

Diagnosis

If you think you might have endometriosis, it's a good idea to keep a diary of your periods and symptoms. Book a longer appointment with your doctor to discuss your symptoms, medical history and any test results. A thorough review will improve your chances of an early diagnosis.



A laparoscopy (keyhole surgery via the abdomen) is currently the only way to confirm that you have endometriosis. But doctors can also use ultrasound and magnetic resonance imaging (MRI) to help diagnose endometriosis.

Treatment and management

Most people have good long-term outcomes when they are referred early and receive care from a medical team with specialist training in endometriosis (e.g. doctors, gynaecologists and pelvic floor physiotherapists).

Treatment may include:

- pain-relief medicine for temporary relief
- hormone therapy (e.g. the Pill)
- non-hormone treatments (e.g. certain antidepressant medicines)
- non-drug treatments (e.g. pelvic floor physiotherapy)
- surgery.

Living with endometriosis

Endometriosis can affect your physical health and emotional wellbeing. But there are many things you can do to manage your symptoms. For example, you can:

- do regular physical activity
- see a pelvic floor physiotherapist to learn stretches and exercises that may reduce pelvic pain symptoms
- look after your emotional wellbeing, and see your doctor if you often feel sad or anxious.

FAQs

Why does it take time to get diagnosed?

The average time to get a diagnosis of endometriosis is seven years. This is because period pain is often considered to be normal, so it may not be investigated. Also, symptoms of endometriosis vary between people, and symptoms can change over time.

Can endometriosis affect fertility?

Endometriosis can affect your fertility and plans to become pregnant. Many people with endometriosis will become pregnant without any medical help, but 30% to 50% of women with endometriosis find it hard to get pregnant. This may be due to scarring of the fallopian tubes and ovaries, or changes to pelvic organs. Talk to your doctor about your diagnosis and what you can do.

When to see your doctor

Talk to your doctor if painful periods impact your daily life.

Explore more

There's so much more about endometriosis to explore on our website. Scan the QR code or visit jeanhailes.org.au





Polycystic ovary syndrome

Polycystic ovary syndrome (PCOS) is a hormonal condition that affects about one in 10 women. It's associated with increased levels of insulin and androgens (male-type hormones) in the body.

Symptoms and management

PCOS causes a range of symptoms, but it's good to know there are many ways to manage this condition.

Irregular or no periods

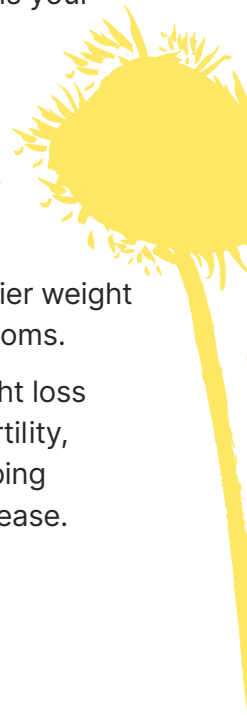
With PCOS, high levels of androgens and insulin can disrupt your monthly cycle of ovulation and periods. This means your periods might be irregular or stop altogether.

A healthy lifestyle may help manage irregular periods. Your doctor might recommend different medicines to re-establish regular periods (e.g. the Pill or metformin).

Weight gain

PCOS can affect people of all weight ranges. But a heavier weight can increase the hormones responsible for PCOS symptoms.

For people who have a higher weight, even a small weight loss of 5% to 10% can regulate menstrual cycles, improve fertility, improve emotional health and reduce the risk of developing health conditions such as type 2 diabetes and heart disease.





Hair and skin conditions

PCOS symptoms may include excess hair on the face and body, scalp hair loss (alopecia) and acne. If these are a problem for you, you can try different treatments.

If you have excess hair, you could try waxing, laser hair removal, electrolysis or certain medicines (ask your doctor for more information).

If you are concerned about hair loss, minoxidil (sold as Rogaine and Regaine) might help.

If you have acne, you could try creams or gels that reduce pore blocking, oil production and inflammation. Ask your doctor or pharmacist for recommendations.

When to see your doctor

If you have symptoms like irregular periods and excess hair, ask your doctor about PCOS. If you are diagnosed with PCOS, your medical team can help you manage symptoms.

Let's talk about PCOS

From symptoms to solutions, you'll find so much more about PCOS on our website.

Scan the QR code or visit jeanhailes.org.au



Menopause

There are different terms to describe the three stages of menopause.

