BINTI

Your women’s health guide

Halisi Wellness Program by Daktari Msafiri

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For every participant after the doctor’s review. Keep this guide alongside your individual screening report. It explains the topics raised by the ladies and the tests you can discuss.

Your care is individual

Receiving this guide does not mean you have these conditions or need every test. A clinician chooses investigations from your symptoms, age, examination and history. Normal camp readings do not rule out the conditions in this guide.

Inside this guide

Understanding your readings • Menopause and hormones • Bone health and vitamin D • Painful periods and endometriosis • Fibroids and cysts • Abnormal bleeding • Infertility • PCOS • PMS, mood and sleep • Vaginal health • Breast changes • Follow-up choices and feedback

Open the selectable test and service chart

Test and service enquiries: WhatsApp 0746 764 452
Office: 0115 310 515

Understand your wellness readings

Blood pressure measures pressure in your arteries. Blood glucose measures sugar in the blood. BMI relates weight to height; it is a screening measure, not a diagnosis.

Reference values are for non-pregnant adults

Pregnancy, an existing diagnosis, medicines and symptoms can change interpretation and treatment targets. A clinician must explain your own results.

Blood pressure | mmHg

Reading	Meaning and next step
Below 120 AND below 80	Normal range under AHA categories. Maintain healthy habits.
120-129 AND below 80	Elevated. Repeat and discuss prevention.
130-139 OR 80-89	Above normal. Arrange review and repeat measurements.
140 or higher OR 90 or higher	High. Repeat correctly and arrange clinician review; one reading alone usually does not establish hypertension.
180 or higher OR 120 or higher	Repeat promptly and obtain urgent clinical assessment. With chest pain, breathlessness, weakness, confusion or vision changes, seek emergency care immediately.

The top number is pressure when the heart beats; the bottom number is pressure between beats. WHO generally confirms hypertension at 140/90 or above on different days. Thresholds and targets differ across guidelines and individual risk. High blood pressure may cause no symptoms but can harm the heart, brain and kidneys.

BMI | weight in kg ÷ height in metres squared

BMI	Adult screening category
Below 18.5	Underweight
18.5 to below 25	Healthy weight range
25 to below 30	Overweight range
30 or above	Obesity range

Example: 70 kg ÷ (1.65 × 1.65) = BMI 25.7. BMI does not distinguish muscle from fat or replace a nutrition assessment. These adult categories are not used for pregnancy or children.

Sources: AHA blood pressure categories

WHO hypertension

CDC adult BMI categories

Blood sugar: context matters

Record whether the check was fasting or random and use the stated units. A finger-prick camp result is a screen: a laboratory test and clinical assessment may be needed.

Fasting glucose | mmol/L

Fasting means at least 8 hours without food or drinks other than water. The bands below use ADA/NIDDK laboratory criteria converted to mmol/L; they do not diagnose from a handheld meter.

Reading	Meaning and next step
Below 4.0	Low-alert range. Tell a medic immediately, particularly with sweating, shaking, hunger, dizziness or confusion.
4.0 to 5.5	Within the usual fasting reference range.
5.6 to 6.9	Increased-risk / prediabetes range under ADA criteria. Discuss confirmatory testing and prevention.
7.0 or above	Diabetes-range fasting result. Needs clinical review and usually laboratory confirmation.

Random glucose | mmol/L

There is no single random "normal" cutoff that applies to every meal and testing time. A random result of 11.1 or above needs review; with typical diabetes symptoms it may meet a laboratory diagnostic criterion. A lower random result does not rule out diabetes.

HbA1c | longer-term blood sugar

HbA1c reflects average glucose over about three months. Below 5.7% is the usual reference range; 5.7-6.4% is increased-risk and 6.5% or above is diabetes-range. Pregnancy, some anaemias and haemoglobin variants may affect reliability. A clinician confirms the diagnosis.

Low sugar or severe illness: act promptly

If awake and able to swallow safely, take a sugary drink or glucose and recheck after 10-15 minutes while seeking medic support. If unconscious, fitting or unable to swallow, give nothing by mouth and seek emergency help. Vomiting, abdominal pain, deep breathing or drowsiness with diabetes needs urgent assessment; follow the diabetes sick-day plan.

