

Menopause at Work

Guidance Document

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1.0 Background

In February 2023, at least 25% of colleagues were likely to be experiencing the menopause directly. Hormonal changes including those experienced during Peri-menopause and Menopause, can bring about symptoms that could affect a colleague at work. Menopause is a natural part of life, but one that is not always discussed. This could be because we are not used to talking about the menopause and how the different symptoms may impact people, as it is unique to the individual.

Understanding what the variety of symptoms are and creating a culture to talk about these and how it impacts us everyday life and working life, is key. Menopause can impact the individual, but also their loved ones, partners, families, co-workers and even relationships at work. Personal experiences, preferences, wishes and needs must be taken into consideration in keeping the individual at the heart of this support is vital. ⁱ

2.0 Purpose

The purpose of this guidance is to raise awareness of menopause related symptoms and to provide advice to managers on how best to support employees to manage the effect of these symptoms at work.

Sherwood Forest Hospital NHS Foundation Trust is committed to the wellbeing of its employees and aims to create an environment where colleagues, who are experiencing symptoms of the menopause, feel confident enough to raise issues about their symptoms, and ask for support at work freely and without embarrassment.

3.0 Duties and Responsibilities

All Trust Employees, including bank workers, agency employees and volunteers are responsible to act in line with the CARE values including treating each other with kindness and respect. Employees are responsible for looking after their health and seeking treatment and support when needed. Being open and honest in conversations with your line manager, Occupational Health, the People Operations and People Partner Team (Formally known as Human Resources). This will ensure that the most helpful support is put in place for you. If an employee is unable to speak to the People Operations Team, Wellbeing Team and Wellbeing Champions or to Freedom to Speak Up Champions.

Managers, Team Leaders and Supervisors should familiarise themselves with the Menopause Guidance and attend any menopause training events held by the Trust to understand how to support colleagues through the menopause. Also, be willing and prepared to have open yet sensitive wellbeing conversation about the menopause. It is important to document the conversations and record an agreement for adjustments in the reasonable adjustments form (see GD08 [Reasonable Adjustment Guidance](#)). Any menopause related sickness absence should be recorded on ESR in the related reason field (See appendix B).

Occupational Health (OH): There are circumstances when a health condition, such as the menopause, can affect an individual's work performance. If, as a manager, you have concerns that your employee's health is affecting their work, or if you are concerned that their health could be adversely affected by their work activities, you should consider making a referral to the Trust's OH Service. OH will be able to advise managers and the staff member on reasonable adjustments and the support recommended to make work as comfortable as possible during this stage.

4.0 Definitions

Term	Definitions
Peri-menopause:	Is the period that leads to the menopause when a person who has or has had a uterus and ovaries may experience symptoms. This can be when you start experiencing menopausal symptoms but you continue to have periods.
Menopause	The Menopause is a natural part of ageing that <i>usually</i> occurs. Menopause is when a person who has or has had a uterus and ovaries has not had a period for 12 consecutive months. Menopause is caused by the changes in the balance of the body's sex hormones. It happens when your ovaries stop producing as much of the hormone, Oestrogen, and no longer released an egg each month. This usually happens between the ages of 45 and 55, but the average age is 51; however around 1% will experience a premature menopause (i.e. their periods stop before the age of 40), this may be following surgery or chemotherapy, for example.
Post menopause	The time after the menopause has occurred, starting when an individual has not had a period for 12 consecutive months. Symptoms can continue in the post menopause stage for several years.
Early Menopause	Early Menopause occurs when periods stop before the age of 45, which probably affects about 10-15% of women.
Premature menopause or Premature Ovarian Insufficiency	Premature menopause, premature ovarian failure and/or premature ovarian insufficiency (POI) are terms that are generally used to describe the same condition, whatever the cause.
Andropause/Male Menopause	<p>The "male menopause" (sometimes called the Andropause) is an unhelpful term sometimes used in the media. This label is misleading because it suggests the symptoms are the result of a sudden drop in Testosterone in middle age, similar to what occurs in the menopause. This is not true. Although testosterone levels fall as men age, the decline is steady at less than 2% a year from around the age of 30 to 40, and this is unlikely to cause any problems in itself.</p> <p>A testosterone deficiency that develops later in life, also known as late-onset Hypogonadism, can sometimes be responsible for these symptoms, but in many cases the symptoms are nothing to do with hormones.</p>