'Menopause' is when you have your final period. Your periods stop because your ovaries don't release eggs anymore. In Australia, the average age of menopause is 51, but it's normal to reach menopause between the ages of 45 and 55.

'Perimenopause' is the stage before your final period when your ovaries are starting to run out of eggs. This causes fluctuations in hormones, and periods can be irregular.

'Postmenopause' is the time after menopause.

Some people experience early menopause, when the final period happens between the ages of 40 and 45.

Premature menopause is when your final period happens before the age of 40.

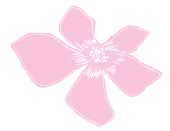
Symptoms

Everyone's experience of perimenopause and menopause is different. Some people have no symptoms, while others have symptoms that affect their daily life and relationships.

Symptoms can be:

- physical (e.g. hot flushes, night sweats, dry vagina, irregular periods and weight gain)
- emotional (e.g. feeling irritable, anxious, moody or forgetful).





Treatment and management

There are many ways to treat and manage menopausal symptoms. Your doctor may recommend:

- menopausal hormone therapy (MHT)
- non-hormonal prescription medicines (e.g. antidepressants)
- lifestyle changes (e.g. a healthy diet and regular exercise).

You can also:

- try cognitive behavioural therapy (CBT) and mindfulness techniques
- talk to a qualified naturopath about herbs such as black cohosh – tell your doctor if you take any herbal remedies, as they may affect other medicines.

Menopausal hormone therapy

Menopausal hormone therapy (MHT) helps relieve menopausal symptoms by medically replacing hormones such as oestrogen. MHT is safe for most people, but it's not recommended in some cases, for example, if you've had hormone-positive cancer.

Your doctor may prescribe MHT as pills, patches, gel, vaginal creams, an intrauterine device (IUD) or a combination of these. It might take time to find the right dosage and method for you.



FAQs

Is it normal to have brain fog during menopause?

Brain fog is common during menopause. For example, you might forget names, struggle to concentrate, or forget why you walked into a room. Experts say these symptoms are usually temporary.

How do I know if I've reached menopause?

If you are at the expected age and haven't had a period for 12 months, you have probably reached menopause. Your doctor will usually only recommend a blood test to confirm menopause if your periods have stopped before the age of 45.

What causes premature menopause?

Premature menopause is when your final period happens before the age of 40. Premature ovarian insufficiency (POI) is one cause of premature menopause. Due to lower hormone levels, you will need to have hormone therapy (usually MHT or the Pill) until the expected age of menopause.

Why is sex painful around menopause?

The decrease of oestrogen at menopause causes changes in the tissues of your vagina and vulva. This means your vagina becomes drier and less elastic, which can lead to pain during sex. Talk to your doctor about treatment options (e.g. vaginal lubricants, moisturisers and oestrogen).

Does menopause cause weight gain?

Weight gain and increased belly fat is common among women at midlife. Many people think this is part of menopause, but it's more likely due to ageing and lifestyle changes. A healthy diet and regular physical activity can help you manage your weight.

Should I use contraception after menopause?

If you don't want to become pregnant, you should continue to use contraception until you've had one year without a period (if you're over 50) or two years without a period (if you're under 50).

When to see your doctor

If you're bothered by menopausal symptoms, ask your doctor about different treatment options. Learn about the risks and benefits of each treatment before you decide what's right for you.

Menopause checklist

Our menopause checklist makes it easy to track your symptoms. Scan the QR code or visit jeanhailes.org.au



Health checks

Heart health check

Every two years between the ages of 45 and 79. People with diabetes should have checks from age 35, and First Nations people from age 30.

Bone health check

Once a year from age 45, if recommended by your doctor. Depending on your risk of low bone density (osteoporosis), you might need a bone density scan (DXA) every two years.

Breast self-check

Check your breasts every month and see your doctor if you notice any unusual changes like a lump or thick tissue.

Breast screening

Every two years between the ages of 50 and 74. If you're aged under 50 or over 74, ask your doctor about your breast cancer risk and whether you need screening.

Cervical screening test

Every five years between the ages of 25 and 74.

See your doctor for regular health checks so you can find and treat conditions early. Here's a guide to some important health checks.

Bowel screening

Every two years between the ages of 50 and 74. People with a higher risk of bowel cancer may need to screen more often.

Sexual health check

If you're sexually active, ask your doctor how often you should be tested for sexually transmitted infections (STIs).

Other health checks

You may need different or more frequent checks depending on your age, life stage or risk. Discuss your medical and family history with your doctor.

Are you up to date?

