

MENOPAUSE

POLICY

(A POLICY FOR EVERYONE)

Updated January 2025

**DARK
HORSES**

INTRODUCTION

A menopause policy shouldn't just be seen as a policy for those going through menopause. It should be a policy for the whole company. With one in ten women leaving their job because of menopause symptoms, and the lack of support alongside, it's time for everyone to educate themselves and make it their business to effect change.

WHY?

We spend the majority of our time at work, so it makes sense that the workplace steps up and supports those in menopause. It's time to change the toxic narrative, reject the stigma, stop the culture of silence and get over the embarrassment around the subject.

There are around 18 million women in the UK over the age of 40, and millions of these are both at work and also at some point in the menopause transition. Some barely notice menopause and others find their quality of life is significantly compromised, impacting work and home life. Every experience is unique. It may take as little as two years or as many as twelve (or more - sorry!) to come out the other side.

What's more, despite the fact that half of the population will go through menopause, many go for months or even years without realising that they are menopausal, in spite of suffering uncomfortable, embarrassing, and debilitating symptoms. That's too long to ignore, pretend it doesn't exist or suffer silently.

From an employers point of view, one in ten working women is likely to leave work because of menopause. Supporting them increases employee wellbeing and productivity. A workplace policy is a no-brainer.

WHAT?

Put simply, menopause is when eggs run out and periods stop. Twelve months after the last period you are said to have 'gone through' menopause. It's a single endpoint, with the years before and after being the significant ones. Perimenopause is the years before the final moment, when hormones start to go up and down like yoyos and symptoms may start. Postmenopause is after that menopausal point and you are postmenopausal for the rest of your life.

Most women start to experience menopausal symptoms in their forties or even late thirties. Should menopause occur before the age of 40 it's known as premature menopause or Premature Ovarian Insufficiency - POI. This can be because of genetic reasons, autoimmune conditions, surgery to remove the ovaries or treatment for cancer such as chemotherapy. It is vital that women with POI are diagnosed and supported.

Of course, only too often when menopause strikes, women are facing a multitude of other demands: children (whatever their age) and ageing or ailing parents, often whilst trying to hold down a job and run households. Women may feel that they are failing and put more pressure on themselves.

WHEN?

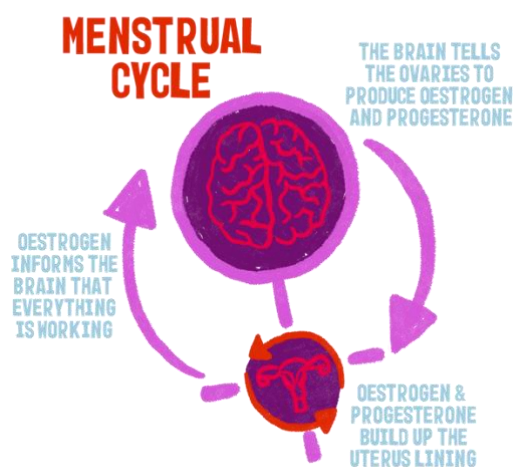
It's time to take action now. Menopause is a team effort and especially in the workplace, where we all need to pull together. If you aren't a woman, then you certainly know women; everyone has a mother, wife, aunt, sister, friend, or female colleague. They will all go through menopause. Therefore, we collectively need to sweep this out from under the carpet and start welcoming open

discussion around the subject. Let's replace the taboo with dialogue, understanding, compassion and support.

This policy sets out to explain and normalise what happens, why it happens, and how we can help each other along the way.

THE SCIENCE BIT

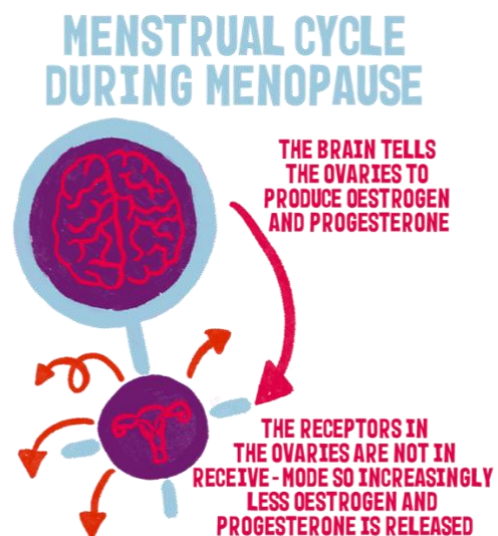
Let's take a step back to the menstrual cycle. Think of menopause as being puberty in reverse. The hormones made by the ovaries that kicked things off 30-odd years earlier are now going down. But it's not a tidy process. Oestrogen and progesterone fluctuate and then fall. As women have oestrogen receptors around our entire bodies; in our hearts, our bones, our brain and our skin, most will experience at least one of 34 (or more!) documented symptoms.



