

# WORKING WITH THE MENOPAUSE



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## Introduction

Menopause - it's not often a word that you see in print. Mostly, it is seen as a private matter, definitely a 'women's issue'. Occasionally it may be the punchline of a joke. Rarely do we discuss the menopause seriously in public and the effect it has on women's day-to-day lives.

Employers have been slow to recognise that women of menopausal age may need special consideration, and this applies even in the NHS, which is dominated by female workers who have clinical expertise. As a result, it is very rarely discussed and many managers will not be aware of the issues involved. This means that many women feel they have to hide their symptoms and will be less likely to ask for the workplace adjustments that may help them.

Research (see note <sup>1</sup> below) by the Institute of Work, Health and Organisations has found that many women are not prepared for the arrival of the symptoms of the menopause and are not able to manage them at work. The symptoms of the menopause can cause significant and embarrassing problems for some women, leaving them feeling less confident and at odds with their professional appearance.

The research also found that almost half of the women they interviewed felt their performance at work was negatively affected by the symptoms they experience and they reported that they had to make extra efforts and work extremely hard to overcome their difficulties. The research found that nearly a fifth of the women they interviewed thought that the menopause had a negative effect on their managers' and colleagues' perceptions of their competence at work, and felt anxious about this.

This must change. The menopause is an occupational health issue that is growing in importance. The menopause usually happens between the ages of 45 and 55 (in September 2014, 34.5% of midwives in England were between these ages). Over 99% of midwives are women and so at any one time there could be over a third of the maternity unit experiencing symptoms of the menopause and suffering in silence. By supporting women and showing understanding of the symptoms involved, we can help keep valued, experienced midwives in the workforce. It is well known that when staff are motivated and valued, clinical outcomes are better. We believe that investment in staff is an investment in care.

<sup>1</sup> Women's Experience of Working through the Menopause (2010) Amanda Griffiths, Sara MacLennan and Yin Yee Vida Wong, Institute of Work, Health and Organisations The University of Nottingham

It is important that our workplace representatives raise the issue of the menopause in the workplace and heads of midwifery are aware of their responsibilities to make sure that conditions in the workplace do not make the symptoms worse. Women who are experiencing the menopause also need to know that there is someone they can go to discuss any difficulties they are having.

This guide gives information about:

- the symptoms of the menopause
- the age profile of midwives
- the effects of the menopause on work
- the effects of the menopause on work in maternity unit
- what employers can do to help
- what our workplace representatives can do.

This guide has been prepared for members of the Royal College of Midwives (RCM). For information on becoming a member, please visit [www.rcm.org.uk](http://www.rcm.org.uk).

This publication is part of our equality publications series. If you have any questions about this publication or any other publications in the equality series, please contact Amy Leversidge, by emailing [amy.leversidge@rcm.org.uk](mailto:amy.leversidge@rcm.org.uk)

We would like to thank the TUC for help with this publication.



## Menopause symptoms

Symptoms can begin during the time leading up to the menopause. Some women experience almost no symptoms but around 80% of women do and, of these, 45% find their symptoms difficult to deal with. The most common symptoms are hot flushes, night sweats and irritability.

Without treatment, most menopause symptoms gradually stop naturally. This usually happens two to five years after the symptoms start, although some women experience symptoms for many more years.

Every woman's experience of the menopause will be different, but some of the most common symptoms that women may experience during the menopause are as follows.

- **Hot flushes**  
Hot flushes and sweats (vasomotor symptoms) are the most common symptoms of the menopause and can affect around 75% of women. They can start in the face, neck or chest, before spreading upwards and downwards. At night they are felt as night sweats. Most flushes only last a few minutes. The woman may sweat, her face, neck and chest may become red and patchy, and her heart rate may also become quicker or stronger. Hot flushes during the day at work can be uncomfortable and can make women feel self-conscious and embarrassed.
- **Sleep disturbance and fatigue**  
This can be caused by night sweats, although it can also be caused by the anxiety women feel during the menopause. Women who suffer from lack of sleep say it can affect almost everything. Sleep disturbance can cause women to feel tired, irritable, snappy and tearful. Some women are unable to concentrate, focus or think clearly, and struggle to cope with the demands of a busy job and family life. Trying to prioritise tasks and keep on good terms with colleagues and family members can lead to women feeling stressed and worn out by the end of the day. For some women, tiredness becomes part of life.
- **Poor concentration and memory**  
Changes in hormonal levels during the menopause, the ageing process and social factors can all reduce memory and concentration. Women have reported difficulty taking in and processing information, finding the right word, remembering details, spelling, answering emails, and organising tasks. Some women have reported that they feel 'bombarded' when asked to take on too many tasks and embarrassed when they forgot what they were saying in the middle of a conversation or couldn't recall what people had told them.