5.0 What is the Menopause?

Menopause is caused by changes in the balance of the body's reproductive hormones; Oestrogen , Testosterone and Progesterone. Menopause is not a disease but a stage of life that everyone that who has, or has had, a uterus and ovaries will experience at some point. As those that will go through the menopause get older, their store of eggs in the ovary decreases and their ability to conceive diminishes. At this time, less Oestrogen is produced, causing the body to behave differently. However the body does not stop producing Oestrogen immediately, and the process can take several years, during which symptoms arise gradually. This gradual change is called the 'peri-menopause'.

The cause of premature or early menopause is not always clear however it could be genetic, caused by certain types of surgery (e.g. Hysterectomy), cancer treatments or underlying medical conditions such as Down's syndrome or Addison's disease.

6.0 Trans, non-binary and intersex colleagues and the Menopause

Transgender, non-binary and intersex colleagues may experience the menopause, either due to age related hormonal changes or hormone treatments and surgeries. Some trans, non-binary and intersex colleagues may not wish to disclose their menopausal symptoms as this may mean disclosing their trans or intersex status. It can therefore be particularly difficult for these employees to access support and ask for adjustments. Within each of these groups people's needs will be different and so it is important to listen to people on an individual level and allow them to take the lead on their required adjustments.

Trans women (women who were assigned male at birth) undertaking hormone therapy are likely to take this for life. They make experience menopausal like symptoms, especially if their hormone therapy is interrupted or unstable.

Trans men (men who were assigned female at birth) will experience an age-related menopause process if they do not undertake hormone therapy and retain their ovaries. If trans men have their ovaries and uterus removed, they may experience premature menopause. These symptoms are also affected by hormone therapies, for example taking testosterone. This is important to remember as trans men may more commonly experience the menopause at an early age (e.g., 20-30 years old) which can add another barrier to seeking support and adjustment.

Non-binary people may also experience menopause and these experiences with depend on a variety of factors including their sex assigned at birth and their medical treatments. Whilst it is not appropriate to ask about these things it is important to be aware of them and allow space for the individual to take the lead on the support and adjustments they may require.

Intersex people may also experience menopause and these experiences with depend on a variety of factors including their sex assigned at birth and their medical treatments. Whilst it is not appropriate to ask about these things, it is important to be aware of them and allow space for the individual to take the lead on the support and adjustments they may require.

Menopausal symptoms will be related to the individual's age and the time in their life that they have undergone transition related treatments. Menopause may also induce Dysphoria for trans individuals (Dysphoria is when a person experiences discomfort or distress because there is a mismatch between their sex assigned at birth and their gender. This may be so intense it can lead to depression and anxiety and have a harmful impact on daily life.) This should be considered when talking to trans and non-binary people about the menopause. If a trans, non-binary or intersex

person does disclose their menopausal symptoms and their trans or intersex status, it is important that this information is not passed on to others without their consent. For trans people who have a Gender Recognition Certificate it is illegal to disclose their trans status without consent.

7.0 Symptoms of the Menopause

The majority of those going through the menopause will experience some symptoms; however, their duration and severity will vary. Not all individuals will require assistance to help alleviate their symptoms. Menopause and perimenopause are very personal experiences and will differ from individual to individual. Symptoms may affect a colleague at work.

Symptoms may start a few months or years before the individual's periods stop (known as the perimenopause), and on average, last around four to eight years from the last period. For some women these symptoms can continue for a longer period, e.g., between eight and fifteen years.

