

CONSENSUS RECOMMENDATIONS

Menopause and the workplace: consensus recommendations from The Menopause Society

Abstract

Menopause is a natural life transition experienced by half the world's population. Women aged 50 years and older are the fastest growing demographic group in many countries, making essential contributions to the workforce. Although menopause is a universal and natural life transition, the symptom experience is highly variable among women. Some women may experience few or no symptoms, whereas others may be bothered by moderate to severe symptoms for a decade or longer, which can adversely affect quality of life, relationships, job satisfaction, and career advancement. Indeed, menopause symptoms, including vasomotor and genitourinary symptoms, as well as sleep and mood disturbances are associated with multiple adverse work outcomes. Studies to date have demonstrated that these adverse work outcomes related to menopause symptoms include a compromised ability to work, reduced work productivity, absenteeism, and even loss of employment or an early exit from the workforce. Further, the relationship between menopause symptoms and work may be bidirectional, with certain aspects of the work environment being linked with a greater menopause symptom burden, such as insufficient restroom facilities, unpredictable or long work hours, the inability to take breaks, and confined or crowded workspaces. Thus, workplace solutions may need to be tailored based on women's individual needs, the work environment, and the type of work.

The Menopause Society, in conjunction with an expert panel of medical and legal experts and women's health advocates, has developed a set of consensus recommendations that challenges employers to create a menopause-supportive workplace for their employees. These recommendations include, among other things, suggestions for employers to review policies and healthcare plans and benefits and to consider flexibility and accommodations that may be needed for some women with menopause symptoms. Guidance for women with menopause symptoms that affect them at work in terms of understanding their resources and empowering them to be self-advocates are also provided, as well as recommendations for what occupational health professionals should know and do for women with bothersome menopause symptoms in the workplace.

Key Words: Advocacy – Health resources – Menopause symptoms – Productivity – Quality of life – Workplace policies.

Menopause, defined as the final menstrual period and occurring at a mean age of 52 years, is a natural life transition experienced by half the world's population. Menopause can also occur earlier as a result of bilateral oophorectomy, chemotherapy, radiation therapy, or other causes. During the menopause transition and before the final menstrual period,

bothersome symptoms such as hot flashes and night sweats (vasomotor symptoms), mood changes, cognitive changes, and insomnia can negatively affect productivity and performance in the workplace. Menopause symptoms can last up to a decade or longer for some persons, with a median duration of 7 years reported for hot flashes in a multiethnic US cohort.¹

These Consensus Recommendations were developed by The Menopause Society Menopause and the Workplace Advisory Panel: *Lead*, Stephanie S. Faubion, MD, MBA, FACP, MSCP, IF, Jill K. Bigler, JD, Monica M. Christmas, MD, FACOG, MSCP, Yamnia I. Cortés, PhD, MPH, FNP-BC, Claire Gill, Paula Green-Smith, MA, Ekta Kapoor, MBBS, FACP, MSCP, Susan D. Reed, MD, MPH, MS, MSCP, Chrisandra L. Shufelt, MD, MS, FACP, MSCP, Claudio N. Soares, MD, PhD, FRCPC, MBA, CPTR, and Holly N. Thomas, MD, MS, MSCP.

The Menopause Society Board of Trustees reviewed and approved these Consensus Recommendations.

Address correspondence to The Menopause Society; 30050 Chagrin Blvd, Suite 120, Pepper Pike, OH 44124. E-mail: info@menopause.org. Website: www.menopause.org

The presence of women in the workforce is critical on a global level. The economic empowerment of women drives economic diversification, and estimates suggest that enabling women to work to the level of their potential could affect productivity and raise economic output globally by about 7%.² Women aged 50 years and older are the fastest growing demographic group in many countries, making essential contributions to society, families, communities, and the paid and unpaid workforces.³

Several publications have noted the economic effect of menopause, with an estimated annual US cost of \$1.8 billion because of workdays lost.⁴ Similarly, a UK survey⁵ found that one in every five women had considered leaving their jobs,

and one in every 10 women had missed work in the past year because of menopause symptoms.

Although menopause is a universal and natural life transition, the symptom experience is highly variable among women. Some women may experience few or no symptoms, whereas others may be bothered by moderate to severe symptoms for a decade or longer, which can adversely affect quality of life (QOL), relationships, work productivity, and career advancement. In addition, work environments and the types of work women perform have the potential to affect their symptom experiences. Thus, workplace solutions may need to be tailored based on women's individual needs, the work environment, and the type of work.

These consensus recommendations, prepared by a multidisciplinary group of medical, legal, and human resource experts, will review current evidence on the effect of menopause and the workplace and provide recommendations for employees, employers, and healthcare professionals, with a goal of supporting women with menopause symptoms. They also use gender-specific language as reflected in the referenced publications. However, The Menopause Society recognizes that some persons experiencing menopause may identify differently than with the gender and pronouns used in these recommendations.

MENOPAUSE SYMPTOMS AND THE WORKPLACE

Given the significant effect of bothersome vasomotor symptoms (VMS) on women's overall QOL, in addition to other menopause-related complaints such as changes in mood and sleep, it is not surprising that these symptoms may adversely affect a woman's performance in the workplace. There is growing evidence that women with bothersome VMS report poorer work performance compared with those who do not experience such symptoms.⁶ Further, even though VMS have been more commonly linked with worse work performance outcomes in women, other menopause symptoms, including those in the psychological and genitourinary domains, also have been shown to affect women's ability to perform optimally in the workplace.⁴

A cross-sectional study of 4,440 employed midlife women aged between 45 and 60 years who were receiving primary care at the Mayo Clinic reported a 13% rate of adverse work outcomes (defined as reducing work hours, missing workdays, quitting, or retiring) in those with bothersome menopause symptoms.⁴ Further, the severity of the menopause symptoms correlated strongly with the odds of an adverse work outcome. Similarly, a large US study of 500,000 women showed that untreated VMS were linked to a 57% increase in work productivity losses.⁷ According to the 2010 US National Health and Wellness Survey, the severity of VMS correlated with rates of presenteeism (referring to the lost productivity that occurs when employees are not fully functioning in the workplace because of an illness, injury, or other condition) among women in the workplace.⁸

Similar results have been reported among women in other countries. In a cross-sectional study of 599 Japanese women, menopause symptoms affected women's ability to meet the requirements of their jobs.⁹ A large prospective study of more than 3,000 UK women found that women with severe menopause symptoms were 1.4 times more likely to quit work or

1.2 times more likely to reduce their work hours compared with women with no symptoms.¹⁰ Additionally, a smaller UK study reported similar negative effects of menopause symptoms in the workplace and concluded that the occupation type and the physical requirement of a job did not influence the findings.⁶

In contrast, nearly 90% of 1,092 Australian women aged 40 years and older employed at a large hospital did not believe that menopause symptoms in the preceding week affected their work performance.¹¹ Most, however, did not feel comfortable discussing their menopause symptoms with their supervisors and managers.

