



Royal College of
Obstetricians &
Gynaecologists

APPG on Menopause inquiry: Assessing the impacts of Menopause and the case for policy reform

Joint RCOG, FSRH and BMS response, September 2021

The Government approach to achieving good-quality menopause care and support must be ambitious and joined-up. **The upcoming Women's Health Strategy provides the perfect opportunity for this approach to be outlined, and menopause and post-reproductive healthcare should make up a key part of a strategy that takes a life-course approach to women's health.** Individual responses to the call for evidence for the Women's Health Strategy from the [RCOG](#), the [BMS](#) and the [FSRH](#) all align in the need for action to make high-quality menopause care accessible and equitable across England.

Key recommendations for Government action

- A commitment to funding evidence-led campaigns and projects that aim to reduce stigma around the menopause.
- Investment in ensuring the NHS website has comprehensive, up-to-date and evidence-based information and resources around menopause should be prioritised, and should make up part of a women's health information 'hub' on the NHS website. This should include a comprehensive list of all symptoms associated with the menopause.
- Set out an approach to provide clear, objective information about the benefits and risks of hormone replacement therapy (HRT) as they are known at the present time, and to reduce misinformation around treatment.
- Ensure that healthcare professionals across the system have the right level of knowledge, as well as adequate capacity, to ensure individual women can access timely care. This should include one professional in every GP practice with specialist interest in menopause care.
- Implement a simple health check for all women at the age of 45 within primary care, to ensure all women engage with the health system as they experience the menopause.
- Prioritisation of research into the menopause and post reproductive healthcare, as well as a more joined-up approach to collecting and using data around the menopause to improve care.
- NHSE/I should undertake a mapping exercise to understand demand for specialist menopause care, and newly formed ICSs should ensure adequate specialist menopause care is commissioned in their area, in order to meet population need.
- There needs to be an increased awareness and understanding of menopause in the workplace. Mandatory workplace policies should be introduced, detailing guidance and training for all staff, as well as reasonable adjustments that should be available to support women to work as effectively as possible throughout their menopause.

Background

The menopause is a major life event which marks the end of the reproductive life cycle, marking the biological stage when periods stop and the ovaries lose their reproductive

function. This usually occurs between the ages of 45 to 55, but in some cases women may become menopausal in their 30s or even younger.

Menopause affects women in a variety of ways, both in the long and short-term, and its symptoms have a detrimental impact on the quality of life, wellbeing, personal relationships and working lives of many women. Experiences of the menopausal transition vary enormously, but most women will experience at least one symptom, and up to a third of women will experience severe menopausal symptoms that can impact on their quality of life.¹ Symptoms may last for a number of years (seven years on average), and for a third of women these will be long-term.²

Menopause symptoms can include hot flushes and sweats, tiredness and sleep disturbance, joint and muscle ache, heart palpitations, mood swings, anxiety and depression, forgetfulness, lack of concentration, heavy bleeding, headaches, increased urinary frequency or urgency and vaginal atrophy.³ This is not an exhaustive list.

Historically, the post-reproductive years of a woman's life course have received very little attention and many women find themselves without support from healthcare services until they present with an acute episode or medical condition.⁴

The menopause impacts all aspects of women's lives, as this response will outline in further detail. A survey on behalf of the BMS⁵ found that three quarters of women in the UK who were either currently having or have experienced menopausal symptoms in the last ten years said that menopause had caused them to change their lives. More than half said it had a negative impact on their lives. Over 33% of women who responded felt less outgoing in social situations, 32% felt they were no longer good company, and 23% felt more isolated.

The impact on relationships can also be significant, with 51% of women who responded saying that their menopause had affected their sex lives⁶. Over a third (38%) of partners responding said they felt helpless when it came to supporting their partner through the menopause, with 28% saying they often end up having arguments due to a lack of understanding.

