

MENOPAUSE

POLICY

A POLICY FOR EVERYONE

2023

INTRODUCTION

This isn't just a policy for 40-and-50-year-old women, trans men or non-binary people with a uterus; it's for the whole of our company, and frankly, for the whole of society. When up to 900,000 women feel forced to leave work in the UK because of the detrimental impact of menopausal symptoms, and the lack of support alongside them, it's time for everyone to educate themselves and make it their business to effect change. So, please pass this policy on: adapt it, refine it, improve it.

There are around 15.5 million women in the UK at some stage of what used to be euphemistically called 'the change'. We want to change that narrative, reject the stigma, stop the culture of silence, get over the embarrassment and call it what it is: it's the menopausal transition, and it can take anything from two years to as many as twelve to come out the other side. That's too long to ignore, pretend it doesn't exist, suffer silently, or some other such stiff-upper-lip equanimity.

Let's face it, if you are not one of them, you will either become one, or will almost certainly have a mother, wife, aunt, friend or colleague going through it. And it will be having a significant impact on their work life, home life and sex life. So, you/we need to be there for them.

The crucial point here is that this is a team effort. We collectively need to sweep this out from under the carpet and start welcoming open discussion around the menopause. Let's aim to demystify it, and replace the taboo with dialogue, understanding, compassion and support.

First of all, let's get one thing straight – mostly, when we talk about 'the menopause', we're really talking about 'perimenopause', but also 'postmenopause', as symptoms can continue beyond the menopause. Because the menopause is actually just one day – think of it as the 'first birthday' of the final monthly period; or even the 'retirement' of your ovaries.

Any day before that is 'perimenopause' and any day after is 'post menopause'. The word 'menopause' literally means 'a monthly pause', but the perimenopause is essentially the stage during which a woman will gradually stop having monthly periods because her ovaries will no longer be producing eggs.

For simplicity going forwards, any mention of 'menopause' refers to the broader time period which includes perimenopause and postmenopause. Most women start experiencing menopausal symptoms in their forties, but for some, it can start in their thirties, sometimes even earlier (this occurs in 1% of women and is known as premature menopause or Premature Ovarian Insufficiency - POI).

Induced menopause refers to menstrual periods that stop after surgical removal of the ovaries, chemotherapy or radiation damage to the ovaries, or from the use of other medication to intentionally induce menopause as part of treatment of certain diseases, such as cancer. Induced menopause can occur as young as late teens, and the number of 20 and 30 year olds is rising year on year. Symptoms are the same as natural menopause, but they occur suddenly and induce menopause, which can feel overwhelming.

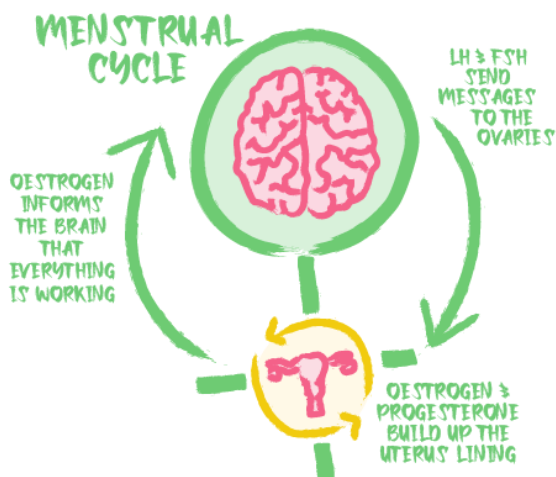
Despite the fact that pretty much half of the population will go through it, many women will sometimes go for years without realising that they are menopausal, but suffering quite uncomfortable, embarrassing and debilitating symptoms.

One of the reasons for this is that when the menopause strikes, women are often facing a multitude of demands on them personally: children (whatever their age) ageing or ailing parents, often all whilst trying to hold down a job. Women typically feel they are just failing – they aren't resilient enough and put more pressure on themselves when they actually need help to balance their hormones.

