

WUNForWellbeing
Empower All -
Menopause Awareness
for All

Wednesday 21st
October 12pm
Online Event



Dr. Rebecca Tomlinson



Welcome

The session will begin shortly



Karen Anderson
Executive Director
WUN



Dr. Rebecca Tomlinson
Empower All Training

Join today - free to join, free to attend events



<https://thewun.co.uk/>

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The utilities sector is lacking in diversity with many women being generally under-represented, particularly in senior roles.

WUN was started in 2018 when a group of likeminded women, working in utilities, united around a common cause. The founders were not only passionate about the industry they worked in, but also passionate about the contribution women were making and could continue to make in the future. We now have over 12,600+ members and 80+ partners.

**12,600+
Members**

**Regular
Events &
Content**

**Mentoring
Programme
& Network**

**80+
Partners**





WUN Events: Coming Up

- **2nd Nov 2026 12:00** #IAmRemarkable Workshop (virtual)
- **17th Nov 2026 10:00** #SpeakUp Workshop – What to say, when it matters (virtual)
- **18th Nov 2026 17:30** Early WUN launch event, London
- **Save the Date – 2nd July 2027** Women in Utilities Awards

Further events for the coming months will be announced shortly

Understanding and Managing Menopause

Dr Rebecca Tomlinson

(MBBCh, DFSRH, MRCGP, CoSRH Advanced Menopause Certificate, PGCert Med. Ed, CoSRH and BMS Menopause Specialist and Trainer)

Aims

- Improve awareness and understanding of Perimenopause and Menopause
- Highlight the importance and impact of Menopause – short and long term
- Improve awareness and understanding of what can be done to help and support

Important...

Whilst I use the terms 'Women' and 'Females', I very much appreciate that the menopause transition will be experienced by all those assigned female at birth, and thus will affect people of all genders

Absolute inclusivity is vital and patient empowerment and support in relation to menopausal healthcare must be accessible to all

About Me

- Qualified from Cardiff Medical School in 2002 and became a GP in 2007
- Clinical focus on Women's Health
- Currently supporting C&V Gynaecology Service in their Menopause Clinic
- Co-Founder of Empower All Training Ltd.
 - Supporting patients, healthcare professionals and business organisations to have access to evidence based guidance and to be able to manage their health effectively



Quick Definitions

Menopause : (Greek: Men- month, Pausis – cessation or pause)
Permanent cessation menstrual cycles

- Due to loss of egg release from ovaries and related hormonal changes
- Signifies the end of natural fertility
- Natural, 'biological' menopause is inevitable and actually occurs on the final ever day of menses
 - However, only identifiable retrospectively
 - So practical definition: after 12 consecutive months amenorrhoea – of no other cause

