The specialist authority for menopause & post reproductive health

British Menopause Society

Menopause and the workplace guidance: what to consider

This BMS Tool for Clinicians provides a 'how-to' guide for employers and relevant staff within organisations that are considering writing their own guidance on the menopause.

Introduction

- An increasing number of women are engaging in employed work. By the end of 2024, there were almost 5.5 million employed women in the UK aged 45-60.[1]
- Given the average age of a woman's menopause is 51 years[2], a significant number of employed women will be working through their menopause transition. For some ethnic groups, the average age of menopause will be younger, e.g. Black, South Asian and Latina.
- Experience of the menopause transition varies enormously between women. Some women will have no symptoms, but most women will experience at least one symptom.[2] Up to a third of women will experience severe menopause symptoms that can impact on their quality of life.[3,4]
- It is in the work context that women report greater difficulty in managing symptoms[5,6] and they can feel embarrassed and unable to disclose their menopausal status of difficulties[7] fearing they may be stigmatised for being menopausal.[8,9]
- The most commonly reported difficulties menopausal women report at work include having poor concentration, tiredness, poor memory, feeling low/depressed and lowered confidence.[7]
- Problematic hot flushes at work have also been linked to women having a higher intention to leave the workforce.[10]
- In the UK, a longitudinal prospective study from the UK National Child Development Study analysed the data of 3109 women at aged 50 and age 55 years. At age 50 years, 53.5% of employed women reported at least one severe menopause symptom and those with severe menopause symptoms had a higher chance of exiting employment or reducing their working hours by age 55 years.[11]
- Employers are being encouraged to offer awareness and support to this population of employees and their experiences.[12] One way of doing this is to provide *internal organisational guidance*.

What should workplace guidance contain?

- A review[13] of UK guidance documentation on the menopause within the work context found several key areas and recommendations for future guidance development. As each organisation is different, guidance should be *tailored* to meet the needs and the resources available.

Copyright © 2019-2025 British Menopause Society. All rights reserved.
Permission granted to reproduce for personal and educational use only. Commercial copying and distribution is prohibited.

- One of the first key elements of guidance should be *information* about the menopause itself and the symptoms and experiences that women may have across the different menopause phases (peri- and post menopause). This should also contain the difficulties women may experience at work, coping strategies, and an acknowledgement that women may not feel comfortable disclosing their menopause, particularly to a male and/or younger line manager.[7]
- There is also a need to provide information and to *raise awareness*, not just in women going through or about to go through the menopause, but for *all staff*, in particular, *line managers* who have responsibilities for the health and wellbeing of their team at work.
- Advice on how to have a conversation with a member of staff could also be addressed within guidance. Research[8,9] conducted with working menopausal women has shown that some women would like to discuss their menopause and feel it is important for employers and line managers to be appropriately skilled to have these conversations in an appropriate manner. A *one-size fits all approach will not work*, so having discussions helps to identify what is best for each employee.
- Guidance frequently acknowledges the legal issues around the menopause and the duty of care that employers in the UK have to ensure that the health, safety and wellbeing of their staff is accommodated (e.g. Health and Safety at Work etc Act 1974, Management of Health and Safety at Work Regulations 1992,1999). This should include the menopause. The Equality Act 2010 is also considered relevant around the protected characteristics of age, gender and disability. Women of this age should not be discriminated against due to their menopause, which can have significant effects for more than 12 months. Menopause is not itself a protected characteristic, support should fit within existing legislation.
- Having a menopause *policy or policies* that are accommodating for women going through the menopause is something else to consider. For example, does your workplace have policies that allow work adjustments such as flexible working, sickness absence procedures that allow women time off if needed for health appointments, or more breaks to help them during this temporary time of their menopause transition? If no menopause-specific policy exists, having the word 'menopause' mentioned in existing wellbeing and health policies has also been regarded as useful and should be highlighted within guidance.
- The *availability of support* is another key aspect to address in guidance. Both formal and informal sources of support should be created and detailed in guidance. Who and where can women, or line managers, go when they need some additional help and advice. This could be a named person in HR or the Occupational Health team. It will be different for each organisation. You may even have a named 'menopause champion'. Whoever it is, it should be clear in the guidance who they are and how they can be contacted.
- Menopausal women also report that the *physical work environment* can have an impact on their menopause symptom experience. Addressing this issue and what can be done should also be addressed within guidance. All staff should be aware of the policies and procedures to help support women who may be experiencing problems related to their physical working environment. For example, are staff allowed desk fans, can they move their workstation to a window that can be opened, or closer to the toilet?

