



**Seven things you should know
about menopause in
the workplace**

#menopausematters

Male or female, we are all human and have a shared responsibility to drive awareness of this biological reality. It's imperative we ensure our colleagues have the infrastructure of support they need to balance their needs both personally and professionally."

David Sanchez, BARBRI.



#menopausematters



Last year Lucie Allen posted about her unexpected experience of perimenopause which sparked lots of support and a wave of others sharing their own experiences. Roll forward a few months and 8 women came together to hatch a plan to continue to raise awareness and to remove some of the awkwardness around what is a natural progression for women after all! #MenopauseMatters and this guide was born. We aim to amplify the power of community and demonstrate what can be achieved when passionate people want to help drive change.

We focus on the practical rather than the medical impact and set out how employers can help. Please share this guide on your socials, with all your male and female contacts and with colleagues in your workplace, so we continue the conversation.

Helen Burness, Silvia Van den Bruel, Lucie Allen, Lisa James, Kate Gaskell, Lucinda Case, Jane Clemetson and Sara Carnegie (not in the photo)

#1: Menopause happens which is why it matters

The World Health Organisation explains that menopause is caused by the loss of ovarian follicular function and a decline in circulating blood oestrogen levels which marks the end of women’s reproductive years.

The menopausal transition can be gradual, usually beginning with changes in the menstrual cycle but menopause can also be a consequence of surgical or medical procedures.

You are not in menopause until you have had no periods for 12 months. Those experiencing menopausal symptoms may feel embarrassed or ashamed

to draw attention to their experiences and ask for support.

For ease of reference, we talk about women in this guide, but we recognise menopause, or menopause-like symptoms can also be experienced by trans and non-binary.

TIP FOR THE WORKPLACE – All the literature we have consumed in preparation of this guide agrees on one thing: creating a supportive culture helps menopausal employees with managing their symptoms.

#2: Menopause affects each person differently

The menopause experience results in a wide range of symptoms and side effects. Not every person is affected by all these symptoms and each woman will experience each symptom in her own unique way ranging from very mild to extreme.

Uncomfortable symptoms associated with menopause include:

- hot flushes / night sweats
- fatigue
- brain fog, memory loss
- brain and body zaps
- thin hair or hair loss
- difficulty sleeping/ insomnia
- vaginal dryness
- pain during intercourse
- incontinence, loss of bladder control
- heavy bleeding
- panic attacks.

Other medical side-effects:

- cardiovascular risk
- joint pain and stiffness

- the weakening of the pelvic support structures
- higher rates of osteoporosis and fracture.

Intangible symptoms which could have a big impact:

- changes in mood
- depression
- anxiety
- being overwhelmed
- lower self-esteem
- loss of confidence
- stress

The impact of the above symptoms can be very severe and intense.

TIP FOR THE WORKPLACE - An employer should not look for one policy which fits all or offer a solution that only takes a limited number of symptoms or side-effects into account.



Silvia Van den Bruel
Marketing & BD Director
Hausfeld



I started menopause at 50, almost on the dot. I felt lucky that I was spared a lot of the symptoms like depression, anxiety and mood swings. My menopause years, however, were marked by hot flushes and sleep deprivation. To a lesser extent that is still the case today. As soon as my head hit the pillow, I would be wide awake often till 2.00 or 3.00 am. I tried white noise, brown noise, the Calm app, a wide range of podcasts, relaxing music, counting sheep, breathing exercises - nothing would help. In addition, I would wake up at least once during the time I did sleep, either because I was overheating or in need of the toilet. Often, I would survive on 3 to 4 hours' sleep. Night in, night out.

You have no option but to drag yourself out of bed and into the office, completely and utterly exhausted. I have always worked for firms where I had a heavy workload and did long hours. A lot of my projects have deadlines, are urgent or given to me last minute. Combined with a constant lack of sleep, this resulted in a high level of stress, no time to exercise, weight gain and at one stage, severe alopecia – all while I kept calm and carried on!

I felt I could not tell anyone. Who would understand? Law and finance are male-dominated environments. There are already so many aspects where women have to prove that they are as good as, if not better, than men so why give more ammunition? This is why the initiative to create a menopause-friendly environment HAS to come from the employer.

