



UHR Conference 2025

Online 13 - 15 May

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Menopause – legal duties, developing a holistic approach and key elements of best practice

UHR Conference 2025

14 May 2025

**Browne
Jacobson**



What we will cover

Dr Laura Wood, Private GP and Wellness Coach –
“Understanding Menopause”

Kate Gallagher, Partner, Browne Jacobson LLP,
Partner – “Menopause Legal Framework”

Anna Quinn, Staff Wellbeing Lead, Bangor
University – “Creating a Menopause Friendly
Workplace in HE”

Q & A



Understanding Menopause

UHR Conference 14th May 2025

Dr Laura Wood

GP & Menopause Coach

Founder - Laura Wood Coaching

ABOUT ME

Dr Laura Wood

MBBS BSc DRCOG MRCGP DFSRH

Private GP and Wellness Coach

I combine my expertise as a practicing GP and coach to bring personalised programmes to help women navigate menopause symptoms with ease **and** optimise their future health



COURTFIELD §
PRIVATE PRACTICE

LWC
DR LAURA WOOD
- COACHING -

MENOPAUSE & PERIMENOPAUSE

- MENOPAUSE - LAST MENSTRUAL PERIOD, AVERAGE AGE 51
- PERIMENOPAUSE - THE YEARS LEADING UP TO THE LAST MENSTRUAL PERIOD
 - CAN START FROM MID-THIRTIES
 - SYMPTOMS MAY LAST FOR MANY YEARS

NATURAL & INDUCED MENOPAUSE

- PREMATURE MENOPAUSE(UNDER 40)
- MEDICALLY-INDUCED MENOPAUSE
- TRANSGENDER EXPERIENCE

But...

Why Does it Matter?

SYMPTOMS

difficulty sleeping

PROBLEMS WITH MEMORY AND CONCENTRATION

low mood or anxiety

reduced sex drive

VAGINAL DRYNESS AND DISCOMFORT DURING SEX

recurrent urinary tract infection (UTI)

JOINT STIFFNESS, ACHES AND PAINS

REDUCED MUSCLE MASS

HOT FLUSHES

NIGHT SWEATS

MENSTRUAL CYCLE CHANGES

TO NAME JUST A FEW!

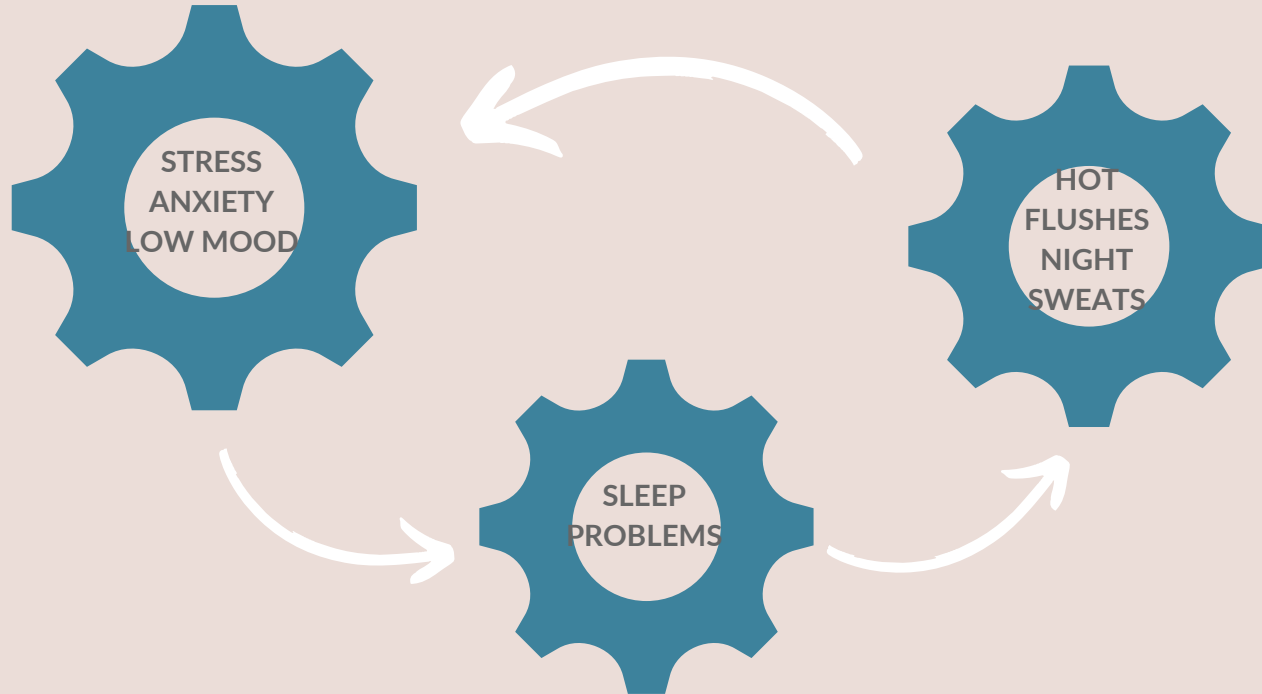
AND MANY WOMEN AREN'T EVEN AWARE THAT THEIR
SYMPTOMS COULD EVEN BE RELATED TO MENOPAUSE

