

WOMEN'S HEALTH BEYOND PRENATAL CARE: NURSING IN THE CLIMACTERIC AND MENOPAUSE

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Abstract

Women's health care should not be restricted to the reproductive period, since female aging involves changes that also require qualified monitoring by health services. Among these stages, the climacteric and menopause stand out as periods marked by hormonal, physical, emotional, and social changes that may affect quality of life in different ways. This study is characterized as a qualitative and descriptive literature review aimed at analyzing the role of nursing in the care of women during the climacteric and menopause, considering health promotion, disease prevention, health education, and comprehensive care.

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The literature indicates that nursing care can contribute to identifying individual needs, addressing complaints, providing guidance on changes associated with this stage of life, encouraging healthy lifestyle habits, and recognizing situations requiring multidisciplinary follow-up. The importance of an approach that does not reduce the climacteric to an exclusively biological or pathological process is also emphasized, considering each woman's experiences, living conditions, and individual characteristics. It is concluded that expanding healthcare beyond prenatal care strengthens comprehensive assistance and highlights the role of nursing in supporting women throughout different stages of life.

Keywords: Climacteric, Comprehensive Health Care, Menopause, Nursing, Women's Health.

INTRODUCTION

Women's health care has historically been strongly associated with reproduction, pregnancy, and motherhood. Although prenatal care is indispensable for protecting maternal and fetal health, women's needs do not end with the conclusion of the reproductive period. Women experience different changes throughout their lives, and each of these requires health promotion, disease prevention, clinical monitoring, and individualized care. In this context, the climacteric and menopause are stages that need to occupy a greater place in healthcare practices, especially in Primary Health Care.

The climacteric corresponds to the transition between the reproductive and non-reproductive periods of a woman's life, whereas menopause represents an event occurring within this process. Natural menopause is retrospectively recognized after 12 consecutive months without menstruation, in the absence of another physiological or pathological cause or clinical intervention explaining the amenorrhea (WHO, 2024). Therefore, although the terms are frequently used as synonyms, they represent distinct concepts.

This distinction is important for healthcare, as changes related to the menopausal transition may arise before the final menstrual period and persist thereafter. The World Health Organization emphasizes that this experience varies greatly among women. Some go through the period with few manifestations,

while others experience symptoms capable of interfering with daily activities, interpersonal relationships, and quality of life (WHO, 2024).

Manifestations frequently associated with this stage include changes in the menstrual cycle, hot flashes, night sweats, sleep difficulties, mood changes, and genitourinary symptoms. In addition to these manifestations, the transition to menopause represents an opportunity to reassess broader aspects of health, considering factors related to cardiovascular and bone health, sexuality, mental health, lifestyle habits, and healthy aging (WHO, 2024).

However, understanding the climacteric exclusively in terms of hormonal changes means reducing an experience that also has emotional, social, and cultural dimensions. The way each woman experiences this stage may be related to her living conditions, family relationships, work, sexuality, access to information, perception of aging, and previous experiences with health services. For this reason, women in the same age group may have quite different needs.

The Ministry of Health (Brazil, 2008) had already emphasized, in its Manual of Care for Women in the Climacteric/Menopause, the need for comprehensive and humanized care, considering not only the clinical repercussions of hormonal changes but also emotional, psychological, and sexuality-related aspects. The document also highlights the importance of welcoming care, self-care promotion, and the adoption of healthy lifestyle habits as components of the care offered to women at this stage.

This perspective remains present in current guidelines for women's health. Comprehensive care presupposes that care should not be concentrated only on pregnancy, the postpartum period, or reproductive planning, but should address needs throughout the life course. More recently, the Ministry of Health (Brazil, 2026) reinforced the need to organize and qualify care for people during the menopausal transition, menopause, and postmenopause within Primary Health Care.

In this context, Nursing occupies a relevant position because of the close relationship it establishes with users and its participation in different actions developed within health services. Nursing care can facilitate the identification of needs, welcoming of complaints, health education, promotion of self-care,

monitoring of health conditions, and coordination with other professionals when multidisciplinary care is required.

