

When Your Body Sends a Signal: Understanding Postmenopausal Bleeding

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You've made it through the journey of menopause — the hot flashes, the irregular periods, the changes your body went through — and now life has settled into a new normal. So when you notice unexpected vaginal bleeding, it's natural to feel alarmed.

This article is for every woman, whether you're living in Virginia, Lagos, Accra, or anywhere in between, who deserves clear, honest, and compassionate information about what postmenopausal bleeding means, what causes it, and what to do next.

🔹 First Things First: What Is Postmenopausal Bleeding?

Menopause is confirmed when a woman has gone a full 12 consecutive months without a menstrual period. In the United States, the average age this happens is around 51. In Nigeria and other parts of West Africa, studies suggest the average is somewhat earlier, around 47 to 48 years of age.

Postmenopausal bleeding (PMB) is any vaginal bleeding that occurs after that 12-month mark. It could look like a full period, light spotting, pink discharge, or even just a small amount of blood on your underwear. All of it counts and all of it warrants attention.

Please hear this clearly: *abnormal does not mean dangerous*. It simply means your body is communicating something, and that message is worth paying attention to.

✅ The Most Common Cause Is Not Cancer

If there's one thing to hold onto from this article, it's this: **most postmenopausal bleeding is not caused by cancer.**

The most common culprit is **atrophy** — thinning and dryness of the vaginal and uterine tissues. After menopause, estrogen levels drop significantly. Estrogen is what kept those tissues plump, moist, and resilient. Without it, they become thinner and more fragile, and can bleed easily.

Other common, non-cancerous causes include:

- **Endometrial polyps:** small, soft growths on the lining of the uterus, almost always benign and quite common
- **Cervical polyps:** similar growths found on the cervix
- **Endometrial hyperplasia:** the uterine lining becomes thicker than usual, which can happen when estrogen is produced without enough progesterone to balance it
- **Infections:** certain infections of the cervix or uterus can cause spotting
- **Hormone therapy (HRT):** breakthrough bleeding can sometimes occur, especially in the early months of therapy
- **Certain medications:** including blood thinners and some cancer treatments like tamoxifen

⚠️ When Could It Be Something More Serious?

We believe in giving you the full picture – honestly and without alarm.

Research shows that in about **10 to 15%** of women with postmenopausal bleeding, the cause turns out to be **endometrial cancer** (cancer of the uterine lining). This is the most commonly diagnosed gynecological cancer in the United States.

Here is the hopeful truth: endometrial cancer is often caught early precisely because it causes bleeding. About **90% of women diagnosed with endometrial cancer experience postmenopausal bleeding as the first symptom** – which means the body is sending a signal early enough to act on. The women who fare best are those who didn't wait.

One episode of bleeding is enough reason to see a doctor. Do not wait to see if it happens again.

👤 Who Is at Higher Risk?

Certain factors can increase a woman's likelihood of developing endometrial cancer or other uterine conditions:

- Obesity (excess body fat can produce estrogen, stimulating the uterine lining)
- High blood pressure (hypertension)
- Late menopause (after age 55)
- Long-term use of estrogen without progesterone
- Polycystic ovary syndrome (PCOS)
- Diabetes or insulin resistance
- Having never been pregnant
- Personal or family history of certain cancers (colon, ovarian, or uterine)
- Use of tamoxifen (a breast cancer treatment)

A note for our Black and African women: Research has shown a meaningful and unjust disparity. Black women in the United States are twice as likely to *die* from endometrial cancer compared to white women, despite having similar rates of diagnosis. This disparity is not biological – it is a product of systemic inequities in healthcare access, quality of care, and the way symptoms are taken seriously. You deserve to be heard, believed, and thoroughly evaluated.