Long-term high blood sugar can damage blood vessels, nerves, eyes and kidneys. The doctor can advise on balanced meals, activity, appropriate tests and treatment; do not start or change medicines from this table alone.

NIDDK diabetes tests and diagnosis

NHS low blood sugar

ADA ketone guidance

01. Perimenopause, menopause and hormone checks

Perimenopause is the transition towards menopause; periods may change and hot flushes, night sweats, poor sleep, brain fog, low mood or vaginal dryness may occur. Menopause means 12 months without a period when there is no other explanation and hormonal contraception is not masking the pattern. Symptoms are often experienced in the 40s; symptoms before 45 deserve assessment, especially before 40. Fatigue or weight change alone does not prove menopause.

Tests to discuss

At 45 or older, typical symptoms and cycle changes usually establish the diagnosis without hormone tests. At 40-45, FSH may help when symptoms and cycle changes suggest menopause. Under 40, specialist assessment for premature ovarian insufficiency may include FSH and repeat testing if needed. Pregnancy testing, thyroid testing or a blood count may be appropriate to exclude other causes. A single broad hormone panel cannot reliably diagnose every case or predict exactly when periods will stop.

Care and follow-up

Treatment can include HRT after an individual benefits-and-risks discussion, non-hormonal options and help with sleep or mood. If the womb is present, systemic oestrogen usually needs progestogen protection. HRT is not contraception. Regular activity, strength exercise, balanced meals and sleep support are worthwhile; no supplement is proven to delay menopause or restore fertility.

NICE menopause guidance

NHS treatment options

02. Bone health and vitamin D deficiency during menopause

Falling oestrogen around menopause can accelerate bone loss. Osteoporosis makes bones more fragile and may cause no symptoms until a fracture. Early menopause deserves particular attention to bone health.

Tests to discuss

Start with a clinician-led fracture-risk review. A DXA (DEXA) bone density scan may be appropriate with early menopause, a fracture after a minor fall, prolonged oral steroid use or other significant risk factors. It is not a routine test for every woman aged 30-40. Vitamin D (25-OH vitamin D), calcium and other blood tests are selected when deficiency or an underlying cause is suspected; blood tests alone do not diagnose osteoporosis. Routine vitamin D screening is not recommended for otherwise healthy adults without a clinical indication.

Care and follow-up

Discuss weight-bearing and resistance exercise, adequate dietary calcium, vitamin D needs, smoking and alcohol with the clinician. Supplements and medicines should follow an individual assessment.

NHS bone density scanning

Endocrine Society vitamin D guidance

03. Painful periods, endometriosis and adenomyosis

Primary period pain comes from menstrual cramps without an underlying pelvic disease. Endometriosis is tissue similar to the womb lining growing outside the womb; adenomyosis involves such tissue within the womb muscle. Endometriosis can cause disabling period pain, pain during sex, bowel or bladder pain around periods, persistent pelvic pain or fertility difficulties. It is not a sexually transmitted infection. Pain may change after childbirth, but severe pain should not be dismissed.

Tests to discuss

Start with a pain-and-cycle history and appropriate examination. Pelvic ultrasound can identify fibroids, ovarian endometriosis cysts and signs of adenomyosis. A normal scan DOES NOT rule out endometriosis, including in a teenager or someone who is not sexually active. Specialist ultrasound, MRI or laparoscopy may be considered for persistent or suspected deep disease. There is no routine hormone panel or CA-125 blood test that diagnoses endometriosis.

Care and follow-up

Heat, gentle movement and a clinician-approved pain plan may help. Anti-inflammatory medicines and hormonal treatments are options after checking suitability and fertility goals. No diet is proven to cure endometriosis or reliably prevent it. Refer pain that disrupts school, work, sleep or daily life, persists between periods or fails treatment. For someone with type 1 diabetes and vomiting or abdominal pain, check glucose and ketones according to the sick-day plan and seek urgent care if unwell; do not assume this is only period pain.