The nursing consultation represents an important space for this role. More than simply recording symptoms, this encounter can enable qualified listening regarding the changes perceived by the woman, her questions, habits, sexuality, emotional well-being, and expectations concerning the aging process. Individualized care becomes particularly necessary because not all women experience the same symptoms, nor do they require the same interventions.

Health education also plays an important role. Appropriate information can help women understand that the climacteric and menopause are part of the life course and that the presence of certain symptoms should neither be treated with embarrassment nor normalized when it significantly interferes with daily life. At the same time, indiscriminate medicalization of a physiological stage must be avoided. The Ministry of Health (Brazil, 2008) recommends that care consider health promotion, self-care, adequate nutrition, physical activity, and other aspects related to quality of life.

Nursing practice can also contribute to identifying factors requiring investigation or specific follow-up. Persistent changes, emotional distress, complaints related to sexuality, risk factors for chronic diseases, and other needs observed during care may require assessment and coordination with other members of the team. Thus, nurses participate both in health promotion and disease prevention activities and in care coordination within the healthcare network.

Sexuality deserves particular attention. Genitourinary changes, discomfort during sexual intercourse, and changes in sexual response may be part of the experiences of some women during and after the menopausal transition. However, issues related to sexuality may still be insufficiently addressed during consultations, either because users feel embarrassed or because professionals themselves find it difficult to introduce the subject. WHO (2024) draws attention to the fact that women's sexual well-being during menopause remains neglected in different healthcare settings.

The emotional dimension must also be considered. Changes in sleep, mood, and body perception may coexist with events characteristic of this stage of life, such as family, professional, and emotional changes. Therefore, automatically attributing all complaints presented by a woman to hormonal changes may result in limited care. Listening provided through Nursing care should consider the person as a whole and identify when assessment by other professionals is necessary.

The expansion of this care is supported by the very concept of comprehensive women's healthcare. Ministry of Health guidelines understand care as a set of actions involving health promotion, prevention, treatment, and recovery at different stages of life (Brazil, 2026). Thus, addressing the climacteric and menopause in health services means recognizing that women's healthcare needs continue to exist beyond fertility and motherhood.

Despite this importance, challenges remain in effectively incorporating this care into routine health services. The World Health Organization (WHO, 2024) points to difficulties related to access to information and specific menopause services, as well as limitations in professional training to recognize manifestations of the menopausal transition and provide women with appropriate guidance. These difficulties may contribute to certain complaints being silenced, minimized, or addressed in a fragmented manner.

Given this context, this study defines the following research problem: **how can Nursing practice contribute to health promotion, identification of needs, and improvement of care for women during the climacteric and menopause?**

The general objective of this study is **to analyze the role of Nursing in caring for women during the climacteric and menopause, considering the perspective of comprehensive care.** The specific objectives are to understand the main changes and health needs related to these stages; identify actions that can be developed by Nursing in Primary Health Care; discuss the importance of welcoming care and health education; analyze the nurse's contribution to promoting healthy habits and preventing

health problems; and reflect on the need for an approach that encompasses physical, emotional, sexual, and social aspects.

This study is justified by the need to broaden the perspective on women's health beyond care related to reproduction. Increased longevity means that many women spend a significant portion of their lives after menopause, making it necessary for health services to be prepared to address the demands associated with this stage. In this context, Primary Health Care is particularly well positioned to provide longitudinal follow-up and develop health promotion and disease prevention actions.

The relevance to Nursing is related to the possibility of establishing bonds, recognizing needs that do not always spontaneously emerge as the main complaint, and developing educational interventions compatible with each woman's reality. Care should neither begin with the assumption that every climacteric experience requires treatment nor with the opposite understanding that symptoms should simply be endured because they are part of aging. Between these extremes lies care based on welcoming, individual assessment, and shared decision-making.

Thus, discussing women's health beyond prenatal care means recognizing the continuity of care needs throughout life. The climacteric and menopause should not remain secondary stages within healthcare. Nursing, integrated into the multidisciplinary team, can help ensure that women find in health services not only answers to specific symptoms, but also spaces for information, listening, prevention, and promotion of healthier aging.

METHODOLOGY

RESEARCH DESIGN AND APPROACH

This study is characterized as a qualitative, descriptive literature review, complemented by documentary analysis of official publications related to women's healthcare during the climacteric and menopause.