Perimenopause often starts with changes to periods, anxiety, mood changes and insomnia, and then there might be hot flushes, night sweats, aching joints and muscles, increased headaches, UTIs, pain during sex, dry skin, thinning hair and gut changes.

Many people, either menopausees* or menopause-supporters, simply may not realise that these symptoms might be part of the menopause, so it's good to have a broad understanding of the sort of things that may arise.

* made-up word



THE SYMPTOMS

The majority of women will experience at least one symptom, though not necessarily all at once, as they typically change over time. One in four will find their quality of life compromised.

MIND FOG AND MEMORY LAPSES

WHAT: The following cognitive symptoms are common: brain fog (feeling as though the brain is full of cotton wool), memory problems and difficulty concentrating.

WHY: Lower hormone levels create an imbalance in brain chemistry and may affect function. Lack of sleep and stress may also contribute to forgetfulness and struggling to retain information or forgetting words.



ANXIETY

WHAT: A persistent and nagging feeling of tension and nervousness, which may manifest physically as palpitations, dry mouth, chest pain, nausea, headaches, or even panic attacks.

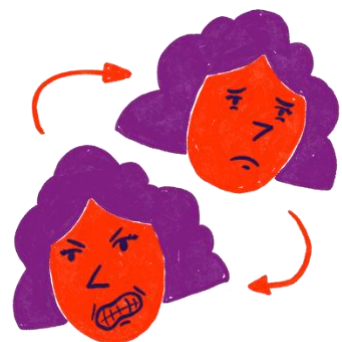
WHY: A lack of oestrogen to the brain can reduce levels of the happy hormones serotonin and increased levels of the stress hormones cortisol.



MOOD SWINGS

WHAT: You may experience a whole spectrum of emotions, from feeling unexpectedly tearful all the way through to irrational anger.

WHY: Fluctuating hormones can create fluctuating emotions and moods as can hormone (or general stress) related lack of sleep.



HOT FLUSHES

WHAT: Unexpected and sudden rushes of heat, often in the face, neck, and chest, making your skin red and sweaty.

WHY: These are also known as vasomotor symptoms and are one of the most commonly recognised signs of menopause. A decrease in oestrogen can affect the hypothalamus, the area of the brain that regulates body temperature, and cause a feeling of intense heat, usually around the face, neck and chest.



NIGHT SWEATS

WHAT: Waking up in the night to being soaked in a sheen, or even pool, of sweat.

WHY: The sister of the hot flush, these are also due to low oestrogen affecting the hypothalamus functioning properly. Keep the room cool and wear sweat-wicking fabric.



INSOMNIA

WHAT: Despite feeling tired, a persistent state of awakesness, or regularly waking up, leading to further exhaustion.

WHY: This can be driven by a number of symptoms, including night sweats, but also anxiety, stress, joint pains and bladder issues. Sleep can be also impacted directly by changes in hormones.



CHILLS

WHAT: It might sound counterintuitive, but you can also get a surprising onset of chills, and no matter what you put on, you can't seem to warm up.

WHY: As with hot flushes, the hypothalamus part of the brain responsible for heat regulation is affected as oestrogen levels drop, and can misinform your body that it's overheating. The body reacts by trying to shed heat.



BLADDER ISSUES

WHAT: Urinary infections, occasional leakage (made worse by coughing, sneezing, or laughing), and needing to go to the loo more, particularly during the night.

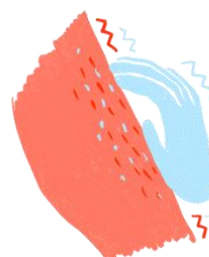
WHY: The decrease in oestrogen levels can weaken the pelvic floor, affect bladder tissue and the urinary tract, making it harder to control your bladder.



ITCHY SKIN

WHAT: Many women experience itchy skin during menopause.

