

Women's wellbeing at work:

Understanding the connection between law and clinical health

Today's facilitators



Amy White – Head of Loch Training & Wellbeing

Amy is an employment solicitor and experienced trainer who is Head of Loch Training and Wellbeing, part of the Loch Associates Group.

Amy uses her experience, expertise and passion for people management to present regularly on topics including employee wellbeing and mental health, managing menopause in the workplace and changes in employment law and HR best practice. She also shares her experience and knowledge by writing articles and is often asked to comment in the media and featured on television too.



Dr Olivia Hum – Clinician and Founder of Myla Health

Dr Olivia Hum is co-founder of Myla Health, an organisation of specialist doctors offering women's health appointments at clinic bases in Sussex, Kent, Sheffield and Devon. She is an NHS GP with 18 years experience and one of a small number of British Menopause Society accredited Menopause Specialists. She sits on the Medical Advisory Council of the BMS and the NHS England Clinical Reference Group.

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Today's session

Part one

- Exploring key aspects of women's health & their impact at work

Part two

- Exploring the legal framework & business case for best practice

Part three

- Conclusions, Q&A & closing

Exploring key aspects of women's health & their impact at work

DR OLIVIA HUM
MA MBBS MRCP DRCOG DFSRH

- GP- Foundry Healthcare Lewes
- British Menopause Society menopause specialist
- Member of the BMS Advisory Council
- Director: Myla Health

Key female life stages:

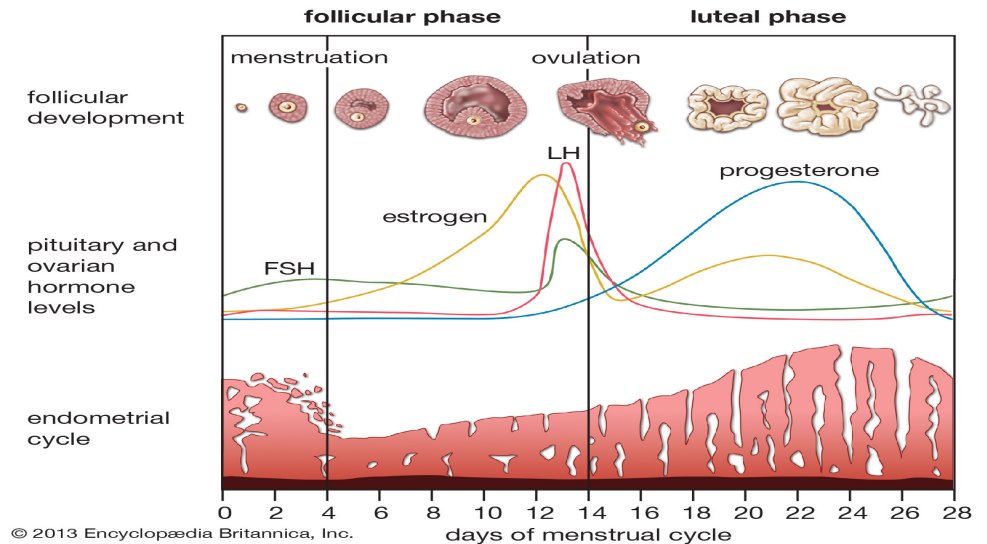
- **Puberty**: process of physical changes in which an adolescent reaches sexual maturity and becomes capable of reproduction
- **Reproductive years**: peak fertility between late teens and mid 30s
- **Menopause** = last menstrual period
- **Perimenopause** = time from first biochemical or physical changes until 12 months after the last period
- **Postmenopause** = from 12 months after your last period

Oestrogen:

The 'female' hormone. Produced mainly by the ovaries as oestradiol. Causes the changes of puberty.

Affects the reproductive organs, urinary tract, brain, skin, muscles, bones, pelvic muscles, breasts, heart and blood vessels.