There remain significant barriers for women going through the menopause and perimenopause that prevent many from living well, taking part in every aspect of their lives as fully as they would like to, and also ensuring they are set up to remain healthy throughout their post-reproductive years. These challenges are complex and multi-faceted, but there are key areas where action can be taken to significantly improve women's experiences:

- Reducing stigma around the menopause
- Improving information and education around the menopause
- Ensuring high-quality, equitable menopause care in the NHS
- Building on evidence and further research in menopause and post-reproductive health
- Improving women's experience of the menopause in the workplace

Reducing stigma around the menopause

Research has shown that silence, shame, discrimination and stigma relating to ageing and the menopause are highly prevalent and can have a huge impact on a woman's quality of life.⁷

¹ BMS, [Menopause and the workplace guidance: what to consider](#) (2019)

² BMS, [Vision for menopause care in the UK](#) (reviewed 2021)

³ [Ibid](#)

⁴ RCOG, [Better for women](#) (2019)

⁵ BMS, [Fact sheet: A woman's relationship with the menopause is complicated](#) (2020)

⁶ BMS, [Fact sheet: A woman's relationship with the menopause is complicated](#) (2020)

⁷ [Ibid](#)

If women are too embarrassed to discuss their menopause, it is likely they could be too embarrassed to seek clinical help when they require it, increasing the risk of more serious and potentially avoidable ill health, as well as unnecessary impacts on their health and lifestyle because of embarrassment. Shame and stigma can also contribute to perpetuating myths about the menopause and preventing women from having the right information and support for their menopause.

An increase in public conversation about the menopause, prompted by media attention including two major UK broadcast documentaries since 2018 led by prominent public figures Mariella Frostrup and Davina McCall, have provided a welcome boost to awareness around menopause and highlighted the inequities experience by women in and around the menopause over the past twenty years.

Continuing the public conversation about menopause in the media and across wider society, including in schools and workplaces, is essential in reducing the shame and embarrassment women feel about their menopause, and encouraging women to seek information and support from the NHS when they feel they need it. **It is essential that action to reduce stigma is part of the Government's approach to improving women's experience of the menopause. A commitment to funding evidence-led campaigns and projects that aim to reduce stigma around the menopause will help to accelerate positive changes in public attitudes, reduce discrimination and encourage help-seeking behaviours, as demonstrated by the significant impact of the Department for Health and Social Care (DHSC)-funded Time to Change campaign⁸.**

Improving information and education on the menopause

Women deserve high quality information on which to base their choices. The effects of menopause are often misunderstood and underestimated⁹ and many women do not feel informed about what to expect, or empowered to manage symptoms and seek help when needed. All women should feel confident to seek advice about the menopause so they can take control of their own health, and studies have shown a significant relationship between a women's rating of her current knowledge of menopause and access to sources of information¹⁰. Education from an early age and easy access to reliable information is key to ensuring all woman are well-informed to make the right decisions about their care and support.

As in other areas of women's health, many women struggle to access high-quality information about menopause. A recent small-scale survey¹¹ undertaken by RCOG asked respondents how easy or difficult they found accessing accurate and good quality information about the menopause. Responses varied from some respondents who described finding it 'relatively easy' up to those who found it 'really hard', showing in just a small number of respondents a huge variation in access.

A number of responses described using the internet to access information, some finding groups or forums on social media platforms useful routes to find resources and information. Some respondents were positive about individual doctors using social media platforms or websites to provide information and advice on the menopause, while others received information from their GP or menopause specialist, demonstrating the importance of information being given or endorsed by medical professionals.

⁸ Time to Change, [Summary of Impact](#) [accessed 2021]

⁹ NICE, [Menopause: diagnosis and management](#) (2015)

¹⁰ J A Domm et al, [Factors affecting access to menopause information](#) (2000)

¹¹ Details of RCOG survey

What the survey made clear was the need for a reliable and easy to navigate centralised space to find evidence-based and trusted information on the menopause online. Given it is already a trusted source for health information, the NHS website should provide this function. **NHS Digital should work with Royal Colleges and charities specialising in women's health to ensure that the NHS UK website links to all relevant support networks and tools regarding menopause**, including the BMS patient-facing website Women's Health Concern and the RCOG's menopause information hub.

Access to good-quality information on the menopause is made more challenging because as research and learning continues to grow around experiences and treatment in the menopause, the information and advice women need to access must remain up-to-date. A recent editorial by Edward Morris, RCOG President¹², identifies this is a key barrier, observing that there is not enough capacity in the various elements in the system to quickly turn new research into information, and to ensure this information is available for women in a format they can access easily, and that they can trust.

Investing in ensuring the NHS website has comprehensive, up-to-date and evidence-based information and resources around menopause should be a priority of the Government's Women's Health Strategy, and should make up part of a women's health information 'hub' on the NHS website which RCOG advocated for in the upcoming women's health strategy¹³.