So, let's all get stuck in and help. Because it's not some kind of pre-death; it's not an expiration date; it must not, and cannot, be about female diminishment. This policy sets out to explain and normalise what happens, why it happens, and how we can all help each other along the way.

THE SCIENCE BIT

To explain the hormonal impact of the menopause, it's helpful to take a brief step back to explain periods and the menstrual cycle for context. The clue is in the word 'cycle'. Women circulate hormones through the bloodstream and around their body each month, sending important signals from one place to another, effectively giving 'instructions' to the different organs.



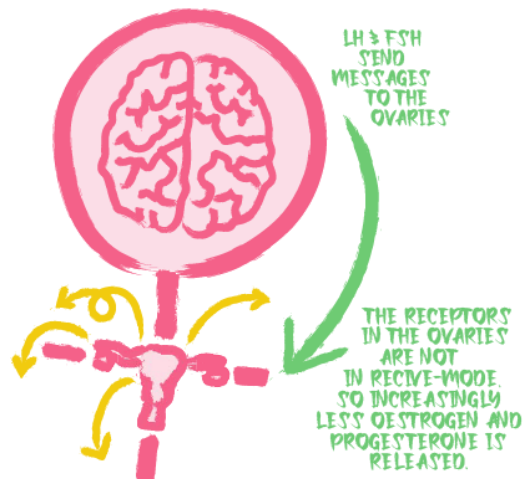
Hormones, often described as 'chemical messengers', are a key part of how everything in our body works together. And during periods, there is a crucial interaction of hormones going on. The brain releases hormones [luteinizing hormone (LH) and follicle-stimulating hormone (FSH)] to prompt the ovaries into action; receptors on the ovaries then translate the message and release the reproductive hormones [oestrogen and progesterone] to prepare the lining of the uterus for potential pregnancy. If pregnancy doesn't transpire, the hormones stop firing, and a period takes place.

When women start to go through the menopause, the brain still sends the hormones out to the ovaries, but the receptors there do not respond. This does one of two things: the LH & FSH have nowhere to go, so fire around the body causing some physical symptom chaos; and the levels of oestrogen and progesterone dramatically decline, which has a direct impact on many things in the body. Because, as well as preparing a woman for pregnancy, these two hormones are also responsible for cognitive health, bone health, cardiovascular health, and on it goes.

Put it all together, and it's a perfect storm, wreaking havoc around the body with a dizzying potential array of diverse and unpredictable symptoms. Many people, either menopausees* or menopause-supporters, simply may not realise that these symptoms are part of the menopause, so it's good to have a broad understanding of the sort of things that may arise.

* made-up word

MENSTRUAL CYCLE DURING MENOPAUSE



THE SYMPTOMS

Eight out of ten women will experience several of these symptoms, though not necessarily in one go as the symptoms of the menopause will typically change over time.

WHAT?

WHY?

MIND FOG & MEMORY LAPSSES



Awkward & embarrassing word and name 'gaps', general mindstorms, and difficulty concentrating. It can feel like your brain is full of cotton wool, or as if you are driving with the brake on.

The lowered levels of oestrogen essentially create an imbalance in the brain chemistry, affecting how it works and how well the different parts of the brain communicate with each other.

ANXIETY



A persistent and nagging feeling of tension and nervousness, which can manifest as palpitations, dry mouth, chest pain, nausea, headaches or even panic attacks.

With less oestrogen going to your brain, this can reduce levels of serotonin (the 'happy hormone') and increase cortisol levels (the hormones of stress).

MOOD SWINGS



You can experience a whole spectrum of emotions, from feeling unexpectedly tearful right through to irrational anger.

As with anxiety, this is driven by reduced levels of serotonin, but also increased levels of norepinephrine (also known as noradrenaline), which increases heart rates and blood pressure and can create fluctuating emotions.

HOT FLUSHES



Unexpected and sudden rushes of heat, often in the face, neck and chest, making your skin red and sweaty.

These are known as vasomotor symptoms (and one of the more commonly known effects of menopause). They are created by a sudden increase of blood flow, usually to the face, neck and chest. Normally the body is good at regulating internal temperatures, but the decrease in oestrogen levels can affect the body's ability to self-regulate.

