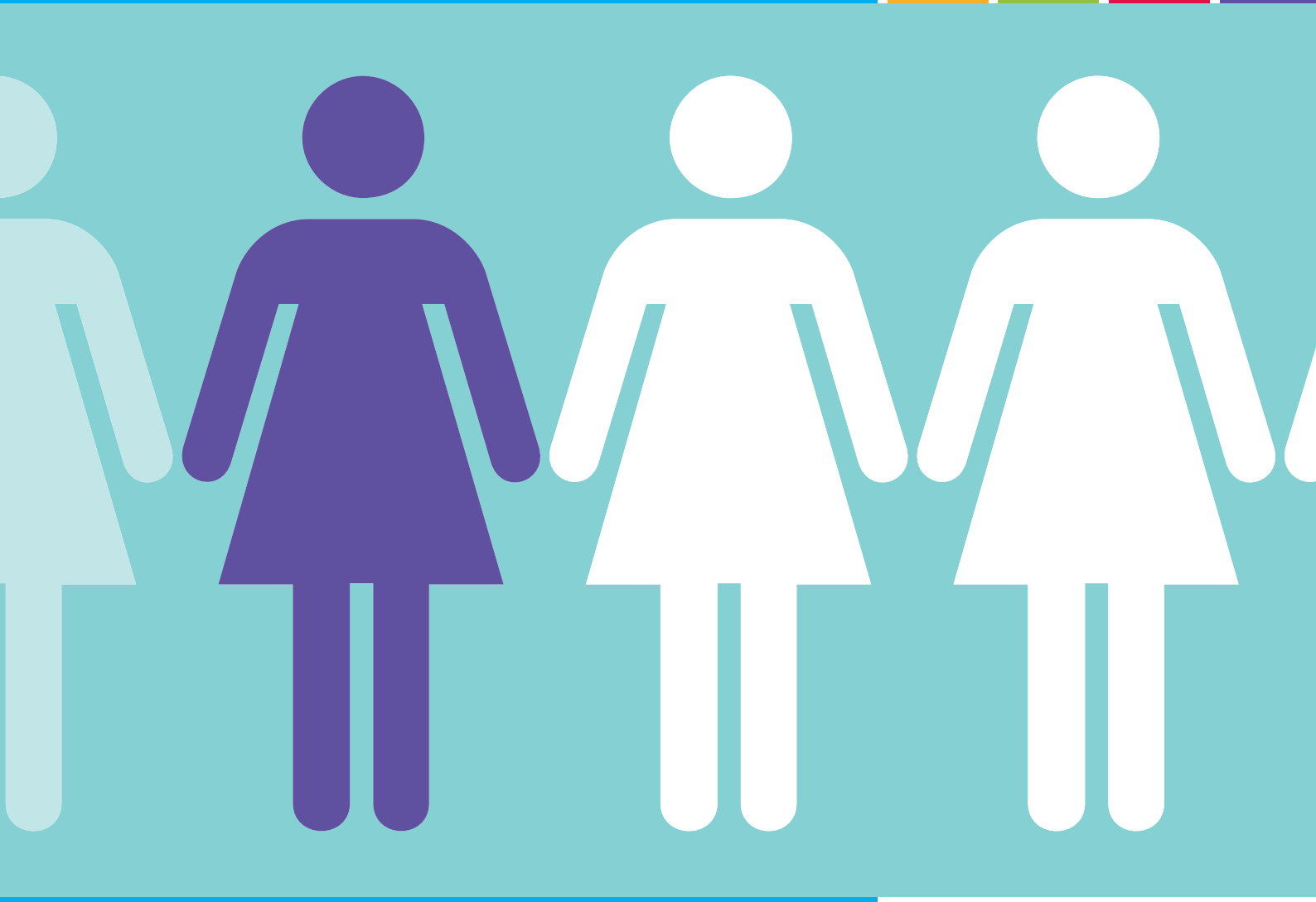
Royal College of Nursing

Making Sense of Women's Health

CLINICAL PROFESSIONAL RESOURCE



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This publication has been endorsed by the Royal College of Obstetricians and Gynaecologists

Royal College of Obstetricians & Gynaecologists

This document has been designed in collaboration with our members to ensure it meets most accessibility standards. However, if this does not fit your requirements, please contact corporate.communications@rcn.org.uk

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Notes

It is recognised that care may be provided by registered nurses and midwives, health care support workers, assistant practitioners, nursing associates, student nurses and midwives, and trainee nursing associates. For ease of reading, the generic terms 'nurse', 'nursing' and 'nurses' are used throughout this document, unless specified.

The RCN recognises and embraces our gender diverse society and encourages this guideline to be used by and/or applied to people who identify as non-binary, transgender, or gender fluid.

The RCN also recognises that not all those born female or male will identify with the same gender nouns, but for ease of reading we use the term woman/man/men and where appropriate, acknowledge non-binary terms.

1. Introduction

The RCN Women's Health Forum has a well-recognised reputation for producing evidence-based guidance to support nurses in practice to provide quality care to the women in their care. Making sense of women's health is the challenge for this project team – anecdotal evidence and conversations with charities such as Endometriosis UK, Verity, National Association for Premenstrual Syndromes (NAPS) and others suggest that many women's conditions can be misdiagnosed or take a long time to reach an effective treatment because of differing diagnoses.

One of the challenges can be that many women's conditions are related to menstrual wellbeing, which is not always well understood by all women, men and/or health care professionals.

The RCN's Promoting Menstrual Wellbeing publication (RCN, 2022), the RCN's Women's Health Pocket Guide (RCN, 2023) and **rcn.org.uk/clinical-topics/womens-health** (link requires registration) have been very well received as useful quick reference guides to signs, symptoms and conditions that impact on the health and wellbeing of girls and women.

This new resource builds on these publications to support nurses to make sense of women's health and what symptoms may mean for women, as well as where to refer or direct women for further care and/or support.

There are online tools related to women's (suspected) cancer symptoms but none that look at women's health as a whole. The evidence around women's health is patchy and for pragmatic purposes can be split into distinct areas: contraception, infertility, cancer, and pregnancy. However, there is very little evidence that looks at all areas, such as menstrual wellbeing, fibroids, endometriosis and polycystic ovary syndrome (PCOS). This can lead to a fragmented service and affect the care and advice given to women, often resulting in long delays and consequent physical and psychological negative impacts on health and wellbeing (for example, it takes 8 years and 10 months for a diagnosis of endometriosis).

The Royal College of Obstetricians and Gynaecologists (RCOG) developed a life course approach to women's health, which divides the life course into adolescence, middle years and later years (RCOG, 2021). This RCN resource has used the same model as a basis for making sense of women's health. In this revised edition there is also the impact of the Women's Health Strategy 2022 (**gov.uk/government/publications/womens-health-strategy-for-england**) to consider, which echoes some of these themes, especially around education and future research

This RCN publication is designed for the non-specialist nurse. It highlights awareness of conditions that women can experience, the likely outcomes, and how to provide guidance toward appropriate resources or treatment.

2. How to use this resource

This guide aims to help nurses who see women navigate the symptoms they have to try and find a cause or diagnosis. It is not a comprehensive guide to diagnosis and treatment and should be used as initial signposting only. It is also not an exhaustive guide to conditions but covers some of the most common ones. If in doubt, or if the symptoms do not fit or are "red flags", onward referral is always indicated.