- **Emotions, mood swings and depression**

Women's emotional symptoms during the menopause vary. Some have no symptoms at all, while others have said that mood swings, anxiety, depression, premenstrual tension (PMT) that is worse than usual, panic attacks, anger, snappiness, short temper, irritation, crying and impatience took over their lives. These symptoms can be frightening and surprising and many women report that they don't feel like themselves. Some women feel like their personality is changing as their emotions threaten their sense of balance and well-being. This can cause relationship difficulties at home, particularly if they feel they are not getting the support and understanding they need. Women can then experience feelings of regret, guilt and failure and feel exhausted trying to keep control, particularly at work where they may feel that their behaviour is being scrutinised.

- **Heavy periods, urinary problems and vaginal symptoms**

Heavy periods and blood clots are common during the menopause and some periods may last longer than usual. Most women will also experience irregular periods, which are difficult to prepare for and can cause embarrassment. Some women may notice vaginal symptoms such as vaginal dryness, itching or discomfort. These symptoms can happen not only during the menopause and shortly after but also in the period leading up to the menopause. Vaginal dryness can also cause thrush and urinary infections such as cystitis. Many women keep getting lower urinary tract infections and it is common to have an urgent need to pass urine or a need to pass it more often than normal. Some women may experience stress incontinence (passing urine when coughing, sneezing or laughing), which can also cause pain and embarrassment.

These symptoms can cause significant and embarrassing problems for some women, leaving them feeling less confident and at odds with their professional appearance. 'Women's Experience of Working through the Menopause', a study by the Institute of Work, Health and Organisations, found that almost half of the women they interviewed felt their performance at work was negatively affected by their menopause symptoms and they reported that they had to make extra efforts and work extremely hard to overcome their difficulties.

The research found that nearly a fifth of the women they interviewed thought that the menopause had a negative effect on their managers' and colleagues' perceptions of their competence at work, and felt anxious about this.

## Age profile of midwives

The menopause marks the time when a woman's periods stop. It usually happens between the ages of 45 and 55 and, in the UK, the average age for a woman to reach the menopause is 52. Periods generally become less frequent, the odd period is missed and then they stop altogether.

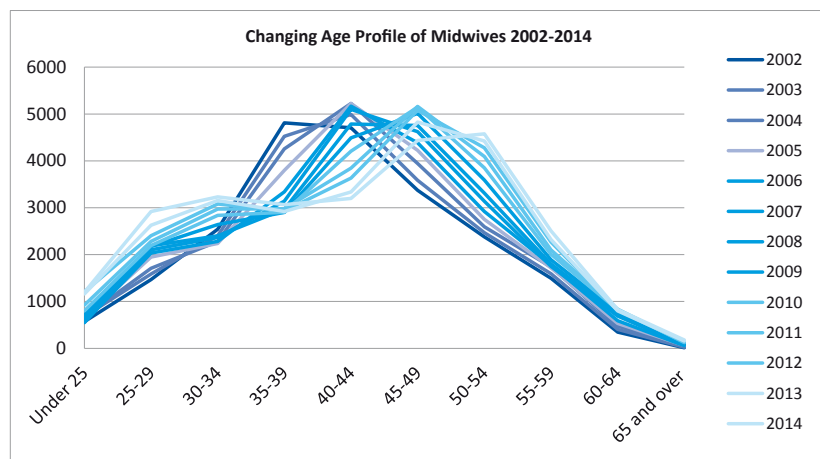
A woman is said to have reached the menopause once she has not had a period for one year. After this point, she can be described as 'post-menopausal'.

The table below shows the ages of midwives working in England in September 2014.

| Age of midwives working in England in September 2014 |                    |                        |
|--|--------------------|------------------------|
|  | Number of Midwives | Proportion of Midwives |
| Under 25   | 1197               | 4.6%                   |
| 25-29  | 2920               | 11.2%                  |
| 30-34  | 3233               | 12.4%                  |
| 35-39  | 3065               | 11.7%                  |
| 40-44  | 3199               | 12.2%                  |
| 45-49  | 4435               | 17.0%                  |
| 50-54  | 4577               | 17.5%                  |
| 55-59  | 2507               | 9.6%                   |
| 60-64  | 827                | 3.2%                   |
| 65+  | 177                | 0.7%                   |

Source: The Health and Social Care Information Centre

The graph below shows the changing age profile of midwives in England from 2002 to 2014.