NIGHT SWEATS



waking up in the night to being soaked in a sheen, or even pools, of sweat.

Also a vasomotor symptom, lowered oestrogen levels affect the body's temperature regulation, which is exacerbated by bed covers at night.

CHILLS



It might sound counterintuitive, but you can also get a surprising onset of chills, and no matter what you put on, you can't seem to warm up.

As with hot flashes, the hypothalamus part of the brain responsible for heat regulation is affected as oestrogen levels drop, and can misinform your body that it's overheating, and try to compensate by shedding heat.

WHAT?

WHY?

INSOMNIA



Despite feeling tired, a persistent state of awakenss, or regularly waking up, leading to further exhaustion.

This can be driven by a number of factors, including the night sweats, but also general anxiety, joint pains, bladder issues, brought on by hormonal fluctuations.

BLADDER ISSUES



Urinary infections, occasional leakage (made worse by coughing, sneezing or laughing) and needing to go to the loo more, particularly during the night.

The decrease in oestrogen levels can weaken the pelvic floor, affect bladder tissue and the urinary tract, making it harder to control your bladder.

ITCHY SKIN



Many women experience itchy skin during menopause.

Low levels of oestrogen reduce the production of collagen and the natural oils that keep your skin moisturised. This can cause the skin to become dry and irritated.

SKIN CRAWLING SENSATION



Some people can experience uncomfortable sensations that feel like there are insects crawling across their body, when there is nothing there (also called 'formication').

Fluctuating hormones, along with the consequent impact of thinner and drier skin can lead to this unpleasant sensation.

NUMBNESS OR PINS & NEEDLES



Occasional unpleasant sensations or numbness in hands and feet.

Oestrogen impacts the central nervous system and circulation. Any oscillation can create an imbalance that causes tingling or numbness, particularly in the extremities.

JOINT OR MUSCLE PAIN



This is called 'menopausal arthralgia' and can be an uncomfortable feeling of soreness, swelling and stiffness around the joints. It can often be worse in the morning.

Lowered oestrogen can affect cartilage (the connective tissue in joints) and the production of collagen (a fibrous protein that gives the skin strength and flexibility) which together provide a kind of scaffold for the skeleton.

BREAST TENDERNESS



Sometimes this can be a dull throbbing, tenderness and soreness, but can also feel like sudden stabbing pains.

As with joint pain, this can be caused by the weakening of connective tissue supporting the breasts. As with periods, it can also be hormonal fluctuations creating the tenderness.

BLOATING & WEIGHT GAIN



Many women complain of weight gain, and difficulty in losing weight. There can also be a general feeling of bloating, tightness and swelling in the abdomen.

This can partly be down to the fact that fewer calories are needed during menopause, because calorie-consuming muscle mass is waning. So if eating volumes are maintained, weight gain is likely. It is fluctuating hormones that cause the bloating effect.

WHAT?

WHY?

HEADACHES & MIGRAINES



This is often experienced as throbbing pains on one side of the head, as well as a sensitivity to light and noise.

This is an effect of oestrogen withdrawal, as the normal hormonal balance is disrupted. Other symptoms, such as anxiety, lack of sleep and hot flushes can also contribute to headaches.

BURNING TONGUE



Apparently experienced by up to 4 in 10 women, you can feel as if your tongue is burning, tender, tingling or numb.

Dwindling oestrogen levels can reduce saliva production, cause a metallic taste in the mouth, and activate pain-sensitive nerve cells at the back of the tongue.

CHANGES TO TASTE AND SMELL



Things can taste & smell different, stronger, weaker, less or more pleasant. It's just a bit confusing.

As with the burning feeling, the lack of saliva can change taste sensation.

HAIR LOSS



Hair can become more brittle, fall out all over and be replaced by finer hair, making it look and feel thinner than previously.

Hair loss is normal for everyone. But oestrogen and progesterone help to keep hair in the 'growing' phase, making it grow faster and stay on the head longer. As these hormones decline, hair growth can slow, and hair loss speed up.