The literature review was chosen because it makes it possible to gather and analyze knowledge already produced concerning the changes experienced by women at this stage of life and, particularly, the actions that can be developed by Nursing for health promotion, disease prevention, health education, and monitoring of individual needs.

According to Gil (2008), bibliographic research is developed from previously prepared materials, especially books and scientific articles, allowing different existing contributions concerning a particular problem to be examined. This characteristic proved appropriate to the objectives of this research, since the study seeks to understand and discuss care practices without directly intervening in a health service.

A qualitative approach was adopted because it allows an interpretation that goes beyond the description of physiological changes related to the climacteric and menopause. Minayo (2014) emphasizes that qualitative research makes it possible to address aspects related to meanings, experiences, relationships, and social practices. This perspective is relevant to the present study because the experience of the climacteric is not limited to hormonal changes, but also involves emotional, sexual, family, social, and cultural aspects.

The descriptive nature was used to organize the main health needs identified in the literature and the possibilities for Nursing practice in response to these demands.

LITERATURE SEARCH

The literature search focused on locating studies related to women's health during the climacteric and menopause, with particular attention to publications addressing nursing care, Primary Health Care, health education, quality of life, sexuality, health promotion, and disease prevention.

Publications available in scientific research databases and platforms were considered, including the Scientific Electronic Library Online (SciELO), Virtual Health Library (BVS), Latin American and Caribbean Literature on Health Sciences (LILACS), PubMed/MEDLINE, and Google Scholar.

The following terms were used to guide the searches: “climatério”, “menopausa”, “saúde da mulher”, “enfermagem”, “assistência de enfermagem”, “atenção primária à saúde”, “educação em saúde”, “qualidade de vida” and “saúde da mulher no climatério”. Corresponding terms in English were also considered, such as “climacteric,” “menopause,” “women's health,” “nursing care,” “primary health care,” and “health education.”

The descriptors were used individually and in combinations in order to locate studies that were not limited to clinical manifestations but also addressed women's experiences and the care possibilities developed by Nursing professionals.

PUBLICATION SELECTION CRITERIA

Priority was given to scientific articles, books, manuals, technical documents, guidelines, and institutional publications directly related to the established objectives.

Materials addressing at least one of the following aspects were considered: concepts of the climacteric and menopause; manifestations associated with the menopausal transition; nursing care; nursing consultation; health education; sexuality; mental health; promotion of healthy habits; prevention of diseases and health problems; healthy aging; Primary Health Care; and comprehensive women's care.

Relevant national and international official documents concerning the organization and basis of care were also considered.

Duplicate materials, publications unrelated directly to the object of study, content without adequate identification of authorship or provenance, and texts addressing exclusively other stages of women's health without establishing a relationship with the climacteric or menopause were excluded.

The sources were selected through reading of titles and abstracts, followed by analysis of the materials considered relevant to the objectives of the study.

No fixed number of publications was established in advance. Thus, the study avoids attributing to the research a number of articles or a bibliographic sample that does not correspond to the process

actually carried out. Selection was guided by thematic relevance, source reliability, and contribution to understanding the problem under investigation.

DOCUMENTARY RESEARCH

In addition to scientific publications, technical and institutional documents related to women's healthcare were analyzed.

Among the national documents considered, the Manual of Care for Women in the Climacteric/Menopause, published by the Ministry of Health, stands out. It presents guidelines related to comprehensive and humanized care during this stage of life (Brazil, 2008).

Current guidelines from the Ministry of Health concerning comprehensive women's healthcare and the organization of care during the transition to menopause, menopause, and postmenopause within Primary Health Care were also considered (Brazil, 2026).

At the international level, documents from the World Health Organization were used, especially those presenting concepts, characteristics of the menopausal transition, and recommendations related to women's care and quality of life (WHO, 2024).

Analysis of these documents made it possible to relate knowledge identified in the scientific literature to the recommendations used in organizing healthcare practices.

DOCUMENTARY SAMPLE

Because this is a bibliographic and documentary study, there was no direct participation of women, healthcare professionals, or other participants, nor were interviews, questionnaires, medical record reviews, or observations in health units conducted.