EFFECT OF WORK OR WORKPLACE ON MENOPAUSE SYMPTOMS

Menopause symptoms may alter physical and mental functioning and can be exacerbated by workplace-related factors such as poor ventilation, higher ambient room temperatures, uniforms made from synthetic materials, restrictive bathroom or break policies, and unventilated protective equipment.¹² Women may be reticent to ask about accommodations because of the stigma associated with menopause and fear of discrimination. Improving workplace conditions and creating supportive practices for the entire workforce can support and retain women in menopause and ultimately improve all workers' productivity, health, and safety.¹³

Vasomotor symptoms

The capacity to regulate the temperature of the work environment has been shown in some studies to be associated with lower reported VMS, with one study specifically inquiring about work-related conditions that made coping with VMS more difficult.^{11,14-16} In the 896 women included in the study, working in hot or unventilated workspaces (71%) and formal meetings (63%) were the most-reported triggers for VMS.¹⁵ Other work situations believed to affect a woman's ability to cope with VMS included stressful work-related situations such as high-visibility work, learning new things, tasks requiring attention to detail, and shared workspaces. Most women reported that their VMS did not affect their work performance; however, of the 14% of women who reported using hormone therapy (HT) in the prior year, more than 50% shared that work was one of the reasons they initiated HT. Almost all (96%) reported that interventions to "cool down," such as turning on a fan, opening a window, going outside to get fresh air, or dressing in layers, helped deal with VMS.

These findings were corroborated in another survey-based study of 1,092 Australian women working in a hospital setting.¹¹ Although women did not feel that their VMS impaired their work performance, most felt supportive measures such as temperature control, flexible work hours, and education about menopause for managers and employees could potentially help ease the burden of menopause symptoms in the workplace. In addition, the *Women at Work* survey suggested that having supervisor support and full-time employment were associated with fewer VMS and sleep disturbances.¹⁴

Other menopause-related symptoms

The relationship between the work environment and somatic, psychological, and cognitive symptoms of menopause is unclear. Research has shown that stressful environments, including the

workplace, can negatively affect both symptom severity and work performance.^{11,17} In a questionnaire answered by 131 female medical teaching faculty in Egypt, less than 10% indicated that VMS affected their work capacity, whereas nearly half felt that somatic (eg, tiredness, lack of energy, aches and pains), psychological (eg, mood swings, irritability), and cognitive (eg, poor memory and concentration) symptoms negatively affected their work capacity and performance.¹⁸ Most of the participants cited poor physical work environments (90%), confined or crowded spaces (85%), insufficient restroom facilities (83%), and poor workstation design (63%) as factors that aggravated their menopause symptoms. Although physical work conditions seemed to play a major role in the perceived exacerbation of menopause symptoms, psychological stress related to workload (100%), job responsibilities (91%), unpredictable and long work hours (82%), discrimination (73%), and problems with colleagues or supervisors (63%) were also reported as major contributors to bothersome menopause symptoms in the workplace. In addition, over 60% of women reported static postures as a factor triggering menopause symptoms which may reflect an inability to take a break or rest during the workday.

In another study assessing the association of job-related stress with menopause symptoms in more than 1,300 menopausal Japanese registered nurses, higher levels of job-related stress were associated with a higher burden of psychological symptoms.¹⁹ Researchers found that having fewer supportive relationships at work and holding managerial positions were also associated with more psychological symptoms.

A systematic review examined QOL during menopause in the workplace, including 12 studies from multiple countries and more than 15,000 participants (aged 40–65 y).²⁰ Overall, environmental factors such as working in confined, crowded spaces, high levels of noise, poor workstation design, and unstable work patterns (eg, constant interruptions) were predictors of poor QOL in the workplace. Four of the 12 studies included women working in the healthcare system; among those, QOL was significantly higher when working conditions were described as “satisfying and attractive” and ambient temperature was deemed comfortable. In contrast, QOL was significantly lower when work was described as “boring, stressful, or noisy.” Among nonhealthcare workers, higher QOL was positively correlated with higher education, higher monthly income, and working outside the home. Menopause symptoms were associated with a lower QOL, with a detrimental effect on both physical and mental well-being. Depression, anxiety, and joint stiffness had the strongest adverse effect on QOL and work impairment.

Menstrual cycle irregularities

Although menopause is diagnosed when menstrual cycles have been absent for a full year, cycles often become irregular before stopping, with many women experiencing abnormal bleeding patterns, such as heavy or unpredictable bleeding, that can be embarrassing, painful, and extremely disruptive to work. For most women, work is not the cause of abnormal bleeding, but restrictive breaks and bathroom policies as well as lack of access to sanitary products may cause undue stress. Less com-

monly, work itself may be the cause of abnormal bleeding. For example, occupational exposure to endocrine-disruptive chemicals such as formaldehyde, phenol, N-hexane, and chloroform has been linked with menstrual cycle irregularities in female workers.²¹ The same study also found that shift work, higher perceived job stress, and lower job satisfaction were associated with menstrual disturbances.

Effects of work hours on menopause symptoms

Approximately 15% of US women engage in shift work, which may include employment outside of the hours of 7 AM and 6 PM. Shift work has been shown to disrupt circadian rhythms, which are physiological and behavioral patterns that follow a 24-hour cycle by altering the sleep-wake cycle and estrogen-progesterone secretion patterns.²² Although shift work has been associated with irregular menstrual cycles and earlier onset of menopause,^{23–26} these findings are inconsistent. One analysis in the Nurses’ Health Study II found that women who worked 10 months or more of rotating night shifts in the prior 2 years had an increased risk of earlier menopause.²³ The Canadian Longitudinal Study on Aging similarly found that nightshift workers were at increased risk of an earlier menopause, but rotating shift workers experienced delayed onset of menopause compared with daytime workers.²⁷ Possible strategies to offset circadian rhythm disruptions in shift workers include healthy lifestyle changes (eg, regular meal schedules, bedtime routines, regular physical activity, and limiting caffeine), bright-light therapy, and melatonin. In the workplace, changes may include regular meal breaks and light filters on electronic devices at night.