HEART PALPITATIONS



It can sometimes feel as if your heart is pounding or racing, almost as if you've been running. The feeling can also rise up through the neck and throat.

These can be an effect of other symptoms (anxiety, stress, and particularly hot flushes), but can also be the result of lower oestrogen levels.

PERIOD PANDEMONIUM



Early or late, ridiculously heavy or almost pointlessly light, short or long. The problem is, you never know.

The various chemical messengers fall out of sync as the levels of oestrogen rise and fall unevenly, creating an equally unpredictable menstrual cycle.

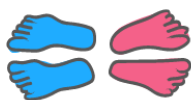
LOW CONFIDENCE/SELF ESTEEM



If you feel you are forgetting words, feeling tired, flushed, distracted, or any one of the other symptoms, it can lead to corrosive concerns about performance and competence.

It is a perhaps unsurprising effect of an accumulation of symptoms over time, coupled with the imbalanced hormones failing to manage the anxiety.

LOWERED LIBIDO



Lots of women suffer a decline in sex drive. It's perfectly normal, but can cause distress and disappointment.

Oestrogen plays an important role in the female sex drive, so lowered levels will have an impact on energy levels and desire. Also, the menopause can create dryness and discomfort. Testosterone levels gradually decline with age and for some women, testosterone (prescribed off-licence) can help with libido.

THE POLICY

FOR ANYONE EXPERIENCING MENOPAUSAL SYMPTOMS

OPEN DISCUSSION

It's up to all of us to remove the stigma of menopause. It's a natural occurrence that happens to 50% of the population, and the more we talk about it, the more normal, and less embarrassing it will become. We encourage you to talk to your managers and your colleagues about how you are feeling and how they can help support you. Help people understand the troublesome symptoms for you.

However, whilst a manager plays a critical role in creating a supportive work environment for their people experiencing the menopause, it is important to understand that speaking to your line manager should not replace seeking medical advice.

If you feel uncomfortable talking to your line manager, please talk to a trusted colleague, or one of the management team, so that we can help you navigate the discussions.

FLEXIBLE WORKING

In addition to any flexible working policy, you might like agree some more specific arrangements, which could include:

- Later start times to compensate for disturbed sleep
- Early office leaving time to avoid rush hour on public transport
- Reduced work hours if symptoms are problematic
- Walking meetings to get exercise and calm some of the symptoms
- More breaks to provide time for composure and mindfulness

COMFORTABLE CLOTHES

We encourage you to wear the clothes that you find most comfortable. It can often be better to wear natural fibres, and looser fitting clothes.

COLD DRINKING WATER

We have cold water dispensers at work and provide thermal bottles, which can keep water cold for several hours, should you be required to attend meetings outside of the office.

A COOL WORKING ENVIRONMENT

At work, you can ask to have a specific place to work that is more comfortable for you. We can also provide you with a desk fan, both for office working and for working from home. We have a shower downstairs that you can use if you would like to cool off during the day.

CAMERAS OFF

Whilst we encourage the humanity of cameras for video calls, you must feel comfortable, and if you are worried about hot flushes, you do not need to have your camera on.

TIME OFF

If you feel unwell due to menopausal symptoms which may come on during the course of the day, you are entitled to paid leave, in accordance with our Sickness & Absence Policy. Please inform your manager and feel free to be open about the reasons why.

SUPPORT FROM EXPERTS

As part of the agency health insurance or mental health support, you should be able to access additional resources with expert practitioners and medical professionals. Please check with the HR team to ensure you have access to these resources.

INFORMATION

There are plenty of useful resources that you can access to understand more about the menopause and how you can navigate it best for you. Please see the list of recommended resources at the end of this policy.

THE POLICY

FOR MANAGERS & COLLEAGUES

TRAINING

All employees must attend a training session on the menopause and associated health conditions to increase awareness and understanding.

For managers, it's worth familiarising yourself with [this](#) practical guidance from CIPD on supporting your team members, and how to have sensitive and helpful conversations.

