

# Women and stroke

Stroke Support Helpline: **0303 3033 100**  
or email: [helpline@stroke.org.uk](mailto:helpline@stroke.org.uk)



Read this online

This guide looks at some of the issues affecting women of all ages after a stroke. If you are transgender or non-binary, some of this information might be relevant to you too.

A stroke is usually sudden and comes as a big shock. Most people look for answers about how and why it happened. When you're diagnosed with a stroke or transient ischaemic attack (TIA), doctors carry out checks and tests to try to find out what caused it, and give treatments to reduce the risk of another stroke.

A stroke can happen to anyone at any age, but it's often thought of as more common in men than women. Men do have strokes slightly more often, but stroke is one of the four leading causes of death in women in the UK. Women tend to have strokes at a later age than men, and nearly half of all strokes in women happen past the age of 80.



## What is a stroke?

A stroke happens when the blood supply to part of the brain is cut off, killing brain cells. Damage to the brain can affect how the body works. It can also affect how you think and feel.

There are two main types of stroke. Ischaemic stroke is due to a blocked blood vessel in the brain. It is often referred to as a clot, and around 85% of strokes are ischaemic. A haemorrhagic stroke is due to bleeding in or around the brain, and is often called a bleed. About 15% of strokes are haemorrhagic.



## Why did a stroke happen?

It's not always possible to give the exact reason for a stroke, but many people that have a stroke have health conditions such as high blood pressure or diabetes that we know make a stroke more likely. However, not everyone has clear risk factors (things which make you more likely to have a stroke). Part of the emotional impact of a stroke can be from worrying about why it happened and if it will happen again.

It might help to know that the risk of another stroke goes down over time. You will be offered any treatment and advice you need to help reduce your risk. For many people, this means taking long-term blood-thinning medication.

## Women and stroke

See later in this guide for more about the impact of blood-thinning medication on menstruation.

### Risk factors for stroke in women

Women and men share most of the same risk factors for stroke, such as health conditions like high blood pressure, high cholesterol, diabetes and atrial fibrillation (irregular heartbeat). Some lifestyle factors such as smoking or not being physically active can raise your risk. But there are some things that are specific to women, which we have listed here.

### Contraception (the pill)

Using the combined oral contraceptive pill (combi pill) is linked to a small increase in the risk of stroke and blood clots for some people.

When you are prescribed contraception, you should be checked for any risk factors like having a history of blood clots or stroke, having high blood pressure, being a smoker or being very overweight. You should be given advice about your options and what is safe for you.

It's the oestrogen in the pill that can cause blood clots or stroke, but the combi pill in use today has a much smaller amount of oestrogen than older types of pill. Strokes in younger people are rare, and the overall risk from using the pill is very low. But if someone has a stroke while on the pill, they will probably be advised to stop using it.

For information about contraception choices after a stroke, see **page 7**.

### Pregnancy and stroke

Stroke is rare among pregnant women, but pregnancy and childbirth can increase your risk of a stroke. During pregnancy, regular blood pressure checks can spot the signs of pre-eclampsia, a condition that can increase the risk of a stroke.

Having a stroke during pregnancy or soon after birth might mean you and your family face multiple health concerns at a difficult time. The effects of a stroke some people experience, like one-sided weakness, fatigue or emotional changes, may make it harder to look after your baby.

Your local health visitor service can support parents with babies and children up to five years old. Your health visitor can offer individual advice and help you find local support networks. See '**Other sources of help and information**' for more details of other support during pregnancy and after birth.

### Migraine

Migraine affects more women than men. Although it's not a direct cause of stroke, it's linked with an increased risk if you have migraine with aura. Although the added risk of stroke due to migraine is small, it means you might not be able to use the combined oral contraceptive pill if you have migraine with aura. Visit [stroke.org.uk/migraine](https://stroke.org.uk/migraine) for more information about migraine and stroke.

### Lupus and SLE

Lupus is an autoimmune condition affecting the skin and joints. It can cause pain, tiredness and sometimes kidney damage. The severe form is called systemic lupus erythematosus (SLE). This condition is linked to an increased risk of stroke.

SLE mainly affects women below the age of 50, and is more common in people of African, Caribbean or South Asian origins. If you have SLE, you should be monitored and given treatment to manage your condition. Lupus UK offers information and resources at [lupusuk.org.uk](https://lupusuk.org.uk)

### Giant cell arteritis/temporal arteritis

Giant cell arteritis is also known as temporal arteritis. It is a type of blood vessel inflammation (vasculitis) that affects more women than men.

