BLACK MOM Ish FOUNDATION

A MOTHERWELL RESOURCE

# Perimenopause Starter Guide

*Written for Black women, grounded in the real data*

BLACK MOM ISH FOUNDATION · MOTHERWELL INITIATIVE
blackmomish.com · info@blackmomish.com

BEFORE YOU START

## *This guide was written for you.*

If your period has started doing something strange, or you're waking up drenched at 3am, or you've felt like a stranger in your own body lately, you're in the right place.

Most perimenopause information wasn't built with Black women in mind. The research on this transition is often thin when it comes to race, and when the data does exist, it rarely makes it into the handout your doctor gives you at the end of a rushed appointment. MotherWell put this guide together to close that gap: real information, grounded in the actual research on how this transition tends to show up for Black women specifically, explained the way a trusted friend who happens to be a health professional would explain it to you over coffee.

A few things this guide is not. It is not a diagnosis. It is not a substitute for a relationship with a provider who knows your history. And it is not the final word, medicine keeps learning, and this guide should grow with it. What it is: a place to start, so you walk into your next appointment already informed instead of already behind.

If something in these pages sounds like what you're going through, take it seriously. You know your body. This guide is here to back that up with the facts.

> **A NOTE ON HOW TO USE THIS**
>
> This guide is for general education and is not personalized medical advice, diagnosis, or treatment. Every body is different, and decisions about your care, including hormone therapy or any medication mentioned here, should be made with a licensed healthcare provider who knows your full health history. If you are experiencing a medical emergency, call 911 or go to your nearest emergency room.

# Contents

PART ONE

# 1. What Perimenopause Actually Is

Perimenopause is the transition leading up to menopause. During this stretch, your ovaries begin winding down estrogen and progesterone production, but not smoothly. Hormone levels rise and fall unevenly, sometimes wildly, before they settle into a lower, steadier postmenopausal baseline. Most of what makes perimenopause feel disorienting comes from that turbulence itself, the swings, not simply the eventual decline.

Menopause itself is not a phase you live through. It is a single point in time, the day that marks twelve full consecutive months since your last period. Everything before that day, sometimes for the better part of a decade, is perimenopause. Everything after it is postmenopause.

In the United States, the average age of menopause sits around 51 to 52. Perimenopause itself typically starts years earlier, commonly in your 40s, though it can begin sooner. Doctors sometimes describe it in two rough stages: early perimenopause, when your cycle length starts shifting by seven or more days, and late perimenopause, when your periods begin spacing out to sixty days or more apart. You don't need to memorize these labels. What matters is recognizing that irregular, unpredictable cycles are the hallmark of this stage, not a sign that something has gone wrong.

↑ BACK TO CONTENTS

PART TWO

# 2. How Long This Really Lasts, and Why the Number Is Different for You

For most women, the most disruptive symptoms of this transition, hot flashes and night sweats (together called vasomotor symptoms), last a median of around seven years, and can persist for four or more years past your final period. That alone surprises a lot of women, who expect this to be a short season rather than a long one.

Here is the part almost nobody hands you: the largest long-term study on this transition, the Study of Women's Health Across the Nation (SWAN), which has followed a multiracial group of women for more than two decades, found that Black women report hot flashes and night sweats for a median of roughly ten years, the longest duration of any racial group studied, compared to roughly six to seven years for white women. Separate national survey data from the Black Women's Health Imperative puts the average closer to nine years. The exact number varies by study, but the pattern is consistent: this stage tends to run longer for you than the general advice you'll find online assumes.

Research also shows Black women tend to reach natural menopause somewhat earlier on average, estimates range from several months to roughly two years earlier depending on the study, and spend more total years in the perimenopausal transition itself.

So why the difference? Researchers point to a few overlapping factors, not one single cause.

One is a concept called the weathering hypothesis: the idea that the cumulative toll of chronic stress, including the stress of navigating everyday discrimination, can accelerate biological aging, including reproductive aging. This line of research is still developing, but it is a serious, credentialed area of study, not speculation. Studies using the SWAN data have specifically linked experiences of everyday discrimination to a higher burden of hot flashes and night sweats in Black women, independent of other known risk factors like weight or smoking.

> *If your perimenopause has run longer than what you read about online, that is not you being dramatic, and it is not your body malfunctioning. That is what the data actually shows.*

There is also a real, and often overlooked, downstream health stake here. Estrogen has a protective effect on the cardiovascular system. Reaching menopause earlier means that protection fades sooner, which is part of why earlier menopause is linked to increased cardiovascular risk. That is one more reason this isn't just a quality of life issue. It is worth flagging to your doctor as part of your broader heart health picture, not treated as a separate, unrelated conversation.