SUPPORT

Please read and understand how to recognise the symptoms of menopause, as outlined in this policy. Look out for symptoms in colleagues, and be there to support them, and help them feel comfortable with open discussion. Do flag if you feel someone is struggling, but unwilling to or unable to seek support.

CONSIDERATION

If you are aware that a colleague or client is menopausal, please be considerate to their needs. Make sure they have water, a cool space to work, and that if you see they are feeling uncomfortable or unwell, encourage them to take a break.

OPENNESS

Please encourage people to more openly discuss the menopause - at work, at home, with friends. Whilst this topic remains behind closed doors, it continues to have an unnecessary stigma.

INTERSECTIONALITY

Intersectionality of the menopause means recognising that the experience of menopause may be different for people with different heritage and identities. The importance of addressing the needs and experiences of our people going through the Menopause emphasises our commitment to creating a workplace that supports and respects the diverse identities and heritage. We want to ensure that everyone feels they can navigate the challenges of the menopause with empathy, understanding and support. If you are aware that someone in your team may be experiencing challenges when addressing the menopause, please do share the relevant resources.

TREATMENT & SUPPORT

Every woman will have a different experience of menopause, but there are some helpful tips and tricks to help manage some of the symptoms. It's advisable to visit your GP or use some of the resources listed at the end of this document, if you are struggling.

SLEEP

Try to get plenty of sleep (or at least rest time in bed).

DIET

Eat a healthy balanced diet, and avoid sugary or processed foods where possible. Some people find it helpful to cut down on alcohol, as that can exacerbate some of the symptoms.

EXERCISE

Exercise can be helpful for a number of symptoms - it can reduce stress levels, increase wellbeing, and even help manage some of the overheating. Even a short walk is better than nothing.

RELAXATION

This is such an important thing to make time for. Try and find a way to switch off. Go for a walk, meditate, read a magazine, do some cooking. Whatever works to help you find a good place.

YOGA

The stretching and flexibility required for yoga can help with aching muscles, and can also improve strength and posture.

KEEP YOUR BRAIN ACTIVE

Think about stuff that can keep your brain going. Reading, quizzes, crosswords, puzzles. It all helps with brain stimulation.

CLOTHES & BEDSHEETS

Ideally use more natural fabrics, like cotton, bamboo and linen. Keep a towel next to your bed. Loose clothes also help to keep air flow going, keeping you cooler, and reacting less to sweat. Think about having a spare set of clothes to hand.

PRACTICAL COPING STRATEGIES

TALK ABOUT IT

There's nothing to be embarrassed about. It's much better to 'fess up to being menopausal, than to overtly struggle in a meeting and be traumatised about it. You'll find that people are remarkably supportive.

CREATE YOUR OWN "GLOSSARY"

When you 'lose' words or names, you invariably actually know what they are, you just can't 'find' them in your head. So as soon as you remember one of your 'missing words', put them in a glossary at the front of your notebook. As soon as you glance at it, the relevant word jumps out, and you can successfully navigate a potentially awkward moment.

TAKE CONTROL OF THE SWEAT

Try a regular half an hour of sweat-inducing exercise in the day, and you might be less affected by night sweats.

MAKE A FOOD DIARY

There are some trigger foods that will make the physical symptoms worse, and it's different for everyone. It's worth making notes of what you've eaten that's 'different' when you have particularly bad night - and you'll collate a list of food and drinks best avoided. Every woman will have a different experience of menopause, but there are some helpful tips and tricks to help manage some of the symptoms. It's advisable to visit your GP or use some of the resources listed at the end of this document, if you are struggling.

TREATMENT & SUPPORT

VITAMINS & BOOSTERS

Herbal remedies can be helpful. It's worth looking out for options that have the THR mark (Traditional Herbal Registration), which means they have been through safety, efficacy and ingredient checks. However, you should always check for any potential side-effects, and understand about any pre-existing conditions or allergies that you might have which could create issues.

VITAMIN B6

is good for regulating hormone imbalances and also boosts serotonin.