#3: There is little talk of the perimenopause phase which affects women even earlier

Most women experience perimenopause between 45 and 55 years as a natural part of biological ageing. It is preceded by perimenopause or the menopausal transition when ovaries slowly make less oestrogen. Women start perimenopause at different ages.

Perimenopause is a phase which usually begins several years before menopause. Women can notice changes such as menstrual irregularity in their 40s but some notice changes as early as mid-30s.

Women initially experience a change in menstrual cycles which become less frequent and slightly longer, e.g. 6-7 weeks apart. It is when they may start experiencing menopausal symptoms. Then menopausal symptoms worsen, and menstrual cycles become even

less frequent, with periods a few months apart. A woman enters the menopause when it's been a year since she had a period. Her ovaries have stopped releasing eggs and making most of their oestrogen.

Post-menopause are the years after menopause. Symptoms such as hot flushes and night sweats usually ease but health risks related to the loss of oestrogen increase as you get older.



Lucie Allen
Managing Director
BARBRI Global



Now in my mid-40s I am entering an unknown perimenopausal phase, causing experiences that I am not prepared for. Earlier this year I was in a board meeting - the type of meeting you want to feel comfortable in, able to collaborate and contribute. The type of meeting you really need to concentrate in. Halfway through, I started to feel uncomfortable with an unsettling feeling that I was wetting myself. I managed to make it to the toilet and noticed with horror that I had flooded and bled through my knickers, trousers and down my legs. I felt overwhelmed and unsure of what to do. I cleaned up as much as possible (helped by a dark blue outfit!) and headed back into the meeting room only to find a blood-soaked chair. The meeting was in full swing, but I was unable to concentrate, desperately thinking about how I was going to get out, who had noticed and whether it was going to happen again.

In the end I cracked and asked the man next to me for help, which he willingly and thankfully offered, including getting me a new chair. The rest of the meeting passed, I got back to my hotel and cleaned up and moved on. As I started to talk about what had happened to me with others, it became quickly apparent that I was not alone. Others had experienced similar feelings of being overwhelmed.

It struck me that we need to do more and do better at sharing these experiences to let people know they are not alone, to help ensure employers are best prepared to support employees and to keep the conversation going.

#4: Employers are in danger of losing experienced and high-performing women

Symptoms like anxiety, depression, mood swings, and brain fog can impact concentration, decision-making, and overall mental well-being. This can affect job performance and increase stress levels.

Work environments that are not accommodating - too hot, lack flexibility, a high level of stress - can exacerbate symptoms and make it difficult for menopausal women to cope. A lack of understanding and support from employers and colleagues can lead to feelings of isolation and frustration. If concerns are not being acknowledged or addressed, they may choose to leave their jobs.

Workplaces with a stigma associated with menopause, leading to discrimination or insensitive treatment, can push women to leave. Often, these women hold senior positions and have accumulated

significant experience and expertise. Their departure represents a loss of valuable knowledge and skills. This talent drain can impact the overall performance and competitive edge of the organisation.

The cost of replacing experienced employees is high: recruitment fees, training, the time it takes for new hires to become fully productive and some of knowledge may be difficult to replace.

Women leaving the firm can negatively impact gender diversity and inclusion efforts, affecting company culture and employee morale.

TIP FOR THE WORKPLACE – Implement our tips on pages 20-23 and explore the resources on page 24 for further inspiration. There is also useful guidance to help employers understand their legal obligations published by the [Equality and Human Rights Commission in 2024](#).



Helen Burness
Founder
Saltmarsh Marketing and
Helen Squared



I have weekly therapy and monthly coaching to support me with the perfect storm that is menopause and ADHD. Being self-employed and a carer I informed myself about the menopause and support early doors, because of the experiences of other people close to me. I started HRT last year and tool myself up in every way possible. With a vulnerable child, two businesses and senior relatives to care for, I simply cannot fall into a crisis. Workplaces should play a role in educating, informing, supporting, and creating a culture where women can honestly and openly discuss this life change and the impact it can have on daily health and well-being.

