

RCN Position Statement: Menopause and you at work

POSITION STATEMENT



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The Royal College of Nursing (RCN) would like to thank the project team for the development of this publication:

Debby Holloway, (project chair) RCN Fellow

Ruth Bailey, RCN Chair, RCN Woman Health Forum Committee

Katharine Gale, RCN Women's Health Forum

Kathy Abernethy, Founding Clinician and Menopause Specialist

Jacqui McBurnie, Senior Programme Manager and Chair NHS England Menopause Network

Carmel Bagness, RCN Professional Lead Midwifery and Women's Health

Vitina Marsala, RCN Nursing Coordinator

Kim Sunley, RCN Health, Safety and Wellbeing National Officer • Employment Relations

Leona Cameron, RCN Head of Health, Safety and Wellbeing • Employment Relations

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Contents

Acknowledgements	2
RCN Position Statement – Menopause and You	4
Introduction and background	5
Legislation and Policies	6
The Menopause and work	7
Accessing Help	9
Organisation and management role in creating the supportive environment	12
Conclusion	15
References and useful resources	16
Appendix 1: Symptoms of Menopause	19

Notes to readers

It is recognised that services are provided by and supported by registered nurses and midwives, nursing support worker, nursing associates and student nurses (via facilitated learning placements) and midwives, and trainee nursing associates. For ease of reading, the generic terms ‘nurse’, ‘nursing’ and ‘nurses’ are used throughout this document.

The RCN recognises and embraces our gender diverse society and encourages this guideline to be used by and/or applied to people who identify as non-binary, transgender or gender fluid.

The RCN also recognises that not all those born female, or male will identify with the same gender nouns, but for ease of reading use the term woman/man/men and where appropriate acknowledge nonbinary terms.

RCN Position Statement – Menopause and You

The RCN believes that everyone has a right to access support at work, around the menopause, to enable them to continue in employment and ensure they maintain a healthy life, within any healthcare setting.

This position statement is for all nurses, midwives, nursing associates and nursing support worker working in any health and social care setting in any of the four countries in relation to menopause at work.

It is not a menopause treatment guide which can be found on the Women's health forum pages - [Women's Health Forum | Royal College of Nursing \(rcn.org.uk\)](#)

Introduction and background

The nursing workforce is predominantly female with a significant number in the age group 45-55 (Cronin et al 2023) and can therefore represent an employment issue around the menopause for staff turnover, performance and retention.

The menopause happens to all women and those assigned female at birth who do not identify as female or who are trans men, non-binary or gender fluid. The degree of impact on a woman's quality of life and the symptoms experienced are very individual. It is a complex process that marks the change in a women's reproductive life.

The symptoms can be physical and psychological, which can lead to vulnerability at work. It is important that all health care professionals understand the changes that women face at the time of their menopause and the issues related to improving health after menopause.

The working environment can also play a part in symptoms, sometimes having a negative effect on them and causing more distress. Employers have a duty of care to their employees, including increasing awareness and having robust menopause friendly policies that include reasonable adjustments when needed. As women are working longer, it is fundamental that good health is maintained for the workplace and for life in general.

This position statement is aimed at increasing awareness of menopause at work and can be used by all who work within healthcare as a resource to find help and support for themselves or colleagues. It is not a menopause guide but a summary of evidenced based resources that relate to work and working through the menopause.

Appendix 1 provides an overview of possible symptoms to be aware of.

The symptoms of menopause for some women can affect performance so it is crucial that women receive workplace support around this time if needed. This needs to be balanced as some women do not wish for or need help and worry that disclosing menopause may cause active discrimination, so the policies need to be sensitive to the needs of all.

The RCN Women's Health Forum has published resources around menopause, including clinical care, menopause and mental health and menopause in the work place which can be found here: rcn.org.uk/clinical-topics/Womens-health/Menopause.

Further sources of evidence can be found at the end of this publication.

Legislation and Policies

The table below is a summary of the current legislation from the four countries in relation to menopause and menopause at work policies. These can be useful when looking at developing strategies around menopause at work.

Table 1 outlines the key legislation and policies across the UK.