SYMPTOMS



Great, but can't we
just 'get on with it?'

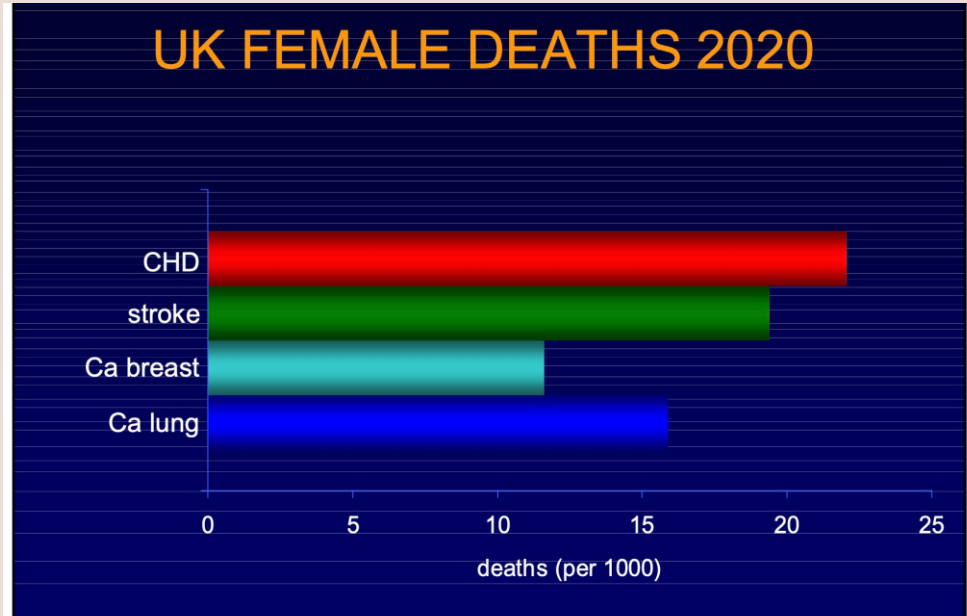
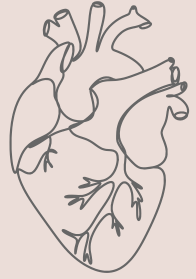
MENTAL HEALTH & MENOPAUSE



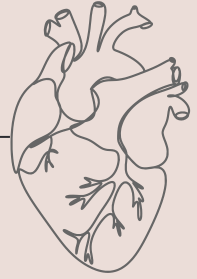
Menopause is an inevitable and natural part of growing older, women feeling compelled to give up work at the peak of their careers is neither inevitable nor normal.