Two senior women I know were deeply impacted by their menopause experiences. One suffered debilitating insomnia and was still expected to commute every day, often only after a few hours of sleep. Eventually she took a break and settled into a flexible part-time role while she navigated the worst effects of the menopause. Another had cancer and chemo. After her treatment, she returned to work, depleted in confidence, trying to recover from the shock of cancer and navigating chemical menopause. Her confidence was completely eroded as a senior woman in business. She was treated so badly, that she ended up taking severance and left. Both women are now flying high in other organisations.

Those employers ultimately lost out on their experience through lack of adequate support.



Sophie Cameron
Consultant Knowledge
Lawyer, Workplace Wellness
and DEI Specialist



When I was Chair of my employer's Women's network a few years ago we organised some panel sessions on menopause, and I was blown away by how many women attended and engaged with the discussion and the resources we created.

Many attendees told us that women leaders acknowledging some of the demands of this stage of our lives openly was transformational. The most shocking feedback we received was from women who struggled for some time with unpleasant and debilitating symptoms not knowing they were in perimenopause and therefore not accessing any treatment or support. I believe raising awareness of the menopause and the array of symptoms which can affect women in the workplace is vital.

The statistics are stark: menopausal women are the fastest growing section of the UK workforce and there has been a spike in the number of women aged 45-55 leaving the workplace at a critical point in their careers so this really is an equalities issue.

Some of the hidden symptoms of menopause such as reduced confidence and increased anxiety can be particularly difficult for those used to functioning at a high level in the workplace and employers should be open to educating themselves and providing support.

#5: Don't wait till it is too late

With women affected as early as their 30s or 40s and transgender people possibly undergoing menopause or chemical menopause, an employer should not wait to create a menopause friendly workplace.

The ONS UK Labour Force Survey confirmed that 16 million women aged 16+ were employed in December 2023 in the UK with 10.05 million women full time and 6.01 million working part time.

Every woman will be affected by the (peri)menopause at one stage in her life. It is likely that some women in your workplace do.

According to LG Inform the total female population aged 25 to 49 in March 2024 in England is 9,589,054.

“In talking to women in preparation of this guide, one aspect became clear: so many had been affected while all had the same in common: the lack of support for (peri)menopausal women in the workplace. Women make up half the workforce - not exactly a minority! Action is needed now.



#6: Equip your managers or team supervisors to have the conversation

One common trait we found in the stories people shared in this guide is how difficult they found it to talk at work about the impact of the menopause. They either thought people would not understand or it would reflect negatively on their performance.

Key is to create an environment that fosters understanding, flexibility and empathy.

Encourage open communication between managers and team members. Let employees know that they can discuss their health concerns, including menopause, with their supervisors without fear of judgment or stigma.

Even if there are no policies, nor menopause working groups, the existence of being able to have a conversation without being judged or fear that it may negatively impact the way you are regarded at work, is key.

Training sessions or workshops can raise awareness about menopause and its potential impact on individuals in the workplace and educate managers and team leaders about the physical and emotional symptoms that menopausal individuals may experience.

Our practical tips on pages 20-23 offer further inspiration.



Lisa James
Director & Founder
The Wentworth Collective



Unbeknownst to me, my menopause journey started more than 5 years ago. I was suffering from excruciating joint pain. Pain relief did not touch the sides. A friend mentioned the peri menopause. In 2019, I had enquired with my GP thinking I was ‘that age’. I didn’t tick the ‘hot flush’ box and was still menstruating, so my appointment was cut short. Three years later, the GP thankfully listened, prescribed hormone replacement therapy and OVERNIGHT the pain disappeared, the mood lifted and the spring in my step returned. I had got my life back. Then last year my story changed. A cancer scare, meant I had to stop using HRT. I was devastated. I had just been feeling like my ‘normal’ self. After lengthy debate with the professionals, I was at peace with the decision, and asked the doctors, “what do you recommend I take instead?” Tumbleweed...