Key points

- Menopause symptoms such as vasomotor, mood, and genitourinary symptoms have been reported to affect work productivity.
- The experience of menopause symptoms may be influenced by the work environment, with certain working conditions linked with worse menopause symptoms (eg, psychological stress at work, poor physical work conditions, inability to take breaks, insufficient restroom facilities).
- Shift work has been linked with irregular menstrual cycles, and nightshift work, in particular, has been associated with earlier onset of menopause, although data are inconsistent.

IMPACT OF MENOPAUSE SYMPTOMS AND THE WORKPLACE

Impact for women

If women are adversely affected by menopause symptoms at work, not only are they at risk for missing leadership opportunities, they may also risk financial insecurity later in life if they are unable to maximize their earning potential at the peak of their careers or if they leave the workforce prematurely.

Menopause remains a taboo subject, in part because of systemic ageism and sexism and the widely disseminated stereotypes and popular misconceptions about menopause. As a result, women may experience reduced self-confidence and self-efficacy that could adversely affect performance ratings and

leadership emergence.²⁸ These factors have likely perpetuated the silence around menopause in the workplace and the unwillingness of women to disclose their menopause status or discuss their menopause symptoms at work, potentially out of fear that their reputations as reliable workers and their candidacy for positions of authority and leadership could be threatened.

For women in the military, where physical and mental fitness are paramount, menopause can present unique challenges. Recognizing the importance of supporting women through this life transition, the US Department of Defense emphasizes that menopause care should be available to active-duty service members.²⁹ Although militaries in some other countries, such as the United Kingdom, have existing policies regarding menopause,³⁰ the US military currently does not.

Impact for employers

Menopause requires employers' attention to retain workers and productivity, and to avoid legal risks. As noted, menopause can be costly for employers. When considering both the loss of employee productivity and excess healthcare expenditures associated with menopause symptoms, the combined total cost is estimated to be at least \$26 billion annually in the United States alone.⁴ Additionally, a survey revealed that two out of five women had considered looking for or had found a new job because of menopause symptoms.³¹ Not only are employers at risk of losing female talent, many of whom are at the pinnacle of their careers, but the cost of replacing an individual employee can range from one-half to two times the employee's annual salary.³² Thus, the economic impact of menopause for employers goes beyond lost work productivity and also includes the cost of greater healthcare use; the loss of seasoned, experienced workers; and the associated cost of replacing those who leave the workforce.

In addition to lost productivity and talent, there are also potential legal risks of not addressing menopause in the workplace.³³ Although menopause is not expressly included as a protected category under state and federal antidiscrimination laws, employers should understand that comments or actions taken because of menopause or its related symptoms could be a form of sex or age discrimination. Courts have recognized that "[b]ecause menopause occurs only in women, and predominantly in middle-aged women, . . . a comment suggesting that a woman may be menopausal singles her out on the basis of gender and age."³⁴

Moreover, although menopause itself is not considered a disability under the Americans With Disabilities Act (ADA), in some circumstances, menopause symptoms could rise to the level of a disability and require an employer to reasonably accommodate those symptoms. The ADA defines disability to include a physical or mental impairment that substantially limits a major life activity. Courts have recognized that the body's endocrine system, which controls hormones, qualifies as a major life activity for purposes of the ADA and that employers may have a duty to accommodate menopause symptoms.³⁵ The ADA also prohibits employers from discriminating against qualified persons on the basis of disability or retaliating against them for engaging in protected activity, such as requesting an accommodation.

Key points

- Bothering menopause symptoms in the workplace have the potential to affect women adversely in terms of career opportunities, trajectories, and satisfaction, as well as long-term financial stability.
- Menopause symptoms in the workplace may be costly for employers in terms of reduced employee productivity, increased healthcare expenditures, and the loss of experienced employees who leave the workforce prematurely.

WORKPLACE SOLUTIONS

There have been increasing efforts from institutions, professional societies, and governments to define the effect of menopause in the workplace and an acknowledgement that menopause workplace interventions and policy changes could improve revenues, female career trajectories, work productivity, and satisfaction. Little hard data on evidence-based workplace interventions exist, but multi-pronged solutions have been suggested.^{4,36-43} For example, the European Menopause and Andropause Society provided detailed recommendations for employers and organizations, managers, supervisors, healthcare professionals, and employees.⁴¹

Many companies and institutions are attempting to put solutions and policies in place to improve the menopause workplace experience. In doing so, it is imperative to consider interventions that have been shown to improve key outcomes such as work satisfaction, career development, and work productivity for those experiencing menopause. Attempts to implement specific interventions to improve women's menopause experiences in the workplace should consider the objective of the intervention, whom it will target, how to measure outcomes, and potential legal or other ramifications should a policy change occur (and equally important, the potential legal ramifications should policy changes not occur). Interventions can target human resources policies, benefits coverage, the workplace environment, managers and supervisors, employees, or a combination of these. Interventions can promote increased knowledge for both employers and employees about menopause symptoms and symptom duration (eg, Frequently Asked Questions, support groups, workshops), improve the physical workplace environment (eg, better ventilation, temperature control, access to ice, fans, or showers), promote empathy and reduce gender-based discrimination, (eg, increase flexibility in schedules, options to work from home if appropriate for type of work), and allow time for healthcare appointments, including mental health (eg, policies modeled after those already existing for pregnancy). These types of interventions may lead to successful solutions to improve the menopause workplace experience.

There are only six published studies of interventions aiming to improve women's menopause experience that recruited from or were delivered in the workplace.⁴⁴⁻⁴⁹ Almost all had methodologic limitations, including high attrition, low adherence, or lack of randomization. No studies used an active comparator; one used a waitlist control, two used a simple educational intervention (eg, a brochure), and three did not have a control group. All studies were conducted in the years spanning 2018 through 2020, with four in Europe, one in Africa, and one in South America. Four studies targeted midlife female employees, one

targeted managers, and one targeted both. Most focused largely on menopause education interventions, whereas one evaluated cognitive-behavioral therapy, and one evaluated yoga and meditation to reduce menopause symptom bother. Intervention intensity in the six studies varied from 30 minutes to 8 hours.