The documentary sample consisted of the set of scientific articles, books, technical documents, manuals, and institutional publications selected based on their relationship to the objectives of the research.

Therefore, the results do not represent the reality of a specific health unit or group of women. They correspond to an interpretive synthesis of the knowledge available in the selected sources.

This delimitation is important to avoid generalizations that exceed the methodological scope of the review conducted.

INSTRUMENT FOR ORGANIZING INFORMATION

To organize the information obtained during the review, an analysis matrix was used, developed according to the research objectives.

The materials were examined considering the following elements: authorship and year of publication; objective of the study or document; definition of the climacteric and menopause; main health needs identified; physical and emotional manifestations; aspects related to sexuality; health promotion actions; disease prevention; educational practices; Nursing practice; participation of the multidisciplinary team; and contributions to comprehensive care.

The use of this matrix made it possible to bring together similar content and identify recurring aspects among the different sources.

The instrument served exclusively organizational and interpretive purposes. It was not used to produce frequencies, percentages, or statistical analyses.

ANALYSIS PROCEDURES

After the materials had been selected and organized, exploratory reading was conducted, followed by analytical reading of the publications.

In the first stage, the aim was to understand the fundamental concepts related to the climacteric, menopausal transition, menopause, and postmenopause. Next, the main needs presented by women and the repercussions that may occur on physical and emotional health, sexuality, and quality of life were identified.

Subsequently, the analysis focused on the possibilities for Nursing practice, considering welcoming care, nursing consultation, health education, promotion of self-care, disease prevention, and referral or coordination with other professionals when necessary.

The interpretation did not begin from the assumption that all women experience the climacteric in the same way. The information was analyzed considering the variability of experiences and the need to individualize care.

The findings from the literature were also compared with the guidelines contained in the official documents used in the research, seeking to identify points of convergence between the available evidence and recommendations for healthcare practice.

THEMATIC CATEGORIES OF ANALYSIS

Based on the reading and systematization of the information, the results were organized into thematic categories related to the objectives of the research.

The following categories were established:

- a) climacteric and menopause as stages of the life course: conceptual differentiation and understanding of changes related to the menopausal transition;
- b) manifestations and health needs: physical, emotional, genitourinary, and sexual changes and repercussions on daily life and quality of life;
- c) nursing consultation and welcoming care: qualified listening, identification of needs, and individualization of care;
- d) health education and self-care: guidance on changes during this stage, clarification of questions, and encouragement of autonomy;
- e) health promotion and disease prevention: nutrition, physical activity, cardiovascular and bone health, sleep, and other aspects related to healthy aging;

- f) sexuality and emotional health: recognition of issues that are frequently insufficiently addressed during consultations;
- g) multidisciplinary practice and continuity of care: identification of situations requiring assessment and follow-up by other professionals;
- h) comprehensive women's healthcare: expansion of care beyond pregnancy, prenatal care, and strictly reproductive demands.

These categories were used as the basis for organizing the Results and Discussion section.

ANALYTICAL FRAMEWORK

The interpretation was guided by the principle of comprehensive care, considering that women's health needs change throughout the life course.

The guidelines of the Ministry of Health (Brazil, 2008) contributed to understanding the climacteric and menopause within an approach encompassing health promotion, disease prevention, self-care, sexuality, and emotional aspects.

The recommendations of the World Health Organization (WHO, 2024) were used to discuss the variability of experiences related to menopause and the need to expand women's access to appropriate information and care.

The most recent guidelines of the Ministry of Health (Brazil, 2026) were also considered, particularly with regard to the organization and qualification of care during the menopausal transition, menopause, and postmenopause in Primary Health Care.

The integration of these sources made it possible to analyze Nursing practice beyond an approach centered exclusively on symptoms, valuing welcoming care, autonomy, health promotion, and longitudinal follow-up.

ETHICAL ASPECTS AND LIMITATIONS

Because the study used exclusively bibliographic sources and publicly accessible documents, no direct data collection involving human beings was conducted. The principles of academic integrity and recognition of the authorship of the information used were respected.

Among the limitations, it should be noted that experiences related to the climacteric and menopause are influenced by individual, social, cultural, and economic factors. Therefore, the findings in the literature should not be interpreted as universal experiences applicable in the same manner to all women.