Copyright © 2019-2025 British Menopause Society. All rights reserved.
Permission granted to reproduce for personal and educational use only. Commercial copying and distribution is prohibited.

- Creating a *workplace culture* that is open and accepting of the menopause and other female-related health and reproductive health issues may help to overcome taboos, facilitate all staff to engage with the issues and support one another when at work. This may also help to positively influence the experience of the menopause and its symptoms in staff. [7,14,15]

Keep up to date

- *A balanced, evidence-based approach* should be adopted when developing guidance. This helps avoid biased, poor-quality information from being shared. Use research published in good quality academic, peer-reviewed journals.
- It is important that information and guidance is based on *good quality evidence that is up-to-date*. As more and more research is published in academic journals that undergo expert, peer review, it is important that workplaces access and share this knowledge with their workforce. Provide references to show this is being done. In the review of UK guidance documents, many did not cite current scientific evidence and literature. Text was often copied from older documentation publicly available. Make sure yours is tailored for your organisation, up-to-date and reviewed regularly.
- The British Standards Institution (BSI) has developed a standard specifically addressing menstruation, menstrual health, and menopause in the workplace: BS 30416:2023. This standard offers practical guidance to support employees experiencing these conditions. It recommends workplace policies, practices, and accommodations to create a more inclusive and supportive environment.
- There are very few robust research studies evaluating the practices and interventions being adopted. Like the menopause, a "one-size-fits-all" approach is unlikely to work. Research exploring and evaluating different workplace approaches and their impact is currently underway. However, more research into these and other key areas is still very much needed[16,17]. Allocating funding and resources for such evaluations and research is important to prioritise.
- The British Menopause Society (BMS) is a good source of up-to-date, evidence-based information about menopause and all aspects of post reproductive health. BMS resources can be used to help produce and update workplace guidance. Women's Health Concern, the patient arm of the BMS, is also another useful resource.
- The European Menopause and Andropause Society (EMAS) has produced global guidance on menopause and work from experts around the world[18]. This includes free, easy to access infographics and information on their website.

References

1 Office for National Statistics. Annual Population Survey. London: Office for National Statistics. March 12 2025.

2 Hunter MS, Gentry-Maharaj A, Ryan A, Burnell M, Lanceley A, Fraser L, Jacobs I, Menon U. Prevalence, frequency and problem rating of hot flushes persist in older postmenopausal women: impact of age, body mass index, hysterectomy, hormone therapy use, lifestyle and mood in a cross-sectional cohort study of 10 418 British women aged 54–65. BJOG: An International Journal of Obstetrics & Gynaecology. 2012 Jan 1;119(1):40-50.

Copyright © 2019-2025 British Menopause Society. All rights reserved.
Permission granted to reproduce for personal and educational use only. Commercial copying and distribution is prohibited.

3 Avis NE, Colvin A, Bromberger JT, Hess R, Matthews KA, Ory M, et al. Change in health-related quality of life over the menopausal transition in a multiethnic cohort of middle-aged women: Study of Women's Health Across the Nation. Menopause 2009;16:860–9.

4 Ayers B, Hunter MS. Health-related quality of life of women with menopausal hot flushes and night sweats. Climacteric 2012;15:1–5.