↑ BACK TO CONTENTS

PART THREE

# 3. The Symptom List Nobody Hands You

Hot flashes get all the attention, but they are one symptom among many. Vasomotor symptoms (hot flashes and night sweats) affect up to 80 to 90 percent of women during this transition, but perimenopause touches far more than temperature regulation. Here is a fuller picture:

- Hot flashes and night sweats. Sudden heat, flushing, and sweating, sometimes lasting seconds, sometimes minutes.
- Irregular, heavier, or unpredictable periods. Cycles that shorten, lengthen, or skip entirely.
- Sleep disruption. Hormonal shifts affect sleep directly, this isn't only about night sweats waking you up.
- Mood changes. New or worsening irritability, anxiety, or depression.

- Brain fog. Word-finding trouble, short-term memory lapses, and trouble concentrating.
- Joint aches and new stiffness. Often mistaken for early arthritis or simply "getting older."
- Vaginal dryness and discomfort. Can affect sex and also raise the risk of urinary tract infections.
- Changes in libido. Can rise, fall, or shift in character.
- Heart palpitations. A racing or fluttering heartbeat sensation, usually benign but worth mentioning to your doctor.
- Hair and skin changes. Thinning hair, drier skin, changes in texture.
- Weight shifts. Especially around the midsection, sometimes without any change in diet or activity.
- Headaches. New patterns, or migraines that change in frequency or intensity.

You don't need every item on this list to be in perimenopause, and having several of them doesn't mean something is wrong with you. It means your hormones are transitioning, and that transition deserves to be named and supported rather than quietly endured.

↑ BACK TO CONTENTS

PART FOUR

# 4. Myths vs. Facts

Perimenopause carries more misinformation than almost any other stage of a woman's health. Here are the myths that come up most, and what the evidence actually says.

| | |
|---|---|
| **MYTH** | **You have to wait until your periods stop completely before anyone will take your symptoms seriously.** |
| **FACT** | Treatment doesn't require waiting for menopause to arrive. If perimenopause symptoms are affecting your life now, you're entitled to evaluation and treatment now, not in five years. |

| | |
|---|---|
| **MYTH** | **Perimenopause is basically a rough couple of years.** |
| **FACT** | For many women it runs seven years or longer, and current research shows it often runs longer still for Black women, sometimes close to a decade. Planning for a marathon rather than a sprint is realistic, not pessimistic. |

| | |
|---|---|
| **MYTH** | If you're moody or anxious, that's just stress, not your hormones. |
| **FACT** | Fluctuating estrogen directly affects brain chemistry tied to mood. Research shows women are meaningfully more likely to experience depression specifically during perimenopause than before or after it. Naming the hormonal piece doesn't erase what you're feeling, it points you toward the right kind of help. |

| | |
|---|---|
| **MYTH** | You can't get pregnant once perimenopause starts. |
| **FACT** | You can. Ovulation becomes unpredictable, not impossible, until you've gone a full twelve months without a period. If pregnancy isn't the plan, keep using contraception. |

| | |
|---|---|
| **MYTH** | Hormone therapy is dangerous and best avoided. |
| **FACT** | This fear largely traces back to a single, widely misread study from the early 2000s. Current guidance from the major medical societies supports hormone therapy as the most effective treatment for hot flashes and related symptoms for most healthy women, particularly when started within about ten years of menopause onset. Like any medication, it carries real considerations, which is exactly why it deserves an individualized conversation with a provider rather than a blanket yes or no from the internet. |

| | |
|---|---|
| **MYTH** | Weight gain during this stage is inevitable and there's nothing to be done about it. |
| **FACT** | Hormonal shifts do change how and where your body stores fat, and that's real, not something you're imagining. But it's a shift to work with, not a life sentence. Strength training, adequate protein, and attention to sleep all measurably help. |

| | |
|---|---|
| **MYTH** | Black women just handle "the change" better, or don't really go through it the same way. |
| **FACT** | The research shows the opposite. Black women report longer symptom duration, and by some measures more severe hot flashes, than most other groups studied. What differs isn't the biology. It's how often that reality gets acknowledged and treated in a doctor's office. |

↑ BACK TO CONTENTS

PART FIVE

# 5. Why Getting Good Care Can Be Harder, and How to Get It Anyway

This is worth naming plainly, because pretending it isn't true doesn't help you get better care.