It may also be used by women to make sense of the symptoms they are experiencing, which may help with a more meaningful consultation with health care providers.

The publication has been divided into sections as follows:

- **Questions for history taking**
- **A woman's life course**
- **Symptoms and conditions by age throughout the life course**
- **Screening and women's health**
- **Symptom analysis grid for more common symptoms and conditions**
- **Red flags**
- **References and further reading**
- **Appendix 1: Questions to ask.**

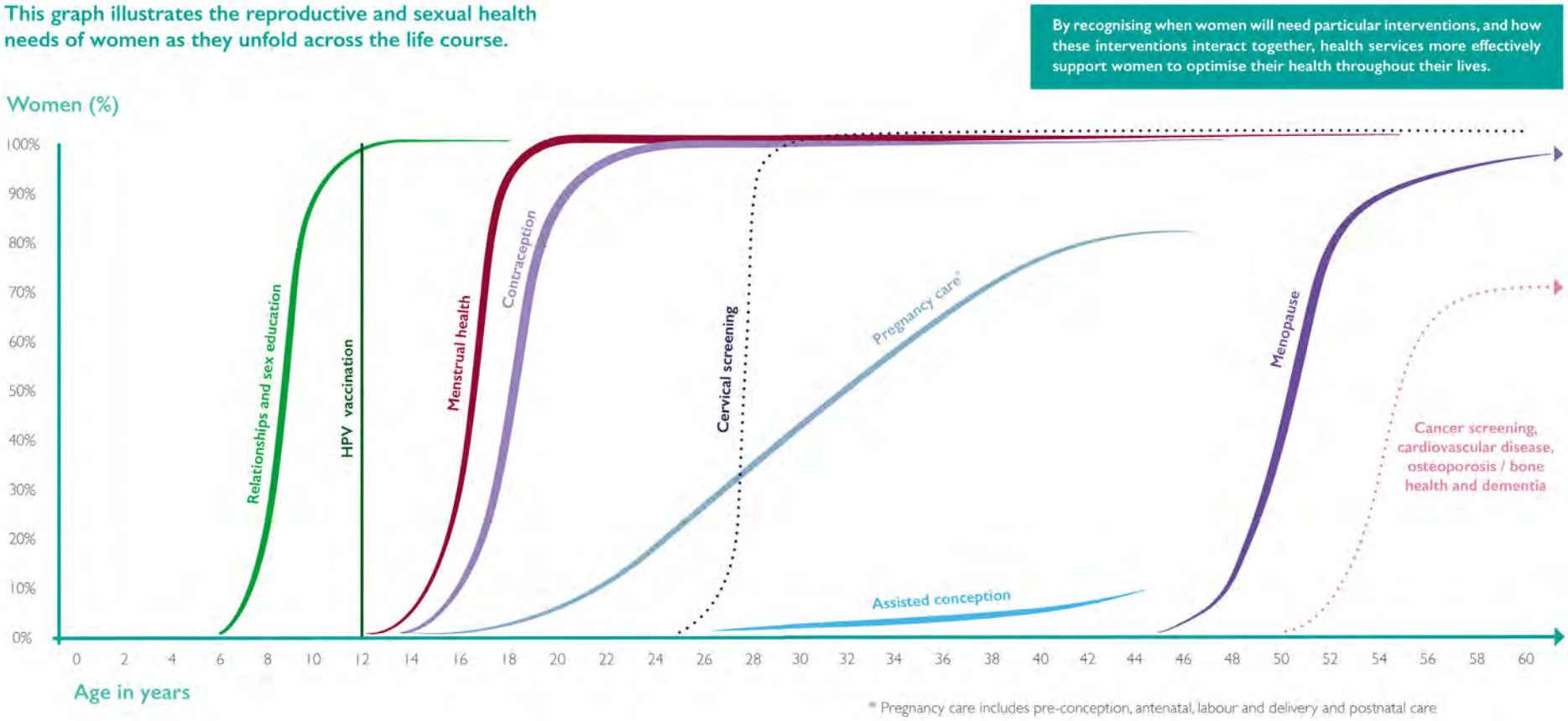
3. Questions for history taking

When talking to women and taking a history, it is important to cover the basics. Normally starting with an open-ended question about why the woman is attending an appointment will prompt information that can then be explored. Then, depending on the answers or presenting complaints, specific questions may be needed. When looking at history taking it is important to establish a pattern for carrying this out, including being comfortable with the questions and the terminology, and being aware of what to do with any information that is given. It is particularly important to pay attention to the fact that women may use different terminology for issues, conditions and body parts. All nurses undertaking history taking should receive training in how to take a good history. The following is a useful example: **geekymedics.com/category/communication-skills/history-taking**

Appendix 1 provides questions which may help with considering relevant conditions.

4. A woman's life course

There are three key stages in a woman's life course, although we recognise that many health issues may be present in several life stages.



A woman's life course reproduced with kind permission from Royal College of Obstetricians and Gynaecologists.

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The three key stages in a woman's life course are broadly defined as:

- adolescence
- the middle years
- menopause and beyond.

(Recognising that some health issues may be present in several life stages.)

Adolescence

This is a crucial stage in the female life course with the onset of menstruation, sexual activity and fertility. High quality reproductive health education (including negotiating relationships, menstrual health, period poverty, fertility, female genital mutilation (FGM), contraception, abortion, infections and menopause) delivered at school, along with preventive health strategies, such as HPV vaccination, are vital. However, some home environments do not allow for this, so there needs to be sensitivity around some areas. Links for Sexual Health Education can be found in the reference list, at the back of this document.

Adolescence to 25 years old can be a time of physical and mental change for women. Periods when they start at menarche can be unpredictable in timing, flow and amount, and pain. This can give rise to suspicion that something is not right. Women need reassurance and information that this is often the case at the menarche and for a few years beyond and that the periods will usually settle down and equally not to continually ignore symptoms such as pain.

This may also be a time when they are exploring their sexuality and/or considering sexual activity and will need health promotion information on sexually transmitted infections (STIs) and contraception to maintain their sexual wellbeing. No method of contraception is contraindicated due to age, but there may be some specific questions needed (Is this consensual sex? Is there the need for management of periods? Is the woman competent to consent and should safeguarding tools be considered?)

In addition, this is the time when girls (and boys) will be offered the HPV vaccination. It can be a time of anxiety for them and their parents/carers. Concerns about what is normal, in relation to anatomy, periods and development, will require signposting to good information to help navigate this time of change and development.

Paediatric and Adolescent Gynaecology is a specialist area of practice and may span both paediatric and adult services. Some of these conditions are long term, specialist and complex, and will require a full multi-disciplinary team approach and transition clinics. Anatomy may be different, so it is vital that paediatric patients with any conditions get specialist care. For more information see the British Society of Paediatric and Gynaecology website (britspag.org) which provides further information on vulvovaginitis, premenarchal bleeding, labial adhesions and genital tract abnormalities.

The middle years

In addition to the ongoing need for contraception and healthy lifestyle advice, many women require specific help to manage menstrual disorders such as heavy bleeding and pelvic pain.

