

Menopause Guidance

1. Introduction

Everyone's menopause experience is different. This is because women have different medical histories, different symptoms and will choose different approaches to manage their menopause. Some will feel comfortable talking about menopause. Others find it difficult to discuss, particularly at work or choose not to share their situation. Differences and sensitivities arising from a person's race, culture or gender identity can influence how comfortable they feel talking about the menopause. This guidance focuses on how all employees can be supported.

In some instances, an individual's menopause symptoms will meet the criteria to be classed as a disability (under the Equality Act 2010) in which case the University has a legal duty to make reasonable adjustments. From an employee wellbeing perspective, we should consider providing appropriate support wherever possible. For ease of reference, we have used the term support throughout this document to cover all situations.

This guidance applies to all University employees and work locations, including those who work remotely.

2. Definitions

Menopause is defined as a biological stage in life that occurs when hormones change, and menstruation stops. Someone is said to have reached menopause when they have had no period for 12 consecutive months (for those reaching menopause as a result of age). The average menopause age in the UK is around 51 (source, British Menopause Society). However, menopause can occur earlier due to premature fluctuations in hormone levels, surgery, illness or other reasons.

Perimenopause is the time leading up to menopause when people may experience symptoms caused by hormonal changes. Perimenopause can happen years before menopause. Perimenopause lasts on average 5 to 7 years.

Post-menopause is the time after menopause has occurred. It starts when periods have stopped for 12 consecutive months.

Premature menopause is the term used when someone experiences menopause before the age of 40. This is sometimes referred to as Premature Ovarian Insufficiency (POI). It can be particularly challenging to experience early menopause as it may not be diagnosed easily, treatment options can be more complex, and people may have less peer support.

Surgical/medical menopause

Some medical treatments (for example certain types of chemotherapy and radiotherapy) and surgery (such as hysterectomy and having ovaries removed) can lead to menopause. This can often be quite sudden, and the symptoms may be severe.



Diagram showing the stages of the menopause

In this guidance, for simplicity, we use the term menopause to cover all the stages of the menopause.



3. Menopause symptoms

Hormonal changes can result in a wide range of physical and psychological symptoms, such as:

- Difficulty sleeping
- Hot flushes
- Migraines and headaches
- Aches and pains
- Weight gain
- Irregular, heavy and/or painful periods
- Urinary issues, including urinary tract infections or needing to urinate more frequently
- Low mood, mood swings and depression
- Low self esteem
- Nervousness, worry or anxiety
- Reduced ability to concentrate or focus
- Problems with memory or concentration (brain fog)

This list is not exhaustive. Each person will experience different symptoms and combination of symptoms which can vary day to day and change overtime. Some people experience severe symptoms. Conversely some people do not experience any menopause symptoms.

Physical and psychological symptoms can combine and have a compounding affect. For example, hot flushes at night can disturb sleep causing fatigue and contribute to difficulty concentrating, exacerbate feelings of anxiety and loss of confidence, which can in turn can lead to sleepless nights.

Menopause symptoms can also interact with and exacerbate other physical and mental health conditions. The menopausal hormone changes can have different impacts on neurodivergent individuals and people with neuro-processing differences.

Experiencing menopause symptoms can have a big impact on a person's overall wellbeing and quality of life as well as their experience at work. Having a difficult experience during menopause can result in feelings of low self-esteem and reduced personal resilience. In severe cases menopause symptoms can lead to a person feeling suicidal.

4. Managing menopause symptoms

Everyone will make different choices about how to manage their menopause. The main approaches include:

- Medical including taking hormone replacement therapy (HRT)
- Complementary for example using herbal remedies
- Lifestyle changes for example making improvements to diet, exercise, reducing alcohol and caffeine.
- Mindset changes including mindfulness and relaxation techniques and cognitive behavioural therapy.

In many cases people will do a combination of these things. It can take time for people to work out what works best for them. It is important that individuals have access to current and accurate information when deciding on the approach that works for them. Some organisations providing information on different aspects of the menopause are given in the sources of support section.