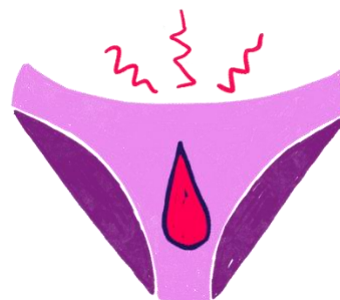
WHY: Low levels of oestrogen reduce the production of collagen and the natural oils that keep your skin moisturised. This can cause the skin to become dry and irritated.



PERIOD DISRUPTION

WHAT: Early or late, extremely heavy or very light, short or long. Changes to periods are likely to be one of the first signs of perimenopause.

WHY: The various chemical messengers fall out of sync as the levels of oestrogen rise and fall unevenly, creating an equally unpredictable menstrual cycle.



LOW CONFIDENCE/SELF ESTEEM

WHAT: If you feel you are forgetting words, feeling tired, flushed, distracted, or any one of the other symptoms, it can lead to corrosive concerns about performance and competence.

WHY: It is a perhaps unsurprising effect of an accumulation of symptoms over time, coupled with the imbalanced hormones failing to manage the anxiety.



LOWERED LIBIDO

WHAT: Lots of women suffer a decline in sex drive. It's very common, but vulval and vaginal symptoms, including dryness and increased UTIs can cause discomfort and distress. This collection of symptoms (along with bladder symptoms) is called GSM; Genitourinary Syndrome of Menopause.

WHY: Lack of oestrogen can mean less lubrication, which can lead to pain and bleeding. Testosterone levels gradually decline with age and lower levels, along with less oestrogen might lower libido.



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NUMBNESS/PINS & NEEDLES

WHAT: Occasional unpleasant sensations or numbness in hands and feet.

WHY: Oestrogen impacts the central nervous system and circulation. Any oscillation can create an imbalance that causes tingling or numbness, particularly in the extremities.



JOINT OR MUSCLE PAIN

WHAT: An uncomfortable feeling of soreness, swelling and stiffness around the joints, which is often worse in the morning.

WHY: Lower oestrogen can affect cartilage (the connective tissue in joints) and the production of collagen (a fibrous protein that gives the skin strength and flexibility) which together provide a kind of scaffold for the skeleton.



SKIN CRAWLING SENSATION

WHAT: Some people can experience uncomfortable sensations that feel like there are insects crawling across their body, when there is nothing there (also called 'formication').

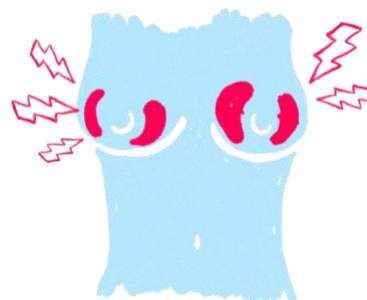
WHY: Fluctuating hormones, along with the consequent impact of thinner and drier skin can lead to this unpleasant sensation.



BREAST TENDERNESS

WHAT: Sometimes this can be a dull throbbing, tenderness and soreness, but can also feel like sudden stabbing pains.

WHY: This can be caused by the weakening of connective tissue supporting the breasts and can also be down to hormonal fluctuations. Any breast changes must be discussed with your GP.



BLOATING AND WEIGHT GAIN

WHAT: Many women complain of weight gain, and difficulty in losing weight. There can also be a general feeling of bloating, tightness, and swelling in the abdomen.

WHY: Muscle mass goes down as we age, so we require fewer calories. Low oestrogen can mean slower gut motility (as well as affecting the gut microbiome - our gut bacteria) and cause problems such as bloating.



HEADACHES AND MIGRAINES

WHAT: This is often experienced as throbbing pain on one side of the head, as well as a sensitivity to light and noise.

WHY: Migraines can be exacerbated or even start at this time of life because of hormonal fluctuations. Other symptoms, such as anxiety, lack of sleep, and hot flushes can contribute to headaches.



BURNING TONGUE

WHAT: Many women experience a dry mouth, have more fillings or find that teeth are shifting. Up to a third have what's known as burning mouth syndrome.

WHY: Dwindling oestrogen levels affects the mouth in many ways. Lubrication is lower, so bacteria isn't washed away so easily and less collagen means teeth are more likely to shift.



CHANGES TO TASTE AND SMELL

WHAT: Things can taste & smell different, stronger, weaker, less or more pleasant. It's just a bit confusing.