Another limitation is related to the bibliographic nature of the study, which makes it possible to analyze existing knowledge and recommendations but not to directly assess how nursing care is provided in a specific health unit.

Despite these limitations, the methodological approach adopted made it possible to gather relevant elements for discussing Nursing practice during the climacteric and menopause and understanding how care can be expanded beyond the demands traditionally associated with the reproductive period.

RESULTS AND DISCUSSION

Analysis of the selected publications demonstrated that care for women during the climacteric and menopause needs to go beyond an approach centered exclusively on hormonal changes. The findings point to needs related to physical, emotional, and sexual health, in addition to social and cultural issues that influence how each woman experiences this stage. In this context, Nursing offers important possibilities for action through welcoming care, nursing consultation, health education, promotion of healthy habits, identification of risk factors, and coordination with the multidisciplinary team.

Another aspect observed was the need to expand women's healthcare beyond reproductive demands. Women's presence in health services should not be associated solely with pregnancy,

reproductive planning, or cancer prevention. Follow-up during the climacteric offers an opportunity to assess different dimensions of health and promote a healthier aging process (Brazil, 2008; WHO, 2024).

CLIMACTERIC AND MENOPAUSE: UNDERSTANDING IN ORDER TO PROVIDE CARE

A first relevant finding concerns the need to differentiate between the climacteric and menopause. Although the terms are frequently used as equivalents, menopause represents a specific event within a broader transition process.

WHO (2024) characterizes natural menopause retrospectively after 12 consecutive months without menstruation, when amenorrhea does not result from another physiological or pathological cause or clinical intervention. The menopausal transition, in turn, may begin years earlier and be accompanied by changes in the menstrual cycle and different manifestations.

This distinction has implications for nursing care because women's needs may arise even before menopause is confirmed. Thus, limiting follow-up to the period after the final menstrual period may result in symptoms, questions, and needs present during the transition receiving little attention.

The results also indicate that there is no single climacteric experience. Some women experience mild manifestations, while others experience symptoms that significantly interfere with daily life. WHO (2024) emphasizes this variability, reinforcing the need for individualized care.

For Nursing, this understanding prevents two equally limited approaches: considering every manifestation as disease or, conversely, minimizing complaints on the grounds that they are part of a natural stage of life.

MANIFESTATIONS AND HEALTH NEEDS DURING THE MENOPAUSAL TRANSITION

The publications analyzed indicate that manifestations associated with the climacteric may involve different systems and vary in intensity. Changes in menstrual patterns, hot flashes, night sweats, sleep

difficulties, and genitourinary symptoms are among the manifestations described during this stage (WHO, 2024).

However, recognizing these symptoms does not mean establishing an automatic relationship between any complaint presented by a woman in this age group and menopause. Assessment needs to consider health history, medications used, lifestyle habits, pre-existing conditions, and other possible causes.

This issue is particularly important for Nursing because initial welcoming care can help identify situations requiring further assessment. Attentive listening to complaints makes it possible to understand not only the presence of a particular symptom but also its frequency, intensity, and impact on the woman's routine.

The Ministry of Health (Brazil, 2008) recommends that climacteric care consider the woman as a whole, including aspects related to general health, nutrition, physical activity, sexuality, and emotional conditions.

Thus, assessment conducted during follow-up can represent an opportunity to identify needs that go beyond symptoms traditionally associated with menopause.

NURSING CONSULTATION AND WELCOMING CARE

The nursing consultation emerged as an important space for building individualized care. Unlike an approach limited to identifying symptoms, the consultation makes it possible to understand the woman's experience and how the changes associated with this stage affect her life.

Welcoming care is particularly important because certain issues may not be reported spontaneously. Changes in sexuality, genitourinary discomfort, sleep difficulties, and emotional distress may remain hidden when care is restricted to standardized questions.

In this context, qualified listening makes it possible to identify questions, concerns, and expectations. It also makes it possible to dispel misconceptions about menopause, aging, and sexuality.

Nursing care should not be based on the assumption that all women require the same guidance. Age, clinical conditions, family context, habits, presence of symptoms, and individual perceptions need to be considered when developing interventions.