Country	Relevant policy
England	<p>Menopause and the Workplace: How to enable fulfilling working lives: government response - GOV.UK (gov.uk)</p> <p>NHS England guidance NHS England » Supporting our NHS people through menopause: guidance for line managers and colleagues</p> <p>committees.parliament.uk/publications/33631/documents/183795/default/ - House of Commons Women and Equalities Committee Menopause and the workplace: Government Response to the Committee's First Report of Session 2022–2023</p> <p>Equality Act 2010: guidance - GOV.UK (gov.uk)</p> <p>hse.gov.uk/legislation/hswa.htm</p>
Scotland	<p>alliance-scotland.org.uk/blog/news/menopause-and-the-workplace-resource-pack/ Scotland Resources pack</p>
Wales	<p>All Wales policy NHS Wales 'All Wales Policy' NHS Wales Menopause Policy NHS Confederation</p> <p>Equality Act 2010: guidance - GOV.UK (gov.uk)</p> <p>hse.gov.uk/legislation/hswa.htm</p>
Northern Ireland	<p>equalityni.org/ECNI/media/ECNI/Publications/Employers%20and%20Service%20Providers/MenopauseInWorkplace.pdf</p> <p>The Health and Safety at Work (Northern Ireland) Order 1978 Department of Health (health-ni.gov.uk)</p>

The Menopause and work

NICE defines menopause as:

Menopause is when a woman stops having periods as she reaches the end of her natural reproductive life. This is not usually abrupt, but a gradual process during which women experience peri-menopause before reaching post-menopause (NICE, 2019).

The transitional phase known as peri-menopause describes the time leading up to a woman's final menstruation, and the endocrinological, biological, and clinical features of the approaching menopause. The length of this transition is usually about four years, however, can be shorter in smokers compared to non-smokers (NICE 2019). 10% of women do not experience this phase and menses may stop abruptly. The median age for menopause is 51 years, in the UK, although this can vary in different ethnic groups (NICE 2019) over an age range of 39–59 years.

Perimenopause is the months or years either side of periods stopping and is the time when many people experience symptoms. Other terms commonly used now include:

- POI – premature ovarian insufficiency or premature menopause*
- natural menopause – occurs in the vast majority of women as physiological development
- induced menopause – menopause may be induced through medication or treatment
- surgical menopause – menopause that occurs earlier than expected when both ovaries are surgically removed or permanently damaged by treatments, usually for carcinogenic illness (pelvic radiation or chemotherapy).

* **Premature ovarian insufficiency** It is important to remember that not all women experience the menopause around the age of 51-52. There is a proportion of women (about 1% (European Society of Human Reproduction and Embryology (ESHRE) 2023) who will experience the menopause under the age of 40. This can be due to unknown reasons, genetics or as a side effect from cancer treatments. It is important that these women are included in any menopause policies.

Having a menopause before the age of 40 can have significant health issues such as increase in cardiovascular disease, decrease in bone density and significant psychological issues and brain health issues. Evidence suggests that there is an impact on Quality of Life and wellbeing over and above general menopause. The symptoms are the same as those outlined above but normally unless there are contraindications hormones need to be replaced. Further information is available at [Premature ovarian insufficiency - British Menopause Society \(thebms.org.uk\)](https://www.thebms.org.uk)

Symptoms of perimenopause and menopause

The symptoms of perimenopause and menopause vary enormously in range and intensity between women, and it is important that symptoms are fully assessed and acknowledged. See [Appendix 1](#) for an overview of symptoms.

Oestrogen is essential for many systems within the body; many women are sensitive to fluctuations and decline in its levels, causing extreme discomfort and distress. It is generally accepted that there are numerous symptoms of menopause, not all women will experience problematic symptoms, but 75% women in the menopause report symptoms that can impact of their ability to function and their quality of life (Hillard et al 2021). It should also be noted that as well as the menopause being individual with some women having minimal or no symptoms there are differences in symptoms and presentation between different ethnic and racial groups: [20-BMS-TfC-Menopause-in-ethnic-minority-women-JULY2023-B.pdf \(thebms.org.uk\)](#)

Accessing Help

Symptoms may build up gradually growing in severity and can be ignored until they become unbearable. The nursing workforce are incredibly good at addressing the care and wellbeing of others but frequently prioritise this over the wellbeing of themselves. Recognition is an important first step, and it can be helpful to explain what is happening to family and friends to access support. A comprehensive person-centred management plan should be put in place, and this may require a combination of approaches.