The arteries at the side of the forehead become inflamed and may cause symptoms such as severe headaches, pain or tenderness at the side of the head, jaw pain while eating or talking, or vision problems. It's important to seek urgent medical help because if the blood supply to the brain is affected, it can cause a stroke.

Giant cell arteritis is usually treated with steroids, and you may be offered other medication to help reduce your risk of stroke.

### **Cavernous sinus thrombosis**

Cavernous sinus thrombosis is a rare blood clot that tends to occur more often in women than men, including pregnant women or those using contraceptives with oestrogen. It happens when blood clots form within the skull, blocking blood draining out of the brain. This can sometimes lead to a stroke.

The main symptom of cavernous sinus thrombosis is often a headache, usually causing sharp pain around the eye area, and you may have swollen, painful or red eyes, or vision problems. You may also have a fever, seizures or vomiting, and you can also have signs of stroke such as confusion or weakness down one side.

Symptoms might come on more gradually than a typical stroke. There may be other causes for these symptoms, but you should get medical help as soon as possible to get them checked and get any treatment you need.

Cavernous sinus thrombosis is usually treated with antibiotics. You may also be given an injection of the anticoagulant heparin, and you might be given blood-thinning tablets to reduce the risk of another clot.

#### **Other risk factors**

You can find more information on other causes and risks factors for stroke which affect both women and men at [stroke.org.uk/stroke/types](https://stroke.org.uk/stroke/types)

### **Menopause and risk of stroke**

In the years running up to the menopause, women can start to have more risk factors for stroke such as diabetes, high blood pressure and weight gain. It's thought oestrogen protects your heart and blood vessels, helping to reduce the risk of a stroke while you're still having periods (menstruating).

After menopause, the risk of a stroke starts to rise. This is also true if you had an early menopause (before the age of 45) or have medical treatment or surgery that stops oestrogen production.

You can help reduce your risk of stroke by following any medical treatment you need for conditions that increase the risk of stroke (such as high blood pressure) and by having a healthy lifestyle.

### **Treating menopausal symptoms**

Hormone replacement therapy (HRT) is one of the main treatments for menopausal symptoms such as hot flushes and night sweats. It can also help prevent bones from becoming weak (osteoporosis).

Current NICE guidelines on treating menopause say, in women with no previous history of stroke, HRT tablets can slightly increase the risk of stroke. Other forms of HRT, such as patches, sprays and gels, are unlikely to increase the risk of stroke.

After a stroke, it may be possible to take HRT, but you should speak to your doctor for individual advice on the benefits and risks and to find out what is available to you. Using HRT also depends on other health conditions you may have and the medications you use. You may be referred to a specialist.

#### **Menopause support**

The NHS website has more information on menopause symptoms and sources of support at [nhs.uk/conditions/menopause](https://nhs.uk/conditions/menopause)

### Staying healthy after stroke when you're menopausal

If you are going through the menopause after a stroke, there are some things that will help you be healthy and reduce your risk of another stroke. Being active and having a healthy diet can help you manage conditions like high blood pressure and diabetes and maintain a healthy weight. Being active can also help maintain bone health, as well as improving fatigue and low mood.

- If you're not sure where to start, ask your GP or stroke nurse for advice.
- It can be hard to find the time and energy for lifestyle changes, especially if you have caring responsibilities or a disability. Contact your GP surgery or local council to find out what help is available to disabled people and carers locally.

You can also find information at [stroke.org.uk/getting-active](https://stroke.org.uk/getting-active) about getting active after stroke, along with exercise videos for stroke survivors.

## Periods

A stroke might make it harder to use period products. Having a weak hand or arm, balance problems or using a wheelchair can affect your ability to use tampons or pads. If you have memory problems, it can be hard to remember or plan when to change and dispose of period products.

If you're struggling to manage with standard period products, speak to your stroke nurse, or ask your GP to refer to you an occupational therapist.

### Period product options

You might be able to find a type of period product that works for you.

- Some of the best-known products include sanitary pads and tampons, with and without an applicator.
- Period underwear is available from many high street shops and online retailers. You can wash it in a washing machine and reuse it. You can buy period pants with side clasps, which you can change while seated without removing your trousers or tights. You can get them in a full range of underwear styles, including sleep shorts, briefs and thongs, as well as swimsuits. They are very reliable and you can often wear them for up to 12 hours. Some types are also suitable if you have incontinence.
- Period cups and discs go inside the vagina and collect blood for up to 12 hours. They are effective and reusable, but might be difficult to insert if you struggle with grasping things.