Scan the QR code for more information and a handy chart or visit jeanhailes.org.au



Vulva and vagina

It's important to look after your vulva and vagina and understand what's normal for you.

Some people think the vulva is the vagina, but they are different. Your vulva is the external part of the female genitals that you can see. Your vagina is inside your body, extending from your vulva to the start of your uterus.

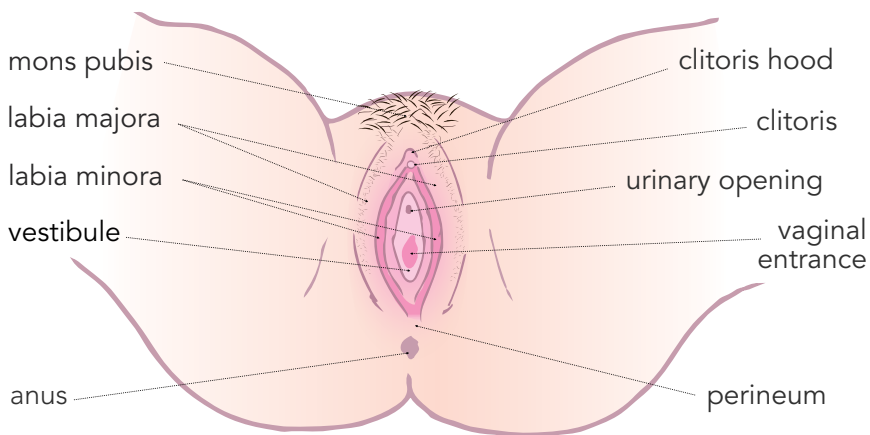


Illustration showing different parts of the vulva

Every vulva is unique

Every vulva is unique in size, shape, colour and appearance. You can use a mirror to see what your vulva looks like. Knowing what's normal will help you to notice any changes.

Vulval care

- Use soap-free products or water to wash your vulva – never use douches or vaginal washes.
- Don't use talcum powder on your vulva.
- After you go to the toilet, wipe from front to back.
- Wear natural-fibre underwear (e.g. cotton or bamboo).
- After swimming or exercise, change or shower straight away.

FAQs

Why is my vulva itchy?

Vulval irritation is common. It can be caused by different things, including vaginal discharge, skin conditions, infections, hormones and allergies to some products and clothes.

Most causes of vulval irritation are not serious, but there are a few rare conditions that can become serious if left untreated.

What is thrush?

Thrush is an infection of the vulva and vagina. It's caused by an overgrowth of yeast that lives normally in the vagina and gut. Symptoms of thrush can include itching, a burning feeling and a thick, white discharge.

What can soothe vulval irritation?

You can try different treatments at home, for example, a cold pack (wrapped in a cloth), saltwater spray or a bath with one cup of bicarbonate of soda.

If irritation doesn't improve, ask your doctor to check your vulva. They may give you a script for treatments such as medicated creams, pessaries or tablets.

What can cause vulval pain?

Vulval pain is common. Some causes of vulval pain include vulvodynia (when light touch or pressure on the vulva causes intense pain) and pudendal neuralgia (when a damaged pudendal nerve causes pain and discomfort).

Why does my vagina smell?

It's normal for your vagina and vulva to smell different at different times in your menstrual cycle and after menopause.

Fluids and discharges can affect the smell. For example, wee, sweat, blood, skin oils and vaginal and gland secretions.

If you are worried about the smell, or have symptoms such as itching, burning, irritation, soreness, painful sex or pain when you wee, see your doctor.

What is a prolapse?

A pelvic organ prolapse happens when pelvic floor muscles and tissues weaken and stretch, allowing the uterus, bowel or bladder to bulge into the vagina. It can affect one or all vaginal walls. Prolapse may be due to pregnancy, childbirth or menopause.

When to see your doctor

If you have vulval irritation, it's important to see your doctor and ask for an examination so you get the right diagnosis and treatment.

Vulval self-checks

Learn how to get to know your vulva and why it's important. Scan the QR code to read the article or visit jeanhailes.org.au



Bladder and pelvic floor



It's common for women to have bladder problems at different life stages, for example, after having a baby, around the time of menopause and later in life.

There are things you can do to reduce the risk of bladder problems, including wee leakage (urinary incontinence).