Evidence-based information must be accessible to all women, and recognise that some women will face more barriers than others to accessing it. The Government Equalities Office should work with public health bodies across the UK and charities specialising in women's health to create a strategy to improve the dissemination of information, including regarding the menopause, to all girls and women with one or more protected characteristics, or from disadvantaged backgrounds, marginalised communities, those with disabilities, visual impairments or language barriers or those living in institutionalised settings.

One of the difficulties in accessing appropriate information and advice is the wide range of symptoms that women may experience, and the fact that some of these symptoms can overlap with other conditions. Whilst most women attribute hot flushes and night sweats to the menopause, many do not associate other symptoms (such as tiredness, low mood, anxiety, poor memory and concentration or sensation of brain fog) to the menopause and worry about the cause of these symptoms or may fail to understand why they are experiencing them. **The NHS website should provide a comprehensive list of all of the symptoms associated with the menopause, so that both women and healthcare professionals are better able to recognise the menopause as the cause of the symptoms they are experiencing, and therefore better manage them.**

There is also a pressing need to increase awareness around premature menopause (premature ovarian insufficiency) and post reproductive health and its potential impact on many women. The menopause can have a detrimental effect on bone health and cardiovascular health, increasing the risk of osteoporosis and cardiovascular disease.

Evidence-based information on treatment options

Along with having good-quality information about symptoms of the menopause, evidence-based information on management options must also be available for women. This includes

¹² Edward Morris, [Post Reproductive Health Editorial: Learning from celebrities and influencers - the future of menopause communications?](#) (2021)

¹³ RCOG, [Response to the DHSC women's health strategy consultation](#) (2021)

hormone replacement therapy (HRT), non-hormonal options and lifestyle and diet modifications.

Out-of-date and biased information and advice is particularly prevalent in relation to HRT, in part due to historic guidance and media focus on the link between HRT and a higher risk of breast cancer¹⁴, following the publication of the first set of findings of the Women's Health Initiative in 2002¹⁵ and aggravated by a 2019 Lancet meta-analysis paper¹⁶. The interpretation and communication of these findings have further complicated the relationship between HRT and breast cancer through misinformation and overgeneralisation of data¹⁷.

It is essential that all evidence around this link is considered alongside the NICE guidance on menopause¹⁸, which considered all of the evidence on both the benefits and risks of different treatment options. The significant benefits of HRT, including the beneficial effects on bone and cardiovascular health, must be viewed alongside the risks. Risk means different things to different women, and for many women the benefits considerably outweigh the risks of HRT¹⁹, and each woman must be given information in context and be supported to make an informed choice about the best treatment options for her.

As part of the Women's Health Strategy, the Government should set out an approach to provide clear, objective information about the benefits and risks of hormone replacement therapy, as they are known at the present time, to reduce misinformation and improve women's access to HRT. This information should be developed for and distributed to both women themselves and the healthcare professionals supporting them, to ensure that women get accurate information and advice from the system.

There must be adequate support for women to make changes in their lifestyle and diet that can have an impact on alleviating symptoms of menopause, as well as improving their health in later life. There is evidence that exercise, maintaining a healthy weight, and reducing alcohol intake can have a positive impact on women's experience of the menopause. **Information and signposting to appropriate services to support women to make these lifestyle and diet changes should also be available on the NHS website as part of the above-mentioned 'information hub'.**

Ensuring high-quality, equitable menopause care in the NHS

The principal aim of menopause care must be to provide women with information, assessment, advice and treatment which improves quality of life and promotes health in the post reproductive years. **Menopause care in the NHS must be high-quality and easy to access for all women.** This is sadly not currently the case across England, with women experiencing huge variation in the accessibility and quality of their menopause care.

¹⁴ [Ibid](#)

¹⁵ <https://jamanetwork.com/journals/jama/fullarticle/195120>

¹⁶ Collaborative Group on Hormonal Factors in Breast Cancer, [The Lancet: Type and timing of menopausal hormone therapy and breast cancer risk: individual participant meta-analysis of the worldwide epidemiological evidence](#) (2019)

¹⁷ H N Hodis and P M Sarrel, [Climacteric: Menopausal hormone therapy and breast cancer: what is the evidence from randomized trials?](#) (2018)

¹⁸ NICE guidelines

¹⁹ Janie Rymer, Kate Brian and Lesley Regan on behalf of RCOG, [The BMJ editorial: HRT and breast cancer risk](#) (2019)

A recent survey with over 5000 responses²⁰ found that women are experiencing delays in having a diagnosis of their perimenopause or menopause, and that many are experiencing delays in receiving the right treatment.

