**Women’s health information – practice websites**

**Sexual health advice**

You can find information and advice about sexual health, including contraception and sexually transmitted infectionson the NHS website here <https://www.nhs.uk/live-well/sexual-health/>

You can also call your local sexual health clinic if you need help and advice. You can find details of your local clinic here <https://www.nhs.uk/service-search/sexual-health/find-a-sexual-health-clinic>

**Contraception**

Contraception aims to prevent pregnancy and contraceptive and contraception are free for most people in the UK. This includes services for people aged under 16 provided they are mature enough to understand the information and the decisions involved. There are strict guidelines though for professionals who work with people under 16.

There are currently 15 different contraception methods to choose from so you can choose which one will suit you best.

These include:

* [caps](https://www.nhs.uk/conditions/contraception/contraceptive-cap/)
* [combined pill](https://www.nhs.uk/conditions/contraception/combined-contraceptive-pill/)
* [condoms (female)](https://www.nhs.uk/conditions/contraception/female-condoms/)
* [condoms (male)](https://www.nhs.uk/conditions/contraception/male-condoms/)
* [contraceptive implant](https://www.nhs.uk/conditions/contraception/contraceptive-implant/)
* [contraceptive injection](https://www.nhs.uk/conditions/contraception/contraceptive-injection/)
* [contraceptive patch](https://www.nhs.uk/conditions/contraception/contraceptive-patch/)
* [diaphragms](https://www.nhs.uk/conditions/contraception/contraceptive-diaphragm-or-cap/)
* [intrauterine device (IUD)](https://www.nhs.uk/conditions/contraception/iud-coil/)
* [intrauterine system (IUS)](https://www.nhs.uk/conditions/contraception/ius-intrauterine-system/)
* [natural family planning](https://www.nhs.uk/conditions/contraception/natural-family-planning/)
* [progestogen-only pill](https://www.nhs.uk/conditions/contraception/the-pill-progestogen-only/)
* [vaginal ring](https://www.nhs.uk/conditions/contraception/vaginal-ring/)

There are also two permanent options involving female and male sterilisation.

You can get contraception for free from:

* most GP surgeries (talk to your GP or practice nurse)
* community contraception clinics
* sexual health clinics (these offer contraceptive and STI testing services)
* some young people's services

You can read a helpful contraception guide here <https://www.nhs.uk/conditions/contraception/?tabname=getting-started>

You can also find local sexual health services, including contraception clinics here <https://www.nhs.uk/service-search/other-services/Sexual-health-information-and-support/LocationSearch/734> or call the national sexual health line on 0300 123 7123.

**Emergency contraception**

Emergency contraception can prevent pregnancy after unprotected sex or if the contraception you have used has failed – for example, a condom has split or you have missed a pill.

There are 2 types of emergency contraception:

* the emergency contraceptive pill – Levonelle or ellaOne (the "morning after" pill)
* the intrauterine device (IUD or coil)

You need to take the emergency contraceptive pill within 3 days (Levonelle) or 5 days (ellaOne) of unprotected sex for it to be effective – the sooner you take it, the more effective it'll be.

The IUD can be fitted up to 5 days after unprotected sex, or up to 5 days after the earliest time you could have ovulated, for it to be effective.

You can find out more about emergency contraception, possible side effects and where to get it here <https://www.nhs.uk/conditions/contraception/emergency-contraception/>

**Pregnancy**

You can find out all you need to know about trying for a baby, pregnancy, labour and birth, including a due date calculator and various elements of support on this handy NHS guide here <https://www.nhs.uk/pregnancy/>

**Menopause**

Menopause is when your periods stop due to lower hormone levels. This usually happens between the ages of 45 and 55.

It can sometimes happen earlier naturally. Or for reasons such as surgery to remove the ovaries (oophorectomy) or the uterus (hysterectomy), cancer treatments like chemotherapy, or a genetic reason. Sometimes the reason is unknown.

Perimenopause is when you have symptoms before your periods have stopped. You reach menopause when you have not had a period for 12 months.

Menopause and perimenopause can cause symptoms like anxiety, mood swings, brain fog, hot flushes and irregular periods. These symptoms can start years before your periods stop and carry on afterwards.

Menopause and perimenopause symptoms can have a big impact on your life, including relationships and work.

There are things you can do to help with symptoms. There are also medicines that can replace the missing hormones and help relieve your symptoms.