Quick Definitions

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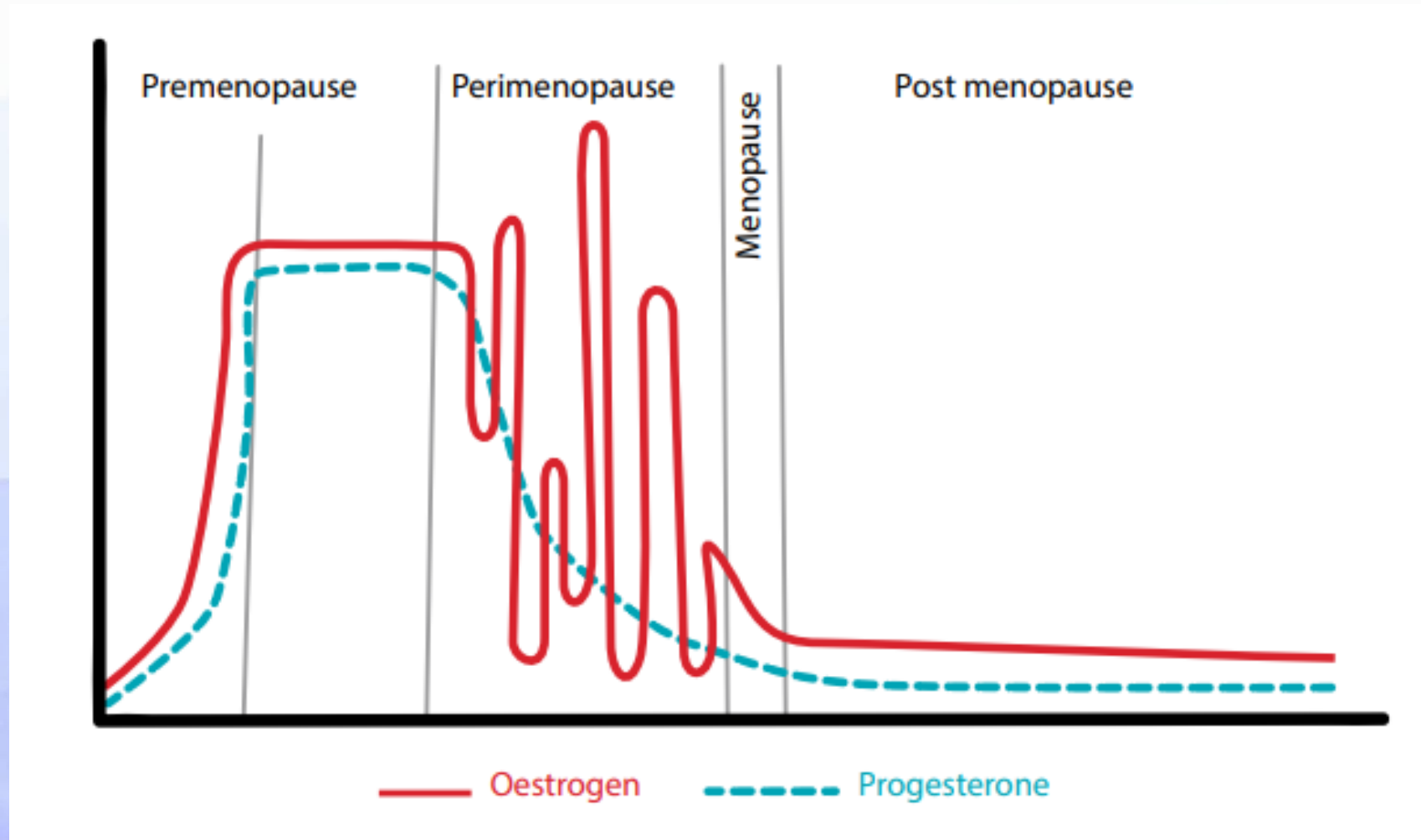
- Not always natural - helpful to differentiate
- Natural - biological, spontaneous, unprovoked, biological
- Iatrogenic - induced, provoked
 - Surgical: Bilateral oophorectomy
 - Medical: Chemotherapy, radiotherapy, GNRH analogues

Quick Definitions

Perimenopause : ('Menopause Transition' or 'Climacteric') Time leading up to menopause – ends with final period but realistically 12 months after

- Hormonal changes indicative of approaching menopause begin but period cycles ongoing – or would be
- Time of erratic hormonal changes largely driven by falling oestrogen levels
 - Leads to typically irregular cycles of ovulation and thus changing menstrual cycles
- Also usually the time when the multitude of potential menopausal symptoms (>30) begin
- Duration highly variable (4-10 years). Recognised by typical symptoms +/- menstrual changes

Changing Hormone Levels



Typical Timings

Perimenopause: Early - mid 40s (46-47y)