Source: The Health and Social Care Information Centre

The age profile of midwives shows that, in September 2014, 34.5% of midwives in England were aged between 45 and 55, and 48% of midwives in England were 45 or over. Over 99% of midwives are women so, at any one time, there could be over a third of the maternity unit experiencing symptoms of the menopause and suffering in silence. By supporting women and showing understanding of the symptoms involved, we can help keep valued, experienced midwives in the workforce. It is well known that when staff are motivated and valued, clinical outcomes are better. We believe that investment in staff is an investment in care.

## The effect of the menopause on work

In 2011, the British Occupational Health Research Foundation published research by the University of Nottingham titled 'Women's Experience of Working through the Menopause'.

The key findings were as follows.

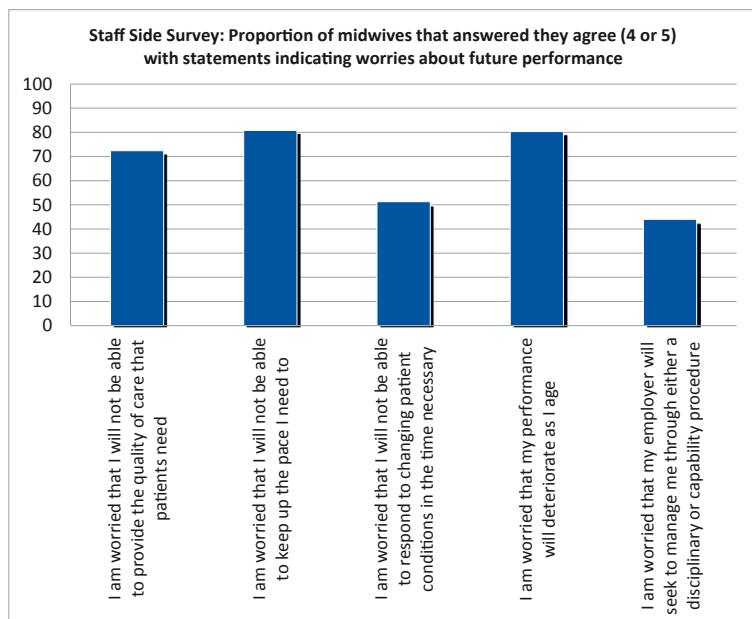
- A lack of support**  
 Most women felt they needed more advice and support. However, many women were not comfortable talking to their managers about the difficulties they were experiencing, particularly if those managers were younger than them or were male. Over half of the women questioned had not revealed their symptoms to their manager. Where women had taken time off work to deal with their symptoms, only half of them told their line manager the real reason for their absence. Over half the women felt that it would be useful to have information or advice from their employer about the menopause and how to cope with their work.
- Not being prepared**  
 Many women found they were not prepared for the arrival of the menopause, and found it difficult to manage its symptoms at work. Also, workplaces and working practices were not designed with menopausal women in mind. Temperature in the workplace appeared to be an issue for many women. Nearly half the women questioned reported not having temperature control in their usual working environment. Some could not open windows, or felt awkward doing so in shared workspaces.
- Effect on confidence and performance**  
 Heavy and painful periods, hot flushes, mood swings fatigue and poor concentration were significant problems for some women, leaving them feeling less confident. Some women said they worked extremely hard to overcome their perceived shortcomings. Others considered working part-time, although they were concerned about how this may affect their career, and some thought about giving up work altogether. Over half of the women reported they were not able to negotiate flexible working hours or working practices as much as they needed to in order to deal with their symptoms.

The same authors carried out an earlier study in 2008 investigating female police officers' experiences of the menopause. Worryingly, the study found that some women had entered into disciplinary proceedings as a result of behaviour or poor performance that they believed was directly related to menopause symptoms.

For some of these women, disciplinary proceedings were the first time they had revealed that they were going through the menopause – until then they had not dared to admit the cause of their difficulties. We collect equality and diversity information from the members we represent in disciplinary proceedings, and we have found from this information that older midwives are overrepresented in disciplinary hearings.