Symptoms, as well as personal circumstances, may change over time and adjustments or changes may need to be made, so it is important that the management plan is reviewed 3 months after any change and then on an annual basis.

Workplace

A lack of support and resources in the workplace can lead to issues at work that are not performance related but can be treated as this. Menopause needs to be a normal conversation within the workplace and how it can impact individuals and RCN members should be encouraged.

Employers have a duty of care to explore issues that can impact on individuals and work. Managers and teams should be familiar with where help can be accessed, including support offered by their own organisation and good resources, to recommend. They should be aware of local referral pathways including primary and secondary care clinicians, which can include nurse specialists in menopause* and time out for medical appointments, if needed.

***Nurse Specialist in Menopause | Publications | Royal College of Nursing ([rcn.org.uk](https://www.rcn.org.uk))**

Find a BMS-recognised Menopause Specialist - British Menopause Society ([thebms.org.uk](https://www.thebms.org.uk)).

If adjustments are needed then these can be put in place, and more information can be found at **The Menopause and Work | Royal College of Nursing ([rcn.org.uk](https://www.rcn.org.uk))**.

Self-Care and Lifestyle management

Peri-menopause is a time of transition which can accompany other life changes such as caring responsibilities, personal relationships, financial circumstances, and professional roles. It can be useful to take time to think creatively about the opportunities for self-fulfilment in this next life chapter. Simple lifestyle changes can be effective in reducing the impact of menopausal symptoms and menopause can be a good opportunity to rethink lifestyle choices, reset, refocus, and rebalance work and recreation. More information can be found at: **Menopause Fact Sheet - Self Care Forum**

Nutrition and weight management

Vaso motor symptoms are frequently exacerbated by alcohol, caffeine, smoking, and spicy food, so eliminating or modifying these factors can be helpful. Help with smoking cessation can be accessed here: [NHS stop smoking services help you quit - NHS \(nhs.uk\)](#) and alcohol reduction here: [Drinkaware Home | Drinkaware](#)

Women with a higher BMI may experience greater severity of symptoms and weight management strategies, including formal weight management programmes can be helpful. The British Dietetic Society and British Menopause society both have practical resources:

[Top ten nutrition tips for the menopause | British Dietetic Association \(BDA\)](#)

[Menopause Wellness Hub - Women's Health Concern \(womens-health-concern.org\)](#)

Movement and Exercise

Increasing movement and exercise are a powerful tool to boost mood, ease joint aches, strengthen bone health, aid sleep, improve cardiovascular health and assist with weight management. Women should aim to achieve 10,000 steps a day and include 30 minutes of exercise that raises the heart rate at least 5 times a week. Further advice can be found here: [Get active - Better Health - NHS \(nhs.uk\)](#)

Yoga and Pilates have shown to be effective in keeping the menopausal body strong and supple and is useful in reducing anxiety and promoting mindfulness and calm.

A common barrier to exercise is urinary frequency or incontinence and including pelvic floor exercises can be effective, and referral to a women's health physiotherapist may be helpful.

The squeeze app is a useful tool to support self-management: [Squeeze on the App Store \(apple.com\)](#)

Psychological Support

Managing psychological difficulties such as stress and anxiety is a key component of menopause management and accessing talking therapy is a powerful tool. Many employers offer counselling and psychological support, and this can also be accessed through RCN Direct: [Get help and advice from the RCN | Royal College of Nursing](#) the Cavell Trust [What we do - Cavell \(cavellnursestrust.org\)](#) and Community Nurses, may access support through the Queens Nursing Institute: [Talk To Us © - The Queen's Nursing Institute \(qni.org.uk\)](#)