The lessons learnt from a woman's response to being pregnant will have an influence on her health in later life. It is crucial that all women undergo a health check following pregnancy to ensure that future pregnancy complications and preventable health problems in later life are avoided. For example, recognising the risk of stress urinary incontinence and pelvic floor dysfunction related to pregnancy and childbirth should be considered.

Between the age of 25 and the menopause, menstrual health, contraception and fertility may be the main focus of women's health. It is an ideal time to reiterate and ensure women understand what's normal and when to seek help. There were 605,470 live births in England and Wales in 2022 (Office of National Statistics, 2024), which is a 3% decrease on previous years. In 2018 the average age of a woman seeking fertility treatment was 36 years. It is well known that female fertility decreases with age (HFEA, 2023). This decline in fertility also means different types of contraception may be more suitable for women toward the end of their reproductive years. Sensitivity is important when asking women about their future plans around starting or growing a family. In 2021, there were 214,689 abortions for women resident in England and Wales; the highest figure since the Abortion Act was introduced in 1967 (Office of National Statistics, 2020). Nurses have an important role to play in optimising access to contraception and increasing women's knowledge around the availability of emergency contraception.

Nurses also have a vital role to play in educating women about screening opportunities and what is abnormal and requires further investigation. Each year in the UK, around 22,050 women and people with gyanaecalogical organs are diagnosed with one of the five gyanecological cancers (womb, ovarian, cervical, vulval and vaginal) (The Eve Appeal) (**eveappeal.org.uk/gynaecological-cancers**) and in 2019 there were 77,814 cancer deaths in women (**cancerresearchuk.org/health-professional/cancer-statistics/mortality**). Cervical screening saves lives, with women being invited for their first cervical screening test just before their 25th birthday. Asking women about their menstrual health and any abnormal bleeding will increase the opportunity for education and aid early diagnosis.

Menopause and beyond

Managing the transition through the menopause provides opportunities to promote healthy lifestyles and reduce or prevent the onset of chronic diseases such as osteoporosis, cardiovascular disease, frailty and dementia.

All women will go through menopause at some point in their life. It is important that they are supported to navigate this, to manage symptoms, reduce associated health risks and maximise their health and wellbeing so that their later years can be ones in which they flourish. Women make up over half the workforce and menopause is increasingly recognised as a significant occupational health issue. Nurses are well placed to assess, treat and advise.

An estimated 1 in 5 people in the UK is currently over the age of 65 and this is the fastest growing area of the population. The average life expectancy for women is currently 83 years of age and the years beyond menopause present significant health challenges. It is a time where frailty increases, and with it, increased risks of falls, disability and harm. The risk of developing pelvic organ prolapse, atrophic vaginitis and bladder problems, such as stress incontinence and overactive bladder, can be very debilitating, with a significant impact on quality of life, including causing embarrassment and distress.

The most common causes of death in older women are dementia and cardiovascular disease, with breast, lung, and bowel cancers being the most common cancers in women. 58 women a day are diagnosed with 1 in 5 gynaecological cancers, and currently face a 40% mortality rate.

Nursing intervention that promotes weight reduction, smoking cessation, healthy eating and exercise can be powerful strategies to reduce risk and improve the wellbeing of women. Careful nursing assessment that identifies “red flag” signs and symptoms can be effective in facilitating early treatment and care that may change the outcome for women. This section suggests key questions for assessing the signs and symptoms of menopause, pelvic dysfunction and gynaecological cancers.

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5. Symptoms and conditions by age throughout the life course

Table 1 below outlines some of the symptoms and conditions that a woman may have over the course of her lifespan. Some conditions and symptoms will cross the 3 groups, defined in the life course model on page 6. They are grouped by age and the associated text can be found in the relevant section below. Some of them can be present from a young age right through to the menopause and beyond, such as vaginal bleeding, however the significance and the importance attached to it will vary, for example, vaginal bleeding is a "red flag" in the postmenopausal women but expected in other age groups.

Table 1 Symptoms by age throughout the life course

Symptoms/conditions	Adolescence and young people (25)	25+ to menopause	Menopause and beyond
Vaginal bleeding	x	x	x (postmenopausal bleeding (PMB) red flag)
Non-ovulatory cycles	x	x (more common after 40 years of age)	
Heavy periods	x	x	
Painful periods	x	x	
No periods	x	x	
Potential pregnancy/post-pregnancy bleeding issues	x	x	
Pelvic Inflammatory Disease (PID)	x	x	x
Vaginal discharge	x	x	x
Sexually transmitted infections (STI)	x	x	x
Vulva dermatitis	x	x	x
Endometriosis	x	x	x (unusual unless on HRT)
Polycystic Ovary Syndrome (PCOS)	x (caution with diagnosis soon after menarche)	x	
Premature ovarian insufficiency (POI)	x	x	
Ovarian cysts	x	x	x
Cervical and endometrial polyps	x (unusual)	x	x
Premenstrual syndrome (PMS)	x	x	
Premenstrual dysphoric disorder (PMDD)	x	x	
Vaginismus	x	x	x
Vulvodynia	x	x	x

Symptoms/conditions	Adolescence and young people (25)	25+ to menopause	Menopause and beyond
Prolapse	x (unusual)	x	x
Perimenopause/menopause symptoms		x (after 40 years of age)	x
Overactive bladder and stress incontinence	x	x	x
Lumps and bumps – vulval/ genital	x	x	x
Cancer – ovary		x	x
Cancer – cervix		x	x
Cancer – endometrium		x	x
Cancer – vulva		x	x

6. Screening and women's health

6.1 Screening

Throughout the whole life course there are defined screening programmes, available to women free on the NHS, including cervical and breast screening. As well as screening at set intervals, it is vital for nurses to be able to advise women at various stages of their life about what specific health issues they may need to consider and seek support with.

The screening programmes offered in the United Kingdom have been rigorously agreed by the National Screening Programme as beneficial to overall health and wellbeing. The National Screening Programme information covers all of the UK: **gov.uk/government/organisations/uk-national-screening-committee**

Screening is always a choice. A woman can choose which tests are right for them, provided all the necessary information about benefits and risks have been provided in a language and format that is understandable. During their lifetime people will be invited for a number of screening tests including diabetic retinopathy from the age of 12 and bowel screening from the age of 60. It is important to note that only those registered with a general practice (GP) as a woman will be invited for cervical and breast screening, which may exclude a number of women and people who are not registered with a GP, or who were assigned female at birth but are registered as a different gender. It is important to consider this when caring for women who are not registered, 'seldom seen' or vulnerable, as often they can miss out on these opportunities for access to health care.

This video shows migrants/refugees how to register with a GP: **How to register with a GP and book a COVID-19 vaccine – YouTube**

This link also provides some useful information on how to seek health assistance for immigrants: **infomigrants.net/en/post/20876/uk-sick-without-papers**

Public Health England has produced a video explaining the main screening opportunities for the female lifetime screening pathway: **youtube.com/watch?v=LNCYsTU96VA**

This NHS video, and a further resource, Screening tests for you and your baby, may also be useful: **youtube.com/watch?v=_afr5ollpTM**

Breast Screening

Breast cancer is the most common type of cancer in the UK, with 1 in 8 women diagnosed during their lifetime. In the UK, women aged between 50 and 70 are invited for breast cancer screening once every three years. The X-ray (mammogram) is performed at a clinic or mobile breast screening unit.