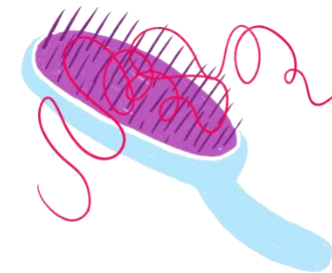
WHY: As with the burning feeling, the lack of saliva can change taste sensation.



HAIR LOSS

WHAT: Hair may become more coarse, fine or brittle. Around 40 per cent experience some thinning by the age of fifty.

WHY: Hairs stay on the head between three and seven years, and this is maintained by oestrogen levels; as they fall, hairs have a shorter lifespan. Testosterone may become more dominant meaning follicles become smaller and hair less luscious.



HEART PALPITATIONS

WHAT: It can sometimes feel as if the heart is pounding or racing. The sensation might also rise up through the neck and throat.

WHY: Palpitations can be an effect of other symptoms (anxiety, stress, and hot flushes), but can also be the result of lower oestrogen levels. Any palpitations need investigation by your GP.



GUIDANCE & SUPPORT FOR EMPLOYEES, MANAGERS AND COLLEAGUES

TRAINING

You might suggest that all employees attend a session on the menopause and associated health conditions to increase awareness and understanding. All relevant information is available at Let's All Talk Menopause as part of our MM Workplace membership.

For managers, it's worth familiarising yourselves with [this](#) practical guidance from CIPD on supporting your team members, and how to have sensitive and helpful conversations.

SUPPORT

Why not read and be able to recognise the symptoms of menopause, as outlined in this policy? Be there to support colleagues or employees, and help them feel comfortable with open discussion. Flag if you feel someone is struggling, but unwilling to or unable to seek support.

CONSIDERATION

If you are aware that a colleague or client is menopausal, please be considerate to their needs. Make sure they have water, a cool space to work, and that if you see they are feeling uncomfortable or unwell, encourage them to take a break.

OPENNESS

Please encourage people to more openly discuss the menopause - at work, at home, with friends. Whilst this topic remains behind closed doors, it continues to have an unnecessary stigma.

INTERSECTIONALITY

Intersectionality of the menopause means recognising that the experience of menopause may be different for people with different heritage and identities.

The importance of addressing the needs and experiences of our people going through the menopause emphasises our commitment to creating a workplace that supports and respects the diverse identities and heritage.

Ensure that everyone feels they can navigate the challenges of the menopause with empathy, understanding, and support. If you are aware that someone in your team may be experiencing challenges when addressing the menopause, please do share the relevant resources.

OPEN DISCUSSION

It's up to us all to remove the stigma of menopause, and the more we talk about it, the more it will become normalised. Encourage employees to talk to line managers and colleagues about how they are feeling and how they might need supporting. Many companies find that having what's called a menopause champion is useful; this is a volunteer within the organisation to whom employees can turn.

Whilst a manager plays a critical role in creating a supportive work environment, speaking to a line manager should not replace seeking medical advice. Always encourage employees to see a GP or menopause specialist. The below are some suggestions to get you started:

FLEXIBLE WORKING

In addition to any flexible working policy, you might agree to some more specific arrangements for individuals which could include:

- Later start times to compensate for disturbed sleep
- Early office leaving time to avoid rush hour on packed public transport
- Reduced work hours if symptoms are problematic
- Walking meetings to get exercise and calm some of the symptoms
- More breaks to provide time for composure and mindfulness

COMFORTABLE CLOTHES

Uniforms can be a problem, especially if they are made from man-made fibres, are heavy or tight-fitting. Consider amending uniform so they are made from breathable fabric and have size options.

COLD DRINKING WATER

Ensure there is drinking water available and allow employees to put in a request for a thermal bottle, which can keep water cold for several hours, should they be required to attend meetings outside of the office.

A COOL WORKING ENVIRONMENT

Make it easy to ask for a comfortable working environment; provide desk fans and showers (if possible) should employees wish to cool off during the day, and allow sufficient breaks.

CAMERAS OFF

Whilst cameras are useful for video meetings, employees must feel comfortable. Should there be concerns about hot flushes, allow the option of cameras being turned off.

TIME OFF

If you feel unwell due to menopausal symptoms which may come on during the course of the day, you are entitled to paid leave, in accordance with our Sickness & Absence Policy. Please inform your manager and feel free to be open about the reasons why.

SUPPORT FROM EXPERTS

As part of the company health insurance or mental health support, you should be able to access additional resources with expert practitioners and medical professionals. Please check with the HR team to ensure you have access to these resources.