Women's experience of the menopause and menopausal symptoms varies hugely and requires an individualised response from the health system. Many women, with the provision of accurate and easily accessible information (as outlined above) may adequately self-manage their symptoms as well as feeling able to improve their later health outcomes. Others will be able to effectively manage their symptoms with the right support within primary care, and a number of women will need access to specialist menopause care with healthcare professionals who have the knowledge and experience to support them.

It is essential that healthcare professionals across every part of the system have the right level of knowledge, as well as adequate capacity, to ensure that individual women are able to access timely care, in the part of the system that best suits their needs, as well as ensuring the system is used as cost-effectively as possible. The [BMS Vision for menopause care in the UK](#) provides a blueprint for the level of care and support that should be available to women across the system, and the level of knowledge and experience needed by different professionals. The vision sets out three different levels of knowledge and expertise that are required across the system in order to ensure that women's needs are always met, as well as setting out the BMS Principles and Practice of Menopause Care programme that has been designed to encourage and support healthcare professionals with the training they need to meet each of the three levels²¹.

A recent survey shows unnecessary use of NHS resources as a bi-product of women not receiving the right care in the right place at the right time. In primary care, 7% of respondents reported seeing their GP over 10 times before receiving adequate help or advice, with only 37% being prescribed HRT and 23% given antidepressants, contrary to NICE guidelines²². In secondary care, 27% of women who responded to the survey had seen more than 3 doctors in hospital about their menopause symptoms, with 99% of these having had hospital investigations.²³

Primary care

The majority of women going through menopause should be able to access all of the care and support they need to effectively manage their symptoms in primary care. Evidence shows that in the UK, women who choose to access menopause advice from a healthcare professional will mostly attend their GP²⁴. Women may not have made a connection that the symptoms they are experiencing are menopause-related, but their symptoms are impacting their life meaningfully enough to seek help.

The BMS vision highlights the importance of the whole general practice team, including receptionists, being 'menopause aware' and ensuring that at every point of engagement there is not a risk that women are put off seeking help because of inaccurate or inappropriate care or signposting. It recognises the importance of all primary healthcare professionals understanding the breadth of symptoms that a woman might be reporting where menopause

²⁰ Newson Health Research and Education, [Delayed diagnosis and treatment of menopause is wasting NHS appointments and resources](#) (2021)

²¹ [Ibid](#)

²² [Ibid](#)

²³ [Ibid](#)

²⁴ Constantine G D et al, [Post Reproductive Health: Behaviours and attitudes influencing treatment decisions for menopausal symptoms in five European countries](#) (2016)

should be considered in order to effectively diagnose, as well as having basic knowledge of treatment options.

Ensuring there is at a minimum one healthcare professional with a specialist interest and knowledge of menopause within every GP practice has the ability to make a huge impact on women's lives. If all of the general practice team have a basic knowledge of all symptoms and treatment of the menopause, this will allow them to ensure women do not face barriers receiving a diagnosis of perimenopause or menopause because they are misdiagnosed or not diagnosed at all.

GP practices should discuss and decide whether women are directed to the healthcare professional with a specialist interest and knowledge of menopause by default once their symptoms are identified, or whether this is only when more complex care and support is required. The BMS has observed²⁵ that there is a balance to be struck between referring to a specialist by default - which can be burdensome to a woman due to further appointments and can risk de-skilling the wider primary care team - and making sure women receive good-quality advice and care and treatment options from a specialist who maintains current and evidence-based knowledge and expertise in diagnosis and treatment of the menopause. Primary care teams should be aware of this balance and continue to reflect on and update their approach in response to feedback from women.

Consideration of time allocated to provide menopause care within primary care is also important. Whilst time pressures continue to prevail, experience has shown allocation of extended time for menopause specific appointments leads to a reduced number of subsequent appointments²⁶. This evidence should be factored into service planning.

As part of a life-course approach to women's health, the BMS has long called for the **provision of a simple health check for all women at the age of 45, to ensure all women engage with the health system as they experience the menopause, and that they have the right information and support about appropriate treatment and lifestyle changes.** It would also provide an opportunity for professionals to support women to make informed choices about their future health, informing women about the actions they can take to maintain healthy bones and reduce the risk of osteoporosis, to maintain good pelvic floor health and reduce the risk of incontinence and prolapse, and to reduce their risk of cardiovascular disease and early onset dementia²⁷. This would be a huge undertaking as a national programme, but the Government should consider piloting this approach in a number of areas to evaluate both the impact on women and on the health system.