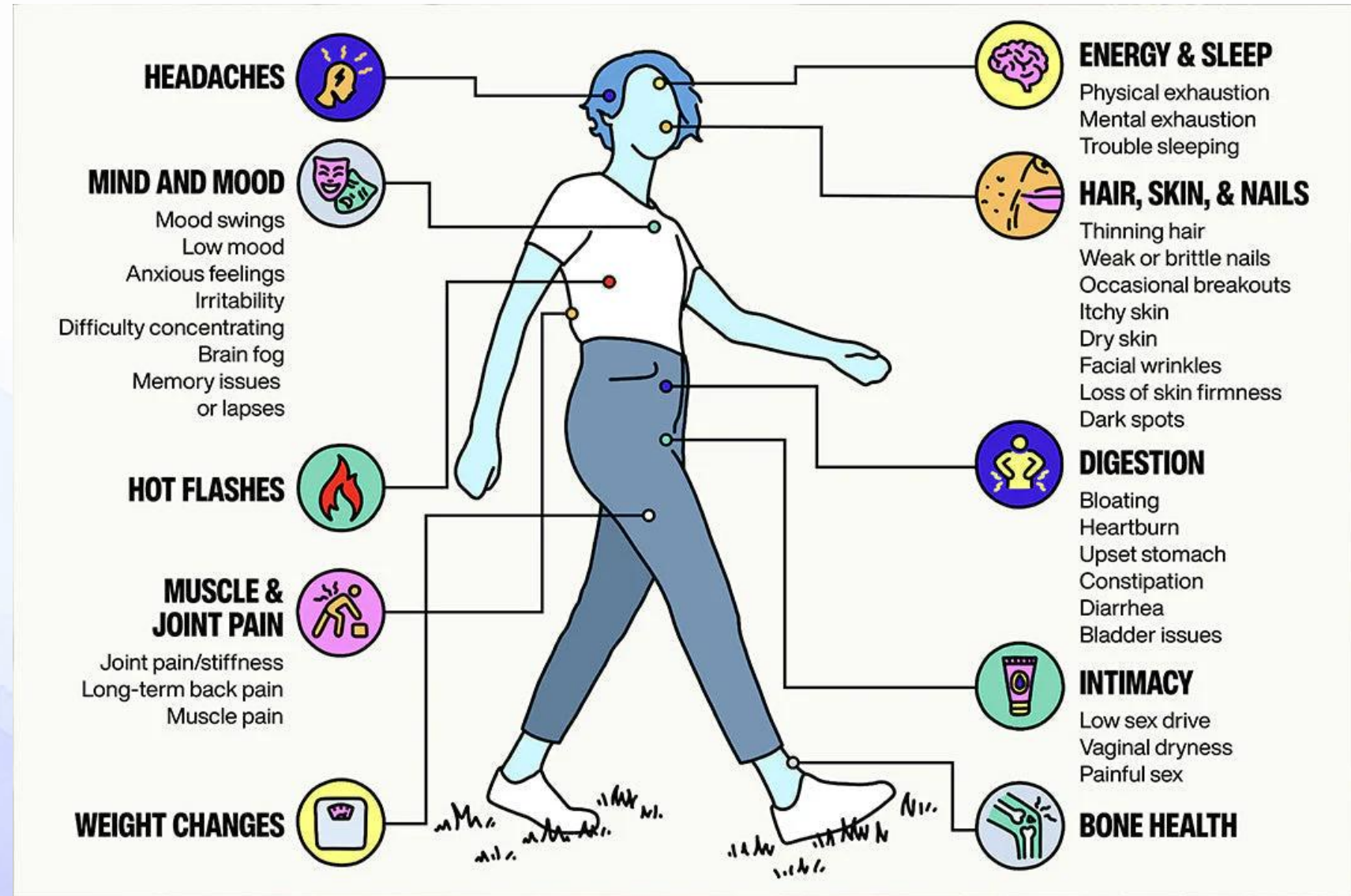
Menopause: 45-55y, average 51y, 80% by 54y

Early: 40-44y, 5 in 100

Premature: < 40y, 1 in 100

Premature Ovarian Insufficiency: periods stopping, typical hormonal changes and symptoms < 40y BUT may be temporary/reversible

Symptoms



The Importance of Menopause

Directly affects 51% of UK population and indirectly the other half too

Women now live many years after their ovaries stop producing oestrogen

Women are postmenopausal for average of 32 years or 38% of total predicted life expectancy

There are oestrogen receptors all over body so deficiency has profound short- and long- term effects

Symptoms: 75-90%, 25% severe and debilitating, typical duration 7-9 years

Long-term: detrimental on bone, CVS, cognitive function, genitourinary system and bowel