Individualization also helps prevent both excessive medicalization and trivialization of complaints. When a particular symptom significantly interferes with quality of life, the woman needs to find in the health service a space for assessment and discussion of care options.

HEALTH EDUCATION AND STRENGTHENING SELF-CARE

Health education stood out as one of the main possibilities for Nursing intervention.

Access to appropriate information makes it possible to understand the changes that may occur during the menopausal transition and to differentiate expected manifestations from situations requiring assessment.

It can also reduce insecurities arising from incorrect information or negative conceptions about female aging.

The Ministry of Health (Brazil, 2008) emphasizes the importance of self-care and health promotion during the climacteric. In this regard, guidance may address nutrition, physical activity, sleep, sexuality, alcohol and tobacco use, and periodic health monitoring.

However, health education should not mean merely transmitting recommendations. Guidance needs to consider the woman's actual circumstances. Recommending physical activity, for example, requires an understanding of clinical limitations, work routine, and access possibilities.

This perspective brings health education closer to a jointly constructed practice in which the woman participates in decisions related to her own care.

HEALTH PROMOTION AND DISEASE PREVENTION

The findings also demonstrated that the climacteric and menopause constitute important periods for expanding preventive actions.

The progressive reduction in ovarian function and the aging process itself coexist with changes related to bone, cardiovascular, and metabolic health. This does not mean that menopause alone is responsible for all these changes, since age, family history, diet, physical inactivity, smoking, and other conditions also affect individual risks.

Nursing practice can contribute to recognizing these factors and encouraging health promotion measures compatible with each woman's reality. Blood pressure measurement, monitoring of anthropometric measurements when indicated, assessment of habits, evaluation of adherence to care, and guidance on preventive follow-up may form part of this process.

Regular physical activity and adequate nutrition are relevant not only for body-weight control but also for different dimensions of health. However, recommendations should avoid rigid standards and take individual clinical conditions and possibilities into account.

It is also important to monitor preventive measures indicated for the woman's age group and health history, avoiding reducing climacteric consultations exclusively to menopausal manifestations.

Table 1*Needs Identified During the Climacteric and Possibilities for Nursing Practice*

Need or situation	Possible manifestations or issues	Nursing practice	Purpose of care
Vasomotor changes	Hot flashes and night sweats	Provide welcoming care, assess repercussions, provide guidance, and refer when necessary	Reduce impact on daily life and promote appropriate follow-up
Sleep changes	Difficulty initiating or maintaining sleep	Investigate associated factors and provide guidance on measures related to routine and health	Promote well-being and quality of life
Genitourinary health	Dryness, discomfort, and other complaints	Create a space for listening, provide guidance, and identify the need for assessment	Prevent complaints from being silenced and expand care
Sexuality	Changes in desire, discomfort, or questions	Respectful approach, health education, and referral when indicated	Preserve sexual health and autonomy
Emotional health	Mood changes, distress, and difficulties adapting	Qualified listening, initial assessment, and coordination with the team	Identify needs for support and follow-up
Bone and cardiovascular health	Presence of risk factors	Provide guidance on healthy habits and monitor modifiable factors	Prevent health problems and promote healthy aging
Misinformation	Fears, myths, and questions about menopause	Develop individual or group health education	Expand knowledge and autonomy
Need for follow-up	Conditions beyond the isolated scope of Nursing practice	Coordinate care with the multidisciplinary team and healthcare network	Ensure comprehensive and continuous care

Source: Prepared by the authors based on Brazil (2008) and WHO (2024).

The synthesis demonstrates that Nursing can act across different dimensions without assuming functions that depend on specific assessment by other professionals. Recognizing the limits of practice and making appropriate referrals also constitutes part of comprehensive care.

SEXUALITY AND GENITOURINARY HEALTH

Sexuality was identified as a dimension that deserves greater attention in healthcare. Changes associated with menopause may include genitourinary manifestations capable of causing discomfort and interfering with the sexual lives of some women.

WHO (2024) recognizes that menopause may affect sexual well-being and draws attention to the need for these issues to be considered in healthcare.

However, sexuality cannot be explained solely by hormonal changes. Emotional relationships, body image, health conditions, medications, previous experiences, and emotional factors may also influence how a woman experiences her sexual life.