On the whole, these interventions resulted in significant improvements in menopause knowledge and attitudes, but only one study was able to document improvements in work outcomes and menopause symptoms while at work. This study, using self-guided cognitive-behavioral therapy in UK employees (N = 124) found significant improvements in work functioning, VMS, and sleep compared with a waitlist control.⁴⁴ Other interventions showed improvement in menopause knowledge but either did not measure or did not show changes in workplace behavior.

The improvements in menopause knowledge and attitudes documented in the six studies are encouraging and may help to drive true meaningful change in the workplace menopause experience. Additional studies are needed to determine the most effective strategies for minimizing the effect of menopause symptoms in the workplace and should include measurable outcomes (eg, change in employer behavior, manager and employee work satisfaction, employee work productivity, and employee career trajectories).

Key points

- Studies investigating potential workplace solutions have found that menopause education interventions may improve menopause knowledge, but there remains a lack of data on the effect on work outcomes.
- Additional studies are needed to determine the most effective strategies for mitigating the effect of menopause symptoms in the workplace.

RECOMMENDATIONS: WHAT SHOULD EMPLOYERS DO?

Establish workplace policies, support, and benefits

Support for employees experiencing menopause symptoms is part of a natural progression toward being more inclusive of all phases of employees' lives. Although most employers have adopted workplace policies and training related to pregnancy, childbirth, and lactation, workers at later stages of life also need access to specific benefits, and there remains a dearth of policies addressing menopause specifically.

As a first step, employers should evaluate how existing workplace policies and health-and-wellness-benefit offerings can be leveraged to support women going through menopause and determine whether changes should be made or new policies or offerings adopted. For example, existing leave-of-absence policies (eg, sick or paid time off) likely already apply to women who may need leave as a result of menopause symptoms. However, employers can ensure that their employees, including managers and supervisors, are aware that policies cover specific employee needs for time off (eg, menopause) by listing in the applicable policy examples of conditions or situations that would qualify for leave under the broader policy. Employers also should instruct and train their human resources employees on how to apply the company's leave policies.

Employers can also provide additional support by ensuring that their healthcare plans provide adequate and affordable coverage for menopause (eg, for menopause therapies, counseling, educational programs specific to menopause, and access to nutritionists, coaches, and other healthcare professionals with menopause expertise). Educating employees about the options that are available to them is equally important.

Initiating health programs in the workplace has been shown to improve employee and employer outcomes.⁵⁰ However, the financial effect of menopause-specific programs for employers is unknown. Going forward, it will be important to identify the workplace interventions that are the most beneficial for addressing the needs of women with menopause in the workplace and to conduct cost-effectiveness analyses of these programs.

Additionally, although menopause typically will not rise to the level of a disability for most midlife women, using the framework and policies employers should already have in place to address disability accommodation requests is a good starting point. The interactive process required by state and federal disability law can be easily applied to workplace accommodations that women may request because of menopause symptoms, such as additional breaks, flexible scheduling, hybrid or remote work, or temperature-control options.

Workplace environment and dress policy

The environment and conditions in which persons work also play a relevant part in menopause symptom bother and work productivity. It is important to recognize that there are many different industries and work environments that can affect women's experiences of menopause symptoms. Thus, the needs of a menopause-workplace policy may differ significantly based on the industry and type of work. For example, women in physically demanding work, such as working outside or in a warehouse, may have different needs compared with women in intellectually demanding work that may require sitting at a desk or in front of a computer. Emotionally demanding work may overlap and encompass both physically and intellectually demanding work. Regardless of the work environment, all should allow for access to restrooms, including access to sanitary products, as well as the option for additional work breaks. Physically demanding work should allow for a flexible dress-code policy, access to cold water or cooling areas, and work that requires sitting at a desk or computer may follow a policy of flexible hours or remote work options. The workplace location, design, and function should promote an atmosphere of well-being.

Train managers and supervisors

In addition to adopting workplace policies and offering health-and-wellness benefits designed to support women going through menopause, employers should take steps to educate and train supervisors on how to create an inclusive atmosphere in which women feel supported and comfortable talking about menopause and its effect on them at work. A Society for Women's Health Research survey found that only 31% of the women surveyed felt comfortable talking about their menopause symptoms or experiences at work, and one in six supervisors reported

being uncomfortable setting up accommodations to address their employees' menopause symptoms at work.³¹

Menopause-friendly workplace designation

To provide companies with resources related to menopause in the workplace, it would be prudent to develop a recognized menopause workplace designation. Such a designation would acknowledge companies that implement human resource policies and practices to support all persons experiencing menopause. It would also provide information and educational tools for employees, employers, and managers, as well as outline recommended accommodations to address employees' menopause symptoms. Similar to company certifications in other areas, such as period workplace champions or workplace wellness, it would provide guidance for human resource departments. Regardless of industry, all companies have an obligation to promote a positive work culture and expectations for employers and employees around menopause in the workplace.

Key points

- Employers should evaluate how existing workplace policies can be leveraged to support persons with menopause symptoms and determine whether changes should be made or new policies adopted.
- Employers should review their healthcare plans to ensure that they provide adequate and affordable coverage for menopause.
- Employers should ensure that all employees are aware of the workplace policies and health and wellness offerings and healthcare coverage available to support them.
- Employers should provide access to cold water and restrooms with sanitary products and consider flexibility in terms of work breaks and scheduling, dress-code policy, and options for hybrid or remote work and temperature control.
- Employers should provide education and training to managers and supervisors on menopause to ensure creation of an inclusive workplace culture in which persons feel supported and comfortable talking about menopause and its effect on them at work.

RECOMMENDATIONS: WHAT SHOULD WOMEN KNOW?

Understand menopause and seek support

Along with employer education and workplace accommodations, women experiencing menopause in the workplace need education on menopause symptoms. Because women's experiences with menopause symptoms can vary widely, their needs regarding menopause education may also vary. Creation of educational resources for women in the workplace will help to normalize the experience.