You can find out more about the menopause and perimenopause, symptoms and treatment here <https://www.nhs.uk/conditions/menopause/>

If you think you have signs of the menopause or perimenopause, you can also contact your local surgery to discuss your options.

**Miscarriage/Still born**

When someone loses a baby whether as a result of miscarriage or still birth it is devastating for all those involved.

Counselling and bereavement services are available and it’s important to talk to someone about your experiences and get the help and support you need.

You can find information here from the charity Sands <https://www.sands.org.uk>

and the Baby Loss Awareness Alliance <https://babyloss-awareness.org/support/>

**Osteoporosis/Bone health**

Osteoporosis is a health condition that weakens bones, making them fragile and more likely to break. It develops slowly over several years and is often only diagnosed when a fall or sudden impact causes a bone to break (fracture).

It affects over 3 million people in the UK.

Losing bone is a normal part of ageing, but some people lose bone much faster than normal. This can lead to osteoporosis and an increased risk of broken bones.

Women also lose bone rapidly in the first few years after the menopause. Women are more at risk of osteoporosis than men, particularly if the menopause begins early (before the age of 45) or they've had their ovaries removed.

Many other factors can also increase the risk of developing osteoporosis, including:

* taking high-dose steroid tablets for more than 3 months
* other medical conditions – such as inflammatory conditions, hormone-related conditions, or malabsorption problems
* a family history of osteoporosis – particularly a hip fracture in a parent
* long-term use of certain medicines that can affect bone strength or hormone levels, such as anti-oestrogen tablets that many women take after breast cancer
* having or having had an eating disorder such as anorexia or bulimia
* having a low body mass index
* not exercising regularly
* heavy drinking and smoking

If you're at risk of developing osteoporosis, you should take steps to help keep your bones healthy. This may include:

* taking regular exercise to keep your bones as strong as possible including weight-bearing exercises, where your feet and legs support your weight (like walking, running or dancing) and resistance exercises (for example, using weights)
* healthy eating – including foods rich in calcium and vitamin D
* taking a daily supplement containing 10 micrograms of vitamin D
* making lifestyle changes – such as giving up smoking and reducing your alcohol consumption

You can read more about osteoporosis, prevention, causes, symptoms and treatment here [**https://www.nhs.uk/conditions/osteoporosis/**](https://www.nhs.uk/conditions/osteoporosis/)

You can also speak to the healthcare team at your local surgery if you have concerns about osteoporosis.

**Heart health**

According to the British Heart Foundation, women are twice as likely to die of coronary heart disease – the main cause of a heart attack – as breast cancer in the UK.

As a woman your hormones might give you some protection from coronary heart disease in your pre-menopause years but post-menopause your risk rises and continues to rise as you get older and it is increasingly important to be aware of the risk factors.

These are:

* High blood pressure
* High Cholesterol
* Diabetes
* Smoking
* Being overweight
* Not doing enough physical activity

Identifying and managing risks early on could help you lower your risk of a heart attack in the future.

Women over the age of 40 can visit their local GP or nurse for a health check to check their cardiovascular risk. If you're aged 40–74 and living in England, you can ask for an NHS health check.

You can read more about preventing coronary heart disease here <https://www.nhs.uk/conditions/coronary-heart-disease/prevention/>

**Cervical Screening**

Cervical screening is one of the best ways of protecting yourself from Cervical Cancer.

Cervical screening (a smear test) checks the health of your cervix. The cervix is the opening to your womb from your vagina. It is not a test for cancer, it is a test to help prevent cancer.

* All women and people with a cervix aged 25 to 64 should go for regular cervical screening
* You will be invited to an appointment by letter and it is important that you attend.
* During the screening appointment, a small sample of cells will be taken from your cervix.
* The sample is checked for certain types of human papillomavirus (HPV) that can cause changes to the cells of your cervix. These are called "high risk" types of HPV.
* If these types of HPV are not found, you do not need any further tests.
* If these types of HPV are found, the sample is then checked for any changes in the cells of your cervix. These can then be treated before they get a chance to turn into cervical cancer.
* You'll get your results by letter, usually in about 2 weeks after your appointment. It will explain what happens next.

Contact your GP surgery online or by phone if you think you are due to have cervical screening but have not been sent an invitation.

If you are worried about symptoms of cervical cancer such as:

* bleeding between periods, during or after sex, or after you have been through the menopause
* unusual vaginal discharge

Contact your surgery, do not wait for your next cervical screening appointment

You can find about more about cervical screening and watch a short video explaining the cervical screening procedure here <https://www.nhs.uk/conditions/cervical-screening/>

**Endometriosis**

Endometriosis is a condition where tissue similar to the lining of the womb starts to grow in other places, such as the ovaries and fallopian tubes.