Symptoms can manifest both physically and psychologically and can have a significant impact on daily life for some individuals. In severe cases, the symptoms may have such an adverse impact that they may meet the legal definition of a disability. You are disabled under the Equality Act 2010 if you have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities. The Equality Act 2010 (EA10) defines a person with a disability as someone who has a physical or mental impairment, which has a substantial and long-term adverse effect on his/her ability to carry out normal day-to-day activities. Long-term is defined as lasting or expected to last for at least twelve months. It should be noted that whether someone is classed as disabled under the Equality Act is a legal rather than medical decision.

Early signs of the menopause usually include a change in the normal pattern of periods, either by them becoming lighter, heavier and/or less frequent.

It is really common for people to not realise that the symptoms they are experiencing are as a result of the menopause. The symptoms of the menopause can be really similar to those of other conditions therefore individuals are encouraged to seek support and guidance from their GP.

Common Psychological symptoms include:

- Mood changes, like low mood, depression and anxiety.
- Tearful and feelings of being emotional.
- Mood Swings and irritability
- Loss of confidence
- Difficulties with concentration and memory; sometimes described as brain fog.

Common physical symptoms of the menopause include:

- Hot flushes can be short, sudden feelings of heat, usually in the face, neck and chest, which can make your skin red and sweaty.
- Night sweats characterised with hot flushes that occur at night.

- Difficulty sleeping, which include getting to sleep and staying asleep.
- Headaches or migraines.
- Recurrent urinary tract infections (UTIs) like Cystitis.
- Increased urinary incontinence.
- Palpitations, where heartbeats suddenly become more noticeable.
- Skin irritation like itching, soreness or dry skin.
- Joint stiffness, aches and pains.
- Reduced muscle mass and loss of muscle strength.
- Reduced sex drive/libido.
- Vaginal dryness and pain.
- Hair loss

The above is **not an exhaustive list** and individuals may experience other symptoms to those mentioned above.

Colleagues may find it helpful to keep a record of their symptoms including the relevant dates, frequency and the impact they are having. If the symptoms are troubling or are being experienced under the age of 45 then advice should be sought from your GP.

The menopause can also increase the risk of developing long term health problems, such as weak bones (Osteoporosis), raised cholesterol and heart disease. This can be managed by improving lifestyle including eating a healthy, balanced diet, exercising regularly, stopping smoking, reducing alcohol and caffeine consumption, managing stress and having sufficient calcium and vitamin D.

8.0 How do menopause symptoms affect others including family members?

Menopause symptoms not only affect the individual directly, but it can also affect friends, family and partners. It is therefore important to support colleagues with partners, family or friends experiencing symptoms of the menopause.

Menopause symptoms can be worrying and sometimes life changing. The stress experienced by those experiencing symptoms can be completely new for individuals. For example, the increase anxiety as a result of the brain fog and memory issues or the concern of having hot sweats in the middle of a meeting or busy work area. Mood changes including irritability, anxiety or low mood can affect relationships between partners and/or family members. At home, menopause symptoms may disrupt sleep, meaning that people are sleeping in separate rooms to their partners. This in turn can affect relationships and/or how well partners are sleeping.

It is important to support individuals that are affected by the menopause whether this be directly or indirectly.

Consideration for partners of individuals going through the menopause, may find benefit from attending the Trust's Take a Pause to talk about Menopause sessions. The dates of these are advertised in the Bulletin and also on the menopause section on the wellbeing website.

9.0 How is the Menopause Diagnosed?

A GP is usually able to confirm whether an individual is menopausal based symptoms, age and menstrual cycles. It helps to take a diary of all symptoms along to the GP to help guide the conversation. Diagnosis after 45 by a blood test is not usually possible due to fluctuating hormone levels over a day. Where an individual is under the age of 45 then a blood test to measure hormone levels may also be required. The following Self Care fact sheet is a useful tool [Menopause Fact Sheet - Self Care Forum](#) along with the symptom checker tool [Perimenopause & Menopause Symptom Checker | Health & Her \(healthandher.com\)](#). Some will find it helpful to read the [NICE Guidance](#) on Menopause: diagnosis and management.