Employees of diverse gender identities may experience the menopause or menopause-like symptoms. Trans men and nonbinary people with ovaries can experience the menopause



because of ageing, surgery and when going through testosterone therapy as part of gender affirming healthcare. Trans women may also experience menopause-like symptoms due to fluctuations in oestrogen levels related to gender affirming healthcare.

5. Menopause at work

A lot of women go through the menopause while working. In the UK around 1 in 3 employees in the workplace are now over 50 (Henpicked, 2020). It is therefore likely that most managers will have a member of their team that will experience menopause symptoms at some point. Managers have an important role in supporting their team in this situation.

It is estimated that one in ten women, aged between 40 and 55, working through menopause have left a job because of their symptoms and a further 13% report that they had considered leaving their job (Fawcett Society, 2022). Providing support to team members experiencing menopause symptoms can help retain their skills and knowledge within the University.

6. The role of managers

Understanding menopause symptoms and their impacts will help managers have supportive conversations about menopause with their team members. Having an awareness of menopause will help managers discuss the support a member of their team may need to manage their symptoms at work. Getting support measures right will help a team member attend work, maintain their productivity and levels of performance. This is good for the individual's wellbeing, helps to retain their knowledge and skills and contributes to a team's performance.

See the learning and training section of this document which signposts resources available to increase understanding of menopause and its impact at work.

7. Talking about the menopause at work

Managers are not expected to be experts in menopause. However, they should be approachable and open to having sensitive discussions about menopause when a team member raises this subject. See section 9 for information on alternative contacts.

Managers should allow enough time for discussion and ensure that they have conversations in private. Avoid making assumptions about how the menopause is affecting the individual and be guided by the information an employee is comfortable to share.

The manager and employee should focus on how menopause symptoms are impacting the employee at work and agreeing what support could help. In many cases simple adjustments can make a big difference. When considering support, managers should consider what would work for the employee and what can be accommodated within their role.

Managers should make a written record of the support measures that have been discussed and agreed. Notes should include:

- the actions that need to be taken to organise the agreed adjustments
- who is responsible for taking each action e.g. ordering a desk fan
- agree realistic timescales for putting support in place

The manager and the employee should review support periodically and make changes where needed. These discussions can take place in regular 1:1 meetings. As menopause lasts a number of years the support that is needed is likely to change over this time.

Together the manager and employee should agree how information is shared with colleagues. An employee may not want to make members of their team aware that they are experiencing menopause symptoms. Alternatively, an employee may want to tell their



colleagues that they are experiencing menopause symptoms and to explain the arrangements that have been agreed.

8. Alternative contacts

Some employees may find it challenging to talk about their menopause symptoms with their manager and may prefer to speak to their HR contact. A manager can only help an employee where they know that they need support. HR will check with the employee what information, if any, they are comfortable being shared with their manager e.g. where a manager needs to be involved in considering support measures.

Maintaining confidentiality is particularly important for trans employees who may advise that they would prefer not to discuss issues related to their menopause with their manager for fear that it will out them to their manager or other colleagues as trans.

9. Suggested adjustments

The table below gives some suggestions for support that could be considered for different types of menopause symptoms. This is not an exhaustive or prescriptive list but can be used as a starting point for a discussion about what type of support would make a difference. Support should be tailored to an employee's needs and the requirements of their role.

The <u>Hybrid Working Policy</u> and <u>Flexible Working Policy</u> give further details about remote/homeworking and flexible working options.

Symptom	Examples of adjustments that may help
Hot flushes Hot flushes can start in the face, neck or chest, before spreading upwards and downward. Most only last a few minutes. The heart rate can also become quicker or stronger. High workplace temperatures can cause or exacerbate this.	 Temperature control for the work area, for example a fan on the desk, or a move nearer to a window or away from a heat source Easy access to drinking water. Adaptions to dress code/uniform (where worn) e.g. if the style and material of the uniform is exacerbating symptoms, allow the employee to wear alternative clothes. Time away from the workstation to manage a severe hot flush and freshen up when needed. Provide a place to store spare clothes or personal supplies.
Sleep disturbance/Insomnia Sleep disturbance, sometimes caused by night sweats or anxiety. Sleep loss can lead to fatigue, irritability and difficulty concentrating.	 Allow an individual to work flexibly if their role allows this e.g. varying when they start and finish work or to take a number of short breaks throughout the working day if fatigue is an issue. Where tea or coffee is provided consider also having decaffeinated options.
Heavy/ Irregular periods Heavy periods or painful periods or periods that last longer. Irregular periods, which can be harder to prepare for.	 Easy access to toilet facilities and where available shower facilities. Awareness of the need for additional toilet breaks and comfort breaks during meetings (which may need to be taken straight away).