An important aspect of managing the menopause transition is for women to recognize that they are not alone when it comes to experiencing what can be significant symptoms and changes, physically and psychologically for some. Peer support can be a powerful tool to help navigate the menopause experience. Studies have shown that support groups can promote health during menopause and lead to improved QOL.⁵¹ Women can also consider joining an online support group or community.

Identify workplace resources

Workplace resources will differ from one employer to another. Women should contact their human resources or occupational health department to determine what policies and support are available in their workplaces or to advocate for needed changes. Some of the policies and resources available may not be labeled as menopause-specific but might have some provisions that can apply to menopause, such as flexible work schedules and remote work. Additional resources about workplace menopause policies include the Society for Women's Health Research,⁵² National Health Service in the United Kingdom,⁵³ National Association of Schoolmasters Union of Women Teachers,⁵⁴ Menopause at Work,⁵⁵ and the European Menopause and Andropause Society.⁴¹

Starting or joining an employee resource group or support group to discuss the challenges of living and working with perimenopause and menopause symptoms is another option by which employees can engage and that might lead to productive conversations and recommendations on how the work environment can become more menopause friendly.

Understand occupational health resources

Menopause is an occupational health issue. Occupational health services are essential for employers and employees to have a safe, healthy, and efficient work environment. Occupational health benefits include a range of preventive services such as health screenings, occupational physical assessments, and immunizations. Occupational health services provided by some employers may help women address their menopause-health needs. For example, onsite health clinics or access to employee assistance programs may provide free and confidential assessments, short-term counseling, referrals, and follow-up services to employees who have personal or work-related problems. Women should investigate whether their employers provide these services and whether they address menopause-related health issues at work.

Know about regulatory or state, national, or occupational health guidelines

In the United States, there are federal and state laws that help to protect persons and ensure basic patient rights. The US Department of Health and Human Services is a department of the federal government that provides information about basic health rights and includes access to additional information and resources. The Affordable Care Act, the comprehensive health-care reform law passed in 2010, provides rights and protections that may be applicable to insurance coverage and access to care related to menopause symptoms.⁵⁶

Employees can find details about state labor laws and contact information for state labor offices on the US Department of Labor website⁵⁷ and can access tips and resources via the Occupational Safety and Health Administration.⁵⁸

Key points

- Employees should seek information on menopause to help them navigate their menopause experiences.
- Employees should contact their human resources or occupational health department to identify the workplace policies and resources that are available to help with menopause

symptoms in the workplace, understanding that not all will be menopause-specific.

- Employees could consider starting or joining an employee resource group not only for peer support but also to engage with others in providing recommendations on how the work environment could be more menopause friendly.
- Employees should understand federal and state laws that provide rights and protections that may be applicable to insurance coverage and access to care for menopause symptoms.

RECOMMENDATIONS: WHAT SHOULD HEALTHCARE PROFESSIONALS KNOW?

Clinicians taking care of midlife women should routinely ask about menopause symptoms and assess the perceived effect on QOL, including work performance. Menopause symptoms vary in duration, severity, and bother. A patient-centered approach that addresses individual treatment goals, underlying medical comorbidities, risk factors, and evidence-based care should be employed.

Education on the stages of menopause, associated symptoms, and potential health consequences is an integral component of care. Treatment should be geared toward addressing the symptoms that the patient deems most disruptive to their day-to-day functioning and providing guidance on healthy lifestyle practices. Guidelines for provision of HT and evidence-based nonhormone therapies have been published.^{59,60}

Role of occupational health professionals

Because up to 40% of women report struggling with their menopause symptoms at work, and 11% report missing work in the previous 12 months because of these symptoms, it is essential that occupational health professionals understand menopause, including the physiologic changes, therapies for symptoms, and the effect of menopause on work and of the workplace on menopause symptoms and well-being.^{4,6,15} It is also important to point out that this area is under-researched, and not all studies have found an effect of menopause symptoms on work performance or on absenteeism.³⁶

Menopause symptoms may complicate or co-occur with those of other medical conditions and life circumstances, so occupational health professionals must be aware of both menopause-related changes as well as age-related changes, the effect of social determinants of health, and caregiving responsibilities, as well as the unique effect of ageism and sexism on women.⁶¹ Employers should ensure that women employees have access to knowledgeable occupational health professionals and can be referred to menopause specialists as needed.

Key points

- Healthcare professionals caring for midlife women should routinely ask about menopause symptoms and assess the perceived effect on QOL, including work performance.
- Occupational health professionals should have working knowledge of menopause, the effects of menopause on work, and of the workplace on menopause symptoms and well-being, as well as the various therapeutic options available for management of the symptoms associated with menopause.

ADVOCACY

Advocacy is an important element to promote lasting positive change for midlife working women, given that significant change may require influence from the outside. Advocacy may come from affected persons or their loved ones, employers and human resources professionals who see the benefits to their workforce, unions, healthcare professionals who interact with midlife women, academic societies, midlife employees, or nonprofit groups with a focus on this population.

Advocacy can come in a variety of forms. It may include writing letters to newspapers, magazines, and medical journals; organizing a petition to ask an employer to enact a supportive menopause policy; or raising awareness about menopause in the workplace by sharing experiences and information at work meetings or on social media. It may mean approaching those in government by phone, mail, or in person to encourage them to back policies that support midlife working women. Targets for advocacy activities can range from individual small businesses or large corporations or all levels of government, including local, state, and federal.

Labor unions can play a crucial role in advocating for the rights and well-being of workers, including women experiencing menopause in the workplace. Unions can negotiate collective bargaining agreements that include provisions for accommodations and support services for menopausal employees.

What has been accomplished?

Historically, laws have been passed to protect various phases of a women's reproductive life.⁶² However, there remains a gap as it relates to menopause protections. The US government has recently taken steps to recognize the importance of addressing menopause-related issues in the workplace. In July 2023, the US Department of Labor held a roundtable to discuss the effect of the menopause transition on women workers and steps that policymakers and employers can take to help those experiencing menopause symptoms remain employed. However, action based on these discussions is still pending.

Key point

- Advocacy is an important tool to affect change and can come in many forms, ranging from individual efforts to raise awareness about menopause, to labor unions advocating for the rights and well-being of workers, to nonprofit groups that support change efforts.