10.0 How can Menopause symptoms be managed?

Not all individuals will require assistance to help alleviate their symptoms however where this is not the case, there are a number of treatment options available including:

- Medical options such as Hormone Replacement Therapy (HRT). These can be in form of tablets, skin patches, gels and implants that relieve menopausal symptoms by replacing oestrogen. HRT may not be recommended for everyone e.g. those with Sickle Cell Disease. If HRT isn't suitable, other medications may be prescribed.
- Cognitive Behavioural Therapy (CBT). Is a brief, non-medical approach that can be helpful for a range of health problems, including anxiety and stress, depressed mood, hot flushes and night sweats, sleep problems and fatigue.
- Lifestyle changes such as eating a healthy, balanced diet, exercising regularly, stopping smoking, reducing alcohol and caffeine consumption, managing stress and having sufficient calcium and vitamin D. Colleagues may find a reduction in symptoms as a result of positive lifestyle changes e.g. drinking less alcohol may reduce the likelihood of hot flushes and night sweats.
- Self-help measures such as getting plenty of rest, talking to others about what they are experiencing, and practising relaxation techniques such as yoga, tai chi or mindfulness. People may also find massage and other activities that relax them helpful.
- Advice must be sought before using complementary and herbal remedies as these are unlikely to be advised in NICE Guidelines.

GP's can refer individuals to a Menopause Specialist Gynaecologist if their symptoms do not improve after trying treatment or if the individual is unable to take HRT.

11.0 Peer Support at Sherwood Forest- Take a Pause

Our Menopause champions lead regular peer support sessions are available to all colleagues whether they are directly experiencing the menopause. Managers are also welcome to join, listen and ask questions. Details can be found on the website here: [Menopause workshops and Take a Pause Peer Support sessions](#)

12.0 Adjusting to treatment

Colleagues that seek treatment for their menopause may find that it takes time to adjust to treatment. For example, finding the right HRT and adjusting to taking HRT or receiving at least six sessions of Cognitive Behavioural Therapy. Considerations for this adjustment time need to be made and regular Wellbeing Conversations undertaken.

13.0 How to support staff through the Menopause

There are a number of practical steps that managers can take to support colleagues to reduce the impact of menopausal symptoms at work:

- Encourage the colleague to speak openly by creating a safe space to have a Wellbeing Conversation with a manager (Wellbeing Conversations training can be booked via Course Booking on the Intranet).
- Ensure colleagues are aware of how to contact a Wellbeing Champion if they would prefer a conversation with someone other than a manager (via sfh-tr.wellbeing@nhs.net).
- Consider how the symptoms may be impacting on the colleague and ensure all agreed adjustments are implemented without delay (see Appendix A for suggested reasonable adjustments although there maybe additional adjustments specific to individuals).
- Undertake a risk assessment to ensure that all factors have been taken into account and any potential support measures have been identified.
- Agree if other members of the team should be informed, the details and by whom.
- Ensure ongoing discussions take place including reviews of agreed adjustments in line with the Trust's Sickness Absence Policy.
- If appropriate, undertake a stress risk assessment (copy can be found in the Policy for Managing Work Related Stress).
- Signpost to other sources of support (e.g. GP, Occupational Health, VIVUP etc.). Please see Appendix B for more information.
- Signpost colleagues struggling with bladder issues, pelvic pain to Pelvic Health Physiotherapy accessed via the GP.
- Consider a referral to Occupational Health and discuss with the employee whether they feel this would be beneficial.
- Record any sickness absence related to menopause symptoms by selecting "menopause" in the "related reason" field on ESR (See Appendix B).