In the summer of 2013, on behalf of the NHS Staff Side of the Working Longer Review, we carried out a survey of members about their attitudes to working longer. In total, 1,321 midwives and 47 maternity support workers (MSWs) responded to the survey. There were several questions which asked about capability and performance. The chart below shows the proportion of midwives that answered they agreed or strongly agreed with statements suggesting they worried about their future performance.

While the questions were about working longer in general and not specifically about the menopause, the survey does show that midwives are concerned about a change in the quality of care as they get older.



Source: NHS Staff Side Working Longer Survey (2013)

In March 2003, the TUC surveyed 500 safety representatives on the issue of working during the menopause. They found:

- 45% said their managers didn't recognise problems associated with the menopause
- almost one in three women reported management criticism of menopause-related sick leave
- over a third said they were embarrassed or found it difficult to discuss the menopause with their employers
- one in five faced criticism, ridicule and even harassment from their managers when they tried to talk to them about the menopause
- when asked whether the symptoms of the menopause were made worse by work, 53% said hot flushes were made worse, 46% said headaches were made worse, 45% said tiredness and a lack of energy were made worse, 39% said sweating was made worse, 33% said anxiety attacks were made worse, 30% said aches and pains were made worse and 29% said dry skin and eyes were made worse.

The survey showed that it was the working environment that was responsible for making these symptoms worse. For example, two-thirds of the safety representatives reported that high temperatures in the workplace were causing problems for menopausal women, over a half blamed poor ventilation for the problems, and other complaints were about poor or non-existent rest facilities or toilet facilities and a lack of access to cold drinking water.

One of the biggest issues highlighted in the TUC report was the relationship between stress and increased symptoms, with 49% of the safety representatives mentioning this. Working hours were also mentioned as a problem for women working during the menopause.



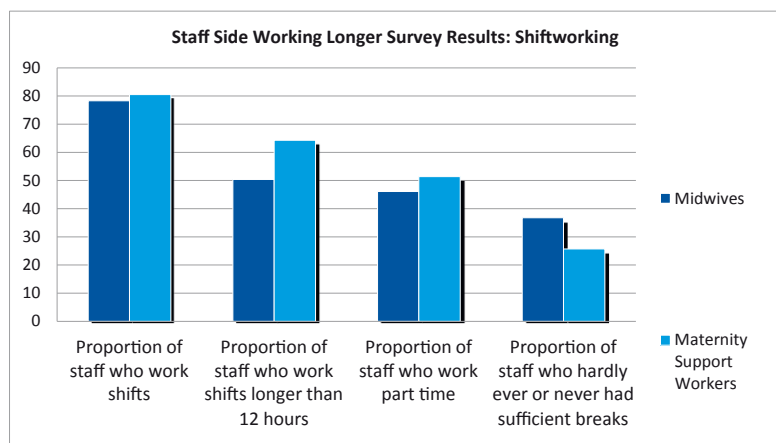


## The effects of the menopause on work in maternity units

As discussed, working hours can be a problem for women going through the menopause. Midwives and maternity support workers tend to work shifts, with more and more maternity units moving to 12-hour shift patterns. Also, many community midwives work 'on-call' shifts. Many units have 'e-rostering' in place to decide shift patterns.

In the 2013 Working Longer Survey, midwives and maternity support workers were asked questions about shift working. The survey found that:

- 78.3% of midwives said they worked shifts
- 80.5% of MSWs said they worked shifts
- 50.4% of midwives said they worked shifts which were 12 hours or longer
- 64.3% of MSWs said they worked shifts which were 12 hours or longer
- 46.1% of midwives said they worked part-time
- 51.4% of MSWs said they worked part-time
- 36.8% of midwives said they hardly ever or never had enough breaks at work
- 25.7% of MSWs said they hardly ever or never had enough breaks at work.



Source: NHS Staff Side Working Longer Survey (2013)

As well as fatigue, the symptoms of the menopause can cause issues of poor concentration and poor memory. This can be particularly challenging when working in maternity units where the increase in birth rates and the increased complexity of cases result in physically, mentally and emotionally demanding work.

In the Agenda for Change system, every job role is matched to national job profiles to decide which Agenda for Change pay band a post should be in (see note <sup>2</sup> below). The job evaluation profiles score the physical effort, physical skills, mental effort and working conditions for each job. The profiles for the job roles within maternity units show that staff often need to use physical effort, need highly developed physical skills, need mental concentration where the work pattern is unpredictable, are often exposed to distressing or emotional circumstances, and are often exposed to unpleasant working conditions.