5 Reynolds F. Distress and coping with hot flushes at work: implications for counsellors in occupational settings. Counselling Psychol Quarterly 1999;12(4):353–61.

6 Paul J. Health and safety and the menopause: working through the change. London: Trades Union Congress; 2003. Available from: http://www.tuc.org.uk/workplace/tuc-6316-f0.pdf

7 Griffiths A, MacLennan SJ, Hassard J. Menopause and work: an electronic survey of employees' attitudes in the UK. Maturitas. 2013 Oct 1;76(2):155-9.

8 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 Jul 1;101:37-41.

9 Hardy C, Griffiths A, Thorne E. & Hunter M, 2019. Tackling the taboo in the UK: talking about menopause-related problems at work. International Journal of Workplace Health Management. doi. org/10.1108/IJWHM-03-2018-0035.

10 Hardy C, Thorne E, Griffiths A, Hunter MS. Work outcomes in midlife women: the impact of menopause, work stress and working environment. Women's Midlife Health. 2018 Dec;4(1):3.

11 Evandrou, M. et al. (2021) 'Menopausal transition and change in employment: Evidence from the National Child Development Study', Maturitas, 143, pp. 96-104.

12 Altmann R. A new vision for older workers: retain, retrain, recruit. London: Department for Work and Pensions. 2015.

13 Hardy C, Hunter MS, Griffiths A. Menopause and work: an overview of UK guidance. Occupational Medicine. 2018 Dec 13;68(9):580-6.

14 Jack G, Riach K, Bariola E. Temporality and gendered agency: Menopausal subjectivities in women's work. Human Relations. 2019 Jan;72(1):122-43.

15 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 Mar 1;24(3):247-51.

Copyright © 2019-2025 British Menopause Society. All rights reserved.
Permission granted to reproduce for personal and educational use only. Commercial copying and distribution is prohibited.

16 Hardy C. Opportunities for driving forward research, addressing older women's health needs, and supporting women's health in the workplace. Case Rep Womens Health. 2022 Apr 8;34:e00408. doi: 10.1016/j.crwh.2022.e00408.

17 Atkinson C, Beck V, Brewis J, Davies A, Duberley J. Menopause and the workplace: New directions in HRM research and HR practice. Human Resource Management Journal. 2021 Jan;31(1):49-64.

18 Rees M, Bitzer J, Cano A, Ceausu I, Chedraui P, Durmusoglu F, Erkkola R, Geukes M, Godfrey A, Goulis DG, Griffiths A, Hardy C, Hickey M, Hirschberg AL, Hunter M, Kiesel L, Jack G, Lopes P, Mishra G, Oosterhof H, Pines A, Riach K, Shufelt C, van Trotsenburg M, Weiss R, Lambrinoudaki I. Global consensus recommendations on menopause in the workplace: A European Menopause and Andropause Society (EMAS) position statement. Maturitas. 2021 Sep;151:55-62. doi: 10.1016/j. maturitas.2021.06.006.

Some useful resources

European Menopause and Andropause Society (EMAS) has published global consensus recommendations on menopause in the workplace: https://emas-online.org/guidelines-and-education/#emas-menopause-in-the-workplace

Women's Health Concern (WHC), the patient arm of the British Menopause Society, has facts sheets, videos and information about the menopause (https://www.womens-health-concern.org/help-and-advice/) and menopause in the workplace (https://www.womens-health-concern.org/help-and-advice/menopause-in-the-workplace/)

Author: Dr Claire Hardy, Senior Lecturer in Organisational Health and Wellbeing, Faculty of Health and Medicine, Lancaster University, in collaboration with the medical advisory council of the British Menopause Society.

REVIEWED: JULY 2025

This BMS Tool for Clinicians will be updated when guidance changes and/or new data becomes available.

Copyright © 2019-2025 British Menopause Society. All rights reserved.
Permission granted to reproduce for personal and educational use only. Commercial copying and distribution is prohibited.

Reg Charity No: 1015144 Company Reg No: 02759439