The Importance of Menopause

13 million
perimenopausal or
menopausal women in
the UK

Not all experience
symptoms but 80-90%
do

Symptoms last on
average 7 years but
notably longer for
around one third

25% describe
symptoms as severe
and debilitating

77% find at least one
menopause symptom
'very difficult'

69% experience
difficulties with anxiety
and depression

32% feel they are no
longer good company

51% say menopause
has affected their sex
life

38% of partners feel
helpless to support
their loved one

7% see their GP more
than 10 times before
receiving adequate
support

Of those who received
treatment, 44% waited
over 12 months

However, in 2023 29%
more patients were
prescribed HRT than in
2021/2022 (England)

Six Pillars of Lifestyle Medicine



Healthy Eating



Mental Wellbeing



Minimising Harmful Substances



Healthy Relationships



Sleep



Physical Activity

Lifestyle Optimisation

Healthy Eating and Nutrition

- Moderation, wholegrains, Mediterranean Diet, high protein, calcium
- <https://www.womens-health-concern.org/wp-content/uploads/2023/07/28-WHC-FACTSHEET-Nutrition-in-Menopause-JULY2023-A.pdf>

Mental Wellbeing

- Mindfulness/meditation, Yoga, Pilates, Self care- time for yourself and discuss feelings
- <https://www.womens-health-concern.org/wp-content/uploads/2023/07/28-WHC-FACTSHEET-Nutrition-in-Menopause-JULY2023-A.pdf>

Minimising Harmful Substances

- Alcohol, caffeine, smoking can trigger flushes, sweats
- Alcohol - known mood depressant and can cause poor sleep patterns
- Long term health risks related to smoking, excess alcohol

Lifestyle Optimisation

Healthy Relationships

- Psychosexual support and making time for your relationships

Sleep

- Menopause affects sleep in 63% of women; symptoms feel much more impactful
- <https://www.womens-health-concern.org/wp-content/uploads/2023/06/30-WHC-FACTSHEET-Emotional-wellness-in-menopause-JUNE2023-A.pdf>

Physical Activity

- Strength-based: builds up, supports muscle mass so increases metabolic rate
- Steps: accessible and affordable, weight bearing, supports heart health
- Restorative : yoga and Pilates, building up strength and flexibility
- <https://www.womens-health-concern.org/wp-content/uploads/2023/06/29-WHC-FACTSHEET-Exercise-in-menopause-JUNE2023-A.pdf>

Vitamins and Supplements

Vitamin D: 10 microgram (400IU) supplement recommended for all UK adults October- March

Magnesium: Beneficial for heart and bone health, sleep, joint aches and pains, anxiety & low mood

Probiotics: Benefits to bone, vagina/bladder, and reduces insulin resistance, cholesterol, inflammation

Phytoestrogen-based supplements:

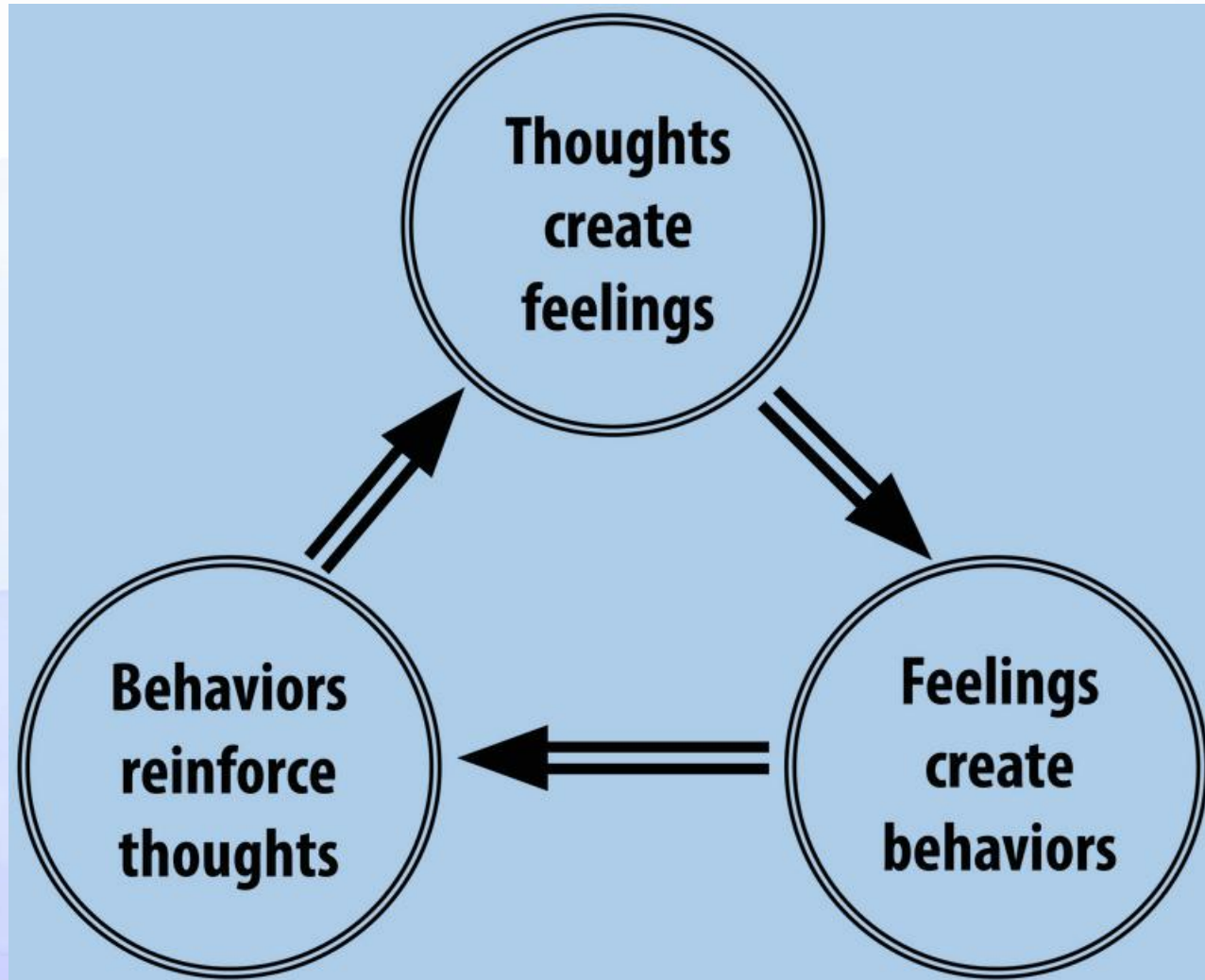
Plant-based substances that have oestrogen-like effects/increase oestrogen activity within body

Red Clover, Isoflavone/Soy-based, Sage, Ginkgo Biloba

Those with history of breast cancer advised to avoid

Non-phytoestrogen based supplements: Ashwagandha, Maca root

Cognitive Behavioural Therapy (CBT)



Complementary and Herbal Medicines

Unregulated 'natural' or herbal remedies shouldn't be used – unpredictable dose, purity

Look for the THR logo – indicates approved and standardised ingredients plus information

Those with significant medical history should also be cautious with regulated supplements

Often not recommended if background of cancer

Risk of interactions with prescribed medicines



Non-Hormonal Prescribed Therapies

Antidepressants

Gabapentin and Pregabalin

Clonidine

Oxybutynin

Veozal[®] (Fezolinetant, Neurokinin 3 receptor agonist)

- Recent trial: safe option which may reduce flushes & sweats within a few days
- Potentially great value to those who cannot use hormonal therapies
- Currently only available privately in the UK. Watch this space....

Hormone Replacement Therapy

Oestrogen : symptom relief hormone

- Plus, proven long term health benefits
- Bone and cardiovascular disease protection
- Potentially decreased dementia and bowel cancer risk

Progesterone : womb or endometrial protection

- Equally important for different reasons
- Potentially symptomatic benefit but not main role
- May also provide contraception
- Only if using Mirena Coil / suitable alternative

HRT: Risks in Perspective

For most women under 60, or within 10 years of menopause, the benefits of HRT outweigh the risks.