Secondary care

Although the NICE guideline provides clarity for the care of most women going through menopause through self-management or within primary care, some women with more complex needs will require input from a healthcare professional with a specialist knowledge and interest in the menopause. These complex needs can include multiple treatment failures, premature ovarian insufficiency (POI), complex medical problems, high risk cancer genes or hormone dependant cancer²⁸.

Timely access to high-quality specialist care for women who need it is an essential part of ensuring good care for all women experiencing the menopause. As it stands, there is

²⁵ [Ibid](#)

²⁶ Anu Mehra, [Post Reproductive Health: Reinventing the general practitioner menopause clinic – personal experiences](#) (2014)

²⁷ [Ibid](#)

²⁸ [Ibid](#)

significant geographic variation²⁹ in the specialist care available to women, meaning that where you live has an impact on whether or not you are able to access the right care and creating a postcode lottery in menopause care.

NHS England and Improvement (NHSE/I) and DHSC must undertake a mapping exercise to understand demand for specialist menopause care, which areas currently have adequate provision of specialist services, and where specialist services need to be commissioned. Newly formed Integrated Care Systems (ICSs), which are soon to have responsibility for the commissioning of services, should ensure adequate specialist menopause care in their area to meet population need. DHSC should ensure the coordination of the implementation of specialist menopause care across the whole population, as well as working with RCOG, BMS, FSRH and women themselves to develop standards that women can expect from their care.

Ensuring adequate access to medication

It is essential that there is adequate access to medication, such as HRT, and that supply chains remain stable. Shortages of HRT in 2019³⁰ caused significant disruption to women's access and choice around HRT, and created another barrier to ensuring women have a good quality of life during the menopause and are able to effectively manage symptoms, as well as adding more pressure on the health system.

Building on evidence and further research in menopause and post-reproductive health

Like much of women's health, there is a lack of investment in research into women's experiences of menopause and how to improve the treatment, care and support they receive. **Prioritisation of research into the menopause and post reproductive healthcare more widely is a key part of improving women's experience of the menopause in the future and should be part of a wider approach to improving women's health research within the Women's Health Strategy.** We recommend research looks at the following areas; the benefits of modern and novel therapeutic hormonal and non-hormonal regimens which maximise benefits and minimise risks to menopausal women and women with Primary Ovarian Insufficiency (POI); the impact of COVID-19 and long COVID on women and its effect on symptoms during the menopause; and the economic impact of the menopause on women, employers and wider society.

Collecting and using patient outcomes and experience data around menopause is also key to continued improvements in menopause care. As part of wider work across DHSC and NHSE/I on use of patient data, DHSC should undertake a gap analysis to understand what data is currently collected around women's menopause care, and where it would be beneficial to collect data on outcomes. This should include data from the Clinical Practice Research Datalink (CPRD) on HRT use. All data around menopause should be pulled together as a dataset and used both nationally and locally to improve care.

DHSC should also consider the development of a menopause care experience survey, similar to that used for cancer patients³¹. A regular representative survey of the experiences of women during the menopause; the symptoms they experience, the parts of the health system they access, the treatment pathways and lifestyle changes they use to manage their symptoms, and their views on the information, care and support they receive would provide a huge amount of useful data.

²⁹ BMS, [Find a menopause specialist webpage](#) [accessed 2021]

³⁰ The Independent online, [Menopausal women facing HRT shortage in the UK](#) (2019)

³¹ NHS England, [Cancer Patient Experience Survey \(CPES\)](#) [accessed 2021]

The menopause is experienced by 51% of the population during their life course and ensuring menopause care is good-quality and accessible to all women when they need it should be prioritised by the Government and the NHS. **A more joined-up approach to collecting and using data around women’s experience and outcomes during menopause care will have a positive impact on women themselves, improve capacity in health services as women’s needs are met more efficiently, as well as having a positive impact on the economy and wider society as women are better able to participate in day-to-day life.**

Improving women’s experience of the menopause in the workplace

The economic argument for better support for women during the menopause in the workplace is significant. The Government Equalities Office estimates a total of £7,276,334 absence-related costs for UK women with severe symptoms per year compared to women who do not have severe symptoms.³² A study undertaken for the Department of Work and Pensions estimated that if 0.6 million more older women worked full-time, £20 billion could be added to GDP.³³