HEART DISEASE & MENOPAUSE

THE LEADING CAUSE OF DEATH IN WOMEN IN THE UK



OESTROGEN DECLINES AFTER MENOPAUSE...

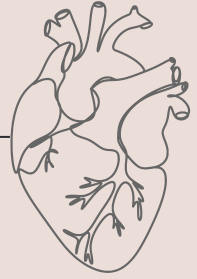


RISE IN CHOLESTEROL
altered fat distribution
increased blood pressure
Increased inflammatory markers
Impaired endothelial function



INCREASED RISK OF HEART DISEASE

HEART DISEASE & HRT



- OESTROGEN IS PROTECTIVE AGAINST CORONARY HEART DISEASE
- SIGNIFICANT REDUCTION IN RISK IF HRT IS STARTED BEFORE AGE 60 OR WITHIN 10 YEARS OF MENOPAUSE

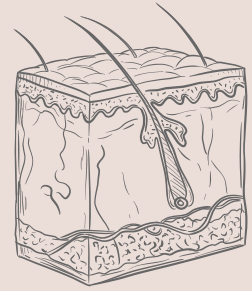


BONE HEALTH & MENOPAUSE

- OSTEOPOROSIS AFFECTS 1 IN 3 WOMEN
- CAUSES INCREASED RISK OF BONE FRACTURES
- WRIST, HIP AND SPINE FRACTURES MOST COMMON
- CAUSE OF SIGNIFICANT MORBIDITY AND MORTALITY
 - 10% OF PEOPLE WITH HIP FRACTURE DIE WITHIN A MONTH
 - 33% DIE WITHIN 12 MONTHS
- ANNUAL NUMBER OF HIP FRACTURES ROSE FROM 70,000 IN 2006 TO > 100,000 IN 2020

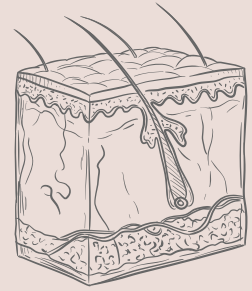


UROGENITAL ATROPHY



- CHRONIC, PROGRESSIVE CONDITION DUE TO LOW OESTROGEN
- AFFECTS VULVA, VAGINA, BLADDER & URETHRA
- SYMPTOMS MAY NOT BECOME APPARENT FOR MANY YEARS AFTER MENOPAUSE
- MANY WOMEN ACCEPT AS NORMAL PART OF AGEING
- UNDER-DIAGNOSED AND UNDER-TREATED
- 'SILENT EPIDEMIC'

BUT WHY DOES IT MATTER?



- MOST WOMEN WILL BE AFFECTED
- NUMBER OF AFFECTED WOMEN WILL INCREASE WITH TIME IF NOT TREATED
- CAN STILL BE A PROBLEM EVEN IF USING HRT
- LOW OESTROGEN CAUSES THINNING OF THE TISSUES OF THE VAGINAL AND SURROUNDING STRUCTURES

**VAGINAL
DRYNESS**



**URINARY
TRACT
INFECTIONS**

URINARY TRACT INFECTION (UTI)

- IF LEFT UNMANAGED UTIS CAN LEAD TO SEVERE INFECTION, SEPSIS, AND IN THE MOST SERIOUS CASES DEATH
- THE MAJORITY OF HOSPITAL ADMISSIONS FOR UTI ARE IN ADULTS OVER 65
- OLDER ADULTS CAN PRESENT WITH CONFUSION AND FALLS, LEADING TO RISK OF OTHER INJURY
- USE OF TOPICAL OESTROGEN REDUCES RISK BY 50%

BARRIERS TO DIAGNOSIS & TREATMENT OF MENOPAUSAL SYMPTOMS

- SYMPTOMS MAY NOT BE OBVIOUSLY ATTRIBUTABLE TO MENOPAUSE
- CAN OFTEN REQUIRE MULTIPLE VISITS BEFORE DIAGNOSIS IS MADE
- OFTEN WRONGLY DIVERTED TO MENTAL HEALTH SERVICES
- CONCERNS ABOUT SAFETY OF TREATMENT
- WOMEN MAY BE EMBARRASSED TO TALK ABOUT INTIMATE SYMPTOMS
- ***'IT'S JUST SOMETHING I HAVE TO DEAL WITH'***



WHAT CAN BE DONE?