Breast screening guidance: **gov.uk/guidance/breast-screening-programme-overview** and: **easyhealth.org.uk/resources/419-an-easy-guide-to-breast-screening-picture-story**

Women may also experience breast pain and lumps throughout their life. These symptoms may change over time and can be linked to the period cycle, medicines such as the contraceptive pill, mastitis or an abscess. Signs that breast symptoms can be more serious can be found on the NHS website: **nhs.uk/conditions/breast-pain**

Cervical Screening

The aim of the NHS Cervical Screening Programme (NHS CSP) is to reduce the incidence of and mortality from cervical cancer through a national screening programme for people aged 24.5 to 64 who have a cervix. The screening programme has helped halve the number of cervical cancer cases, and is estimated to have saved thousands of lives per year in the UK. The frequency of screening will vary between the four countries of the UK with women being invited every three to five years depending on age and location, and previous test results.

rcn.org.uk/Professional-Development/publications/rcn-cervical-screening-uk-pub-011-051

Cervical screening education and training: **gov.uk/guidance/cervical-screening-education-and-training**

Pocket Guide, page 69: **rcn.org.uk/Professional-Development/publications/womens-health-pocket-guide-uk-pub-010-898**

apictureofhealth.southwest.nhs.uk or **easyhealth.org.uk/resources/category/35-cervical-cancer**

The Human Papillomavirus (HPV) vaccine helps protect against cancer caused by the HPV virus, including cervical cancer, some mouth and throat cancers and some anal and genital cancers, as well as protecting against genital warts. Girls and boys aged 12-13 years are offered the HPV vaccine as part of the **NHS vaccination programme**. The vaccination regime includes two doses offered six to 24 months after the first. In England, the first HPV vaccination is offered between the ages of 12-13 years. The vaccination can be offered free on the NHS up to the age of 25, if not taken up in school. It can also be accessed in sexual health clinics for those considered at high risk.

RCN Cervical screening and disability: Women with physical disability and women with autism: Clinical Guidance (forthcoming late 2024)

RCN (2024), page 8: **rcn.org.uk/Professional-Development/publications/rcn-cervical-screening-uk-pub-011-051**

Public Health England leaflet: **gov.uk/government/publications/hpv-universal-vaccination-guidance-for-health-professionals**

6.2 Women's health needs

Alongside national screening programmes, there are a range of needs where women may require access to information and support in a health care setting. Ensuring that a woman's health is optimised at every stage can help to prevent and reduce the impact of health issues such as cardiovascular disease or other long-term conditions in later life.

Highlighting the broad range of needs and screening is critically important to supporting women and their families – it is well recognised that women can have positive influences on their own families' and friends' health and wellbeing, as role models. Support may also be required to recognise health care issues within the workplace, and an opportunity to support colleagues to make better use of screening opportunities and general health promotion opportunities available.

The health and wellbeing of women is critical to the wellbeing of society, and the growing body of evidence supports the knowledge that many women suffer poorer health outcomes because of their status in society. The RCN supports any moves to recognise the injustice caused to women and girls, simply by virtue of their gender and roles they assume in the community.

Contraception and sexual health

Across all stages of the life course, a women's need for contraception and sexual health services will change. Nurses should be familiar with the options available, for example, free chlamydia home testing for under 25s, at each stage and be able to signpost women to seek confidential advice.

It is important that nurses are aware that women's needs for contraception and sexual health may vary across their life course. For example, HRT does not provide contraception so perimenopausal women should also be advised about contraception. All those at risk of sexually transmitted infections should be encouraged to use condoms and offered sexual health screening, regardless of their age.

Information on access to contraception: **nhs.uk/contraception** and FSRH **fsrh.org**

Access to decision making too: **contraceptionchoices.org**

Access to sexually transmitted infection screening: **rcn.org.uk/clinical-topics/public-health/sexual-health**

Access to all types of emergency contraception: **nhs.uk/conditions/contraception/emergency-contraception** and **apictureofhealth.southwest.nhs.uk/sexual-health/contraception**

Fertility care

Some women may experience difficulties in achieving a successful pregnancy and live birth, especially with conditions such as endometriosis and PCOS. They may also be seeking fertility preservation for medical or social/non-medical reasons. Fertility tests and treatments may be available both on the NHS and the independent sector and women may need guidance on what services are available locally, including eligibility criteria for funding within their local commissioning group.

Useful links include:

The Human Fertilisation and Embryology Authority (HFEA): **hfea.gov.uk**

Fertility Network UK: **fertilitynetworkuk.org**

Planning for a healthy pregnancy

Prior to conception, monitoring of health conditions that may be altered during pregnancy – and discussion with a health care professional – may be required to optimise health before trying for a baby, for example, coming off or changing medication to optimise conditions such as hypothyroidism, diabetes and cardiovascular conditions.

The NHS Choices provides information about planning a pregnancy: **nhs.uk/pregnancy/trying-for-a-baby/planning-your-pregnancy**

Pre-conception – health lifestyle advice and promote healthy behaviours: **cks.nice.org.uk/topics/pre-conception-advice-management**

Reducing obesity, smoking, alcohol, recreational drugs and increasing physical activity: **nhs.uk/live-well**

Psychosexual health

Psychosexual therapies combine an understanding of how physical and psychological factors both contribute to difficulties that people may have with sexual activity and pleasure. Therapy is available to all women regardless of sexual orientation and whether they are in a relationship or not. By opening conversations about issues such as pain and low libido, women can start to explore their concerns and ask for help with getting a better insight into their problems from a trained therapist. Referrals can be made to a pelvic physiotherapist.

unitysexualhealth.co.uk/sti-information-testing-results-treatments-services/psychosexual-help

Relate – The relationship people: **relate.org.uk**

The institute of psychosexual medicine: **ipm.org.uk/25/find-a-doctor**

Equality, inclusion and diversity

Women from BAME (Black, Asian and minority ethnic) communities, including Gypsy, Roma and Traveller groups, may be more predisposed to specific conditions and have specific conditions that may be more prevalent, such as uterine fibroids, which can be more numerous, larger and at higher risk of experiencing complications during surgery. Some cultures regard menopause very differently, and so symptoms may manifest themselves differently.

It is also imperative to take account of women's religion, culture and attitudes, which should not lead to assumptions about options for care. Equally, partial beliefs and/or cultural attitudes may prevent women from seeking help with symptoms such as heavy periods. Therefore, uterine conditions may go undiagnosed and untreated for longer, resulting in issues such as anaemia.

Religion and culture will also guide women's attitudes and preferences towards physical activity and diet, which may have consequences on their health throughout the whole life course. The nurse needs to be mindful of local cultural and religious beliefs and history taking/questions should be adapted to meet specific needs.

When considering the needs of all women, it is also important to understand the specific needs of people with learning disabilities and autism, and how to approach their care in this area – uptake of cervical screening is low in this group and dealing with menstrual issues and contraception can be challenging.