It is in the work context that women report greater difficulty in managing symptoms³⁴ with a national BMS survey showing 45% of women felt their menopause symptoms had a negative impact on their work³⁵. A recent Chartered Institute of Personnel and Development (CIPD) survey led by YouGov found that of respondents who were affected negatively by their symptoms at work, nearly two-thirds said they were less able to concentrate, and more than half said they experience more stress.³⁶

The lack of knowledge, understanding and related stigma attached to the menopause in workplaces exacerbates the challenges faced by women experiencing symptoms, and makes overcoming these challenges more difficult. A national BMS survey found that 47% of those who needed to take a day off work due to menopause symptoms would not tell their employer the real reason for their absence³⁷.

Because of its personal and sensitive nature many women feel embarrassed or unable to disclose their menopausal status, discuss their experiences with their managers and colleagues, or ask for support. This was recognised in 2015 by the then Chief Medical Officer for England, Sally Davies, who stated ‘it is inexcusable that women who are experiencing menopausal symptoms should feel unable to discuss how they are feeling at work’³⁸.

A poll of 1,009 women aged 50 to 60 undertaken for BBC Radio Sheffield and Radio 4’s Woman’s Hour found that 70% of respondents did not make their employer aware they were experiencing symptoms³⁹. The CIPD found that nearly a third of women surveyed said they had taken sick leave because of their symptoms, but only a quarter of them felt able to tell their manager the real reason for their absence⁴⁰. Reasons for not disclosing included privacy (45%), embarrassment (34%) and an unsupportive manager (32%)⁴¹. Some women have

³² Government Equalities Office, [Menopause transition: effects on women’s economic participation](#) (2017)

³³ Dr Ros Altmann, [A new vision for older workers: retain, retrain, recruit](#) (2015)

³⁴ BMS, [Menopause and the workplace guidance: what to consider](#) (2019)

³⁵ [Ibid](#)

³⁶ CIPD, [Majority of working women experiencing the menopause say it has a negative impact on them at work](#) (2019)

³⁷ [Ibid](#)

³⁸ Department for Health and Social Care, [Chief Medical Officer annual report 2014: women’s health](#) (2014)

³⁹ BBC News, [Employers urged to ‘normalise’ menopause in the workplace](#) (2018)

⁴⁰ CIPD, [Majority of working women experiencing the menopause say it has a negative impact on them at work](#) (2019)

⁴¹ [Ibid](#)

expressed concern that their menopausal condition can result in their being stigmatised at work,⁴² a wholly unacceptable situation.

This lack of understanding of menopause symptoms and their impacts within the workplace was clear in the RCOG survey, with several respondents noting that having their symptoms taken seriously by their employer would have improved their experience.⁴³ The survey also evidenced women experiencing unwillingness and refusal to introduce workplace adjustments, poor behaviour (such as mocking and making individuals feel worthless) from colleagues or managers, with organisations failing to act to challenge and resolve these behaviours.

There is a need for increased awareness and understanding of menopause in the workplace, including the wide range of symptoms that may be experienced, to ensure women are confident to seek help. Mandatory workplace policies should be introduced. Employers must ensure that policies are in place to help employees who are experiencing menopause related symptoms and support them during their menopause transition. This will help keep women in the workforce and will help protect against discrimination due to menopause symptoms. Menopause policies should detail guidance and training for all staff, reasonable adjustments that can be made to the working environment, flexible working, and encourage a positive and open approach to menopause.

The RCOG, FSRH and BMS joint response to the recent Women and Equalities Select Committee call for evidence on menopause and the workplace can be [viewed here](#).

Further reading

- BMS, [Response to the DHSC call for evidence to help inform the development of the Government's Women's Health Strategy](#) (2021)
- RCOG, [DHSC Women's Health Strategy: Call for evidence response](#) (2021)
- FSRH, [Submission to the Women's Health Strategy – Call for evidence](#) (2021)
- RCOG, [Menopause and women's health in later life information hub](#) [accessed 2021]
- BMS, [Vision for menopause care in the UK](#) (Updated 2020)
- BMS, [National survey – The results](#) (2016)
- BMS, [A woman's relationship with the menopause is complicated](#) (2020)
- Government Equalities Office, [Menopause transition: effects on women's economic participation](#) (2017)

⁴² BMS, [Menopause and the workplace guidance: what to consider](#) (2019)

⁴³ Survey undertaken by RCOG (2021)