HRT
**Hormone Replacement
Therapy**



Lifestyle changes
**Optimising diet &
exercise**



Treatment of low mood
**Anti-depressants and
cognitive behavioural
therapy (CBT)**



Menopause Coaching
**Personalised health
coaching to tackle your
symptoms and optimise
future health**

IN SUMMARY

MENOPAUSE CAN HAVE SERIOUS ADVERSE EFFECTS ON:

- MENTAL HEALTH AND PERFORMANCE, CAUSING MANY WOMEN TO LEAVE THEIR JOBS
- HEART HEALTH
- BONE HEALTH
- UROGENITAL HEALTH

SO MENOPAUSE SHOULDN'T BE IGNORED!

WANT TO KNOW MORE?

WEBSITE



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EMAIL

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COME AND FOLLOW ME



@laurawoodcoaching



dr-laura-wood-doctor-and-menopause-coach



@laurawoodmenopausecoaching

Thank you!

ANY QUESTIONS?

Dr Laura Wood
Doctor & Menopause Coach
Founder - Laura Wood Coaching

Menopause Legal Framework

By Kate Gallagher

Partner

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**Browne
Jacobson**

Menopause Legal Framework

The employment rights and working conditions of women, (cisgender and trans) going through the menopause, and its significance, has only become an area of focus in the last few years:

- July 2022 Women and Equalities House of Commons Committee Report (“Report”) on Menopause and the Workplace;
- Coroner’s Prevention of Future Deaths Report (Jacqueline Anne Potter)
- 25.4.25 DWP Press Release “Menopause Employment Ambassador, Mariella Frostrup to work with industry leaders on how employers can support women with menopause in the workplace.”



Report findings

- Women of menopausal age are the fastest growing group in the workforce
- Each woman's experience is personal and symptoms vary in duration, severity and impact
- Current law does not serve or protect menopausal women:
 - does not allow for claims based on dual or combined protected characteristics
 - recommendation that Menopause be added as a stand-alone protected characteristic under the Equality Act 2010 (rejected)

(Note, proposal to introduce dual discrimination provisions in forthcoming legislation).



Report findings

- **Current Position**
- Equal treatment rights asserted via the protected characteristics of disability, sex, gender reassignment and age (and potentially race) under the Equality Act 2010;
- Health and Safety at Work Act; and
- General employment rights under the ERA, eg not to be unfairly dismissed for a reason connected to the menopause.

(Note, the potential for criminal sanction for confidentiality of individuals with Gender Recognition Certificates)

Report findings

- Discrimination or unfair dismissal claims for reasons connected to menopause remain rare, but some recent caselaw developments

Re-cap of Equality Act disability discrimination provisions:

- direct discrimination (treated less favourably because of the disability);
- indirect (PCP)/arising from
- harassment and victimisation
- duty to make reasonable adjustments. ACAS and EHCR guidance (non-exhaustive)

Report findings

Qualifying disability? As menopause symptoms vary in severity and length, case by case assessment needed; can arise in a number of ways:

- substantial impact on the employee's ability to carry out day-to-day activities of sufficient impact and length (lasting or likely to last more than 12 months), symptom example - anxiety and stress;
- cancer automatically qualifies as a disability under the Equality Act. Employees with menopause symptoms arising from cancer treatment, eg menopause induced by chemotherapy, hormone treatment (Tamoxifen/Zoladex) or surgery (removal of ovaries)

Cases

- *Rooney v Leicester City Council*, February 2022
- *Chan v Stanstead Airport Ltd*, November 2023



Report findings

Menopause Policies

(Reasonable adjustments and workplace culture)

- Whilst Parliament did not accept the recommendation to create a precedent statutory Menopause workplace policy, this has, in practice been widely embraced and adopted:
 - universities own policies;
 - sector unions - UCU.
 - policies and good practice in the sector, (Bangor case study).