Further information can be found at **rcnlearn.rcn.org.uk**

There are easy read patient informion leaflets and webpages which have been developed for people with learning disabilities including:

apictureofhealth.southwest.nhs.uk/?ecd_opt_in_submit=Continue

easyhealth.org.uk

Menstruation: **apictureofhealth.southwest.nhs.uk/sexual-health/menstruation**

Contraception: **apictureofhealth.southwest.nhs.uk/sexual-health/contraception**

STDs: **apictureofhealth.southwest.nhs.uk/sexual-health/sexually-transmitted-diseases**

Cervical Screening: **apictureofhealth.southwest.nhs.uk**, **easyhealth.org.uk/resources/category/35-cervical-cancer** or **gov.uk/government/publications/cervical-screening-easy-read-guide**

Learning Disability Today (2021) Menopause Support: **learningdisabilitytoday.co.uk/topic/health/menopause-support**

gov.uk/government/publications/breast-screening-programme-supporting-women-with-learning-disabilities/supporting-women-with-learning-disabilities-to-access-breast-screening

Further information can be found at **rcnlearn.rcn.org.uk**

People assigned female at birth, who do not necessarily identify as female, may still need support with women's health issues and may still be at risk from breast and gynaecological cancers. Nurses should use the pronoun of the person's choice and ensure that the health needs are sensitively assessed, as it can be distressing for people to discuss health concerns relating to a gender to which they do not relate. When people change gender, they will have new GP notes without their previous history or gender.

Currently, only people registered as female will be invited for cervical screening, so it is important that people with a uterus who are not registered as female have a system in place to invite them for regular screening tests. Similarly, those with breast tissue should continue to engage in screening.

People having vaginal sex who wish to avoid pregnancy may still require contraception and may need help to manage periods. Hormone treatment will not provide adequate contraception and appropriate choices should be offered.

People engaged in higher risk sex should be offered regular sexual health screening, vaccination and pre-exposure prophylaxis (PrEP).

Lesbian, gay, bisexual, transgender and queer or questioning (LGBTQ) people have different women's health and reproductive health needs and may have worse experiences of health care provision and poorer outcomes. It is important for all those who need and/or seek health care to be able to access all health care without the fear of judgement and discrimination. Nurses need to be able to offer advice on local services and support people with gaining access.

Further advice can be found here:

RCN (2020) *Fair Care for Trans and Non-binary People*

Faculty of Sexual and Reproductive Healthcare (FSRH) CEU Statement (October 2017): *Contraceptive Choices and Sexual Health for Transgender and Non-Binary People*: **fsrh.org/Public/Documents/fsrh-ceu-statement-contraceptive-choices-and-sexual-health-for-non-binary-people.aspx**

Cervical screening for trans men and/or non-binary people from Jo's Cervical Cancer Trust: **jostrust.org.uk**

In 2021 (updated 2022), the Care Quality Commission (CQC) published guidance on Adult trans care pathway: *What CQC expects from maternity and gynaecology services*: **cqc.org.uk/guidance-providers/healthcare/adult-trans-care-pathway-what-cqc-expects-maternity-gynaecology-0**

Safeguarding

"Safeguarding means protecting a citizen's health, wellbeing and human rights, enabling them to live free from harm, abuse and neglect" (NHS England, 2021). Some women, such as those with learning disabilities or young people, may be more at risk.

The NHS safeguarding app has resources and information on how to get advice and raise concerns. NHS England safeguarding app: **england.nhs.uk**

Further resources on safeguarding, domestic abuse, modern slavery and female genital mutilation can be found here: **rcnlearn.rcn.org.uk**

7. Symptom analysis grid for more common symptoms and conditions

This section is divided into:

7a. Symptom analysis grid

7b. Key conditions

7c. Pelvic floor dysfunction

The following are some of the most common symptoms and conditions that women can present with.

This is not a complete list, it is a guide to help signpost with information or onward referral.

7a. Symptom analysis grid

Symptom/ condition	Endometrial hyperplasia	Fibroids	Endometriosis	Adenomyosis	Polycystic ovarian syndrome	Cancer (see red flags chart)	Premenstrual syndrome/ Premenstrual dysphoric disorder	Polyps – endometrial and cervical	Ovarian cysts	Sexually transmitted infections/ pelvic inflammatory disease	Premature ovarian failure	Imperforate hymen	Pregnancy	Vaginismus	Perimenopause	Post menopause	Pelvic organ prolapse
Amenorrhoea – primary					x						x	x	x				
Amenorrhoea – secondary					x						x		x		x	x	
Heavy menstrual bleeding	x	x	x	x		x		x									
Persistent irregular bleeding	x	x		?	x	x		x		x	x				x		
Intermenstrual bleeding	x	x			x	x		x		x					x		
Post coital bleeding	x	x			x	x		x		x							
Vaginal discharge	x	x				x		x		x							
Dyspareunia		x	x	x					x	x							
Dysuria		x	x	x					x	x							
Hot flushes, night sweats, vaginal dryness											x		x	x			
Stress incontinence		x															x
Vaginal dryness											x				x	x	
Bowel changes		x	x			x											x
Ongoing fatigue						x	x				x				x	x	
Mood changes							x				x				x	x	
Cyclical mood changes							x										

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7b. Key conditions

From the table on page 19 these are some of the most common conditions, with links to further information.

Endometrial hyperplasia: Endometrial hyperplasia is the abnormal thickening of the lining of the womb causing abnormal vaginal bleeding. In some women this pre-cancer may progress to endometrial carcinoma or cancer of the lining of the womb. Further investigation includes an ultrasound scan, hysteroscopy and biopsy of the lining of the uterus.

patient.info/doctor/endometrial-hyperplasia-pro

rcog.org.uk/guidance/browse-all-guidance/green-top-guidelines/management-of-endometrial-hyperplasia-green-top-guideline-no-67

Fibroids: Fibroids are non-cancerous growths made up of muscle and fibrous tissue that develop within the myometrium and their growth is influenced by the hormones oestrogen and progesterone. The location and size of the fibroids influences the likelihood of symptoms and their severity. rcnlearn.rcn.org.uk

Pocket Guide, page 15-17: rcn.org.uk/Professional-Development/publications/womens-health-pocket-guide-uk-pub-010-898

Endometriosis: Endometriosis is a chronic inflammatory condition where endometrial-like tissue is found outside the uterus. Symptoms can include chronic pelvic pain, painful periods, pain during a bowel movement and when passing urine, and pain during sexual activity. There is no definite cure, and treatment should be based on the severity of the symptoms. Endometriosis can be diagnosed with specialist ultrasound and during a laparoscopy, but treatment can be initiated based on symptom assessment and a presumed diagnosis. Medical management includes analgesia and hormonal medicines alongside lifestyle interventions. Referral to a gynaecologist should be considered when medical treatments are not controlling symptoms, and surgical management may be considered.