## Blood-thinning medication

If you have had a stroke or blood clots, you may need to take blood-thinning medication. This is usually a long-term treatment, and it's important to take your medicine as prescribed to help you stay healthy.

### Heavy periods due to blood-thinning medication

Blood-thinning medication can sometimes cause heavy periods or vaginal bleeding between periods. If this happens to you, tell your GP.

Heavy periods can lead to low iron levels in your blood (anaemia). This needs to be treated with medication and sometimes blood transfusions. If your bleeding suddenly becomes much heavier, get medical help as soon as possible.

### How can heavy periods be managed?

Do not stop taking your medication without speaking to your GP first, or you may be at risk of a stroke. Your doctor can discuss options for managing heavy periods with you. This might include:

- Prescribing you a different blood thinner
- Prescribing additional tablets to take during your period to reduce blood loss
- Prescribing hormonal therapy to help regulate your periods
- Fitting an intra-uterine device (coil).

### Blood-thinning medication and pregnancy

Some blood-thinning medications are not recommended while you're pregnant or breastfeeding. If you are pregnant or planning to have a baby, speak to your GP or midwife. You'll need help to manage your risk of a stroke or blood clots while pregnant.

## Bladder and bowel problems

Problems controlling your bladder and bowels are quite common after a stroke, but they often improve in the first few weeks. Some people may have longer-term problems, including leaking wee or poo or having constipation. For individual advice, contact your stroke nurse or GP.

These problems may feel embarrassing, but there may be some practical solutions. These might include eating more fibre, doing pelvic floor exercises, or using incontinence underwear to help you get on with everyday life.

Visit [stroke.org.uk/continence-problems](https://stroke.org.uk/continence-problems) for more information and practical tips.

## Gender transition

If your gender identify is different to the sex you were assigned at birth, you might have some questions about treatment and staying well after a stroke. Your stroke nurse or doctor should be able to give you individual advice about your stroke, and help you find advice and support.

It can be harder for people who are transgender or non-binary to access healthcare. If you feel you're not getting the right treatment, you can contact the local Patient Advice and Liaison Service (PALS) which can offer you help with resolving healthcare problems or making a complaint. You do not need a Gender Recognition Certificate to make a complaint about discrimination.

If you're experiencing low mood, anxiety or depression, seek help. Our website has more information about emotional effects of stroke at [stroke.org.uk/emotions](https://stroke.org.uk/emotions) and MIND has resources about LGBTIQ+ mental health at [mind.org.uk](https://mind.org.uk)

### Hormone treatments and stroke

Limited research is available on the risks of stroke for people who are transgender and non-binary. Some studies have suggested gender-affirming hormone treatments may be linked to a rise in blood pressure, particularly in trans men, but more research is needed into this. Any increased risk of stroke associated with hormone treatments should be discussed with your doctor before these are started. You should ensure your blood pressure is monitored while you are taking treatment.

It's also important to look after your health. Attend any screening checks, such as the NHS Health Check for over 40s where you can get your blood pressure, cholesterol and weight checked and find support with lifestyle changes like stopping smoking. If you need support with your physical or mental health after a stroke, speak to your stroke nurse or GP.

- If you were assigned male at birth and were using oestrogen treatment before your stroke, you will probably be advised to stop using it. You may be able to get specialist advice through an NHS gender dysphoria clinic.
- If you were assigned female at birth, you might need advice about contraception, heavy periods and menopause treatment options. This guide gives some information, and you can speak to your GP or nurse.



### Emotional effects of stroke

The emotional impact of a stroke can be huge. It can also affect your family and friends. Many people tell us they feel a sense of grief and loss at the change in their lives. It's normal to feel anger, shock and sadness after a stroke. You might also feel anxious, low, or have trouble sleeping.

- Talking about your feelings can help your friends and family understand what you're going through.
- Sharing your experiences with other stroke survivors in a stroke club or group can help. Visit **[stroke.org.uk/support](https://stroke.org.uk/support)** or call our Stroke Support Helpline for details of clubs that meet near you or online.
- You can also connect with others and share experiences in our Online Community at **[onlinecommunity.stroke.org.uk](https://onlinecommunity.stroke.org.uk)**

If you often feel very low or anxious and it does not seem to be getting better, contact your GP.

Visit our website for information about the range of emotional and mental health effects of stroke.