Creu Gweithle sy'n Gyfeillgar i'r Menopos

Creating a Menopause-Friendly Workplace in HE



PRIFYSGOL
BANGOR
UNIVERSITY



PRIFYSGOL
BANGOR
UNIVERSITY

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- [1] **Miliwn o Ferched ar Goll**
A Million Missing Women
- [2] **Stigma: Swyddogaethau Cymdeithasol yn y Cyd-destun Hanesyddol**
Stigma: Social Roles in the Historical Context
- [3] **Menopos: Profiad Cyhoeddus a Phreifat**
Menopause: A Public & Private Experience
- [4] **Cynnydd ym Mhrifysgol Bangor**
Progress at Bangor University

[1] Miliwn o ferched ar goll -- A Million Missing Women

- **Amcangyfrifir bod 900, 000 o ferched wedi gadael y byd gwaith ers 2010 oherwydd bod gwaith yn anghydnaws â'r menopos**
- **O blith y 2000+ o ferched a holwyd, dim ond 12% oedd wedi gofyn am gymorth**
- **Dyma'r rhesymau a roddwyd gan yr 88% nad oedd wedi gofyn am gymorth:**
 - Pryderon am ymateb cydweithwyr/rheolwyr
 - Diffyg eglurder ynglŷn â sut i gael gafael ar gymorth
- An Estimated 900, 000 women have left work since 2010 due to the incompatibility of work & menopause
- Of 2000+ women surveyed, only 12% had requested support
- The reasons given by the 88% who had not requested support:
 - Concerns about the reaction of colleagues/managers
 - Lack of clarity around how to access support

[2] Stigma: Rolau Cymdeithasol yn y Cyd-destun Hanesyddol

Stigma: Social Roles in the Historical Context

- Ym 1900, ar gyfartaledd, roedd merched yn cael y menapos yn y gorllewin pan oeddent yn 45 oed, ac ar gyfartaledd, 49 oedd yr oedran marw
- 51 ac 82 yw'r oedrannau hynny erbyn hyn.
- Mae hyn yn ein helpu i ddechrau gweld cyd-destun hanesyddol, cymdeithasol a diwylliannol y menapos fel digwyddiad bywyd arwyddocaol i ferched
- In 1900 the average age of the menopause in the west was 45, and the average age of death was 49
- These numbers are now 51 and 82
- This helps us to begin to see the historical, social & cultural context of menopause as a significant life event for women

[3] Menopos: profiad cyhoeddus a phreifat

Menopause: A Public & Private Experience

- **99% - mae'r menopos wedi effeithio'n negyddol ar fy ngyrfa**
- **40% - mae'r symptomau wedi cael effaith negyddol ar fy mherfformiad yn y gwaith**
- **30% - Rwy'n gweithio'n galetach er mwyn cuddio fy symptomau**
- **Rhoddais reswm arall / cysylltiedig am fy absenoldeb salwch, yn hytrach na datgan y menopos fel y rheswm**
- 99% - menopause has negatively affected my career
- 40% - symptoms have negatively impacted my performance at work
- 30% - I work harder in order to mask my symptoms
- 93% - I gave an alternative / related reason for my sickness absence, rather than declare menopause as the reason

[4] Cynnydd ym Mhrifysgol Bangor

Progress at Bangor University

Darparu Addasiadau	Polisiâu Penodol i'r Menopos	Darparu Hyblygrwydd
Addysg ac Ymwybyddiaeth	Cefnogi Newidiadau Diwylliannol	Datblygu Rhwydweithiau Cefnogi
Provide Adjustments	Menopause-Specific Policies	Provide Flexibility
Education & Awareness	Support Cultural Changes	Develop Support Networks



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