RCN (2020), pages 13 and 14: rcn.org.uk/Professional-Development/publications/womens-health-pocket-guide-uk-pub-010-898

NICE (2024) NG73 Endometriosis: diagnosis and management: nice.org.uk

RCN (2021, will be updated in 2024) Endometriosis Fact Sheet: rcn.org.uk and endometriosis-uk.org

eshre.eu/Guideline/Endometriosis

Adenomyosis: Adenomyosis is the presence of endometrial tissue within the myometrium layer of the uterus. It is often diagnosed alongside endometriosis but can occur as a separate condition. Symptoms can include period cramps, lower abdominal pressure, and heavy periods. Adenomyosis can be diagnosed with an internal ultrasound scan, and treatments such as hormones and surgery are offered depending on age and if a woman wishes to become pregnant or not. Much like endometriosis, the symptoms are likely to stop after the menopause.

Pelvic Pain Support Network: **pelvicpain.org.uk**

Polycystic ovary syndrome (PCOS): Polycystic ovaries (PCO) are typically larger than normal and have a higher number of follicles. Women with polycystic ovaries may have other symptoms that lead to a diagnosis of PCOS – an endocrine condition that can lead to infertility and long-term health problems.

A diagnosis can be made when women have any two symptoms:

- menstrual changes – infrequent or no periods
- androgen symptoms such as hirsutism and acne, and/or increased testosterone levels
- PCO on ultrasound.

There is no cure for PCOS and many women control symptoms by maintaining a healthy lifestyle. Hormones can be used to offer endometrial protection and control androgenic symptoms. Specialist referral to a gynaecologist or endocrinologist may be required.

RCN (2023), pages 21-22: **rcn.org.uk/Professional-Development/publications/womens-health-pocket-guide-uk-pub-010-898**

RCOG (2022) Polycystic ovary syndrome (PCOS): what it means for your long-term health: **rcog.org.uk/en/patients/patient-leaflets/polycystic-ovary-syndrome-pcos-what-it-means-for-your-long-term-health**

ESHRE (2023) International evidence-based guideline for the assessment and management of polycystic ovary syndrome (PCOS): **eshre.eu/Guidelines-and-Legal/Guidelines/Polycystic-Ovary-Syndrome**

Verity, national charity for women: **verity-pcos.org.uk**

Gynaecological cancer: It is important that all health care professionals are aware of the common signs and symptoms associated with five gynaecological cancers – vulval, vaginal, cervical, endometrial and ovarian. The signs and symptoms may be different for every woman, however abnormal vaginal bleeding is a common sign of all gynaecological cancers except vulval cancer. **rcn.org.uk/clinical-topics/womens-health/gynaecological-cancers**

Pocket Guide, page 65-71: **rcn.org.uk/Professional-Development/publications/womens-health-pocket-guide-uk-pub-010-898**

The Eve Appeal Charity: **eveappeal.org.uk**

Ovarian cysts: Ovarian cysts are usually diagnosed by transvaginal ultrasound and vary in size. Cysts may be fluid-filled (simple), filled with blood (haemorrhagic), or solid material. They may also have compartments (complex). Most ovarian cysts in premenopausal women are benign, with 1:1000 incidence of malignancy under the age of 50. Further investigation may involve a blood test, including tumour markers and further diagnostic imaging. Some young women may have large ovarian cysts that are functional and can be more prone to dermoid cysts as well; these may cause pain and, if suspected, imaging, such as ultrasound, is needed.

Women's health pocket guide, pages 29 and 30: rcn.org.uk/Professional-Development/publications/womens-health-pocket-guide-uk-pub-010-898

Sexually transmitted infections: Infections that are spread from one individual to another through unprotected sexual intercourse. This can be vaginal, anal, oral or through genital contact or sharing sex toys. Women's health pocket guide, pages 55 to 57: rcn.org.uk/Professional-Development/publications/womens-health-pocket-guide-uk-pub-010-898

Polyps: Polyps may be found in the cervix or endometrium. Cervical polyps are common and the exact cause is unknown. It is recommended that they are removed and sent for histology. Endometrial polyps are commonly diagnosed on ultrasound; they are dense fibrous tissue with blood vessels and glands lined with endometrial epithelium. A hysteroscopy is usually recommended for further assessment.

Women's health pocket guide, pages 18 and 19: rcn.org.uk/Professional-Development/publications/womens-health-pocket-guide-uk-pub-010-898

Menstrual health wellbeing, pages 15 and 16: rcn.org.uk/Professional-Development/publications/promoting-menstrual-wellbeing-uk-pub-010-375

Primary amenorrhoea is when periods have not started before the age of 16 in the presence of secondary sexual characteristics, and age 14 in their absence. If there are no periods then an examination (for imperforate hymen – if cyclical pain and no bleeding) and bloods to measure female hormone levels may be needed.

RCN (2023), page 20: rcn.org.uk/Professional-Development/publications/womens-health-pocket-guide-uk-pub-010-898

Imperforate hymen: This is a congenital disorder where a hymen without an opening completely obstructs the vaginal canal. It is caused by the failure of the hymen to perforate (open) during fetal development or baby's growth. If untreated or unrecognised before puberty, an imperforate hymen can lead to peritonitis or endometriosis due to retrograde bleeding. It can be diagnosed easily with a genital examination. Women or their parents may request 'repair' of hymen/virginity testing. In 2021, Royal College of Obstetricians and Gynaecologists (RCOG) urged the government to introduce a ban on virginity testing and hymenoplasty in the UK: bmj.com/content/374/bmj.n2037

British Society of Paediatric Gynaecology, *Mullerian Abnormalities including Hymen* leaflet: britspag.org/wp-content/uploads/2019/07/Mullerian-Anomalies-Information-Leaflet-July-2019-2.pdf

Female genital mutilation: rcnlearn.rcn.org.uk and rcgp.org.uk/policy/rcgp-policy-areas/female-genital-mutilation.aspx

Menstrual disturbance is really common with the start of the periods and it can take up to seven years from menarche to settle into a normal pattern. Due to this settling down period, guidance has changed and PCOS should not be diagnosed within seven years of menarche.

There is very rarely any serious pathology as most of the cycles around this time are anovulatory – support and simple measures such as analgesia and maybe tranexamic acid taken at the time of menstruation may help in women with heavy periods.

Many people tolerate and normalise severe pain before being diagnosed with conditions such as endometriosis. If pain is severe/limiting activities they need to be encouraged to seek help.

RCN (2023), pages 5 and 6: **rcn.org.uk/Professional-Development/publications/womens-health-pocket-guide-uk-pub-010-898**

RCN (2023), pages 11 and 12: **rcn.org.uk/Professional-Development/publications/womens-health-pocket-guide-uk-pub-010-898**

RCN (2023), pages 21 and 22: **rcn.org.uk/Professional-Development/publications/womens-health-pocket-guide-uk-pub-010-898**

NICE (2021) Algorithm on heavy bleeding: **nice.org.uk/guidance/ng88**

Vaginismus is where the vaginal muscles involuntarily or persistently contract when vaginal penetration is attempted. This can be when inserting a tampon or having sex. **nhs.uk/conditions/vaginismus**

NHS (2024) Vaginismus information: **nhs.uk/conditions/vaginismus**

vaginismusawareness.com

Vulvodynia is persistent, unexplained pain in the vulva. It can happen to women of all ages and can become a chronic problem, which is very distressing to live with.

nhs.uk/conditions/vulvodynia

vulvalpainsociety.org

7c. Pelvic floor dysfunction

Women can experience symptoms of pelvic floor dysfunction at any age. It can be seen in women who are over 25, in those who have had a vaginal birth and/or are postmenopausal. Girls who suffer with, for example, chronic constipation may also suffer with pelvic floor dysfunction. Careful and compassionate history taking is required, especially as there is stigma and fear surrounding this subject. Some common conditions associated with pelvic floor dysfunction include pelvic organ prolapse and bowel and bladder conditions, however not all symptoms that women may experience relate to pelvic floor dysfunction, as outlined on **page 24**.