Cognitive Behavioural therapy (CBT) is a non- medical evidence based psychological strategy that can be extremely effective in managing a wide range of symptoms including anxiety, stress, mood swings, insomnia and hot flushes: [02-WHC-FACTSHEET-CBT-WOMEN-FEB-2023-A.pdf \(womens-health-concern.org\)](#)

Accessing Treatment Options

Hormone Replacement Therapy (HRT) is the first line treatment option for managing symptoms unless medically contraindicated, (NICE 15) and has the added advantage of reducing the risk of cardiovascular disease and protecting bone mineral density. Many women experience a dramatic relief of symptoms which can be life changing. There are a wide range of HRT options and women respond differently to them so it can take time to achieve optimal control. It can be helpful to read about options before attending an appointment to make the most out of the consultation: [27-WHC-FACTSHEET-HRT-Doses-NOV2022-A.pdf \(womens-health-concern.org\)](#)

As with any other medication there are some contra-indications, risks and side effects, so it important to have a comprehensive assessment and discuss risks and benefits and alternative options if HRT is not appropriate.

Organisation and management role in creating the supportive environment

There is an expectation that the CEO/Board is committed to recognising that the menopause is a workplace health and wellbeing issue. They should create and develop an organisation that normalises menopause and allows for a supportive environment.

All managers should have an understanding and clear direction about what is expected of them by the organisation.

» **Normalise: The Importance of Normalising Menopause in Healthcare**

To ensure the retention of nursing professionals experiencing menopause, it is crucial to shift the culture in healthcare to normalise discussions about this natural phase of life. Despite some progress, many nurses still face shame and stigma surrounding menopause, hindering their ability to seek support and assistance in the workplace. To address this, managers should proactively bring up the topic and encourage open dialogue among the team, creating an environment where nurses feel comfortable identifying their struggles and seeking help. By normalising menopause at work, we can take a crucial step towards creating a safe and supportive space for all team members, regardless of gender.

» **Educate: The Role of Champions, Training, and Staying Curious**

A designated champion within the team or department can provide a trusted source of advice and support for the nursing workforce experiencing menopause symptoms. It is crucial to create opportunities for the team to discuss their personal struggles without judgment or shame.

Managers should also take the initiative to educate themselves and the team about the impact of menopause in the workplace. While they don't need to be experts, understanding the physical and emotional effects of menopause is crucial. Additionally, managers should provide evidence-based resources for team members who may be struggling or know someone who needs extra support.

Approaching conversations about menopause with curiosity and a desire to understand individual challenges is essential. Instead of making assumptions, take the time to listen and build an open dialogue within the team. This will create a safe space for expressing concerns and sharing experiences, benefiting everyone involved.

» **Explore: Offer Support and Resources with Compassion**

Being informed about the local resources offered within your organisation can greatly benefit nurses experiencing menopause symptoms. There may be options for self-referral to physiotherapy or occupational health services to address specific symptoms like joint pain. Managers should also consider the accessibility of wellbeing services and employee assistance programs.

Compassion and patience are crucial when nurses disclose that their menopausal symptoms impact their work. The workplace environment and responsibilities may contribute to these challenges. Asking individuals how you can support them can help explore options for adjustment while they seek treatment. Not everyone will choose or be able to take Hormone Replacement Therapy, so finding an effective treatment plan may take time and patience.

» **Adjust: Making Reasonable Adjustments and Documenting Absences**

In addition to flexible working arrangements, managers should explore what other reasonable adjustments may be required within the team. By making these adjustments, managers demonstrate that menopause is a priority in their workplace, strengthening the team's commitment and loyalty to the organisation.

Accurate documentation of menopause-related absences is essential for organizations to gain a better understanding of how menopause affects their employees, teams, and services. This information can inform decisions about additional support needed. It is crucial to document any disclosures made by employees and the reasonable adjustments offered to them.

As a professional body and trade union, we recommend that menopause related absence is taken out of sickness absence triggers, so that individuals are not taking down a formal capability management process. Outside of health and social care, Tesco's and USDAW, the shop workers union, have agreed this approach Tesco unveils package of support for colleagues going through menopause ([tescopl.com](https://www.tescopl.com)) and some NHS organisations also take this approach to ensure women are treated fairly.