- A national survey by the Black Women's Health Imperative found that more than four in ten Black women reported experiencing discrimination while seeking menopause care, and roughly half said they weren't sure which health guidance to trust.
- Black women are about twice as likely as white women to reach menopause through surgery (hysterectomy or removal of the ovaries) rather than a natural transition, and are meaningfully less likely to be offered hormone therapy beforehand to ease the way.
- This isn't about individual doctors being careless. It reflects a healthcare system with a long, documented history of underestimating and under-treating Black women's pain and symptoms, and menopause care hasn't been an exception.

Here's how to work around that, practically:

- Look for a Menopause Society Certified Practitioner (MSCP). This is a real credential, not a marketing term. It means a provider has completed additional training specifically in menopause care. The Menopause Society keeps a searchable provider directory at menopause.org.
- Bring specifics, not just impressions. How often a symptom happens, how long it lasts, and what it's stopping you from doing gives a provider something concrete to act on.
- You do not need to downplay what you're feeling to be believed. If a provider dismisses what you're describing, that's information about the provider, not about whether what you're feeling is real. A second opinion is a reasonable, normal next step.
- Bring backup if you can. A friend, partner, or family member in the room, or even just a written list of your symptoms and questions, helps when appointments move fast.

↑ BACK TO CONTENTS

PART SIX

# 6. Your Treatment Options, Explained Plainly

There are real, evidence-based options at every stage of this transition. "Just push through it" is not a treatment plan, it's the absence of one.

### Hormone therapy

Hormone therapy (sometimes called HRT or MHT) is currently considered the most effective treatment for hot flashes, night sweats, and vaginal or urinary symptoms of menopause for most healthy women. Current guidance from the major medical societies generally favors starting within about ten years of menopause onset or before age 60, when the benefit to risk balance tends to be most favorable. It's available as a pill, patch, or gel for whole-body symptoms, and as a low-dose local or vaginal form for dryness specifically, without the same level of systemic exposure. The right choice depends on your personal and family health history, which is exactly why this is a conversation for a provider, not a decision to make from a blog post.

### A caution worth knowing

Be cautious of unregulated compounded "bioidentical" hormone pellets or troches sold outside standard pharmacy channels. Major medical societies have flagged these as a real safety concern, since they aren't held to the same testing and dosing standards as FDA-approved hormone therapy. A prescription filled at a licensed pharmacy is not the same thing as a pellet inserted at a wellness spa.

### If hormone therapy isn't right for you

Non-hormonal options exist too, including certain antidepressants (SSRIs and SNRIs) prescribed at doses specifically studied for hot flashes, and newer non-hormonal medications developed specifically to target vasomotor symptoms. These are worth asking about directly if you can't or would rather not use hormones.

↑ BACK TO CONTENTS

PART SEVEN

## 7. Fibroids, Bleeding Changes, and When to Call Your Doctor Now

Uterine fibroids are significantly more common in Black women, and tend to show up earlier in life. Fibroid symptoms, especially heavy, prolonged, or unpredictable bleeding, can look a lot like ordinary perimenopause and get written off as such by mistake. That overlap matters, because fibroids are also a leading reason Black women end up reaching menopause through surgery rather than a natural transition.

This section isn't meant to scare you. It's meant to make sure the things that shouldn't be waved off as "just perimenopause" don't get waved off.

**CALL YOUR DOCTOR, DON'T WAIT FOR YOUR NEXT ANNUAL, IF YOU NOTICE:**

- Soaking through a pad or tampon in an hour or less, for several hours in a row
- Bleeding that lasts longer than seven days
- Bleeding between periods, or any bleeding after you believed you'd reached menopause
- Large clots, or bleeding heavy enough to cause dizziness or fatigue
- Pelvic pain or pressure that's new or getting worse
- A sudden, severe headache unlike any you've had before
- Chest pain, an alarming or irregular heartbeat, or shortness of breath

↑ BACK TO CONTENTS

PART EIGHT

# 8. Your Mind During the Transition

One of the more consistent findings in the research: a 2024 meta-analysis pooling data from over 9,000 women worldwide found that women in perimenopause are about 40 percent more likely to experience depression than women who are premenopausal. That risk doesn't stay elevated after menopause, it's specifically tied to the turbulence of the transition itself.

If you have a history of depression, postpartum depression, or PMDD (premenstrual dysphoric disorder), your risk during this transition is meaningfully higher, sometimes cited around three times higher for a depressive episode. That's worth naming directly to whoever is treating you, not something to mention only if it comes up.

It's the hormonal swings themselves, amplified by disrupted sleep and whatever else life has already stacked on your plate, that drive this. Not a personal failing, and not something you should have to grit your way through alone.

