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HEYSHANTAQ

FREE GUIDE 05 · WOMEN'S CARDIOVASCULAR HEALTH

# PROTECT YOUR HEART, SIS

The No-Shame Cardiovascular Risk Reset for Women in Midlife and Beyond

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**A prevention-focused heart health guide that helps women understand their numbers, risk factors, menopause connection, and the questions to ask their clinician.**

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Real conversations. Real decisions. Real shifts. Bring the receipts.

# PROTECT YOUR HEART, SIS

## The No-Shame Cardiovascular Risk Reset for Women in Midlife and Beyond

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Hey Shanta Q Free Guide 05

Theme: Humor. Healing. High Impact.

**Real-talk medical note: This guide is educational and is not a diagnosis, treatment plan, or substitute for medical care. If you have symptoms that feel severe, sudden, unusual, or frightening, seek urgent care. If you think you may be having a heart attack or stroke, call 911 immediately.**

### Why this guide exists

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Women are often told to keep up with mammograms and Pap tests, yet heart health does not always get the same urgency. The American Heart Association has noted that women's health was historically framed around reproductive and breast health while cardiovascular risk was under-recognized, even though heart disease is a major threat for women.[2]

The FDA Office of Women's Health states plainly that heart disease is the leading cause of death for women in the United States and encourages women to manage conditions such as high blood pressure, diabetes, and high cholesterol; know heart attack signs; and discuss aspirin and medications with a healthcare professional.[1]

**Hey Shanta Q truth: Your heart is not background music. It is the beat behind every dream, every room, every reinvention.**

### The numbers to know

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Heart prevention starts with knowing your numbers. This is not about shame. This is about information.

Number or factor	What to ask	Why it matters
Blood pressure	“What is my blood pressure today, and what is my target?”	High blood pressure is a major heart and stroke risk factor.
Cholesterol	“What are my LDL, HDL, triglycerides, and overall risk?”	Cholesterol patterns help guide prevention and medication discussions.
Blood sugar	“Do I have diabetes or prediabetes based on A1C or glucose?”	Diabetes increases cardiovascular risk.
Weight and waist	“Can we discuss metabolic health without making this only about weight?”	Body composition and metabolic health matter, but shame does not treat disease.
Smoking or vaping	“What support can help me quit safely?”	Tobacco use increases cardiovascular risk.
Family history	“Does my family history change my prevention plan?”	Early heart disease or stroke in relatives can raise concern.
Pregnancy history	“Do preeclampsia, gestational diabetes, preterm birth, or pregnancy hypertension affect my risk?”	Pregnancy complications can be important cardiovascular risk signals.
Menopause transition	“How does menopause or early menopause affect my heart risk?”	Cardiovascular risk increases with age, and women’s risk rises after menopause.[1]

## The no-shame risk reset

A risk reset is not a lecture. It is a decision to stop guessing and start building a prevention plan.

Reset step	What it sounds like in real life
Know your baseline	“I want a current blood pressure, cholesterol panel, and blood sugar assessment.”
Review your story	“Here is my family, pregnancy, menopause, smoking, and symptom history.”
Ask for your risk	“Based on my numbers and history, what is my cardiovascular risk?”
Build the plan	“What should I change, what should we monitor, and do I need medication?”
Follow up	“When do we recheck, and what result would change the plan?”

## Expert tips for heart-protective living

**First, make blood pressure personal.** Do not just hear “it is a little high” and move on. Ask for your number, your goal, and whether home monitoring makes sense.

**Second, learn your cholesterol details.** Total cholesterol alone is not enough. Ask about LDL, HDL, triglycerides, and whether your overall risk suggests lifestyle changes, medication, or additional testing.

**Third, treat sleep as heart care.** Poor sleep, untreated sleep apnea, night sweats, and chronic stress can affect how your body functions. If you snore, wake gasping, or remain exhausted, ask about sleep evaluation.

**Fourth, move for your future self.** If medically safe, aim for consistent movement that includes walking or aerobic activity, strength training, mobility, and activity you can sustain. The best exercise plan is the one you can repeat.

**Fifth, eat for your arteries without turning food into punishment.** Focus on more fiber, fruits, vegetables, beans, nuts, lean proteins, and unsaturated fats while reducing excess sodium, trans fat, and added sugars. The FDA encourages women to choose lower-sodium foods, limit trans fats, and cut back on added sugars as part of heart-healthy eating.[1]

**Sixth, ask about medication without shame.** Needing blood pressure, cholesterol, or diabetes medication does not mean you failed. It means your risk deserves treatment.

**Seventh, connect menopause and heart health.** The FDA notes that heart disease risk increases for everyone with age and that women’s risk rises after menopause, while younger women can also develop heart disease.[1] Use midlife as a checkpoint, not a waiting room.

## Your doctor conversation checklist

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Ask this	Write the answer
What is my blood pressure today?	
What is my cholesterol breakdown?	
What is my A1C or diabetes risk?	
Do my pregnancy history, menopause timing, or family history affect my risk?	
Do I need lifestyle changes, medication, referral, or additional testing?	
What symptoms should make me call 911?	
When should we recheck my numbers?	

## What women are missing from typical heart health messages

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Women need heart health education that does not sound like a scolding poster in a clinic hallway. They need culturally fluent, practical, emotionally intelligent guidance that says: “You are busy, you are carrying a lot, and your heart still deserves a plan.” Awareness has also declined. AHA reporting notes that the proportion

of women recognizing heart disease as their leading cause of death fell from 65% in 2009 to 44% in 2019, with larger awareness drops among younger women and Black and Hispanic women.[2]

## Closing word

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Prevention is not fear. Prevention is power. You are not too busy, too young, too strong, or too tired to protect the heart that carries you.

**Hey Shanta Q reminder:** Stop surviving and start living with intention—heartbeat included.

## References

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1. [FDA Office of Women's Health, Heart Health for Women](#)
2. [American Heart Association News, The slowly evolving truth about heart disease and women](#)
3. [Johnson et al., Addressing the Bias in Cardiovascular Care](#)