The world is great if you can take HRT. If this route is not possible, it’s a whole different story. I was offered antidepressants, but I asked: “Will it help my joint pain?” GP: “No but it will take the edge off. I don’t know what to say, Good Luck”. And just like that I was on my own.

Both overwhelmed and helpless, I had to find solution. I researched, listened to podcasts, visited health food shops and with the help of a naturopath, we worked on a plan implementing a combination of lifestyle changes, diet, exercise and natural remedies and altogether they are making a real difference. A year on, I’m back to my old self.



*Sara Carnegie
Legal Director at an
international NGO*



Brain fog, night sweats, insomnia, mood swings and mysterious aches and pains. These have been some of my most common symptoms over recent years, and I mean years. I remain in the perimenopause phase (as I have not ceased to have a period for 12 months) and have no idea when it will end. As if regular periods were not punishment enough for most women, the plague of my hormonal chaos has decided to reward me with other bountiful health impacts over the past 5 years+.

Most people fail to appreciate that this stage can last for up to a decade before you hit the official menopause. How is it diagnosed and when, become key questions when you try to navigate the wild west of medical 'expertise' available out there in both the private and public sectors. There is a fortune to be made, different options to try out and numerous levels of frustration and suffering to endure until you find your HRT or natural panacea. From recognized treatment to snake oil – you can access it all. There is no one size fits all approach.

My official journey to menopausal redemption started in 2022, after various incidents where I found that I could barely move – notably after a long car journey, or waking up in the morning, when I had to crawl out of bed due to my joints having seized up. I had read this was a classic symptom and wanted to resolve it immediately, I felt 97, not 47 years old, and it was debilitating. I saw a private consultant who came recommended and had extensive

experience in gynaecology and menopause, immediately advised HRT - oestrogen and progesterone tablets, without needing blood tests. She advised all women to start HRT from the moment they started perimenopause to counter the longer-term risks of osteoporosis and heart problems. Cancer was a lesser risk I was assured. I did as advised, but didn't always feel great. The aches stopped but the night sweats were revolting. Frequent waking in the middle of the night as if I had just emerged from a shower. Sleeping on the best quality cotton with a heinously expensive duvet made no difference other than to my bank balance.

A year later, my gynaecologist GP (another menopause expert) reacted with horror when she heard about my HRT dose. She insisted on immediate blood tests, denouncing the other consultant as 'cavalier' and unwise. I endured more blood tests and more confusion. My hormone levels were too high as I was overdosing on oestrogen and was told to stop taking HRT. Like a guilty addict, I simply reduced it until my supply ran out. Now I needed more information and a new hit. Another year and further blood tests show up as normal, but my symptoms - the insomnia, sweats and brain fog - are worse than before. I lose words mid-sentence and scramble around for metaphors or synonyms. I am due to see my GP again for an update but anticipate I will come full circle and be prescribed the same thing I started with in 2022. I hope my brief oestrogen excess hasn't caused me any harm.

Employers need to understand the impact of this period of a person's life. Sleep disruption, pain and confusion cause people to lose confidence – but it is not permanent and there is light at the end of the tunnel. It is common for women to leave work at this point in their lives because it becomes too much, and support networks are often lacking in male dominated, aggressive professions. Time to reverse that trend and remember it's a period in time (pardon the pun). It will pass and is rarely all encompassing to the point someone should no longer feel they belong at work.

#7: The statistics tell the story

Still not convinced that you need to consider supporting a menopause friendly workplace? The following stats offer an insight into the impact if you don't.

According to figures shared in the House of Commons in 2018, 50% of working women found doing their job challenging due to menopausal symptoms and 10% left the workplace altogether.

The Law Society in 2020: nearly eight out of 10 menopausal women are in work; three out of four women get symptoms and one in four troublesome enough to affect everyday life.

In research done for Vodafone, 44% of women said they felt embarrassed to ask for support at work and 50% think there is a stigma around talking about menopause in the workplace.

CIPD, the professional body for HR and people development, [issued a report](#) in October 2023 surveying 2,000 employed women, aged 40-60, about the type of menopause symptoms

they experienced and their impact at work. The key findings:

67% of women with experience of menopausal symptoms say they have had a mostly negative effect on them at work with over half of respondents able to think of a time they were unable to go into work due to their menopause symptoms. 19% say menopause symptoms have had a quite negative impact and 8% say the impact has been very negative.