Bladder symptoms				
	Stress incontinence	Overactive bladder	Voiding difficulties	Urinary tract infections
Increased urinary frequency: voiding occurs more frequently than deemed normal by the individual (or caregivers). Time of day and number of voids are not specified.		x		x
Urgency		x	x	x
Urgency incontinence		x		x
Nocturia (>1 a night)		x		x
Leakage with cough and sneezing	x			
Urinary leakage	x	x		
Dysuria				x
Incomplete emptying			x	

Pelvic organ prolapse				
	Cystocele (anterior wall)	Rectocele (posterior wall)	Vault	Uterine
Backache	x	x	x	x
Incomplete emptying – bladder	x		x	x
Incomplete emptying – bowel		x		
Heaviness/dragging	x	x	x	x
Urinary urgency	x			x
Urinary incontinence	x			x
Protrusion out of vagina	x	x	x	x

Bowel Symptoms			
	Constipation	Faecal incontinence	Rectocele
Incomplete emptying	x		x
Unable to open bowels (three a week to three a day is normal)	x		x
Wind/flatulence	x		
Diarrhoea	x	x	

8. Red flags

"Red flag" is a term used to relate to signs or symptoms that give cause for concern, as they indicate an underlying risk of a condition requiring urgent investigation or treatment. Patients should be asked if they have experienced any of these red flag symptoms during routine assessment and if they have, appropriate investigation should be carried out.

The chart below highlights common red flag symptoms in women's health over the lifespan, and indicates what these might signal. The list is not exhaustive and is intended to act as a guide to be alert to symptoms that need immediate action in line with local referral pathways.

Symptoms	Comment/considerations
Postmenopausal bleeding	Symptom of endometrial cancer Referral to 2 week wait urgent clinic
Recurrent urinary tract infections/visible haematuria	Potential symptom of cancer of the urinary tract **cks.nice.org.uk/topics/urological-cancers-recognition-referral** Urology referral
Vulval lesion	Sexually transmitted infections (STIs) Vulval dermatosis Vulval cancer/vulva intraepithelial neoplasia (VIN) is rare; more common over age 65. Patients should be referred to specialist vulval clinic
Abdominal mass/change in bowel habit/blood in stool	Symptom of ovarian/bowel cancer Ovarian cancer more common in the over 65s Ultrasound/CA125 (a blood test used to identify certain types of cancer, including ovarian cancer) Consider referral to two week wait urgent clinic
Heavy menstrual bleeding	More likely to be fibroids or endometriosis in younger women but should be investigated. Rarely a sign of endometrial cancer. Check haemoglobin levels
Rectal bleeding	Potential sign of bowel cancer Examination and exclude haemorrhoids Referral to under 2 week wait
Unexplained weight loss	Linked to many diseases and conditions including cancer. Take a thorough history and multi-system approach to examination and investigation
Breast lump	Referral under 2 week wait
Abnormal cervical screening test	Referral to colposcopy
Intermenstrual bleeding	Exclude other causes of bleeding, refer to gynaecology Can be a sign of cervical or endometrial cancer
Postcoital bleeding	Exclude other causes of bleeding (STI, polyp) and refer Can be a sign of cervical or endometrial cancer
Bloating, loss of appetite, feeling full after eating a small amount, change in bowel habit	Can be a symptom of ovarian cancer Ovarian cancer is rare in women under 30 and more common after age 65
Increase or change in vaginal discharge	Undiagnosed STI Symptom of cervical cancer

Symptoms	Comment/considerations
Amenorrhoea – after six months (pregnancy ruled out)	Needs investigation as could be linked to tumour/endocrine disorder (PCOS or POI)
Pelvic pain/pressure symptoms	Can be related to fibroids but is a symptom of ovarian, endometrial and cervical cancer. Needs investigation

9. Conclusion

There are many conditions that can affect a woman's life and wellbeing. Correct, early and thorough assessment of any presenting symptoms is essential to ensure women receive the correct treatment. This publication is intended to provide some general guidance for all those caring for women, to establish physical conditions which may be affecting daily living. These may also have an affect on mental wellbeing, which should be considered as part of any diagnosis and care pathway.

Women will often present with a number of issues. Empathy and understanding are needed from the health care professional to ensure an accurate history is taken and the matter of concern is fully understood. Using language which the woman can easily understand, and refining the manner in which questions are asked if they are not understood, are important parts of obtaining all relevant information. Making the woman feel comfortable and relaxed will enable her to feel confident to open up and discuss very personal information, which often has not been discussed with a health care professional before. Understanding the woman's personal circumstances, needs and expectations will also enhance the care to be provided.

Once an accurate diagnosis has been made, it is important that women are given as much information as possible about what they can do to try and improve their symptoms whilst waiting for a referral, if a referral is deemed the most appropriate management option. Signposting to appropriate, trusted websites, social media accounts, self help and support groups is also an important part of providing information to women.

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Useful links

Endometriosis UK **endometriosis-uk.org**

International Association for Premenstrual Disorders (IAPMD) **iapmd.org**

National Association for Premenstrual Syndromes (NAPS) **pms.org.uk**

RCN Fertility Nursing Forum resources **rcn.org.uk/get-involved/forums/fertility-nursing-forum** and **rcn.org.uk/library/subject-guides/fertility-nursing**

RCN Women's Health clinical pages **rcnlearn.rcn.org.uk**

RCN Women's Health publications
rcn.org.uk/clinical-topics/womens-health/publications
rcn.org.uk/Get-Involved/Forums/Womens-Health-Forum
rcn.org.uk/library/subject-guides/womens-health
rcn.org.uk/library/subject-guides/midwifery-subject-guide

Royal College of Nursing (2021) Sexual health education directory **rcnlearn.rcn.org.uk**

Royal College of Nursing (2023) RCN Position Statement: Menopause and you at work. **rcn.org.uk/Professional-Development/publications/rcn-menopause-position-statement-uk-pub-011-282**

VERITY – a self-help group for polycystic ovary syndrome (PCOS) v**erity-pcos.org.uk/about-us.html**

Examples of links for Adolescence Sexual Health Education

gov.uk/government/publications/relationships-education-relationships-and-sex-education-rse-and-health-education

learning.nspcc.org.uk/research-resources/briefings/sexting-advice-professionals

theproudtrust.org

sexeducationforum.org.uk

womensaid.org.uk/what-we-do/education-and-public-awareness/expect-respect

healthforteens.co.uk

childline.org.uk

childnet.com

brook.org.uk/shw

www.ceopeducation.co.uk/11_18/

Appendix 1: Possible/potential questions to ask

Many women have different vocabulary to describe their vaginas, vulvas or other body parts. Some cultures have very different terminology, and so it is important to frame questions to ensure the person understands the question being posed. This list is an indicative list only and is not exhaustive; practitioners are reminded to look at all aspects of the patient's wellbeing.