PROVIDE RESOURCES

Use the company's digital platform for resources and menopause contacts within the company (you may wish to appoint a menopause champion, a voluntary position).

TREATMENT & SUPPORT

It's always good to do a bit of research yourself to explore symptoms, get advice, and even learn from other people's experiences.

TREATMENT AND SUPPORT

HORMONE REPLACEMENT THERAPY

HRT is generally recognised as being the most effective way to relieve symptoms of the menopause, topping up dwindling oestrogen levels (if you still have a womb you also need progesterone) and some benefit from testosterone top-ups to). It is the first line treatment recommended by NICE for such symptoms as low mood, hot flushes and night sweats and - for the majority of women - has more benefits than risks.

There is masses of good clinical evidence behind its safety and efficacy. What's more, oestrogen supports lubrication, including around the vagina and vulva. Many experience symptoms in this area; dryness, pain during sex, increased UTIs and leakage, and local oestrogen - in the form of a pill, pessary or gel - is safe for all. Should you not wish to or are unable to take it (in the case of hormone sensitive cancer for example), then there is a range of medical alternatives for symptoms. We urge you to see your GP, who may prescribe HRT or refer you to a menopause specialist.

VITAMINS & BOOSTERS

Herbal remedies can be helpful. Look out for options that have the THR mark (Traditional Herbal Registration), which means they have been through safety, efficacy and ingredient checks. Remember that supplements aren't regulated in the same way as medication. If you have any health conditions or are on other medication, it's worth checking with a health professional.

VITAMIN D

Vitamin D is vital, and never more so than during the menopause, being critical for bone health, and sunlight is the best source; our bodies make it from direct sun on the skin.. We can't make the so-called 'sunshine vitamin' in winter and the government advises that everyone takes a Vitamin D supplement at least from September to March. Dietary sources of Vitamin D are oily fish, egg yolk, red meat; and some foods like soy and almond milks are fortified with Vitamin D. It's difficult to get enough from diet alone.

MAGNESIUM

Magnesium often goes down alongside the drop in oestrogen. Many of us are deficient, but it's vital in many bodily functions. Taking a supplement or including magnesium-rich food in your diet may help with a number of symptoms such as sleep, mood, energy and alleviating restless legs and aching joints.

PHYTOESTROGENS

These are compounds that can mimic the activity of oestrogen. Evidence is inconclusive, but some women find that such supplements as black cohosh, agnus castus and red clover may help to alleviate symptoms, especially hot flushes and mood.

EVENING PRIMROSE OIL

There is some evidence that this can help with breast tenderness and hot flushes.

HANDY TIPS AND COPING STRATEGIES

Everyone will have a different experience of menopause, but there are some helpful tips and tricks to help manage some of the symptoms. It's advisable to visit your GP or use some of the resources listed at the end of this document, if you are struggling.

SLEEP

Try to get plenty of sleep (or at least rest time in bed). It may be of little comfort to know that around 60% struggle with sleep during the menopause.

DIET

Eat a healthy balanced diet, and avoid sugary or processed foods where possible. Cutting down on alcohol (if you drink) may be helpful, as that can exacerbate some of the symptoms; hot flushes and sleep quality.

EXERCISE

Exercise is proven to be beneficial for a number of symptoms - it can reduce stress levels, increase wellbeing, and even help manage some of the overheating; half an hour of exercise is shown to reduce hot flushes. A little is better than none at all.

RELAXATION

This is vital. Try and find a way to switch off. Go for a walk, meditate, read a magazine, see a friend. Whatever works to help you find a good mental place.

YOGA

There is good evidence for the benefits of yoga and menopause symptoms. The stretching and flexibility can help with aching muscles, and also improve strength and posture.

THINK THROUGH IT

CBT is proven to reduce hot flushes, and mindfulness and meditation can help with mood and sleep. There are masses of apps that can support and the British Menopause Society has a great [fact sheet](#) about CBT.

CLOTHES & BEDSHEETS

Keep the room cool with an open window or fan (partner allowing!) and try to select natural fabrics as bedding and pyjamas, such as cotton, bamboo, and linen. Consider having a spare set of clothes and/or sheets to hand.

TALK ABOUT IT

There's nothing to be embarrassed about. It's much better to 'fess up to being menopausal, than to overtly struggle in a meeting and be traumatised about it. You'll find that people are remarkably supportive.