As discussed earlier, the symptoms of the menopause can include sleep disturbance, irritability and a lack of concentration, all of which could significantly affect a midwife or maternity support worker when they are trying to carry out their duties. Also, the symptoms of the menopause can be made worse by not being able to take a break (including a toilet break), high working temperatures and strict uniform rules, all of which can affect a midwife or maternity support worker at work.

People perform better when they are confident and motivated. By positively supporting the well-being of all employees, employers can make sure that staff perform to the best of their ability. The strong relationship between levels of staff well-being and motivation and clinical outcomes is well known. Research shows that when staff well-being is not supported, employees are less motivated and performance levels drop. It also means staff are less likely to continue in their roles. As we know, investment in staff is an investment in care for women and their families.

<sup>2</sup> <http://www.nhsemployers.org/payandcontracts/agendaforchange/jobevaluation/pages/jobevaluationhomepage.aspx>

## What can employers do?

Women who are experiencing the menopause need support from their line managers. This is important for any longstanding health-related condition, and can make a major difference. Work can affect women going through the menopause in various ways, especially if they cannot make healthy choices at work.

The research by the Institute of Work, Health and Organisations showed that many women had developed strategies for coping with problematic menopause symptoms at work.

These strategies included:

- using a fan or opening windows
- adjusting their working hours or routine
- taking precautionary measures, such as wearing layers of clothing and having a change of clothes at work to help with hot flushes
- trying HRT – three-quarters of women who tried HRT reported that work was one of the main reasons they had decided to try it, and 91% of these women said it had helped
- altering their diet (there is some useful advice on the NHS choices website at [www.nhs.uk/Livewell/menopause/Pages/Themenopauseanddiet.aspx](http://www.nhs.uk/Livewell/menopause/Pages/Themenopauseanddiet.aspx))
- trying to sleep for longer at weekends
- doing more exercise
- maintaining a sense of humour
- giving themselves time to concentrate on their appearance to improve their self-image.

However, it is not acceptable to leave women to find their own solutions or suffer in silence. We believe that employers have a responsibility to take into account the difficulties that women may experience during the menopause. Under the Health and Safety at Work Act, employers must protect the health, safety and welfare of their employees.

They must do risk assessments under the Management Regulations, and these assessments should include any specific risks to any menopausal women they employ. They also have a duty to not discriminate under the 2010 Equality Act.

As such, women should be able to expect support and help during what is, for many, a very difficult time.

Employers can support women in the following ways.

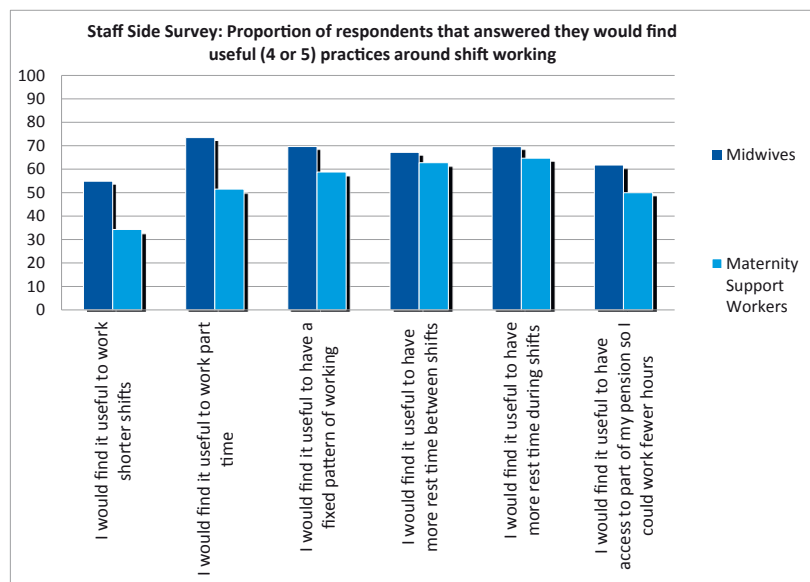
- **Training for line managers**  
Employers should make sure that all line managers have been trained to be aware of how the menopause can affect working women and what adjustments may be necessary to support them.
- **Highlight the menopause**  
Employers can make sure that, as part of a wider occupational health awareness campaign, issues such as the menopause are highlighted so all staff know that the employer has a positive attitude to the issue, and that it is not something that women should feel embarrassed about. Guidance on how to deal with the menopause should be freely available in the workplace.
- **Another person to listen**  
Women may feel uncomfortable talking to their line manager about the menopause so other options should be available. This may be through human resources or a welfare officer. Many employers have employee assistance programmes that can act as a go-between.
- **Sickness absence policies**  
Sickness absence procedures should make it clear that they are flexible enough to cater for menopause-related sickness absence. Women should not be treated less favourably than others if they need time off during this time. Menopausal women may experience bouts of feeling unwell at work, so managers should take a flexible and sympathetic approach to requests for a break or even a return home.
- **Risk assessments**  
Risk assessments should consider the specific needs of menopausal women and make sure that the working environment will not make their symptoms worse. Issues that need looking at include temperature and ventilation in the workplace. The assessments should also look at welfare issues such as toilet facilities and access to cold water.