One in six or 17% have considered leaving work due to a lack of support in relation to their menopause symptoms, and a further 6% have left work. This is worse for those with a disability or long-term health condition with 8% women having left work.

More than 10% of people feel discriminated against because of their menopausal symptoms.



Amanda Milson
Senior Client Principal
Heidrick & Struggles



My perimenopause was a really tough period for me personally and professionally. It started in my early 40s but it was not until my early 50s that I understood what on earth was going on and managed to get the right support medically and at work.

I'd always suffered with PMS but in my early 40s the low mood was extreme and worsened over time. I sought medical help from my GP who told me to "just deal with it as it was only one week in four". Then, when I persisted, offered he me anti-depressants which I refused. This was 13 years ago before the wonderful work of people like Dr Louise Newson and when menopause was something spoken about by most of us in hushed tones away from public gaze and certainly not mentioned at work. There were definitely no advocates in the media sharing stories and offering wisdom about all of the things that can help women.

My symptoms gradually worsened. The low mood evolved into a chronic lack of self-worth, and complete lack of confidence. I felt lost and confused about what was going on. I was in an international senior role and a large part of my work involved travelling to lead group discussions and workshops for senior leaders. The sleepless nights and hot flushes (up to 35 in one day) made work almost impossible at times.

Crunch point came when I simply couldn't cope at work and my personal life lacked joy - the only way that I can describe the feeling is to say that life felt grey and heavy. After encouragement from some loving family members, a very detailed search and lots of false starts, I finally found a great (female) GP with that magic combination of knowledge and empathy and I started a regime of HRT, exercise, healthy diet and - really importantly - setting clear boundaries at work.

Despite having an incredibly supportive husband, some great colleagues, a wonderful group of friends and a loving family, the menopause journey was an isolating and lonely one. I see how things have improved in the workplace and that the taboo of discussing menopause is being addressed - finally some of us talk openly about the menopause and its impact. This gives me hope for women and my daughters.

If I was there again, I would tell my 43-year-old self to read up on the menopause and demand the support I needed medically and discuss the impact of the menopause with my team at work. I'd also tell her that she is not imagining the awful feelings, but they are caused by a hormonal imbalance not by any inadequacies on her part. Finally, I'd tell her to find supportive, empathetic colleagues, friends and medical practitioners to share her story with because excellent help is available but sadly you still might have to fight for it.

“If I was there again, I would tell my 43-year-old self to read up on the menopause and demand the support I needed medically and discuss the impact of the menopause with my team at work.



The black cardigan initiative



Imagine: you are at work and an unexpectedly heavy period or menstrual flooding has stained through your clothes. What to do?

Most women would break out in cold sweat, hide in the toilets, frantically wondering how on earth they can walk out and continue the day without being embarrassed.

We loved Niki Woods' LinkedIn post in which she shared Julie Cridland's black cardigan initiative. The idea is simple: you place a long black cardigan within women's toilets that can be used if someone discovers that unexpected period leakage or perimenopausal flooding has stained through their clothes. Or a simple sign which points people to reception where they can get a black cardigan if there is no space in the washrooms.

It helps the person to get to their desk, go to the shop or return home without feeling that all eyes are on them.

They can use it, wash it and return it to help the next person.

Small things which can make a big difference



Many easy things can be done to make the workplace a more menopause-friendly environment:

- Educate managers and staff about menopause to foster understanding and reduce stigma. Encourage the conversation. Offer guidance on *how* to have the conversation. Approach conversations with empathy and understanding.
- Ensure that discussions about menopause are handled confidentially and sensitively.
- Offer flexible working hours or the possibility to work from home to help employees manage their symptoms.
- Allow for adjustments to the dress code if necessary.
- Don't judge by a person's looks whether a menopausal person is in the room. *Perimenopause can affect women from their mid-30s and trans/non-binary colleagues may experience symptoms due to changes in hormones.*
- Don't schedule meetings or calls before 10.00 am. *Sleep deprivation is a big thing.*
- When the receptionist welcomes people, they should point out where the toilets are when people are led (in)to the conference room, so a quiet dash can be made when needed. *You don't want to draw attention to yourself when feeling uncomfortable.*
- Place water on the table in meetings, easily in reach of everyone.