ISOFLAVINS

(also known as phytoestrogens) are compounds which mimic oestrogen, and can help ease tiredness and mood swings. As well as being available in pills, you can also get them from eating beans (particularly soybeans), pulses, cereals, seeds and certain vegetables (broccoli, tomato, sweet peppers and celery).

CALCIUM, ZINC & MAGNESIUM

are good for bones, and can help with the effects of menopause on bones, hair and nails.

BLACK COHOSH

is a woodland herb which can be used to combat some of the symptoms of menopause, particularly hot flushes.

SAGE

can help relieve hot flushes.

VITAMIN D.

As your serotonin levels decrease during menopause, and you're unlikely to make enough back from a walk in the sunshine. The mouth sprays are best.

HORMONE REPLACEMENT THERAPY

Or HRT for short. This essentially replaces the depleting oestrogen levels in your body, thus combatting many of the symptoms experienced during menopause. It is also understood to have long-term benefits on female health. However, there has been much public debate about the benefits and risks of going on HRT, and this has understandably caused some anxiety about whether it is safe to take. It's important to talk to your GP, who will provide more information with evidence-based advice on what's best for you.

RESOURCES

It's always good to do a bit of research yourself to explore symptoms, get advice and even learn from other people's experiences.



After experiencing their own challenging menopause journeys, GP and registered menopause specialist, [Dr Clare Spencer](#), and women's wellness champion, [Helen Normoyle](#), knew something needed to change to stop other women from going through the same thing. Clare dedicated time to qualifying as a menopause specialist and then joined forces with Helen to create [My Menopause Centre](#) – a website that provides evidence-based information and advice on the menopause (what it is, the symptoms and how to treat them) as well as an online menopause clinic run by Dr Spencer where she and the other menopause specialist doctors take a holistic and personalised approach to treating the symptoms of the menopause. Take their menopause questionnaire [here](#) to receive a personalised assessment that will help you see if and where you are on the menopause transition, as well as an explanation of any symptoms and a range of treatment options.



The [Daisy Network](#) is dedicated to providing information and support to women diagnosed with Premature Ovarian Insufficiency, also known as Premature Menopause. Their aim is to provide a support network of people to talk to and provide information on treatments and research, and help manage longer term implications and the psychological impact.



The team at [Gen M](#) are on a mission to make the menopause experience better today than it was yesterday. It's designed for those going through it or approaching it, as well as others who might be supporting a partner, friend or relative or employee, and who want to understand a bit more about it. The team at Gen M began this journey from the same starting point we all do – the search bar. They've done the hard work so you don't have to, spending the countless hours you simply don't have to comb through the good, the bad and the ugly. The result? The best of the menopause in one place, to help guide you to the answers you're looking for.

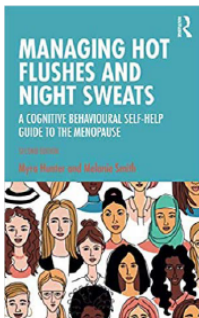


[Her Spirit](#) provides personalised fitness coaching for your mind, body, and fuel, in a community of supportive women who come together to get fitter, stronger and healthier, helping you take care of your body during the menopause transition.



[Henpicked](#) was founded by Deborah Garlick in 2013. They've been supporting employers with menopause training for 5 years. As the UK's leading menopause in the workplace experts, the team have supported leading employers to put the right awareness, training, education and support in place. They're also the organisation that supports [Menopause Friendly accreditation](#).

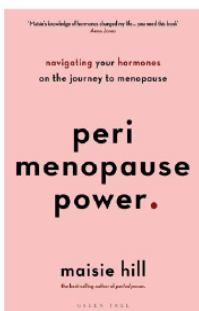
READ



MANAGING HOT FLUSHES AND NIGHT SWEATS, A COGNITIVE BEHAVIOURAL SELF-HELP GUIDE TO THE MENOPAUSE

MYRA HUNTER & MELANIE SMITH

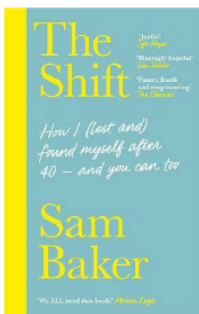
This four-week self-help guide uses CBT and provides information and strategies for managing hot flashes and night sweats, as well as stress and sleep. The guide can be as effective as eight hours of group CBT and will help women who want to try a non-medical treatment that is brief and effective without side effects.