CONCLUSION

Menopause is a natural and universal experience that causes disruptive symptoms that adversely affect work experiences for many women. This consensus recommendation summarizes existing literature and provides recommendations for women, employers, and the healthcare professionals caring for people with menopause symptoms. There are concrete actions that can be taken to make the workplace more inclusive for menopausal women; however, there remains a significant need for additional research on effective workplace interventions, not only to help retain women in the workforce, but also to ensure that they are supported and can thrive.

ACKNOWLEDGMENTS AND DISCLOSURES

Acknowledgments: The Menopause Society appreciates the contributions of the Advisory Panel and the efforts of the staff. We would like to thank Bayer Healthcare Pharmaceuticals, Astellas Pharma Global Development, and Pfizer for providing unrestricted grant funding to help support this initiative. All those who were in a position to control the content of this publication were required to disclose any financial relationship(s) with ineligible companies. All financial relationships with ineligible companies have been mitigated.

The Menopause and the Workplace Advisory Panel: Stephanie S. Faubion, MD, MBA, FACP, MSCP, IF—Lead; Professor and Chair, Division of General Internal Medicine, Mayo Clinic, Jacksonville, Florida, and Mayo Clinic Center for Women’s Health, Rochester, Minnesota; Penny and Bill George Director, Mayo Clinic Center for Women’s Health; Medical Director, The Menopause Society. Jill K Bigler, JD; Epstein, Becker, and Green, Columbus, Ohio. Monica M. Christmas, MD, FACOG, MSCP; Associate Professor and Director of the Menopause Program and Center for Women’s Integrated Health, Section of Minimally Invasive Gynecologic Surgery, UChicago Medicine and Biological Sciences, Chicago, Illinois. Yammia I. Cortés, PhD, MPH, FNP-BC, FAHA; Associate Professor, The University of Iowa College of Nursing, Iowa City, Iowa. Claire Gill; Founder and President, National Menopause Foundation, Alexandria, Virginia. Paula Green-Smith, MA; President and Chief Executive Officer, Urban Health Resource, Detroit, Michigan; Vice President, Training and Technical Assistance, Black Women’s Health Imperative, Washington, DC. Ekta Kapoor, MBBS, FACP, MSCP; Associate Professor of Medicine, Mayo Clinic College of Medicine, Rochester, Minnesota. Susan D. Reed, MD, MPH, MS, MSCP; Professor Emeritus, Department of Obstetrics and Gynecology, Adjunct Professor of Epidemiology, University of Washington School of Medicine, Seattle, Washington. Chrisandra L. Shufelt, MD, MS, FACP, MSCP; Professor and Chair, Division of General Internal Medicine, Associate Director, Women’s Health Research Center, Mayo Clinic, Jacksonville, Florida. Claudio N. Soares, MD, PhD, FRCPC, MBA, CPTR; Professor, Department of Psychiatry; Director, Centre for Psychedelic Health and Research, Queen’s University Kingston, Ontario, Canada; Executive Lead, Canadian Biomarker Integration Network in Depression (CAN-BIND); President and CEO, CAN-BIND Solutions Inc, Ontario, Canada. Holly N. Thomas, MD, MS, MSCP; Assistant Professor of Medicine and Clinical and Translational Research; Director of the Comparative Effectiveness Research Track; Director of the Leadership and Discovery Program, University of Pittsburgh, Pittsburgh, Pennsylvania.

Financial disclosure/conflicts of interest: Dr. Faubion, Ms. Bigler, Ms. Gill, and Ms. Green-Smith report no financial relationships with ineligible companies; Dr. Christmas reports Consultant/Advisory Board for the FDA Bone, Reproductive, and Urologic Products Committee; Speaker Honoraria for Fertility IQ. Dr. Cortés reports Grant/Research Support from NIH and the Betty and Gordon Moore Foundation. Dr. Kapoor reports Consultant/Advisory Board for Academy of Continued Healthcare Learning, Astellas, Med Learning Group, Mithra, OBG Management, Scynexis, Womaness; Grant/Research Support from Mithra, NIH/NIA. Dr. Reed reports Consultant/Advisory Board for Bayer, NIH; Grant/Research Support from Bayer, NIH; Royalties/Patents from *UpToDate*. Dr. Shufelt reports Grant/Research Support from the NIH. Dr. Soares reports Consultant/Advisory Board for Bayer, Diamond Therapeutics, Eisai, Otsuka, and Pfizer; Executive Committee Member for Canadian Biomarker Integration Network in Depression. Dr. Thomas reports Consultant/Advisory Board for Astellas; Grant/Research Support from the NIH. Dr. Williams reports Consultant/Advisory Board for Astellas, Purchasers Business Group on Health; Board of Directors/Trustees: Vanderbilt University, Vanderbilt University Medical Center, Society of Academic Specialists in General Obstetrics and Gynecology; Stock/Ownership in Bend Health.

REFERENCES

1. Avis NE, Crawford SL, Greendale G, et al, Study of Women's Health Across the Nation. Duration of menopausal vasomotor symptoms over the menopause transition. *JAMA Intern Med* 2015;175:531-539. doi: 10.1001/jamainternmed.2014.8063