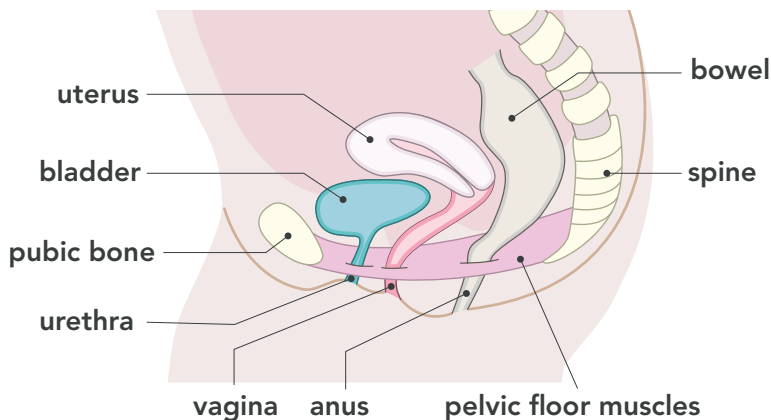


Illustration of the bladder and pelvic floor muscles

Pelvic floor exercises

The pelvic floor is made up of muscles and tissues that act like a supportive hammock for your bladder, bowel and uterus.

Doing daily pelvic floor muscle relaxation and strengthening exercises can help reduce the risk of bladder problems. A pelvic floor physiotherapist can teach you the right techniques.

FAQs

What are urinary tract infections (UTIs)?

UTIs are common infections caused by bacteria entering the body, usually through the urethra. Symptoms can include a burning sensation when doing a wee, weeing more often than usual and cloudy wee. See your doctor if you have symptoms, as a UTI can lead to serious kidney infection if left untreated.

How can I prevent wee leakage?

There are many ways to prevent and manage wee leakage. For example:

- do pelvic floor muscle exercises
- do low-impact activities (e.g. aqua exercise)
- only wee when you need to – not 'just in case'.

When to see your doctor

You can get help for accidental wee leakage. See your doctor, or a specialist such as a pelvic floor physiotherapist, to learn different ways to manage it.

Listen and laugh

Comedian, Denise Scott, talks about light bladder leakage and more with the experts.

Listen via the QR code or visit jeanhailes.org.au



Periods

A period is when you bleed from your vagina every month. The average length of a period is three to seven days. Periods are a natural part of your body's menstrual cycle.

A menstrual cycle is from the first day of your period to the day before your next period. Everyone's cycle is different, and cycles can vary at different life stages. The average length of a menstrual cycle is about 28 days.

Heavy periods

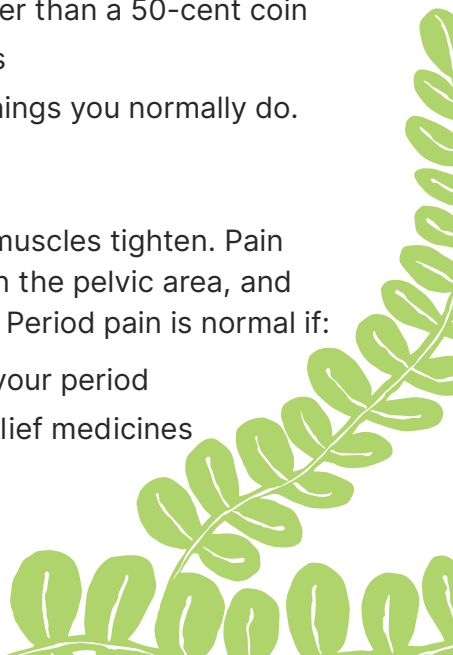
About one in four women have heavy periods. Your periods may be considered 'heavy' if:

- you need to change your period product (e.g. pad, tampon or menstrual cup) every two hours or less
- you need to change your period product overnight
- you notice blood clots that are bigger than a 50-cent coin
- your period lasts eight or more days
- your periods stop you from doing things you normally do.

Period pain

Period pain happens when your uterus muscles tighten. Pain might include cramping and heaviness in the pelvic area, and pain in the lower back, stomach or legs. Period pain is normal if:

- it happens on the first two days of your period
- it goes away when you take pain-relief medicines
- it doesn't affect your daily life.



FAQs

What is PMS?

Some people have symptoms such as cramps, irritability, bloating, pimples and tiredness one to two weeks before their period. This is known as premenstrual syndrome (PMS). Symptoms usually stop after your period starts.

What is PMDD?

Premenstrual dysphoric disorder (PMDD) is a severe form of PMS. It causes extreme mood shifts and can affect your school, work, relationships and quality of life. Symptoms start one to two weeks before your period and usually settle after your period starts.