Endometriosis can affect women of any age.

It's a long-term condition that can have a significant impact on your life, but there are treatments that can help.

The symptoms of endometriosis can vary. Some women are badly affected, while others might not have any noticeable symptoms.

The main symptoms of endometriosis are:

* pain in your lower tummy or back (pelvic pain) – usually worse during your period
* period pain that stops you doing your normal activities
* pain during or after sex
* pain when peeing or pooing during your period
* feeling sick, constipation, diarrhoea, or blood in your pee during your period
* difficulty getting pregnant

You may also have heavy periods. You might use lots of pads or tampons, or you may bleed through your clothes.

For some women, endometriosis can have a big impact on their life and may sometimes lead to feelings of depression.

There is currently no cure for endometriosis, however there are treatments that can help ease the symptoms.

Contact your local surgery if you think you have the symptoms of endometriosis.

You can read more about endometriosis here <https://www.nhs.uk/conditions/endometriosis/>

**Polycystic ovary syndrome**

Polycystic ovary syndrome (PCOS) is a common condition, affecting one in every ten women in the UK, that affects how a woman's ovaries work.

The 3 main features of PCOS are:

* Irregular periods or no periods at all – which means your ovaries do not regularly release eggs (ovulation)
* excess androgen – high levels of "male" hormones in your body, which may cause physical signs such as excess facial or body hair (usually on the face, chest, back and buttocks)
* polycystic ovaries – your ovaries become enlarged and contain many fluid-filled sacs (follicles) that surround the eggs (but despite the name, you do not actually have cysts if you have PCOS)

If you have at least 2 of these features, you may be diagnosed with PCOS.

There is no cure for PCOS, however the symptoms can be treated. Speak to your surgery if you think you may have the condition.

You can read more about this condition here <https://www.nhs.uk/conditions/polycystic-ovary-syndrome-pcos/>

**HPV Vaccinations**

Girls and boys aged 12 to 13 years (born after 1 September 2006) are offered the human papillomavirus (HPV) vaccine as part of the NHS Vaccination programme.

The HPV vaccine helps protect against cancers caused by HPV, including:

* cervical cancer
* some mouth and throat (head and neck) cancers
* some cancers of the anal and genital areas

It also helps protect against [genital warts](https://www.nhs.uk/conditions/genital-warts/).

In England, girls and boys aged 12 to 13 years are routinely offered the 1st HPV vaccination when they're in school Year 8. The 2nd dose is offered 6 to 24 months after the 1st dose.

It's important to have both doses of the vaccine to be properly protected.

If you’re eligible and miss the HPV vaccine offered in Year 8 at school, it’s available for free on the NHS up until your 25th birthday for:

* girls born after 1 September 1991
* boys born after 1 September 2006

You can find out more about HPV and how the vaccines work here <https://www.nhs.uk/conditions/vaccinations/hpv-human-papillomavirus-vaccine/>

**Breast Cancer**

Breast cancer is the most common type of cancer in the UK. Most women diagnosed with breast cancer are over the age of 50, but younger women can also get breast cancer.

About 1 in 8 women are diagnosed with breast cancer during their lifetime. There's a good chance of recovery if it's detected at an early stage.

For this reason, it's vital that women check their breasts regularly for any changes and always have any changes examined by a GP.

Breast cancer can have several symptoms, but the first noticeable symptom is usually a lump or area of thickened breast tissue.

Most breast lumps are not cancerous, but it's always best to have them checked by a doctor.

You should also see a GP if you notice any of these symptoms:

* a change in the size or shape of one or both breasts
* discharge from either of your nipples, which may be streaked with blood
* a lump or swelling in either of your armpits
* dimpling on the skin of your breasts
* a rash on or around your nipple
* a change in the appearance of your nipple, such as becoming sunken into your breast

Breast pain is not usually a symptom of breast cancer.

Mammographic (breast) screening, where x-ray images of the breast are taken, is the most commonly available way of finding a change in your breast tissue (lesion) at an early stage.

As the risk of breast cancer increases with age, all women who are 50 to 70 years old are invited for breast cancer screening every three years.

Find out more about the symptoms, causes, diagnoses, prevention and treatment of breast cancer here <https://www.nhs.uk/conditions/breast-cancer/>