Therefore, the Nursing approach needs to be respectful and free of judgment. Open-ended questions and appropriate language can facilitate communication without assuming that every woman is sexually active or experiences problems related to sexuality.

Silence regarding the subject may contribute to treatable symptoms remaining unassessed. On the other hand, an invasive approach may also drive women away. Balancing the offer of space for conversation with respect for individual boundaries is part of quality care.

EMOTIONAL HEALTH AND THE EXPERIENCE OF AGING

The emotional dimension also emerged as relevant in the analysis.

The menopausal transition occurs during a period of life that may coincide with different family, professional, and social changes. Therefore, emotional symptoms should not automatically be attributed to menopause.

Mood changes and sleep difficulties may occur during this stage, but assessment should consider the individual context and the possibility of other conditions requiring attention.

In this context, Nursing can contribute through listening, identification of signs of distress, and coordination with other professionals when necessary. The aim is not to turn every emotional change into a disease, but to prevent significant distress from being normalized.

Attention should also be given to the way society represents female aging. The association between youth, beauty, and social value may cause some women to experience menopause negatively. Others may experience it without significant distress or may even associate it with positive changes.

These different experiences reinforce the need to avoid generalizations.

MULTIDISCIPLINARY PRACTICE AND CONTINUITY OF CARE

The results demonstrate that care during the climacteric does not belong exclusively to one professional category.

Nursing plays an important role in identifying needs, health education, follow-up, and care coordination, but some situations require shared assessment with physicians, nutritionists, psychologists, physiotherapists, and other members of the healthcare network.

Multidisciplinary coordination becomes particularly important in the presence of persistent symptoms, chronic conditions, emotional distress, significant changes in sexuality, or the need to assess specific therapeutic options.

In this sense, referral does not mean discontinuing Nursing involvement. Continued follow-up makes it possible to assess how the woman is responding to the guidance and care established.

Primary Health Care plays an important role in this process because it enables the establishment of bonds and longitudinal follow-up, reducing fragmentation of care.

HORMONE THERAPY AND THE ROLE OF NURSING

Menopausal hormone therapy is one of the therapeutic options used in specific situations, particularly for certain symptoms related to the menopausal transition.

However, its use requires individualized assessment of benefits, risks, indications, and contraindications.

At this point, Nursing practice needs to respect professional competencies and current care protocols. The nurse's role involves identifying questions, being aware of medications being used, observing issues related to adherence and possible reported effects, providing guidance compatible with the scope of practice, and ensuring referral for clinical assessment when necessary.

It is also important to avoid two extreme positions: considering hormone therapy a necessary solution for all women or treating it as an intervention that should be avoided under all circumstances. The therapeutic decision depends on individual characteristics and needs and should be made following appropriate professional assessment.

Nursing can contribute by ensuring that women have access to reliable information and participate in decisions concerning their own care, without encouraging self-medication or the use of substances without appropriate assessment.

COMPREHENSIVE CARE: WOMEN'S HEALTH BEYOND PRENATAL CARE

One of the central findings of this review was the need to overcome an understanding of women's health that is excessively linked to reproductive capacity.

Prenatal care is unquestionably important, but it represents only one part of women's healthcare needs. Women continue to require health promotion, disease prevention, attention to sexuality, mental health care, and monitoring of chronic conditions after the end of their reproductive lives.

The Ministry of Health (Brazil, 2008) had already advocated comprehensive care during the climacteric, recognizing the need to address biological, psychological, and social aspects. Current guidelines reinforce the organization of care during the transition to menopause, menopause, and postmenopause within Primary Health Care.

For Nursing, broadening this perspective means recognizing opportunities for care even when a woman seeks health services for another reason. Questions related to the menstrual cycle, sleep, sexuality, vasomotor symptoms, and well-being may reveal needs that would not be identified through care restricted to the main complaint.

It also means recognizing that women who have not experienced pregnancy or motherhood likewise require comprehensive follow-up, avoiding an association between women's healthcare and the maternal experience.

SYNTHESIS OF THE MAIN FINDINGS

Overall, the results demonstrate that Nursing practice during the climacteric and menopause is broad in scope and should not be reduced to symptom control.