When to see your doctor

It's not normal for your period to stop you from doing everyday activities. If you have severe symptoms before or during your period, see your doctor.

Get the facts

Heavy periods are common, but effective treatments are available. Get the fact sheet via the QR code or visit jeanhailes.org.au



Sex and sexual health



Looking after your sexual health is not just about preventing unplanned pregnancies or sexually transmitted infections (STIs). It's also about your right to have respectful, pleasurable and safe sexual experiences.

Sex and sexuality can play an important role in your health and wellbeing throughout your life.

Healthy sexual relationships

Sex can be any kind of activity that one or more people do to feel sexually excited. It's broader than intercourse (penetrative sex). Sexual relationships are different for everyone. A healthy sexual relationship involves things like trust, respect, consent and open communication about your needs.

Contraception

You can use different methods of contraception. No form of contraception is 100% effective at preventing pregnancy.

The most effective types of contraception include the Pill, the vaginal ring, and long-lasting reversible contraception (LARC), for example, a hormonal implant or intrauterine device (IUD).

Condoms are the only form of contraception that are highly effective at protecting against STIs.

FAQs

When do I need a sexual health check?

If you're sexually active, talk to your doctor about how often you should have a sexual health check. If you're starting a relationship, discuss safer sex with your partner and consider having sexual health checks before having unprotected sex.

What causes painful sex?

Painful sex (dyspareunia) is common. There are many causes of painful sex. For example:

- lack of lubrication
- thinner vaginal walls due to hormonal changes – common when breastfeeding or around the time of menopause
- health conditions such as endometriosis.

When to see your doctor

You don't have to put up with painful sex. See your doctor to find the cause and get help to manage it.

Amanda's story

For Amanda, a painful condition made it impossible to have sex. Learn what helped. Scan the QR code or visit jeanhailes.org.au



Anxiety

Anxiety is a normal, human reaction to stressful situations. Anxiety can feel overwhelming, but you can learn to manage it with the right support.

Symptoms

Symptoms vary depending on the type and level of anxiety. You can experience physical symptoms (e.g. sweating, a quick heart rate and a tight chest) and emotional symptoms (e.g. fear, racing thoughts, anger and sadness).

Causes

Anxiety is usually caused by a combination of factors, such as:

- family history
- your personality, beliefs and attitudes
- stressful events
- health conditions
- hormones.

Tips for managing anxiety

You don't have to struggle with anxiety – there are lots of ways to manage it.

For example:

- be kind to yourself
- practise positive self-talk.

You can also:

- recognise what makes you feel anxious ('triggers') and find ways to reduce your anxiety
- try different relaxation techniques (e.g. deep breathing, mindfulness and meditation)
- eat a balanced diet and exercise regularly.

FAQs

How does anxiety feel?

Anxiety can make you feel nervous, worried, panicky and fearful. You might feel anxious at different times, like when you are under pressure at work. But most of the time, your emotions will calm down after a stressful situation has passed.

What is an anxiety disorder?

If you have anxiety that occurs for no reason, doesn't go away or affects your quality of life, it might be an anxiety disorder.

When to see your doctor

If you are concerned about your anxiety, talk to your doctor. The earlier you seek help, the sooner you can feel better.

What else can help?

For more tips, scan the QR code to get our fact sheet or visit

jeanhailes.org.au



Persistent pelvic pain

Persistent pelvic pain (PPP) is pain in your pelvis that is felt most days and lasts for more than six months. You might feel pain in one area or in your whole pelvic area, including your lower back.

Pelvic pain is common. It can be short term (acute), lasting from a few days to a few weeks, or it can be persistent (chronic).

Things that contribute to PPP

Many things may contribute to this type of pain, including:

- biological factors (e.g. physical health conditions, inflammation and hormones)
- psychological factors (e.g. how you think about pain and how pain impacts your sleep and mood)
- social factors (e.g. your home and work environments and social connection).

Learning about pain

It's important for you to learn about pain and different strategies that may help you.

Pain is a protection system to keep you safe. It comes from your brain, not your body tissues.

You can try different things to change your thoughts about pain. For example, remind yourself that moving normally will help. This mindset will help you feel more in control and might reduce your pain.



Practical ways to manage your pain

There are many ways to help manage your pain. You could try:

- stretching, yoga and deep breathing to relax your muscles
- eating a healthy diet to reduce pain and inflammation
- massage therapy to relieve tightness in soft tissues.

FAQs

Why is some pain persistent?

PPP can start as short-term pain, which may be caused by your period or a health condition. Over time, pain can change the muscles and nervous system, resulting in ongoing pain.