2. Holland D, Ell K. Close the gender gap to unlock productivity gains. *Moody's Analytics* March 2024; Available at: www.moodyanalytics.com/-/media/article/2023/Close-the-Gender-Gap-to-Unlock-Productivity-Gains.pdf. Accessed April 3, 2024.
3. The Lancet. Time for a balanced conversation about menopause [editorial]. *Lancet* 2024;403:877. doi: 10.1016/S0140-6736(24)00462-8
4. Faubion SS, Enders F, Hedges MS, et al. Impact of menopause symptoms on women in the workplace. *Mayo Clin Proc* 2023;98:833-845. doi: 10.1016/j.mayocp.2023.02.025
5. Bazeley A, Marren C, Shepherd A. *Menopause and the Workplace*. *Fawcett Society* 2022; Available at: www.fawcettsociety.org.uk/Handlers/Download.ashx?IDMF=9672cf45-5f13-4b69-8882-1e5e643ac8a6. Accessed April 15, 2024.
6. D’Angelo S, Bevilacqua G, Hammond J, Zaballa E, Dennison EM, Walker-Bone K. Impact of menopausal symptoms on work: findings from Women in the Health and Employment after Fifty (HEAF) Study. *Int J Environ Res Public Health* 2022;20:95. doi: 10.3390/ijerph20010295
7. Sarrel P, Portman D, Lefebvre P, et al. Incremental direct and indirect costs of untreated vasomotor symptoms. *Menopause* 2015;22:260-266. doi: 10.1097/GME.0000000000000320
8. Whiteley J, Wagner JS, Bushmakin A, Kopenhafer L, Dibonaventura M, Racketa J. Impact of the severity of vasomotor symptoms on health status, resource use, and productivity. *Menopause* 2013;20:518-524. doi: 10.1097/GME.0b013e31827d38a5
9. Hashimoto K, Yoshida M, Nakamura Y, Takeishi Y, Yoshizawa T. Relationship between number of menopausal symptoms and work performance in Japanese working women. *Menopause* 2020;28:175-181. doi: 10.1097/GME.0000000000001698
10. Evandro M, Falkingham J, Qin M, Vlachantoni A. Menopausal transition and change in employment: evidence from the National Child Development Study. *Maturitas* 2021;143:96-104. doi: 10.1016/j.maturitas.2020.09.010
11. Hickey M, Riach K, Kachouie R, Jack G. No sweat: managing menopausal symptoms at work. *J Psychosom Obstet Gynaecol* 2017;38:202-209. doi: 10.1080/0167482X.2017.1327520
12. Jafari M, Seifi B, Heidari M. Risk assessment: factors contributing to discomfort for menopausal women in workplace. *J Menopausal Med* 2017; 23:85-90. doi: 10.6118/jmm.2017.23.2.85
13. Riach K, Jack G. Women's health in/and work: menopause as an intersectional experience. *Int J Environ Res Public Health* 2021;18:10793. doi: 10.3390/ijerph182010793
14. Bariola E, Jack G, Pitts M, Riach K, Sarrel P. Employment conditions and work-related stressors are associated with menopausal symptom reporting among perimenopausal and postmenopausal women. *Menopause* 2017;24: 247-251. doi: 10.1097/GME.0000000000000751
15. Griffiths A, MacLennan SJ, Hassard J. Menopause and work: an electronic survey of employees' attitudes in the UK. *Maturitas* 2013;76:155-159. doi: 10.1016/j.maturitas.2013.07.005
16. Verdonk P, Bendien E, Appelman Y. Menopause and work: a narrative literature review about menopause, work and health. *Work* 2022;72:483-496. doi: 10.3233/WOR-205214
17. Geukes M, van Aalst MP, Robroek SJ, Laven JS, Oosterhof H. The impact of menopause on work ability in women with severe menopausal symptoms. *Maturitas* 2016;90:3-8. doi: 10.1016/j.maturitas.2016.05.001
18. Hammam RAM, Abbas RA, Hunter MS. Menopause and work—the experience of middle-aged female teaching staff in an Egyptian governmental faculty of medicine. *Maturitas* 2012;71:294-300. doi: 10.1016/j.maturitas.2011.12.012
19. Matsuzaki K, Uemura H, Yasui T. Associations of menopausal symptoms with job-related stress factors in nurses in Japan. *Maturitas* 2014;79:77-85. doi: 10.1016/j.maturitas.2014.06.007
20. Theis S, Baumgartner SJ, Janka H, Kolokythas A, Skala C, Stute P. Quality of life in menopausal women in the workplace—a systematic review. *Climacteric* 2023;26:80-87. doi: 10.1080/13697137.2022.2158729
21. Hassani S, Namvar M, Ghoreishvandi M, et al. Menstrual disturbances and hormonal changes in women workers exposed to a mixture of organic solvents in a pharmaceutical company. *Med J Islam Repub Iran* 2014;28:156.
22. Deligeoroglou E, Creatsas G. Menstrual disorders. *Endocr Dev* 2012;22: 160-170. doi: 10.1159/000331697
23. Stock D, Knight JA, Raboud J, et al. Rotating night shift work and menopausal age. *Hum Reprod* 2019;34:539-548. doi: 10.1093/humrep/dey390
24. Hu F, Wu C, Jia Y, et al. Shift work and menstruation: a meta-analysis study. *SSM Popul Health* 2023;24:101542. doi: 10.1016/j.ssmph.2023.101542