Appendix A – Examples of Potential Reasonable Adjustments

The following is a list of possible adjustments that may help employees to manage their symptoms in the workplace. It is **not an exhaustive list** so consideration should be given to any other adjustments that are identified.

Symptom	Potential Workplace Impact	Potential Adjustments
Daytime sweats and hot flushes	<ul style="list-style-type: none"> • Less tolerant of high temperatures in the workplace. • Work clothes / uniform may become uncomfortable. • Personal protective equipment (PPE) may be uncomfortable if worn for long periods. 	<ul style="list-style-type: none"> • Ensure easy access to drinking water. • Ensure easy access to washroom/changing facilities. • Access to shower facilities, if required. • Allow for more frequent breaks to manage symptoms, change clothes, etc. • Avoid close fitting or non-breathable clothing where possible. • Allow flexibility with uniforms (e.g. no tights required). • Consider providing additional uniforms. • Look at ways of cooling the work environment (e.g. fan, moving to a desk near a window that opens). • Limit the time spent wearing PPE.

Symptom	Potential Workplace Impact	Potential Adjustments
Night-time sweats and hot flushes	<ul style="list-style-type: none"> • Tiredness (due to lack of sleep). • Concentration issues (due to lack of sleep). 	<ul style="list-style-type: none"> • Allow for flexible working (e.g. working at home, temporary adjustment to start time or alternative shift pattern).
Sleep difficulties	<ul style="list-style-type: none"> • Tiredness (due to lack of sleep). • Concentration issues (due to lack of sleep). 	<ul style="list-style-type: none"> • Allow for flexible working (e.g. working at home, temporary adjustment to start time or alternative shift pattern).
Irregular and/or heavy periods	<ul style="list-style-type: none"> • Need to access toilet facilities on a frequent basis. • Certain tasks may be unfeasible due to extensive time spent away from toilet facilities (e.g. long timeframes spent in theatre). 	<ul style="list-style-type: none"> • Ensure easy access to toilet. • Allow for more frequent breaks to go to toilet. • Access to shower facilities, if required. • Temporary adjustment to duties, if required.
Poor concentration / loss of confidence	<ul style="list-style-type: none"> • Performance may be affected. • Difficulty making decisions. • Work-related stress. 	<ul style="list-style-type: none"> • Consider if concentration is better or worse at particular times of the day and adjust working pattern / work tasks accordingly. Consider the provision of using a note book. • Review task allocation and workload. • Have regular one-to-one meetings so that any issues can be discussed. • Where possible, arrange a quiet place to work and reduce interruptions.

Symptom	Potential Workplace Impact	Potential Adjustments
		<ul style="list-style-type: none"> Identify and address work-related stress through stress risk assessment (found in Work Related Stress Policy).
Low mood / anxiety / panic attacks	<ul style="list-style-type: none"> Performance may be affected. 	<ul style="list-style-type: none"> Contact the Colleague Counselling Service for advice and support via VIVUP on 03303 800658. Undertake mindfulness activities such as breathing exercises or going for a walk. Identify a 'buddy' for the individual to talk to (this could be within or outside of their team).
Headaches	<ul style="list-style-type: none"> Loss of concentration / performance may be affected. 	<ul style="list-style-type: none"> Ensure easy access to drinking water. Where possible, arrange a quiet place to work and reduce interruptions.
Urinary problems	<ul style="list-style-type: none"> Need to access toilet facilities more frequently. May need to drink more fluids including small amounts regularly. 	<ul style="list-style-type: none"> Ensure easy access to drinking water. Ensure easy access to toilet facilities. Allow for more frequent breaks to go to toilet. Encourage colleague to seek referral to Pelvic Health Physiotherapist via GP or Occupational Health.
Joint stiffness, aches and pains	<ul style="list-style-type: none"> Static postures may be more uncomfortable. 	<ul style="list-style-type: none"> For desk based employees, undertake a workstation risk assessment.