PERI MENOPAUSE POWER: NAVIGATING YOUR HORMONES ON THE JOURNEY TO MENOPAUSE

MAISIE HILL

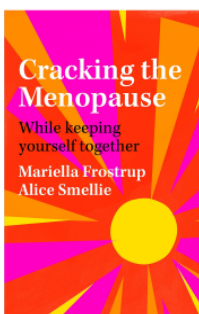
From the writer of 'Period Power', menstrual health expert and doula, Maisie Hill provides no-nonsense, helpful and beautifully written advice on why everything that is happening is happening, and how you can begin to navigate it.



THE SHIFT - HOW I (LOST AND) FOUND MYSELF AFTER 40 - AND YOU CAN TOO

SAM BAKER

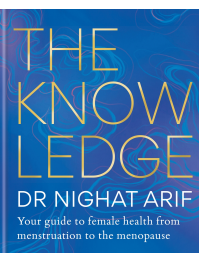
Journalist, broadcaster and author Sam Baker has created a powerful, honest and entertaining read about empowering women to create a new narrative around menopause. Through personal stories and interviews with women (famous and not famous), she confronts the patriarchy and the taboos around menopause with a refreshing frankness. Also available as a podcast interview series.



CRACKING THE MENOPAUSE: WHILE KEEPING YOURSELF TOGETHER

MARIELLA FROSTRUP & ALICE SMELLIE

This wonderfully human and entertaining book sets out to change how menopause is viewed. It's both factual and informative without lecturing, by approaching the more hardcore stuff with levity and humour. Designed to equip you with the knowledge you need to get through menopause, it separates fact from fiction and offers plenty of advice, expertise, and most importantly, hope.



THE KNOWLEDGE

DR NIGHAT ARIF

Renowned GP Dr Nighat Arif delivers the definitive guide to women's health, covering puberty, fertility, the menopause and much more in accessible, reassuring detail. This brilliant guide is designed to help everyone better their understanding of the three key stages of a woman's life. [Nighat Arif](#) | [LinkedIn](#)

LISTEN



MENOPAUSE WHILST BLACK

[Menopause Whilst Black](#) was founded by Karen Arthur. This podcast opens up a conversation about diversity in the Menopause. By placing the menopausal experience of Black UK based women front and centre by sharing their stories. It is available on Spotify, podcasts and instagram.



THE MIDPOINT

Gabby Logan is middle-aged and unashamed. But what does it mean to be at the halfway stage of your life? Here, Gabby talks candidly to well-known faces about their own midlife challenges and expectations, drawing on the advice of experts from sleep gurus, nutritionists, and doctors specialising on hormone treatment. Available wherever you get your podcasts.



OLDER AND WIDER

From the writers of the internationally successful Grumpy Old Women, award winning Comedian Jenny Eclair and Producer and Writer Judith Holder deliver Older & Wider, a podcast that offers insight, gossip and general news from the menopausal front and beyond. A podcast worth getting your ears syringed for.

WATCH



DAVINA MCCALL: SEX, MYTHS AND THE MENOPAUSE

When her own menopause started, Davina was warned not to discuss it publicly as it would ruin her image. In Davina McCall: Sex, Myths and the Menopause she lifts the lid on her own experience in a bid to get women talking about theirs and discovers that help is out there. This is a must to watch, ideally with your mothers! Available on Channel 4.



THE CHANGE - COMEDY SERIES WITH BRIDGE CHRISTIE

Also on Channel 4, Bridget Christie firmly puts to bed the belief that “The Hulk is the only menopausal role model in the history of TV and film.” Linda (Christie) has an existential crisis at age 50 after being informed she has started the menopause. She finds her old Triumph motorcycle and goes on a pilgrimage around her old haunts in Gloucestershire's Forest of Dean.