This can be treated. Therapy, medication, and in some cases hormone therapy itself have all shown real benefit for mood symptoms tied to this transition. If what you're feeling is starting to interfere with your daily life, that's reason enough to bring it to your provider, whether or not you're sure it's "hormonal."

A note on community: isolation makes all of this harder to carry. Part of why MotherWell exists is so you don't have to figure this out alone, or for the first time, by yourself.

↑ BACK TO CONTENTS

PART NINE

# 9. Building Your Everyday Toolkit

- Protect your sleep. Consistent sleep and wake times, a cool bedroom, and treating night sweats directly all matter more than most people expect. Disrupted sleep isn't just uncomfortable, it worsens mood and brain fog too.
- Prioritize strength training. Estrogen decline speeds up bone density loss, and strength training helps protect against it, along with supporting metabolism and mood. It doesn't need to be extreme. Consistency matters more than intensity.
- Feed the transition, don't restrict through it. Adequate protein, calcium, and vitamin D support the bone and muscle changes happening in your body right now. This is a season for giving your body what it needs, not cutting back.
- Notice alcohol's role. Alcohol is a documented hot flash trigger for many women. Worth paying attention to if your symptoms seem to spike around drinking.
- Find your real stress outlet. Whatever genuinely works for you, prayer, therapy, movement, community, this is a season where that practice earns its keep.
- Keep a simple symptom log. A few weeks of notes on your cycle, hot flashes, sleep, and mood gives your provider something concrete to work with, and gives you language for what you're experiencing.

↑ BACK TO CONTENTS

PART TEN

# 10. A Word on Birth Control and Fertility

Pregnancy is still possible throughout perimenopause. Ovulation becomes unpredictable, not absent, until you've gone a full twelve months without a period. If pregnancy isn't part of your plan, contraception still is.

Hormonal birth control can also help manage heavy or irregular bleeding and some perimenopause symptoms directly, which makes it worth discussing as a dual-purpose option if pregnancy prevention is also a goal.

Whether and when to stop contraception is a conversation for your provider, based on your age, symptoms, and health history, not a guess.

↑ BACK TO CONTENTS

PART ELEVEN

# 11. Questions Worth Bringing to Your Next Appointment

Bring this list with you, print it, screenshot it, or copy it into your notes app.

? Based on what I'm describing, does this sound like perimenopause?

? Are there specific tests worth ordering given my symptoms, like hormone levels, thyroid, or iron?

? What are my hormone therapy options given my personal and family health history?

? What non-hormonal options exist if hormone therapy isn't right for me?

? Given what's known about how this transition tends to run longer for Black women, what timeline should I realistically expect?

? Are you a Menopause Society Certified Practitioner, or can you refer me to one?

? What symptoms should prompt me to call you before my next scheduled visit?

↑ BACK TO CONTENTS

PART TWELVE

# 12. Where to Go From Here

A few trusted places to keep learning:

- The Menopause Society (menopause.org). The leading professional society in this field. Their provider directory is the fastest way to find a Menopause Society Certified Practitioner near you.
- Black Women's Health Imperative, Power in the Pause (bwhi.org and powerinthepause.bwhi.org). A national initiative built specifically around Black women's experience of perimenopause and menopause, including community events, original research, and plain-language resources.
- "The Black Girl's Guide to Surviving Menopause" by Omisade Burney-Scott. A book centering Black women's and gender-expansive people's lived experience of this transition.
- The American College of Obstetricians and Gynecologists (acog.org). Reliable, plain-language patient FAQs on menopause and perimenopause symptoms and treatment.

*MotherWell is building out more guides like this one. If there's a topic you want covered next, tell us. This resource exists because you asked for it, and it'll keep growing the same way.*

### A CLOSING NOTE FROM MOTHERWELL

You are not too young for this, too strong for this, or imagining this. Whatever stage of the transition you're in, you deserve care that listens, information that tells you the truth, and a community that has already been exactly where you are. That's what MotherWell is here to keep building, one guide, one conversation, one appointment at a time.

With you through it,
The Black Mom Ish Foundation

### WHERE THE NUMBERS IN THIS GUIDE COME FROM

Duration and symptom data: the Study of Women's Health Across the Nation (SWAN), an ongoing multiracial longitudinal study following thousands of women for over two decades. Depression risk data: a 2024 meta-analysis published in the Journal of Affective Disorders. Care disparity data: the Black Women's Health Imperative's national survey of Black women's menopause experiences. Treatment guidance: current position statements from The Menopause Society and the International Menopause Society. This guide reflects the research available as of 2026 and will be updated as the evidence develops.