» **Collaboration: Working with HR and staff and local trade union representatives**

In larger organisations, managers should collaborate with other departments, such as human resources, occupational health, local trade union reps and the well-being team. These departments can play a key role in providing local support services and advice on the best adjustments to support the team. By engaging with HR, managers ensure that their team is at the centre of any changes happening within the organisation.

» **Innovate: Offer more support around menopause at work.**

Lastly, it is essential to consider innovative ways to support menopause in the workplace and meet the needs of the nursing workforce in your organisation. The goal is to create a work environment that is aware of and understanding towards menopause, allowing those struggling to feel less isolated and better equipped to manage the common symptoms they may face on the job.

What good looks like:

These are some examples of what good looks like, they may not all be available in any one organisation.

- Awareness and support at work including Webinars discussing menopause – highlighting self-care selfcareforum.org/2022/11/20/new-menopause-resource/
- Staff menopause clinics
- **Sign the Menopause Workplace Pledge (wellbeingofwomen.org.uk)**
- Facilitated or self-help CBT sessions
- Communications – raise awareness of how menopause may affect workers, better communication skills around menopause – online training tool for manager
- Education sessions for managers
- Menopause café
- Menopause policies that are supportive and include a health and wellbeing policy rather than just employment
- Library of resources including books for staff support.

The European Menopause and Andropause Society (EMAS) (2021) suggest that making health and wellbeing during the menopause a priority for the organisation, by ensuring a consistent and positive approach, including the following.

- Establish and promote a clear business case for ensuring that women with menopausal symptoms which impact on work are not stigmatised or discriminated against and that staff are retained.
- Have a zero-tolerance policy to bullying, harassment, victimisation or belittling of women with menopause symptoms.
- Undertake an assessment of how work patterns (e.g. night working, shift patterns) may impact symptoms and allow flexible working arrangements, including working from home, wherever possible.
- Ensure provision of training for managers and supervisors on how to have sensitive conversations at work.
- Develop an employment framework that recognizes the potential impact of the menopause and provides confidential sources of advice and counselling services.
- Ensure health and wellbeing policies supportive of menopause are incorporated in induction, training and development programs for all new and existing staff.
- Include explicit coverage of menopause in sickness and attendance management policies and ensure women can access workplace healthcare provision, where possible.

Conclusion

Menopause can be an individual and unique experience. It can be distressing, and the numerous symptoms can impact on both personal and working life. It is of paramount importance that women are supported to maintain and develop a healthy life for the menopause and beyond. The nursing workforce includes a large proportion of staff who will develop menopause symptoms that can have an impact on both quality of life and working life.

This position statement is aimed at staff, employers and managers to help individuals manage the symptoms of menopause and to encourage a healthy workplace discussion to normalise menopause and promote best practice around its management and support in the workplace wherever this may be.

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Resources for menopause and work

ACAS **Menopause and the law: Menopause at work - Acas**

British Menopause Society – Menopause and the workplace guidance: what to consider thebms.org.uk/wp-content/uploads/2022/04/07-BMS-TfC-Menopause-and-the-workplace-03B.pdf

BS 30416 - Menstruation, menstrual health and menopause in the workplace – Guide. bsigroup.com/en-GB/our-services/events/events/2023/menstrual-and-menopausal-health-in-the-workplace/

Chartered Institute of Personnel and Development report(2023) Women at Work linktr.ee/CIPDMenstrualHealth23

CIPD (The professional body for HR management) **Menopause resources | CIPD**

College of Policing **Managing menopause in the workplace – new guidance published | College of Policing** (the police service have been one of the most proactive sectors outside of health care)

Faculty of Occupational Medicine [Guidance-on-menopause-and-the-workplace.pdf \(som.org.uk\)](#)

Faculty of Occupational Medicine resource [fom.ac.uk/wp-content/uploads/Guidance-on-menopause-and-the-workplace-v6.pdf](#)

Guidance from NHS Employers [nhsemployers.org/articles/menopause-and-workplace](#)