- Provide (free) sanitary products in the restrooms.
- Make small portable desk fans available to your staff. There are USB versions which can be plugged in a laptop for £10-£20.
- Have regular breaks in long meetings. *The need for more toilet breaks is a symptom.*
- Don't take it personally when someone seems irritable or a bit moody for no apparent good reason. *We don't mean it.*
- Appoint a Menopause Ally so every workplace has someone to talk to.

More formal initiatives are:

Employers need to ensure they are not discriminating against menopausal employees and have a duty to provide a safe working environment, which includes accommodating the needs of menopausal employees. How?

- Put a policy together. [This template policy may help.](#)
- Offering flexible work arrangements.
- Incorporate menopause into your health and wellness policies, recognising it as a natural stage of life that requires support.
- Adapt absence management policies to accommodate menopause-related health issues without penalising the employee.
- Implement a feedback mechanism where employees can share their experiences and suggestions for improvements related to menopause support – anonymously if that may get a better result.

Last but not least, don't wait till you have more than one (peri)menopausal person before taking measures!

TIP FOR THE WORKPLACE – Respondents to the CIPD survey (see page 17) said flexible working and ability to control temperature are among the most helpful measures.

What can you do to make a difference?



We need to continue to raise awareness and remove some of the awkwardness around what is a natural progression for women. You can help.

- Share this guide with everyone in your network. Ask them to share it too. Ask them to read the personal stories.
- Become your team/department/firm menopause champion.
- Volunteer to be a menopause mentor. You could be the person with whom people can share experiences, you could offer advice, and/or provide emotional support.
- Lead by example by openly discussing menopause and its impact. The more we talk, the more we normalise the situation. If you want to step out of a meeting to take a moment, then say that is what you are doing and why.
- Does your firm have DEI working groups? Maybe they can organise a menopause-focused event? Invite a healthcare professionals or experts to speak on the topic.
- Get your HR department involved - they can help incorporate some of the practical tips we shared as standard practice and work on a menopause policy.

Useful resources

We list a few useful resources and initiatives below which may be useful to your employer and anyone who wanting to raise awareness and galvanise action in their workplace.

In February 2024 the Equality and Human Rights Commission published a [guide for employers](#) explaining the legal obligations to support workers experiencing menopause and confirming that in some cases, there is a requirement to provide reasonable adjustments.

The government appointed [a Menopause Employment Champion](#) in March 2023 to help employers - and the economy - keep women in the workplace. A policy paper was published in October 2023 [No Time to Step Back](#) with a 4-point plan to improve menopause support in the workplace. In March 2024, a progress report was published with a [Menopause Resources Hub](#). [The report](#) also mentions the Menopause Workplace Pledge that employers can sign up to and includes a plea for organisations and employers to make contact if they feel they can contribute to the work.

Information on symptoms can be found on the [NHS](#) website. Is there such a thing as a [male menopause or andropause](#)? The NHS explains. [Rock my menopause](#)

If you are looking for menopause information relevant to someone who is queer, non-binary or trans, the [Queer/LGBTQ+ Menopause](#) may be helpful.

The CIPD has an extensive amount of information available, including a recording about [Creating menopause supportive workplaces](#).

Example of a [Menopause Policy](#).

Please note that we do not take responsibility for the effectiveness of any products mentioned in links. We recommend you take independent advice and do your own research before taking them.

[#menopausematters](#)



Thank you for reading this guide and our stories. We hope they were helpful to you and demonstrate that you are not alone. Together, we can create more awareness around the need of a menopause friendly workplace and normalise the conversation because [#menopausematters](#).

*Lucie Allen, Helen Burness, Sara Carnegie,
Lucinda Case, Jane Clemetson, Lisa James,
Kate Gaskell and Silvia Van den Bruel*