CREATE YOUR OWN "GLOSSARY"

When you 'lose' words or names, you invariably actually know what they are, but can't 'find' them in your head. As soon you remember one of your 'missing words', put them in a glossary at the front of your notebook. The moment you glance at it, the relevant word jumps out, and you can successfully navigate a potentially awkward moment.

TAKE CONTROL OF THE SWEAT

Try a regular half an hour of sweat-inducing exercise in the day, and you might be less affected by night sweats.

KEEP A FOOD DIARY

Some trigger foods that may make the physical symptoms worse, and they're different for everyone. It's worth making notes of what you've eaten when you have particularly bad night - and you may collate a list of food and drinks best avoided.

RECOMMENDED RESOURCES



[My Menopause Centre](#) – a website that provides evidence-based information and advice on the menopause (what it is, the symptoms and how to treat them) as well as an online menopause clinic run by Dr Spencer where she and the other menopause specialist doctors take a holistic and personalised approach to treating the symptoms of the menopause. Take their menopause questionnaire [here](#) to receive a personalised assessment that will help you see if and where you are on the menopause transition, as well as an explanation of any symptoms and a range of treatment options.



The [Daisy Network](#) is dedicated to providing information and support to women diagnosed with Premature Ovarian Insufficiency, also known as Premature Menopause. Their aim is to provide a support network of people to talk to and provide information on treatments and research, and help manage longer term implications and the psychological impact.

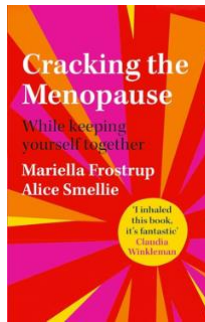


You can also download the [BSI Menopause Standard](#). It gives guidance on developing policies and practices that are supportive of employees in the workplace experiencing menstruation or peri/menopause. The standard will help those responsible for managing individual workloads, wellbeing or work environments, with examples and recommendations for adjustments. It can also help organisations identify the misconceptions around menstruation and peri/menopause, and the impact the taboo surrounding them can have on workplace support.



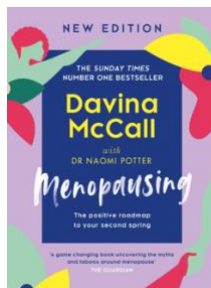
Sometimes it's good to know that you're not alone in your experiences. This book, compiled and edited by Alice Smellie, is a collection of menopause stories that were sent to Menopause Mandate. At the front are the stories of MM patrons, including Penny Lancaster, Davina McCall and Lisa Snowdon, with a foreword by MM Chair, Mariella Frostrup. You can access on [this free download link](#).

WHAT TO READ



CRACKING THE MENOPAUSE: WHILE KEEPING YOURSELF TOGETHER **MARIELLA FROSTRUP & ALICE SMELLIE**

This wonderfully human and entertaining book sets out to change how menopause is viewed. It's both factual and informative without lecturing, by approaching the more hardcore stuff with levity and humour. Designed to equip you with the knowledge you need to get through menopause, it separates fact from fiction and offers plenty of advice, expertise, and most importantly, hope.



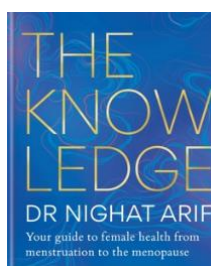
MENOPAUSING: THE POSITIVE ROADMAP TO YOUR SECOND SPRING **DAVINA MCCALL WITH DR NAOMI POTTER**

Revised and updated to reflect today's changes in the conversations around menopause and the treatments available, Menopausal: New Edition explores and explains the science, debunks damaging myths that have held us back, and smashes all of the taboos related to perimenopause and menopause. Menopausal features moving personal stories, so you can see and understand that every menopause is different, and yet we are all connected as a community.



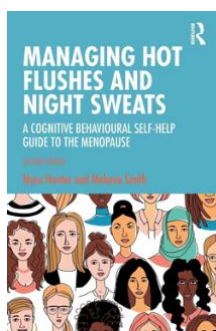
OWNING YOUR MENOPAUSE: FITTER, CALMER, STRONGER IN 30 DAYS **KATE ROWE-HAM**

Kate Rowe-Ham proves it's possible to become fitter, calmer and stronger during menopause. Supported by her own personal menopause story and her experience as a personal trainer, Kate tells you everything you need to know to change your life for the better. Kate's positive voice will transform your attitude to exercise with habit-changing strategies, dietary advice and fitness plans to help you feel the benefits.