NICE endometriosis

WHO endometriosis

ADA ketone guidance

04. Fibroids and ovarian cysts

Fibroids are usually non-cancerous growths of the womb muscle. Ovarian cysts are fluid-filled sacs in or on an ovary; they are a different condition. Either can cause pelvic discomfort, and fibroids may cause heavy bleeding, pressure or fertility problems. Many cause no symptoms. Fibroids often shrink after menopause, but new bleeding or enlargement still needs review. Pregnancy is possible with fibroids; their location and size matter.

Tests to discuss

Pelvic ultrasound assesses size, location and appearance. A blood count is useful with heavy bleeding; iron studies may be added if iron deficiency is suspected. Follow-up scans depend on cyst appearance, symptoms, size, age and menopausal status, rather than one fixed schedule for everyone. Specialist blood tests such as CA-125 are reserved for selected suspicious ovarian findings, not general screening.

Care and follow-up

Some fibroids need observation only. Medicines may help pain or heavy bleeding; procedures include myomectomy, uterine artery embolisation or hysterectomy in selected cases. Discuss pregnancy plans before treatment because some options affect fertility. There is no guaranteed diet or supplement that prevents fibroids. Sudden severe pelvic pain, especially with vomiting, needs urgent assessment.

NHS fibroids

NHS ovarian cysts

05. Irregular, missing, prolonged or unexpected bleeding

Cycle changes in the 40s can occur in perimenopause, but pregnancy, fibroids, polyps, thyroid problems, infection and changes in the womb lining are other possibilities. Persistent spotting, bleeding between periods or after sex, or a new change in flow needs assessment. Any bleeding after 12 months without periods needs prompt review, even a small amount. Tubal ligation does not remove the ovaries; do not automatically attribute new bleeding to sterilisation or menopause.

Tests to discuss

A pregnancy test is often the first step if pregnancy is possible, even after tubal ligation. Consider a full blood count for heavy or prolonged bleeding, targeted thyroid or infection tests and pelvic ultrasound. Depending on age, persistent bleeding and risk factors, the doctor may arrange hysteroscopy and an endometrial biopsy. Cervical screening does not replace investigation of abnormal bleeding.

Care and follow-up

Record dates, duration, flow, clots and associated symptoms. Tell the doctor about contraception and medicines. Bleeding after a caesarean needs the timing and amount clarified; postpartum bleeding is assessed differently from later irregular periods. Heavy bleeding with faintness, severe pain, fever or feeling very unwell requires urgent care.

NICE heavy bleeding

NHS postmenopausal bleeding

NHS sterilisation information

06. Infertility: assessment and tests for both partners

Seek assessment after 12 months of trying if under 35, after six months at 35 or older, and promptly over 40 or with irregular periods or known fertility risks. Both partners should be assessed where applicable.

Tests to discuss

The assessment may include pelvic ultrasound, ovulation assessment, semen analysis and tests of tubal patency such as HSG or HyCoSy when indicated. Progesterone to check ovulation is taken about seven days before the expected next period, not automatically on day 21. FSH and oestradiol, when needed for ovarian reserve, are usually measured on cycle days 2-4; AMH can be measured on any day. Thyroid tests or prolactin are selected for relevant symptoms or cycle problems.

Care and follow-up

AMH estimates ovarian reserve and treatment response; it is not a stand-alone fertility score or an exact menopause countdown. A fertility specialist can discuss options and realistic timing. No test or supplement guarantees delayed menopause.

ASRM fertility evaluation

07. PCOS and irregular ovulation

PCOS can involve irregular ovulation, acne or excess facial/body hair and metabolic risks. It is not diagnosed from an ultrasound finding alone, and someone can have PCOS without visible ovarian cysts. Support relatives without blame or pressure about weight or pregnancy.

Tests to discuss

A clinician may check total/free testosterone and exclude similar conditions using pregnancy testing, TSH, prolactin or other targeted tests. Ultrasound is used when needed. Blood pressure, lipids and glucose assessment are important; an oral glucose tolerance test may be preferred to detect glucose problems. Adult diagnostic criteria should not be applied unchanged to teenagers.

Care and follow-up

Management depends on cycle symptoms, metabolic health and fertility goals. Lifestyle support, medicines to protect regular shedding of the womb lining and fertility treatment may be appropriate. A hormone panel alone is not the whole assessment.