## Relationships and sex

Stroke can change your life in many ways. You might feel you have lost some of your independence, and sometimes roles with a family can change, which can affect your close relationships. It's very common to feel that a stroke has changed your relationship or sex life with a partner.

Sex and relationship problems can happen to anyone of any sexual orientation or gender. If your partner is caring for you, this can affect the way you see each other.

You might also feel differently about yourself and your body after a stroke. Having a communication problem can make it harder to talk about things and express your needs.

Some of the physical effects of stroke can change your sex life, such as bladder and bowel problems, fatigue and muscle weakness. Sex is very unlikely to cause another stroke, but you can ask your stroke nurse or GP for advice if you are worried.

If you're single, it could change how you feel about dating. A stroke can affect your confidence and self-esteem, which can also make it harder to talk to people. However, many people establish happy, healthy relationships after a stroke. The charity Different Strokes has videos on its YouTube channel about dating after a stroke.

### Getting support with relationships and sex

It can be hard to talk about, but it's a good idea to seek help for problems with relationships and sex. Contact your stroke nurse or GP to find out what help is available. You should also be asked about sex and relationships at a post-stroke review, which should usually take place around six months after your stroke.

Visit [stroke.org.uk/sex-and-relationships](https://stroke.org.uk/sex-and-relationships) for more information about relationships and practical tips about sex after a stroke.

### Getting help with abusive relationships

If you feel your partner or carer has become controlling or abusive, you can get information and advice online or by phone from organisations such as Refuge (support for women) or Stonewall (support for LGBTQ+ people).

### Contraception after a stroke

It's important to get contraception that works for you. It can help with your wellbeing and relationships. And avoiding unplanned pregnancy is important because blood-thinning medication may harm an unborn baby. Having a stroke often means you're advised not to use the combi pill because it contains oestrogen, which is linked to a risk of blood clots.

If you are on blood-thinning medication, speak to your doctor about your contraception options. Some other medications can affect how the pill works, including some epilepsy medications and certain antibiotic drugs.

You might be offered different contraception options depending on your risk factors. Some progestogen-only contraceptives can be used by some people after a stroke. The intrauterine device (IUD), sometimes known as a coil, may be another option. Other options include male and female condoms, cervical cap or diaphragm, and vasectomy.

To discuss your options, contact your GP or your local sexual health clinic. They may be able to refer you for specialist advice.

Trans men, trans women and non-binary people can search for information about contraception options at [onlinedoctor.lloydspharmacy.com](https://onlinedoctor.lloydspharmacy.com)



### Being a carer after a stroke

More than half (59%) of unpaid carers in the UK are women, and about 60% of carers have a long-term illness or disability themselves. As a carer, you may be supporting a partner, older relatives or children. After a stroke, you might have fatigue, limb weakness or other issues which can affect your caring role. Visit [stroke.org.uk/stroke/support/carers](https://stroke.org.uk/stroke/support/carers) for more information and support for carers.

#### Register as a carer with your GP

You can register as a carer with your GP. This can give you access to some support such as check-ups, mental health support and information about local services.

#### Carer's assessment

Ask for a carer's assessment by contacting adult social services at your local council (or health trust in Northern Ireland). If the person you are caring for is also caring for you, they can have an assessment too. You can also both have a care needs assessment. The council may recommend services and help with care, and advise whether help is available towards the cost.

#### Make an emergency plan

Carers' organisations suggest creating a plan in case you have to go to hospital or have another emergency. Some councils have an emergency 'carer card' scheme which alerts family or professionals if you have an emergency and they need to contact the person you care for.

#### Look for peer support

It can help to meet others who have experience of a caring role. There are stroke clubs and groups in person and online which you can find at [stroke.org.uk/support](https://stroke.org.uk/support) and many local areas have carers' groups.

### Support for parents

The charity Different Strokes has a free family resource pack at [differentstrokes.co.uk/family-support](https://differentstrokes.co.uk/family-support) which helps explain a parent's stroke to children of all ages.

Gingerbread has information for single parents with disabilities at [gingerbread.org.uk](https://gingerbread.org.uk)



### Work and finances

A stroke can have an impact on your income and finances. Visit [stroke.org.uk/financial-support](https://stroke.org.uk/financial-support) for information about financial support and benefits if you are on a low income or unable to work.