Blood clots & stroke

Oestrogen via patch, gel or spray does not raise the risk above baseline. Tablets carry a small increased risk.



Breast cancer

Oestrogen-only HRT: little or no change in risk. Combined HRT: a small increase linked to duration, which falls after stopping.



Body-identical HRT

Regulated oestradiol and micronised progesterone are available on the NHS – unlike unregulated compounded ‘bioidentical’ hormones.



Testosterone

May be considered for low libido if HRT alone has not helped (NICE).



Regular review

Type, dose and route can be adjusted. Review at 3 months, then at least yearly.



Cost

England: an HRT Prescription Prepayment Certificate reduces the cost. Prescriptions are free in Wales, Scotland and NI.

Menopause and Relationships



2019: 27% cite relationship issues due to menopause symptoms

65% of divorces in over 50s are initiated by women

UK females age-specific suicide rate is highest age 50-54y

Quote Highlighting Potential Impact of Menopause on Relationships

Lynda Bailey, now co-director at Talking Menopause consultancy, regarding the impact menopause had on her whilst working as an Inspector at West Midlands police:

"I had no idea that the mental health challenges, the cognitive challenges that I faced, would absolutely knock me over [...] I went from kicking front doors in, literally, to hiding behind my front door. My husband had to take me to work with him because I could not function. That is how debilitating it was"

Who are you most likely to talk to about your peri/menopause symptoms	Age group 50-64 years
Friend	41.1%
GP / Nurse	36.7%
Partner	28.6%
No one	16.2%
Sister	16.0%
Daughter	11.0%
Colleague	7.3%
Other Medical Professional	5.8%
Son	0.8%
Employer	0.6%
Brother	0.1%

Menopause at Work



CIPD survey exploring experiences of >2,000 employed women:

- 73% had experienced menopausal symptoms
- 67% reported these having a mostly negative effect on them at work

Of those negatively affected at work:

- 79% felt less able to concentrate
- 68% felt an increased amount of stress
- 49% felt less patient with colleagues and/or clients
- 46% felt less physically able to carry out work tasks
- 45% felt an increased amount of pressure
- 35% made more mistakes in their work
- Prior research also highlighted tiredness, poor memory, feeling low/depressed and low self confidence as having notable impact at work

Quote Highlighting Potential Impact of Menopause on Work

“At first you don’t understand what’s happening to yourself, the subtle everyday changes, then you become a different person that you hardly recognise. Your employer wants you as you were before, working your guts out, and it’s hard when going through menopause to keep going with no sleep, anxiety”

CIPD Survey Respondent

Menopause and Work



In 2022, the Women & Equalities Committee of the House of Commons published a report on to the Government on Menopause in the Workplace

They considered the impact of menopause as three main categories:

- Problematic Symptoms
- Lack of support and discrimination
- Loss of income/reduced work

2027 – Menopause (Menstrual Health) Action Plan

- Will affect any company with >250 employees

Menopause and Work : Loss of Income/Reduced Work

Some felt it necessary to cut hours, or forgo promotion or similar

If struggling with at least 1 problematic menopausal symptom at 50y – by 55y;

- Were 43% more likely to have left their job
- 23% more likely to have reduced their hours

Almost 900,000 women in 2019, in the UK, left their jobs citing menopausal symptoms as the cause

CIPD research showed;

- 17% considered leaving due a lack of support



The Law & What's Changing

Supporting colleagues through menopause is good practice – and increasingly a legal expectation.