Symptom	Potential Workplace Impact	Potential Adjustments
		<ul style="list-style-type: none">• Allow for more frequent breaks so that the employee can stretch.• Refer to the Moving and Handling Policy hs-mhp-03-moving-and-handling-policy-v11-feb-22.pdf (sfh-tr.nhs.uk)

Appendix B- Recording Sickness Absence due to Menopause

ESR provides the options to record sickness absence related to the menopause in the “Related Reason” box. See screenshot below. For more information see: [Browse Content - ESR Hub - NHS Electronic Staff Record](#)

Create Absence: Enter Absence Details

Employee Name: [REDACTED]
Employee Number: [REDACTED]

Select an Absence Type, and enter any other information you want to record for your request. You can choose the Calculate Duration Button to see the number of days or hours you are requesting.
* Indicates required field

Absence Type: Sickness
Level 1 Reason: S10 Anxiety/stress/depression/oth...
Level 2 Reason: S10007 Insomnia

Duration: Start Date: 11-May-2021 End Date: 11-May-2021
 TIP Start Date is required.

Days: Calculate Duration
Duration is calculated based on the number of full calendar days between the start and end date of your absence. You may need to update this duration to take account of your work pattern (e.g. to exclude weekends).

Hours Lost:
Sessions Lost:
Working Days Lost:
AIC First Period Hours Override:
AIC Last Period Hours Override:
Work Related:
Third Party:
Disability Related:
Violence and Aggression Related:
Notifiable Disease:
Return to Work Discussion Date:
Occupational Health Referral Date:
HR Intervention:
HR Intervention Date:
HR Manager:
Final Interview Date:
Surgery Referral:
Related Reason: Menopause
Assessment Date:

Appendix C – Sources of Further Support and Information

Internal Colleague Support

Occupational Health Service	Extension Number: 3780/3781 Email: sfh-tr.occupational.health@nhs.net
Operational HR Team For support and guidance.	Extension Number: 4633 Email: sfh-operationalhr@nhs.net
People Partnering Team The People Partnering Team can offer advice and support with process, guidance and policy queries, support on sickness and bereavement leave.	Email: sfh-tr.hrbpteam@nhs.net
The VIVUP Employee Assistance Programme (EAP) Confidential, impartial support for staff with pressures at work or home, available any time, 24/7, 365 days a year.	Telephone: 03303 800 658
Wellbeing Team	Email: sfh-tr.wellbeing@nhs.net
Women in Sherwood Staff Network	Email: sfh-tr.wis.support@nhs.net

Training for Managers and Workshops and Peer support for colleagues

[Menopause workshops and Take a Pause Peer Support sessions](#)

External Support

Daisy Network- information and support to women diagnosed with Premature Ovarian Insufficiency, also known as Premature Menopause.	Charity for Women with POI The Daisy Network
Henpicked menopause	https://henpicked.net/menopause/
Menopause Matters	https://menopausematters.co.uk/index.php
National Institute of Medical Herbalists – provides advice on herbal remedies	http://www.nimh.org.uk/
NHS Choices – provides advice on symptoms and treatments for the menopause	https://www.nhs.uk/conditions/menopause/ https://www.nhs.uk/Livewell/menopause/Pages/Menopausehome.aspx
NHS menopause guidance	http://www.nhs.uk/Livewell/menopause/Pages/Menopausehome.aspx

NICE guidelines	https://www.nice.org.uk/guidance/ng23/ifp/chapter/Menopause
Queer/LGBTQIA+ Menopause	Queer / LGBTQIA+ Menopause (queermenopause.com)
The Daisy Network – provides support to women experiencing early menopause	https://www.daisynetwork.org.uk/
Women’s Health Concerns	https://www.womens-health-concern.org/help-and-advice/factsheets/focus-series/menopause

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