The nursing consultation, health education, and longitudinal follow-up provide opportunities to identify physical, emotional, and sexual needs, promote healthy habits, recognize risk factors, and refer situations requiring specialized care.

The findings also show that individualization is an essential principle. Not every woman will experience significant symptoms, and not every manifestation at this stage will necessarily result from menopause. Care needs to begin with the concrete experience of the person receiving care.

Another important point is the need to balance two perspectives: recognizing the climacteric and menopause as parts of the life course while simultaneously avoiding the use of this characteristic to minimize symptoms that interfere with well-being. A physiological stage may involve legitimate care needs.

Finally, the analysis reinforces that providing care to women at this stage contributes to implementing the principle of comprehensiveness. Nursing can occupy an important position in this process by transforming routine encounters in health services into opportunities for listening, information, prevention, and follow-up.

Thus, thinking about women's health beyond prenatal care means expanding care throughout the entire life course. The climacteric and menopause cease to be little-discussed periods and become part of care that recognizes women in their different experiences, needs, and ways of aging.

CONCLUSION

The present study aimed to analyze the role of Nursing in caring for women during the climacteric and menopause, considering the perspective of comprehensive care. The analysis conducted made it

possible to understand that women's health needs persist throughout the life course and that care should not be concentrated solely on pregnancy, prenatal care, or other issues related to reproduction.

The main results demonstrated that the climacteric and menopause are experienced differently by each woman. Vasomotor changes, changes in sleep patterns, genitourinary manifestations, issues related to sexuality, and emotional changes may be present, but they do not occur with the same intensity or meaning for everyone. This diversity reinforces the need for individualized care, avoiding both indiscriminate medicalization of this stage and the trivialization of complaints that interfere with well-being and quality of life.

Nursing plays a relevant role in this follow-up, particularly because of its ability to establish bonds and monitor women longitudinally. The nursing consultation constitutes an important space for welcoming complaints, identifying needs, clarifying questions, and recognizing situations requiring further assessment or multidisciplinary follow-up.

Health education also proved to be an essential strategy. Access to appropriate information can promote greater understanding of changes related to the climacteric and menopause, reduce insecurities, and encourage women's participation in decisions concerning their own health. In this process, guidance needs to consider individual circumstances and avoid recommendations disconnected from each person's reality.

Another aspect identified was the importance of health promotion and disease prevention actions. Follow-up during this stage represents an opportunity to address nutrition, physical activity, sleep, cardiovascular and bone health, sexuality, emotional health, and other factors related to healthy aging. Thus, care moves beyond being focused exclusively on symptoms and begins to consider women's health more broadly.

Issues related to sexuality and emotional health also deserve attention. Many of these needs may remain poorly visible when there is no openness to address them during consultations. Care based on

listening and respect for individual characteristics can facilitate the identification of these demands without turning experiences specific to this stage into necessarily pathological processes.

The research also demonstrated that Nursing practice needs to be coordinated with multidisciplinary work. Some needs can be addressed within the scope of nursing actions, while others require assessment and intervention by different professionals. Recognizing these situations and promoting continuity of care contributes to safer and more comprehensive care.

As a contribution, this study reinforces the need to broaden the understanding of women's health beyond the reproductive period. The climacteric and menopause should not occupy a secondary position in health services, particularly in Primary Health Care, where opportunities exist for continuous follow-up, development of educational actions, and early identification of different needs.

In this regard, Nursing can contribute to enabling this stage to be experienced with greater access to information, autonomy, and professional support. Care needs to recognize that aging and going through menopause are part of the life course, without this meaning that symptoms, discomfort, or conditions requiring attention should be ignored.

It is therefore concluded that strengthening nursing care during the climacteric and menopause represents progress toward truly comprehensive women's healthcare. Expanding care beyond prenatal care means recognizing women at different points in their trajectories and ensuring that their needs continue to be addressed even after the end of the reproductive stage.

For future research, it is suggested that studies investigate how women evaluate the care received during the climacteric and menopause, what difficulties Nursing professionals encounter in addressing these issues in Primary Health Care, and which educational strategies produce better results in expanding knowledge and self-care. Studies conducted directly in health services may also contribute to identifying gaps in care and developing practices that are more closely aligned with women's needs in different social contexts.

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