Equality Act 2010

- Menopause isn't a protected characteristic in itself – but poor treatment can be discrimination because of sex, age or disability
- Where symptoms have a substantial, long-term effect, they may count as a disability – so reasonable adjustments are required (EHRC guidance, 2024)



Health & Safety

- Employers must assess risks to employees' health and safety – menopause symptoms should be included
- Especially relevant to safety-critical, field-based and lone-working roles



Employment Rights Act 2025

- Employers with 250+ staff must publish an Equality Action Plan, including how they support employees through menopause
- Voluntary from April 2026; mandatory from spring 2027

Quotes Highlighting the Impact of Menopause and Career Progression

“I was overlooked for a position I feel two years ago I would have easily walked into. Now with the brain fog and mood changes it went to a much younger colleague. Maybe this is just my lack of confidence and self-loathing!”

“I have been unable to continue a career which I had developed over a period of 25-plus years due to being unsupported with symptoms of brain fog/extreme fatigue/mood swings/stress and this has led to me having to take part-time, low paid work”

CIPD Survey Respondents

How Can You Support?

Learn

- Get more informed about what those around you may be experiencing

Listen

- Ask how they feel whilst appreciating that no one's menopause experience is the same

Encourage

- Understand that self esteem may be low

Help

- Active lifestyle, reduce alcohol and caffeine, encourage seeking medical support

Understand

- Especially important with romantic partners

Support

- Colleague workplace support makes a considerable difference
- Workplace support can alleviate the adverse impact on career progression

Having a Supportive Conversation

You don't need to be a medical expert – your role is to listen, support and signpost.

1

Prepare

Private space,
protected time. Know
your policy and what
support is available.

2

Open

Ask open questions.
Listen without
judging, assuming or
diagnosing.

3

Explore

How are symptoms
affecting work? What
do they think would
help?

4

Agree

Agree adjustments,
what's shared and
with whom. Write it
down.

5

Follow up

Review regularly –
needs change.
Signpost to OH, EAP
and GP.



Helpful openers: “How are you doing at the moment?” • “Is there anything at work that would make things easier?”

Following interventions/provisions all felt to help to manage menopausal symptoms at work:	
Planned flexible working	48%
Ability to control local temperatures	46%
Last-minute or unplanned starts after poor sleep	36%
More breaks when needed	34%
Specified support through occupational health offering, i.e. free or subsidised counselling	34%
Adjustment to work responsibilities / workload	31%
Access to a rest room	26%
Clothing changes (spare clothes/relaxed uniform policy)	21%
Better equipped bathrooms	16%

Adjustments for Field & Operational Roles

Many utility roles bring extra challenges – think beyond the office.



Uniform & PPE

Breathable, layered fabrics and correctly fitting women's PPE. Spare uniform available.



Toilet & welfare access

Plan routes and jobs around facilities, agree access on site, and allow time to use them.



Temperature

Fans, ventilation and control over heating in offices, control rooms and vehicles.



Shifts & on-call

Flexibility after a poor night's sleep; review night work and on-call patterns.



Driving & lone working

Fatigue and concentration can affect safety – include them in risk assessments.



Hybrid & office roles

Home working on difficult days, quiet space, and camera-off options for meetings.

Benefits of a Menopause-Friendly Workplace

Strong reputational benefit – attract & retain talented individuals at peak knowledge, skills, experience

Reduced absence rates via open cultures & training line managers to have sensitive 1:1 conversations

Potentially less staff turnover

Supporting diversity at executive levels

Help women to thrive in the workplace



Where to Find Reliable Support

Point people towards evidence-based information – and away from misinformation.



For Individuals

- **NHS:** nhs.uk/menopause
- **Women's Health Concern:** womens-health-concern.org
- **Menopause Matters:** menopausematters.co.uk
- **The Daisy Network (POI):** daisynetwork.org
- **BMS – find a specialist:** thebms.org.uk
- **Your GP or practice nurse**



For Employers & Managers

- **ACAS:** menopause at work guidance
- **CIPD:** menopause at work guide for people managers
- **EHRC:** menopause in the workplace guidance (2024)
- **BSI:** BS 30416 – menstruation, menstrual health and menopause in the workplace
- **Empower All Training:** empoweralltraining.co.uk
- **Your Occupational Health and EAP**

Any Questions?



We really value your feedback so please take a few moments to share your thoughts.....



Thank you
We look forward to seeing you at the next WUN Event

<https://thewun.co.uk/>