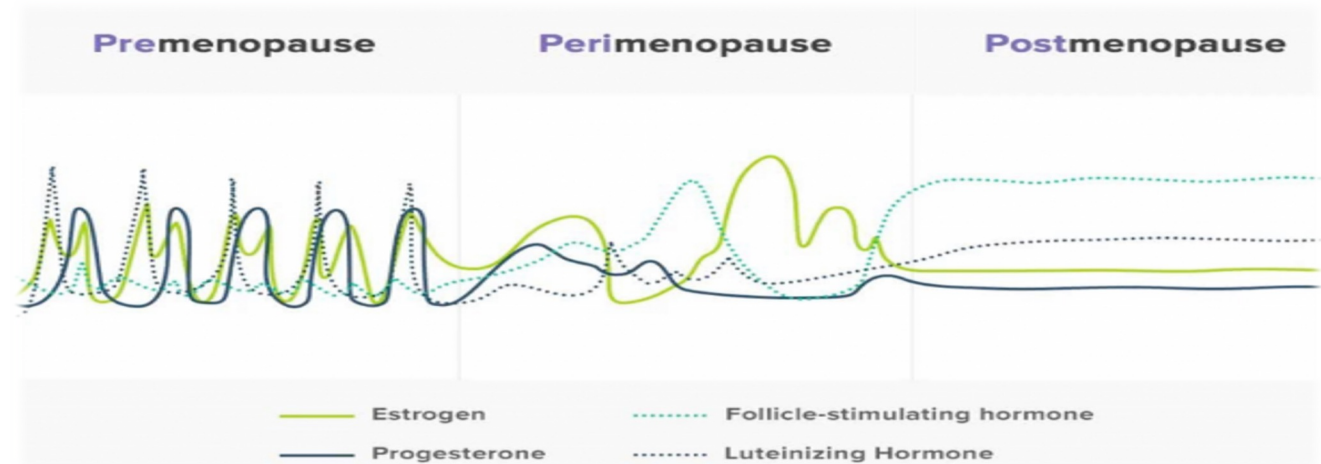
The menstrual cycle



Progesterone:

Released after ovulation - the 'premenstrual' hormone.

Prepares the womb for pregnancy every month.



Menstrual health



Menstrual health conditions:

Irregular periods:

- Regular cycles can vary from 23-35 days- with bleeding lasting average of 5-7 days
- Very normal in teenagers
- Can be caused by stress, poor food intake, excessive exercise, perimenopause, contraception
- Underlying health conditions including polycystic ovarian syndrome, thyroid disease

Painful periods (Dysmenorrhea):

- Over 80% of women get some pain with periods at some point in their life
- 5-10%- severe disruptive pain
- For some can be disabling + diarrhoea, vomiting, headache, dizziness

Heavy periods (menorrhagia)

- Excessive menstrual blood loss which interferes with a woman's physical, social, emotional or material quality of life
- Over 1/3 of women seek treatment for this
- Definition:
 - changing pad/tampon every 1-2 hours,
 - using 2 types of sanitary product together,
 - periods last more than 7 days,
 - bleed through onto clothes or bedding,
 - avoiding daily activities or taking time off work because of your periods.
- Can have no underlying cause
- Often worse in teenage years, after pregnancy or during perimenopause
- Can be caused by conditions such as fibroids, endometriosis or adenomyosis.

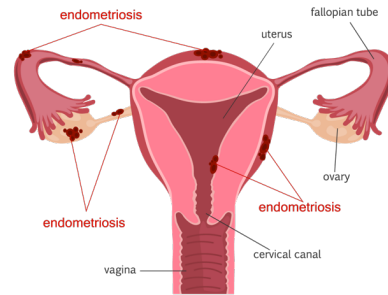
PMS

- PMS: 75% PMDD: 1-8%
- Symptoms that some women experience 1-2 weeks before period that go when your period starts
- Multiple possible symptoms:
 - Mood swings, depression, tiredness, anxiety, irritability, poor sleep, aggression
 - Breast tenderness, bloating, weight gain, clumsiness, headaches
- Worse in times of hormonal change eg puberty, after pregnancy, perimenopause
- Treatments:
 - Healthy diet, exercise, reducing stress
 - Stopping periods with a hormonal treatment
 - Giving antidepressants for half the month

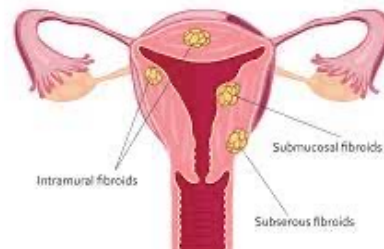
Underlying conditions affecting periods:

- Endometriosis:
- Polycystic ovarian syndrome:
- Fibroids

ENDOMETRIOSIS



Uterine Fibroids



7/10 respondents to cipa survey said that menstrual symptoms had impacted their work

Over 50% had not been able to go to work at some point due to their symptoms

Over 50% could not tell their manager that their absence related to menstrual cycle

Impact of symptoms at work

Symptoms affecting work: tiredness, lack of concentration, less patient, making mistakes

38% felt less confident

39% felt their performance had dropped

Fertility treatment



What can go wrong?