What Happens When You See a Doctor

Walking into a clinic about vaginal bleeding might feel awkward or even embarrassing. Your reproductive health doesn't stop at menopause, and neither does your right to care. Here is what a thorough evaluation typically looks like:

- 1 **A conversation about your symptoms** – when the bleeding started, how much, how often, and your medical history. Be as honest and detailed as you can.
- 2 **A pelvic examination** – your doctor will check for visible causes like polyps or signs of atrophy.
- 3 **A transvaginal ultrasound (TVS)** – a small, painless probe is used to look at the uterus and measure the thickness of the endometrium. A thin endometrium (4mm or less) generally carries a very low risk of cancer.
- 4 **An endometrial biopsy** – updated 2026 guidance from ACOG now recommends that most women with PMB receive both a transvaginal ultrasound and an endometrial biopsy for a thorough evaluation.
- 5 **Further testing if needed** – if results are unclear, your doctor may recommend a hysteroscopy, where a thin camera is gently inserted into the uterus for a closer look.

A Message for Women in West Africa

For women in Nigeria, Ghana, Liberia, Senegal, and across West Africa, this conversation comes with its own layers – and we see you.

47–48

average age of menopause in Nigeria
(earlier than the US average of 51)

Top 5

cause of cancer-related death in sub-Saharan African women: cervical cancer

Ghana

NHIS covers a range of treatments; ask about gynecological evaluation coverage

- **Cultural context:** In many West African communities, menopause is welcomed as freedom from monthly periods. This is a positive framing – but it can also mean that any subsequent bleeding goes unreported or dismissed. A bleeding episode after menopause is different and warrants medical attention.
- **Access to care:** Cost, distance, long wait times, and limited gynecological specialists in rural areas are real barriers. Federal teaching hospitals in Nigeria and community health centers in Ghana can be entry points for care.
- **Traditional medicine:** We honor your cultural wisdom and traditions. And we also want to gently say – if bleeding appears after your periods have stopped for a year, please seek medical evaluation in addition to any traditional treatments.

When to See Someone – No Waiting

Here is our simple, clear guidance:

Any vaginal bleeding after 12 months without a period warrants a prompt visit to a healthcare provider – no matter how light the bleeding is or how brief. This includes spotting on your underwear, light pink or brown discharge, bleeding after sex, or a full period-like bleed.

Do not wait to see if it happens again. Do not dismiss it as “just dryness.” One episode is enough reason to be seen.

Treatment Depends on the Cause

The good news: most causes of postmenopausal bleeding are treatable. Depending on what your doctor finds, options may include:


- Vaginal estrogen creams or rings for atrophy-related dryness and bleeding
- Removal of polyps – usually a straightforward outpatient procedure
- Progestin therapy for endometrial hyperplasia
- Antibiotics for infections
- Adjustment of hormone therapy if that is the cause
- Surgery, radiation, or other treatments if cancer is found – when caught early, outcomes are very good

You Deserve Care at Every Stage

Menopause is not the end of your health story. It is a new chapter – and your body still deserves the same attention, respect, and care it did when you were younger.

Whether you are in a well-resourced city or a rural community with limited specialist access, whether you are navigating a public hospital or a private clinic – you have the right to ask questions, to insist on evaluation, and to take postmenopausal bleeding seriously.

Because it is serious. And so are you.

 **Remember:** Early detection is the single most powerful factor in outcomes for endometrial and cervical cancers. Seeking care promptly after any postmenopausal bleeding episode is one of the most important health decisions you can make.

A Final Word

Your body speaks. It always has. After menopause, a bleed is a signal worth listening to — not with fear, but with the same steady, informed confidence you've brought to every other chapter of your life.

Share this with the women in your life. Your mother, your sister, your neighbor, your friend. In so many communities, these conversations don't happen because nobody started them. You can be the one who does.

You are not alone in this.

At MyHealthMyLife, our mission is to make preventive health education accessible, honest, and human. For more resources on women's health, reproductive wellness, and preventive care, visit myhealthmylife.org. This article is for educational purposes only and is not a substitute for professional medical advice. Always consult your healthcare provider about your individual health needs.

Sources: American College of Obstetricians and Gynecologists (ACOG) 2026 Guidance · Centers for Disease Control and Prevention (CDC) · World Health Organization (WHO) · NIH/National Library of Medicine · Mayo Clinic · Cancer Research UK