## What can our workplace representatives do?

As a workplace representative, you have a role to play in challenging attitudes to the menopause, making sure that your employer has procedures in place, and in offering support to women who are experiencing problems. You should raise the issue with your employer using the information in the 'What can employers do?' section of this guide to make sure that the workplace meets the needs of menopausal women. Bear in mind that issues such as uniform policies, workplace temperatures and community-based working may make it even harder for women who are going through the menopause. It is important that you work with members to find out what support they need from you so that you are responding to their needs.

The 2013 Staff Side survey asked midwives and maternity support workers to rank employment practices in terms of how useful they would be in helping them work for longer. In general, midwives were quite positive about practices that dealt with some of the issues associated with shift working and some of the issues relating to the demands of the role. The chart below shows the results for midwives and maternity support workers.



Source: NHS Staff Side Working Longer Survey (2013)



Also, research by the Institute of Work, Health and Organisation found that women valued support and understanding from their employers and work colleagues and wanted to be able to continue with their work. They welcomed the idea of advice and guidance on working through the menopause, and found it far preferable to suffering in silence.

As an RCM workplace representative, a member may approach you for help with balancing the demands of their work and the symptoms of the menopause. They may need help to approach your manager about gaining some adjustments at work, or working flexibly. There may be a number of people experiencing the same difficulties at work so you may consider holding a RCM branch meeting to discuss issues to do with the menopause and what measures members would find useful to help them.

If you do represent a member who is finding it difficult to work through the menopause, the priority is to develop positive steps to deal with the main issues they're struggling with. These steps are generally quite small and simple adjustments to someone's job role or extra support from their manager. Often, all that is needed is a change of attitude, expectations or communications rather than a major change or significant cost. However, effective steps tend to vary from woman to woman and so it's vital to have a meaningful conversation with the member about their needs and really listen to them so you know what to ask for from your organisation.

If you do need to approach your manager about members who need support with working through the menopause, it is important that you make your employer aware of the benefits to them of looking after staff health, safety and well-being.

The Boorman Report (November 2009) (see note <sup>3</sup> below) sets out key recommendations to improve the health and well-being of the NHS workforce, including the cost savings that can be gained from investing in staff health and well-being. The Boorman report found that organisations that prioritised staff health and well-being performed better, with improved patient satisfaction, stronger quality scores, better outcomes and lower rates of sickness absence, and kept their staff for longer. In other words, an investment in staff is an investment in care.

<sup>3</sup> [http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_108907.pdf](http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_108907.pdf)

## Further information

There are a lot of resources and information available about stress at work. Below is a list of some of the most useful resources.

**Women's Experience of Working through the Menopause** (2010) Amanda Griffiths, Sara MacLennan and Yin Yee Vida Wong, Institute of Work, Health and Organisations, The University of Nottingham ([http://www.bohrf.org.uk/downloads/Womens\\_Experience\\_of\\_Working\\_through\\_the\\_Menopause-Dec\\_2010.pdf](http://www.bohrf.org.uk/downloads/Womens_Experience_of_Working_through_the_Menopause-Dec_2010.pdf))

**Supporting Working Women Through the Menopause: Guidance for Union Representatives** (2013) TUC ([https://www.tuc.org.uk/sites/default/files/TUC\\_menopause\\_0.pdf](https://www.tuc.org.uk/sites/default/files/TUC_menopause_0.pdf))

**Menopause - NHS Choices Website** (<http://www.nhs.uk/Conditions/Menopause/Pages/Introduction.aspx>)

**Menopause - Health Talk Online** (<http://www.healthtalk.org/peoples-experiences/later-life/menopause/topics>)