We also have information about getting back to work after stroke at [stroke.org.uk/work](https://stroke.org.uk/work)





## Your health and wellbeing after a stroke

In this section, we give some ideas for improving your overall health and making healthy lifestyle choices. You can find more information and practical tips at [stroke.org.uk/reduce-my-risk](https://stroke.org.uk/reduce-my-risk)

To find out more about your individual risk of stroke, ask your GP or stroke nurse for advice.

### Be as active as you can

Moving around more and being as active as you can each day will make a big difference to your health and wellbeing. You do not have to join a fitness class or gym. Walking, dancing, housework, gardening and swimming all get your body moving and help strengthen your heart and lungs. Start slowly and build up the amount you move bit by bit.

Being physically active has all sorts of benefits, including helping to lower blood pressure, reducing cholesterol and controlling blood sugar. On top of that, it can make you feel good and help you deal with emotional problems.

### Eat a healthy diet

Adding more vegetables and fruit to your diet can help you manage blood sugar levels and high blood pressure. Eating more fresh and home-made food can help cut your salt intake and reduce your blood pressure. Cutting down on saturated fats in your diet (such as butter) and eating small amounts of unsaturated fats (such as vegetable oils) will help you to lower cholesterol levels. Choose wholegrain versions of foods, such as wholegrain bread and brown rice.

### Stay a healthy weight

Having a good diet and being active can help you stay a healthy weight, which reduces your risk of a stroke. If you need to lose some weight, many people find it's helpful to have some support such as from a club or using a weight-loss app. If you need advice, ask your pharmacist or GP surgery about help available.

### Quit smoking

Stopping smoking could be one of the best things you can do for your health. You do not have to do it alone. Help is available for giving up, including nicotine replacement products on prescription and the free NHS Quit Smoking app. Visit [nhs.uk/better-health/quit-smoking](https://nhs.uk/better-health/quit-smoking) for more tips or ask your GP surgery or pharmacist about local stop smoking services.

### Stick to alcohol limits

Regularly drinking too much alcohol raises your risk of a stroke. If you feel you are drinking too much, look for some advice on cutting down.

The UK recommended limit for alcohol is 14 units a week. That's the same as about six medium-sized (175ml) glasses of wine, or about six pints of beer. The limit is the same for men and women.

There are resources online at [drinkaware.co.uk](https://drinkaware.co.uk) and your GP surgery or pharmacist can advise you about help available locally.

## Where to get help and information

### From the Stroke Association

#### Stroke Support Helpline

Our Stroke Support Helpline offers information and support for anyone affected by a stroke. This includes friends and carers.

Call us on **0303 3033 100**,  
Textphone **18001 0303 3033 100**  
Email **helpline@stroke.org.uk**

#### Read our information

Log onto **stroke.org.uk**, where you can find easy-to-understand information, videos and an online community to support you. You can also call the Stroke Support Helpline to ask for printed copies of our guides.

## Other sources of help and information

### Carers UK

Website: **carersuk.org**  
Helpline: **0808 808 7777**  
Information and advice for carers.

### Diabetes UK

Website: **diabetes.org.uk**  
Helpline: **0345 123 2399**  
Information and support for anyone with diabetes.

### The Migraine Trust

Website: **migrainetrust.org**  
Helpline: **0808 802 0066**  
Patient support and research charity for migraine, with details of specialist migraine clinics.

### Tommy's

Website: **tommys.org**  
Helpline: **0800 0147 800**  
Charity which provides information and support around pregnancy and early childhood, with a helpline led by midwives.

### Women's Health Concern (WHC)

Website: **womens-health-concern.org**  
Information on women's health issues including the menopause and sexual health.

## Your notes

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### About our information

We want to provide the best information for people affected by stroke. That's why we ask stroke survivors and their families, as well as medical experts, to help us put our publications together.

#### How did we do?

To tell us what you think of this guide, or to request a list of the sources we used to create it, email us at **feedback@stroke.org.uk**

#### Accessible formats

Visit our website if you need this information in audio, large print or braille.

#### Always get individual advice

This guide contains general information about stroke. But if you have a problem, you should get individual advice from a professional such as a GP or pharmacist. Our Stroke Support Helpline can also help you find support. We work very hard to give you the latest facts, but some things change. We don't control the information provided by other organisations or websites.

You know more than most just how shocking and confusing having a stroke is. We're here to support you and your family find the strength and determination to get back to life.

Learn more about stroke support: **stroke.org.uk**

© Stroke Association 2025  
Version 5. Published April 2025  
To be reviewed: April 2027  
Item code: **A01F38**

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