THE KNOWLEDGE **DR NIGHAT ARIF**

Renowned GP Dr Nighat Arif delivers the definitive guide to women's health, covering puberty, fertility, the menopause and much more in accessible, reassuring detail. This brilliant guide is designed to help everyone better their understanding of the three key stages of a woman's life.



MANAGING HOT FLUSHES AND NIGHT SWEATS, A COGNITIVE BEHAVIOURAL SELF-HELP GUIDE TO THE MENOPAUSE
MYRA HUNTER & MELANIE SMITH

This four-week self-help guide uses CBT and provides information and strategies for managing hot flushes and night sweats, as well as stress and sleep. The guide can be as effective as eight hours of group CBT and will help women who want to try a non-medical treatment that is brief and effective without side effects.



THE FEEL GOOD FIX: BOOST ENERGY, IMPROVE SLEEP AND MOVE MORE THROUGH MENOPAUSE AND BEYOND
LAVINA MEHTA

The Feel Good Fix is designed to support physical and mental health in perimenopause, menopause and beyond, offering quick, fun and effective bitesize exercise, as well as mind and lifestyle 'snacks'. No equipment, no special clothes, no experience needed. Just a few minutes to spare and the willingness to pick 'n' mix a few squats, time in nature, selfcare or breath snacks into your day to get your daily fix!

WHAT TO LISTEN TO



MENOPAUSE WHILST BLACK

Menopause Whilst Black was founded by Karen Arthur. This podcast opens up a conversation about diversity in the Menopause. By placing the menopausal experience of Black UK based women front and centre by sharing their stories. It is available on Spotify, podcasts, and instagram.



THE MIDPOINT WITH GABBY LOGAN

Gabby Logan is middle-aged and unashamed. But what does it mean to be at the halfway stage of your life? Here, Gabby talks candidly to well-known faces about their own midlife challenges and expectations, drawing on the advice of experts from sleep gurus, nutritionists, and doctors specialising on hormone treatment. Available wherever you get your podcasts.



OLDER AND WIDER

From the writers of the internationally successful Grumpy Old Women, award winning Comedian Jenny Eclair and Producer and Writer Judith Holder deliver Older & Wider, a podcast that offers insight, gossip, and general news from the menopausal front and beyond. A podcast worth getting your ears syringed for.



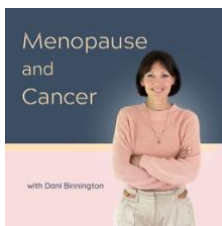
THE SHIFT WITH SAM BAKER

With big-name interviews and a broad range of midlife topics, talking everything from confidence and mental health to career reinvention, writer and broadcaster Sam Baker aims to tell the no-holds-barred truth about being a woman post-40. A frank, funny, sometimes heartbreaking, always honest look at what it means to be a woman in midlife and beyond. Find it on Spotify, Apple podcasts and Audible.



THE HEAT SEAT

The Heat Seat brings together the patrons, experts and ambassadors behind the fantastic campaign that is Menopause Mandate. From menstruation to fertility and then menopause, the podcast explores how women, such as Mariella Frostrup, Lisa Snowden, Emma Kennedy and Cherry Healey, dealt with the lows, gained their female health knowledge, and found the path to where they are now. Available where you get your podcasts.



MENOPAUSE AND CANCER WITH DANI BINNINGTON

The Menopause And Cancer podcast is for all people in menopause after a cancer diagnosis and for health care professionals alike. Danni invites guest speakers and menopause experts to discuss everything from mental health to physical and sexual health and everything in between.

WHAT TO WATCH



DAVINA McCALL: SEX, MYTHS AND THE MENOPAUSE

The OG of menopause understanding, this show is a must to watch, ideally with your mothers! When her own menopause started, Davina was warned not to discuss it publicly as it would ruin her image. In Davina McCall: Sex, Myths and the Menopause she lifts the lid on her own experience in a bid to get women talking about theirs and discovers that help is out there. Available on Channel 4.



THE CHANGE - COMEDY SERIES WITH BRIDGET CHRISTIE

For a bit of fun, and also available on Channel 4, Bridget Christie firmly puts to bed the belief that "The Hulk is the only menopausal role model in the history of TV and film."

Linda (Christie) has an existential crisis at age 50 after being informed she has started the menopause. She finds her old Triumph motorcycle and goes on a pilgrimage around her old haunts in Gloucestershire's Forest of Dean.