International PCOS recommendations

08. PMS, low mood, fatigue and poor sleep

PMS produces recurring physical or emotional symptoms before periods that improve after bleeding starts. PMDD is a more severe form with substantial mood effects. Symptoms throughout the month may have other causes, including depression, anaemia, thyroid disease or sleep problems; they should not all be labelled hormonal.

Tests to discuss

Keep a daily symptom diary for at least two menstrual cycles. There is no single blood test for PMS or PMDD. A blood count, iron assessment or thyroid tests may be useful when the history suggests another cause. Persistent low mood requires a mental-health assessment as well as physical review.

Care and follow-up

Discuss sleep routines, physical activity, psychological support and treatments such as selected antidepressants or hormonal options with the clinician. Severe distress or thoughts of self-harm need immediate support and assessment.

NHS PMS

09. Vaginal itching, soreness, dryness and painful sex

Possible causes include thrush, bacterial imbalance, sexually transmitted infections, skin irritation and lower-oestrogen changes. Itching is not always thrush; dryness or painful sex is not always infection.

Tests to discuss

A confidential history and examination help choose vaginal swabs or STI tests; urine tests are used when urinary symptoms suggest infection. Persistent skin changes or unexplained symptoms may require specialist assessment. Tests depend on the symptoms rather than a universal vaginal panel.

Care and follow-up

Avoid douching and perfumed products. Lubricants or moisturisers may help dryness; vaginal oestrogen may be discussed when appropriate. Avoid repeated self-treatment without confirming the cause, especially when symptoms recur.

NHS vaginitis

10. Breast lumps and changes

Many breast lumps are benign cysts or fibroadenomas, and tenderness can vary with the cycle. A new discrete lump still needs examination. Skin dimpling, a newly inverted nipple, bloodstained discharge or an armpit lump should be assessed promptly.

Tests to discuss

Clinical breast examination followed by ultrasound and/or diagnostic mammography according to age and findings. A needle biopsy is used when indicated. A hormone profile does not identify the cause of a breast lump.

Care and follow-up

Do not wait for a routine screening appointment to investigate a new lump. A clinician will decide the appropriate imaging and referral. A symptom assessment is different from routine screening in someone with no symptoms.

NHS breast lumps

Choose your next step

Tick the reviews you would like to discuss. This is an enquiry, not a test order or confirmed booking. The clinician will explain suitability, timing and fees before services begin.

Tick	Review or test request
[ ]	Gynaecologist review
[ ]	Perimenopause / menopause review
[ ]	Hormonal assessment if indicated
[ ]	Bone health / osteoporosis review
[ ]	Vitamin D deficiency assessment
[ ]	Pelvic ultrasound assessment
[ ]	Full blood count / iron assessment
[ ]	Thyroid assessment
[ ]	Infertility / fertility assessment
[ ]	PCOS assessment
[ ]	Glucose / HbA1c / glucose tolerance assessment
[ ]	Breast assessment
[ ]	Vaginal health review / infection tests
[ ]	Nutritionist review
[ ]	General wellness / full body review
[ ]	Home visit for my relative

Other: _____

Open the online chart to select several choices and prepare one WhatsApp message

The printed/PDF ticks do not send automatically. On the online chart, review the draft, open WhatsApp and press Send yourself. Enquiries go to Benedict on 0746 764 452. Avoid putting detailed medical history into a general enquiry.

Thank you, Binti.

Thank you for coming for your wellness check.

Keep your results, follow the reviewing doctor’s advice and attend recommended follow-up. Share this general guide with another woman who may find it useful; keep your personal clinical report private.

Know when to seek help

Seek urgent care for sudden severe pelvic pain, pain with possible pregnancy, fainting, heavy bleeding with weakness, fever with pelvic pain, persistent vomiting or severe distress. Any bleeding after menopause or a new breast lump needs prompt assessment. Do not wait for a WhatsApp reply if seriously unwell.

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Convenience in Healthcare and Home Care Services

How was your wellness check?

Optional feedback covers registration, waiting time, staff care, privacy, explanation of results and report receipt. The form does not request your name, phone number or email.

Open the Wellness Check Feedback Form

General patient education prepared for Binti, 17 October 2026; compiled 18 October 2026. Sources are linked beside each topic. This guide does not replace a clinical consultation.