Who can help with PPP?

It is best to work with a healthcare team (e.g. gynaecologist, pelvic floor physiotherapist and psychologist). They can help you to stay active, learn about pain and care for your wellbeing.

When to see your doctor

If you have pelvic pain, see your doctor. It can take time to diagnose this complex condition and develop a treatment plan.

Listen to a podcast

Pain psychologist, Dr Jacqui Stanford, explains how pain affects relationships.

Scan the QR code or visit jeanhailes.org.au



Polycystic ovary syndrome (PCOS)

only for women



Health check for women

Your guide to what you need and when

Blood pressure check	Every two years from age 18 or more often
Cholesterol check	Every five years from age 45 (age 35 for Aboriginal and Torres Strait Islander people) earlier/more frequent depending on family history
STI screening	For sexually active women of all ages, speak to your GP about screening for sexually transmitted infections (STIs). Women under 30 should be screened more frequently.
Pre-pregnancy care	As needed, when women are of childbearing age.
Breast self-check	Once a month for women of all ages. Get to know the feel of your breasts. Speak to your GP if you notice any unusual changes.
Breast cancer screening mammogram	Every two years from age 50-74. Women with higher risk may need to screen earlier/more often - speak to your GP.
Heart health check	At least every two years from age 45 (age 35 for Aboriginal and Torres Strait Islander people)
Diabetes screening	At least every three years from age 40. May be earlier/more often if you have other risk factors.

Grow your knowledge

Download, print or order free Jean Hailes resources from jeanhailes.org.au/resources or scan the QR code.

Health

Private-only



ks

en if at increased risk.

original and Torres Strait Islander women). May be associated with your age, health and risk of developing a chronic disease.

your GP about how often to screen for sexually transmitted infections. Your GP may need screening at least once a year.

normal look and feel of your breasts.

or family history of breast cancer.

and Torres Strait Islander women).

in for women at higher risk.



Is every health check the same?

The type of health check you get will depend on your age and health.

Done every 1 to 5 years. A health carer will tell you what tests are.

your age, health and risk of developing a chronic disease.

5

Jean Hailes for Women's Health

Polycystic ovary syndrome (PCOS)

What is polycystic ovary syndrome (PCOS)?

PCOS is a hormone imbalance that affects about one in 10 women. This condition is associated with increased levels of androgens (male-type hormones) in the body – insulin-like growth factor (IGF) – that can lead to facial and body hair, pimples, and challenges with fertility.

Symptoms

Women with PCOS may have irregular periods, excess hair growth, acne, and skin conditions. Symptoms can vary between different stages of the condition.

- irregular periods
- excess hair growth
- body or facial hair
- hair loss
- skin conditions
- acne
- weight gain
- stress
- depression

What cause

Menopause happens naturally as you age. Menopause is a natural part of a woman's life. It is not a disease. Menopause is a natural part of a woman's life. It is not a disease.

Jean Hailes for Women's Health

Menopause

What is menopause?

Menopause is your final period. You will no longer have a period for 12 months.

When does menopause happen?

Most women reach menopause between the ages of 45 and 55. In Australia, the average age for women to reach menopause is 51. Some women might get their periods earlier or later than this. Menopause can happen early or late. Menopause can happen early or late.

Managing menopause

An effective way to manage menopause is to talk to your doctor. They can help you find the best way to manage your symptoms. There are many ways to manage menopause. An effective way to manage menopause is to talk to your doctor. They can help you find the best way to manage your symptoms. There are many ways to manage menopause.

Jean Hailes for Women's Health



WOMEN'S HEALTH WEEK

2-6
September
2024

womenshealthweek.com.au

 Jean Hailes
Women's Health Week®

Jean Hailes is supported by funding
from the Australian Government.

Artwork by Tam Bower

For further information contact

Jean Hailes for Women's Health
PO Box 24098
Melbourne VIC 3001

Phone 03 9453 8999

Email education@jeanhailes.org.au

Website jeanhailes.org.au

Disclaimer: This information does not replace medical advice. If you are worried about your health, talk to your doctor or healthcare team.

We write health information for people with diverse backgrounds, experiences and identities. We use the term 'women', but we acknowledge that this term is not inclusive of all people who may use our content.

© 2024 Jean Hailes Foundation. All rights reserved.

This publication may not be reproduced in whole or in part by any means without written permission of the copyright owner. Email licensing@jeanhailes.org.au for more information.

Created April 2024