IOSH (Professional Body for Health and Safety Professionals) [Menopause in the workplace | IOSH](#)

[Menopause in the Workplace - Business in the Community \(bitc.org.uk\)](#)

[Menopause at work | TUC](#)

Menopause in the Workplace [menopauseintheworkplace.co.uk](#)

Menopause passport [First 'menopause passport' launched at NHS Trust which employs over 18,000 women \(uhb.nhs.uk\)](#)

NHS Staff Council Health, Safety and Wellbeing Group Principles Document [Guidance on menopause at work | NHS Employers](#)

NHSE publication to help NHS organisations and staff [england.nhs.uk/long-read/supporting-our-nhs-people-through-menopause-guidance-for-line-managers-and-colleagues/](#)

Northern Ireland [The Menopause and Me Digital Toolkit | Business in the Community \(bitcni.org.uk\)](#) (Belfast Trust have been proactive on menopause work in NI)

Useful links and resources

British Menopause Society (BMS) - [British Menopause Society | For healthcare professionals and others specialising in post reproductive health \(thebms.org.uk\)](#)

Daisy Network - [daisynetwork.org/](#)

[Maggie's – everyone's home of cancer care \(maggies.org\)](#)

Menopause Matters - [menopausematters.co.uk/](#)

Womens Health concern [Women's Health Concern | Confidential Advice, Reassurance and Education \(womens-health-concern.org\)](#)

[rockmymenopause.com/resources/](#)

[Find a menopause specialist \(UK and Ireland\)](#)

[Mission – Queer / LGBTQIA+ Menopause \(queermenopause.com\)](#)

[Home | Menopause Hub - Expert information, useful resources, top tips and women's stories \(henpicked.net\)](#)

[Black Health and Beyond - specialist interest black women in menopause](#)

[The Menopause - National Wellbeing Hub](#)

Appendix 1: Symptoms of Menopause

Symptoms	Overview
Vasomotor	Vasomotor symptoms; hot flushes and night sweats are the most common symptoms and can cause deep distress. Hot flushes are often associated with feeling of panic or being overwhelmed and are responsible for up to a third of women contemplating leaving their work place (Ayers and Hunter 2012).The experience of night sweats makes it very difficult for women to get back to sleep, which can exacerbate tiredness and fatigue and can contribute to low mood and lack of cognitive function or “brain fog” and have a detrimental impact on the ability to perform at work.
Psychological	The impact of low oestrogen levels on the brain can lead to low mood, increased anxiety, irritability, severe mood swings, inability to control anger, lack of concentration and brain fog. Loss of libido is common and complicated by other symptoms such changes in body image, tiredness poor sleep and genitourinary symptoms of menopause. Women often report a lack of joy and motivation or describe acting out of character and not recognising themselves. These psychological changes can put a strain on personal and professional relationships and recognising it can be useful in accessing empathy and understanding.
Systemic	The lack of oestrogen within the body can lead to a wide range of unpleasant symptoms that can cause significant distress. Joint aches and pains are common and can prevent movement and exercise. Women may experience dryness in eyes, mouth or tongue, taste changes, tinnitus, hair loss, brittle nails, dizzy spells, palpitations, pins and needles and burning sensations in palms or soles of feet. Bloating, heartburn and constipation are common, and women can experience changes in metabolism that lead to weight gain around the middle which can impact on low self-esteem.
Changes in Bleeding Pattern	Bleeding patterns are likely to change in the perimenopause, becoming more erratic, but for some women they can become heavier, more painful, and more frequent. This is sometimes associated with hormonal mood swings. Severe changes in bleeding pattern, intermenstrual and post-menopausal bleeding can be signs of gynaecological cancer and should be investigated to exclude other causes.
Genito Urinary	The lack of oestrogen can cause vaginal dryness, vulval itching, dyspareunia (painful sex) and may result in increased urinary frequency, stinging passing urine (dysuria) or increased pelvic organ prolapse. These symptoms can be embarrassing and difficult to discuss, however they are easy to treat with vaginal oestrogen, so it is important to discuss with a health care professional.

The RCN represents nurses and nursing, promotes
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