25. Chung FF, Yao CCC, Wan GH. The associations between menstrual function and lifestyle/working conditions among nurses in Taiwan. *J Occup Health* 2005;47:149-156. doi: 10.1539/joh.47.149
26. Sut HK, Mestogullari E. Effect of premenstrual syndrome on work-related quality of life in Turkish nurses. *Saf Health Wor* 2016;7:78-82. doi: 10.1016/j.shaw.2015.09.001
27. Khan D, Rotondi M, Edgell H, Tamim H. The association between shift work exposure and the variations in age at natural menopause among adult Canadian workers: results from the Canadian Longitudinal Study on Aging (CLSA). *Menopause* 2022;29:795-804. doi: 10.1097/GME.0000000000001981
28. Grandey AA, Gabriel AS, King EB. Tackling taboo topics: a review of the three Ms in working women's lives. *J Management* 2020;46:7-35. doi: 10.1177/0149206319857144
29. Defense Health Board. Defense Health Board Report: Active Duty Women's Health Care Service. November 5, 2020. Available at: www.health.mil/Reference-Center/Reports/2020/11/05/Active-Duty-Womens-Health-Care-Services. Accessed April 4, 2024.
30. Royal Air Force Families Federation. Women's Health. 2022. Available at: www.raf-ff.org.uk/health/womens-health/. Accessed April 4, 2024.
31. Society for Women's Health Research. *Employee Perspectives and Challenges Concerning the Transition of Menopause (EMPACT Menopause) Study*. January 2024. Available at: swhr.org/wp-content/uploads/2024/02/FINAL-Menopause-Workplace-Fact-Sheet-02012024.pdf. Accessed March 11, 2024.
32. McFeeley S, Wigert B. This fixable problem costs US businesses \$1 trillion. *Gallup* March 13, 2019; Available at: www.gallup.com/workplace/247391/fixable-problem-costs-businesses-trillion.aspx. Accessed March 11, 2024.
33. Waldman EG, Cahn NR, Crawford BJ. Contextualizing menopause in the law. *JLG* 2022;45:1-70.
34. *Cruz-Aponte v Caribbean Petroleum Corp*, 123 F. Supp. 3d 276, 280 (D.P.R. 2015).
35. *Mullen v New Balance Athletics, Inc*, No. 1:17-CV-194-NT, 2019 WL 958370, at *6 (D. Me. Feb. 27, 2019).
36. Hardy C, Thorne E, Griffiths A, Hunter MS. Work outcomes in midlife women: the impact of menopause, work stress and working environment. *Womens Midlife Health* 2018;4:1-8. doi: 10.1186/s40695-018-0036-z
37. Carter S, Davis S, Black KI. Menopause workplace policy: the way forward or backward? *Aust N Z J Obstet Gynaecol*. 2021;61:986-989. doi: 10.1111/ajo.13445
38. Nordling L. Why menopause matters in the academic workplace. *Nature* 2022;605:381-384. doi: 10.1038/d41586-022-01258-1
39. Hobson G, Dennis N. Experiences of menopause in the Welsh NHS workplace: a focus group study. *Lancet* 2023;402(suppl 1):S51. doi: 10.1016/S0140-6736(23)02155-4
40. Banks S. Menopause and the NHS: caring for and retaining the older workforce. *Br J Nurs* 2019;28:1086-1090. doi: 10.12968/bjon.2019.28.16.1086
41. Rees M, Bitzer J, Cano A, et al. Global consensus recommendations on menopause in the workplace: a European Menopause and Andropause Society (EMAS) position statement. *Maturitas* 2021;151:55-62. doi: 10.1016/j.maturitas.2021.06.006
42. Australasian Menopause Society. *Menopause and the Workplace*. Updated November 2022. Available at: www.menopause.org.au/images/stories/infosheets/docs/AMS_Menopause_and_the_workplace.pdf. Accessed March 6, 2024.
43. UK Government. *Menopause and the Workplace: How to Enable Fulfilling Working Lives: Government Response*. July 18, 2022. Available at: www.gov.uk/government/publications/menopause-and-the-workplace-how-to-enable-fulfilling-working-lives-government-response/menopause. Accessed March 6, 2024.
44. Hardy C, Griffiths A, Norton S, Hunter MS. Self-help cognitive behavior therapy for working women with problematic hot flushes and night sweats (MENOS@Work): a multicenter randomized controlled trial. *Menopause* 2018;25:508. doi: 10.1097/GME.0000000000001048
45. Hardy C, Griffiths A, Hunter MS. Development and evaluation of online menopause awareness training for line managers in UK organizations. *Maturitas* 2019;120:83-89. doi: 10.1016/j.maturitas.2018.12.001
46. Portella CFS, Sorpreso ICE, de Assis ASM, et al. Meditation as an approach to lessen menopausal symptoms and insomnia in working women undergoing the menopausal transition period: a randomized controlled trial. *Adv Integrative Med* 2021;8:278-284. doi: 10.1016/j.aimed.2020.08.003
47. Gebretatys H, Ghirmai L, Amanuel S, Gebreyohannes G, Tsighe Z, Tesfamariam EH. Effect of health education on knowledge and attitude of menopause among middle-age teachers. *BMC Womens Health* 2020; 20:232. doi: 10.1186/s12905-020-01095-2
48. Verburgh M, Verdonk P, Appelman Y, Brood-van Zanten M, Nieuwenhuijsen K. "I get that spirit in me"—mentally empowering workplace health promotion for female workers in low-paid jobs during menopause and midlife. *Int J Environ Res Public Health* 2020;17:6462. doi: 10.3390/ijerph17186462
49. Geukes M, Anema JR, Vermeer M, van Aalst MP, Oosterhof H. Evaluation of a workplace educational intervention on menopause: a quasi-experimental study. *Maturitas* 2023;174:48-56. doi: 10.1016/j.maturitas.2023.05.005
50. Goetzel RZ, Kahr TY, Aldana SG, Kenny GM. An evaluation of Duke University's Live for Life health promotion program and its impact on employee health. *Am J Health Promot* 1996;10:340-342. doi: 10.4278/0890-1171-10.5.34
51. Yazdkhasti M, Keshavarz M, Khoei EM, et al. The effect of support group method on quality of life in post-menopausal women. *Iran J Public Health* 2012;41:78-84.
52. Society for Women's Health Research. EMPACT Menopause Study Bulletin. January 11, 2024. Available at: https://swhr.org/swhr_resource/empact-menopause-study/. Accessed April 4, 2024.
53. National Health Service. Available at: www.nhs.uk/. Accessed April 25, 2024.
54. NASUWT, The Teachers' Union. Managing the Menopause in the Workplace. Available at: www.nasuwat.org.uk/advice/equalities/under-represented-groups/women/managing-the-menopause-in-the-workplace.html. Accessed April 4, 2024.
55. Menopause Information Pack for Organizations (MIPO). Our Free Resources. Available at: menopauseatwork.org. Accessed April 4, 2024.
56. Healthcare.gov. Affordable Care Act (ACA). Available at: www.healthcare.gov/glossary/affordable-care-act/. Accessed April 4, 2024.
57. US Department of Labor. Wage and Hour Division. State Labor Offices. Available at: www.dol.gov/agencies/whd/state/contacts. Accessed April 4, 2024.
58. US Department of Labor. Occupational Health and Safety Administration. Available at: www.osha.gov/quicktakes/. Accessed April 4, 2024.
59. "The 2022 Hormone Therapy Position Statement of The North American Menopause Society" Advisory Panel. The 2022 hormone therapy position statement of The North American Menopause Society. *Menopause* 2022; 29:767-794. doi: 10.1097/GME.0000000000002028
60. "The 2023 Nonhormone Therapy Position Statement of The North American Menopause Society" Advisory Panel. The 2023 nonhormone therapy position statement of The North American Menopause Society. *Menopause* 2023;30:573-590. doi: 10.1097/GME.0000000000002200
61. Hardy C, Griffiths A, Hunter MS. What do working menopausal women want? A qualitative investigation into women's perspectives on employer and line manager support. *Maturitas* 2017;101:37-41. doi: 10.1016/j.maturitas.2017.04.011
62. Congress.gov. H.R.1065—Pregnant Workers Fairness Act. May 17, 2021. Available at: www.congress.gov/bill/117th-congress/house-bill/1065. Accessed April 4, 2024.