Difficulties concentrating and memory loss/brain fog	 Provide storage space for personal supplies and spare clothes. Consider whether any adjustments to the working day or pattern may help. Working from home if the role allows. Provide an extra uniform (where worn). Discuss if there are times of the day when concentration is better or worse. If the individual is affected at particular times of the day allow them to schedule their work to take account for this. Review task allocation and workload. Provide books for lists, action boards or other memory-assisting equipment. Give instructions in written form/follow up a conversation with written notes. Allow recordings of Teams meetings and use of transcription software if appropriate. Offer a quiet space to work if possible. Allow the employee to wear noise-reducing headphones to wear in open offices. Agree protected time to catch up on work which may be done in a different location to help concentration. Consider working from home where possible.
Anxiety or depression	 Referral to Counselling service. Be flexible with the work patterns and allow breaks if needed. Discuss whether extra support is needed, particularly when dealing with certain tasks that could increase levels of anxiety.

10. Indirect impact of the menopause

An individual can be indirectly affected by the menopause if their partner, a family member or dependant is experiencing menopause symptoms. For example, a person may also be experiencing disturbed sleep and fatigue if they are living with someone going through the menopause. An individual in this situation may also need support and managers should be open to discussing and considering these requests.

11. Impact on colleagues

Changes in an employee's behaviour, caused by the menopause, may impact colleagues e.g. they may behave or speak to colleagues in a way that is out of character. Colleagues are encouraged to raise any concerns with their manager. Managers have a role in supporting all team members to work effectively together. The manager should have a sensitive conversation with the employee that concerns have been raised about, discussing the uncharacteristic behaviour that has been highlighted and encouraging courteous interactions. They should also reassure those who raised concerns that appropriate steps are being taken.



12. Bullying, harassment and discrimination

The <u>Dignity at Work Policy</u> and <u>Code of Behaviour</u> detail the positive standards of behaviour expected of all University employees. If any employee has experienced inappropriate behaviour, including where menopause may be a factor, they should refer to the University's <u>Grievance Policies</u>.

13. Learning and sources of support

The University provides training and information sessions related to menopause for managers and employees. Details of online learning and any scheduled sessions are available via the Wellbeing SharePoint site.

University employees can attend regular Menopause Café sessions. These aim to break down the taboo around menopause, increase awareness of the impact of menopause and are a valuable source of peer support. Details of dates and locations of Menopause Cafés are available in the menopause area of the Wellbeing SharePoint site.

There are several internal sources of information and support:

- Wellbeing SharePoint site
- University Counselling Service
- University of Cambridge Sport, including information on the Active Staff activities
- Dignity at Work Contacts
- <u>The Women's Staff Network</u> includes information on the Menopause Support Teams Channel.
- Occupational Health Service

There may be additional local support available within departments.

This recorded session Menopause – everything you ever wanted to know by Susanna Unsworth of Cambridge Women's Health provides information about the menopause. This was delivered as part of the Cambridge BioMedical Campus Wellbeing Campaign.

Employees are encouraged to contact their GP for support. Other external sources of support and information include:

- Menopause NHS
- Menopause | NHS inform
- <u>Daisy Network</u> (premature menopause)
- Henpicked
- Balance app
- The Menopause Charity
- Mind
- Women's Health Concern (this is the patient arm of the British Menopause Society)
- Queer Menopause
- Equality and Human Rights Commission Menopause in the workplace: Guidance for Employers

These links are provided for information and do not imply the University of Cambridge endorses these organisations or the information they provide.