Equally, not all women know what penetrative intercourse means, for example some infertility is because of not having penetrative sex and, as always, sensitivity and attention to the needs of the individual is always important when taking an effective history of issues/symptoms.

QUESTIONS	COMMENTS
Periods/bleeding	
At what age did you start your periods?	If 16+ and none investigate
Are your periods regular and predictable?	
When was the first day of your last period?	
How many days from your first day of your period to your next period?	
How many days do you normally bleed each month?	If five plus each month may be abnormal
Is your bleeding heavier or more painful than normal?	Investigate
Are you using tampons or towels or menstrual cups or period pads or a combination? How many do you use a day? Do you sometimes have to use pads and tampons? Do you ever bleed through onto your sheets?	
Have you been passing clots bigger than a 10 pence coin?	
Have you been flooding or gushing through your clothes/bedsheets?	Investigate
How are your heavy periods affecting your daily life?	Investigate
Do you have any bleeding between your periods?	Investigate
Do you have any bleeding after intercourse?	Investigate
Is there a family history of bleeding disorders in your family?	
Are you taking any medication that may increase your tendency to bleed?	
Pregnancy and fertility	
Have you ever been pregnant?	
How many pregnancies have you had?	
How many children do you have?	
How were the pregnancies and the births?	
Are you considering having children/more children in the future?	
Are you using any contraception?	

QUESTIONS	COMMENTS
Screening	
Did you have the HPV vaccination at school?	
When was your last cervical screening test? And the result?	If outside screening recommendations advise to have a test
Have you had any cervical surgery or treatment?	
Is there a family history of cancer of the cervix, womb, ovaries or breasts in your close relatives?	
If over 50 have they had a mammogram? First invite 47-50	If outside screening recommendations advise to have a mammogram
Pelvic floor dysfunction	
Do you leak urine?	
Do you leak when you cough and sneeze?	
Do you have to rush to the toilet and sometimes leak before you get there?	
Are your bowels regular?	
Do you suffer with urine infections? If so, how many have you had in the last year?	
Do you have to wear pads in your underwear?	
Do you have a feeling of prolapse (a bulge in your vagina/feel like you are sitting on a ball/egg)?	
Do you have problems emptying your bladder?	
Does your vagina feel sore? Is it dry or itchy?	
Do you have any problems with lubrication when you have sex?	
Do you have any problems with sex?	
Endometriosis and adenomyosis	
Do you have cyclical/recurring pelvic pain?	
Do you have chronic fatigue or a lack of energy?	
Is sexual activity painful?	Investigate
Do you have sensitive bowels such as bloating and diarrhoea? Any problems with passing urine with your periods?	
Do you feel the pain relief you are currently taking is working?	
Have you thought about starting a pain diary to see how your symptoms change over 3 months?	
Does the pain and heavy bleeding prevent you from going to work or socialising?	Investigate
Do you feel you are coping well with the pain?	

QUESTIONS	COMMENTS
PCOS	
Are you having infrequent periods (<3 per year)?	Investigate or treat
Have your periods stopped altogether?	Investigate or treat
Have you been unsuccessful in falling pregnant in the last two years?	Referral to fertility clinic
Do you have oily skin, spots, unwanted hair growth and difficulty in losing weight?	
Abdominal pain	
Do you have any pain in your lower abdomen?	
Could you be pregnant? (ask about last period and use of contraception and unprotected intercourse)	Always remember pregnancy exclude ectopic
Can you point to where you feel the pain?	
How long have you been experiencing the pain?	
Did the pain come on suddenly or gradually?	
Can you explain what the pain is like?	
How would you describe the pain (dull ache, cramping, sharp or throbbing etc.)?	
Does the pain spread anywhere?	
Are there any other symptoms that are associated with the pain? Is there any bleeding?	Investigate
Have you noticed that the pain is worse at a particular time during your menstrual cycle?	Investigate? endometriosis
Is there anything that makes the pain better or worse?	
On a scale of 0 to 10 how bad is the pain if 10 is the worst pain you have ever experienced?	
How is the pain impacting your daily life?	
Abdominal mass	
Have you noticed any abdominal swelling or bloating recently?	Investigate
Do you feel full after eating a little, or any changes in appetite?	Investigate
Any changes in weight (either weight gain or weight loss)?	Investigate
Any unexplained back pain?	
Any changes in your normal bowel habits?	Investigate
Have you noticed an increase in urinary frequency?	Investigate
Have you noticed any difficulty passing urine or emptying your bladder?	Investigate
Any unexplained or extreme tiredness?	

QUESTIONS	COMMENTS
Vaginal discharge questions	
Any changes in the amount of vaginal discharge?	Check no change in partners or contraception
Any changes to the colour of the discharge?	
Has your discharge become more watery or thickened recently?	
Any changes in the smell of the vaginal discharge?	
Have you been feeling feverish?	Investigate
Vulval health/vaginitis/vaginal atrophy	
Does your vagina feel sore? Is it dry or itchy?	
Do you have any problems with lubrication when you have sex?	
Do you have any problems with sex?	
Symptoms of menopause/side effects from treatment of menopause symptoms	
Are your periods regular?	
Have you noticed any changes with your periods? Are they irregular/ have they become heavier?	
Have you had any hot flushes or night sweats?	
How is your mood? Have you become more tearful or irritable or noticed any other changes?	
Have you noticed any vaginal dryness or soreness? Is sex comfortable?	
Any changes in sex drive? Has it decreased?	
Have you noticed any joint pain?	
How are you sleeping?	
Are you tired during the day? Have your energy levels been affected?	
Have you noticed any difficulty in your memory or concentration levels?	
Are your symptoms impacting on your personal life or work in any way?	
If taking HRT:	
Are you getting any bleeding while taking HRT?	If yes, investigate
Is the HRT managing your symptoms effectively?	
Do you have any breast tenderness?	
Have you got any nausea?	
Have you experienced any changes to headaches or migraines since starting HRT?	

QUESTIONS	COMMENTS
Sexual health	
When was the last time you had sex?	
Have you had any unprotected sex since your last period?	
What type of sex (vaginal/oral/anal/digital)?	
Was this with regular/casual partner/friend/assault?	
What is the gender of your sexual partner?	
Has the sex been consensual?	
When was your last sexual health screen?	
Have you had a change of partner since then?	
Any change In your normal discharge?	
Any lumps/bumps or changes in your skin?	
Any risk of bloodborne viruses?	

RCN quality assurance

Publication

This is an RCN practice guidance. Practice guidance are evidence-based consensus documents, used to guide decisions about appropriate care of an individual, family or population in a specific context.

Description

This publication is designed for the non-specialist nurse. It highlights conditions that women can experience, the likely outcomes and how to access appropriate resources or treatment.

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The Nine Quality Standards

This publication has met the nine quality standards of the quality framework for RCN professional publications. For more information, or to request further details on how the nine quality standards have been met in relation to this particular professional publication, please contact **publications.feedback@rcn.org.uk**

Evaluation

The authors would value any feedback you have about this publication. Please contact **publications.feedback@rcn.org.uk** clearly stating which publication you are commenting on.

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