- 1/7 couples might have difficulty getting pregnant
- Male factor:
 - Low sperm count
 - Sperm that are not moving properly
 - Sperm that are a different shape
 - Damage to the testicles
- Female factors:
 - Ovarian failure
 - PCOS/endometriosis/fibroids
 - Pelvic inflammatory disease
 - Chemotherapy
 - Being overweight
 - Smoking

Age:

- 25% chance of getting pregnant in any cycle in your 20s and 30s
- 10% chance of getting pregnant in each cycle by 35
- 5% chance by 40



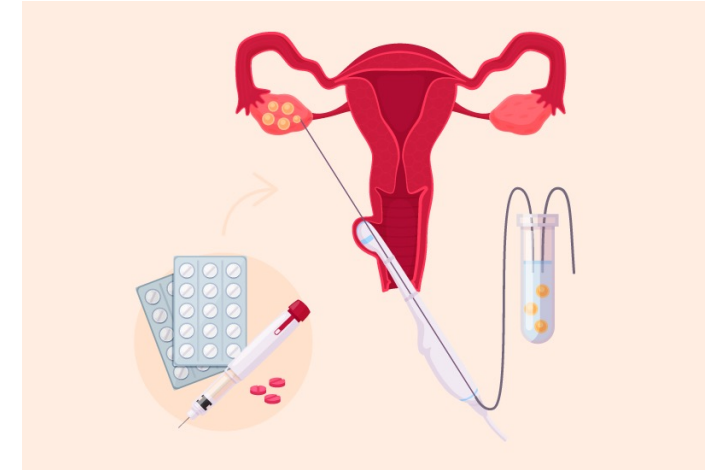
Infertility treatment

- Medication to make you ovulate
- Surgery to unblock your fallopian tubes or treat endometriosis
- IUI- putting the sperm directly into the womb
- IVF: fertilising the egg outside the body
- Using someone else's egg or sperm



IVF:

- 1) Suppressing the natural cycle- injections to switch off ovaries
- 2) Using medication to help ovaries produce eggs- daily injections
- 3) Monitoring progress with an ultrasound scan- multiple scans may be needed
- 4) Collecting eggs by putting a needle through the vagina
 - Must be timed exactly 36 hours after a ‘trigger’ injection is given to mature the eggs
- 5) Eggs are mixed with sperm to allow them to fertilise
- 6) Embryos transferred to your womb
- 7) Waiting for 2 weeks to find out if you are pregnant




Success rate varies by age- about 32% if under 35, 4% if over 44 (using own eggs). Whole cycle takes 4-6 weeks

Impact of symptoms:

Physical

- Injections cause hot flushes, mood swings, headaches
- Risk of ovarian hyperstimulation: abdominal swelling, nausea, vomiting
- Infection or heavy bleeding from egg collection

Psychological

- Side effects from medications
 - Stress, depression, anxiety, sadness, despair
 - Impact on relationship
 - Impact of failed cycles, miscarriages
- 

Fertility network data:
84% said ability to
work and concentrate
affected

Appointments
are often short
notice and
unpredictable

36% considered
leaving work
altogether (Fertility
Matters @ Work)


Impact of symptoms at work

Uncertainty re
duration of treatment
makes planning
difficult – feeling as if
life is ‘on pause’

Almost 70% take
sick leave- often
to deal with
mental health
struggles.

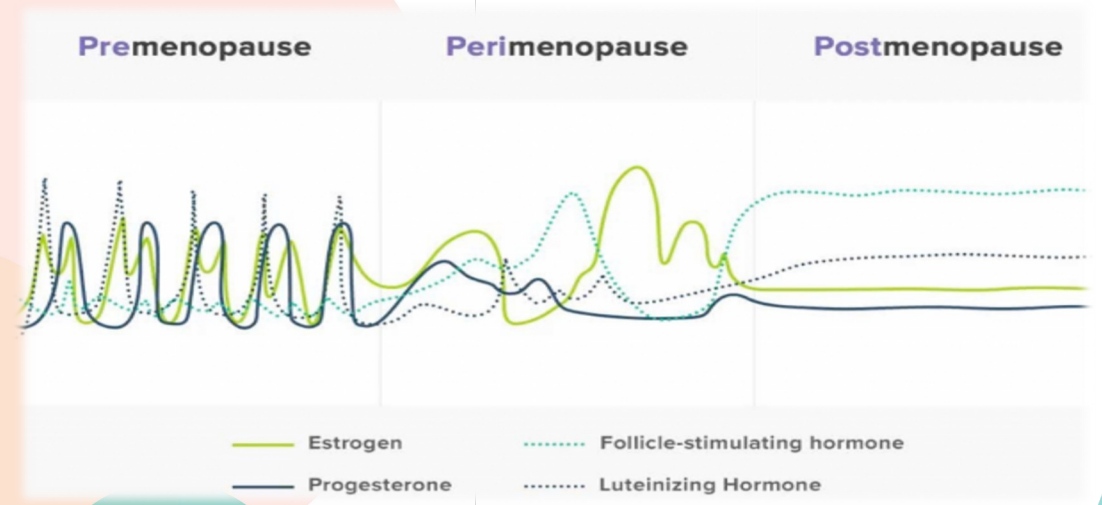
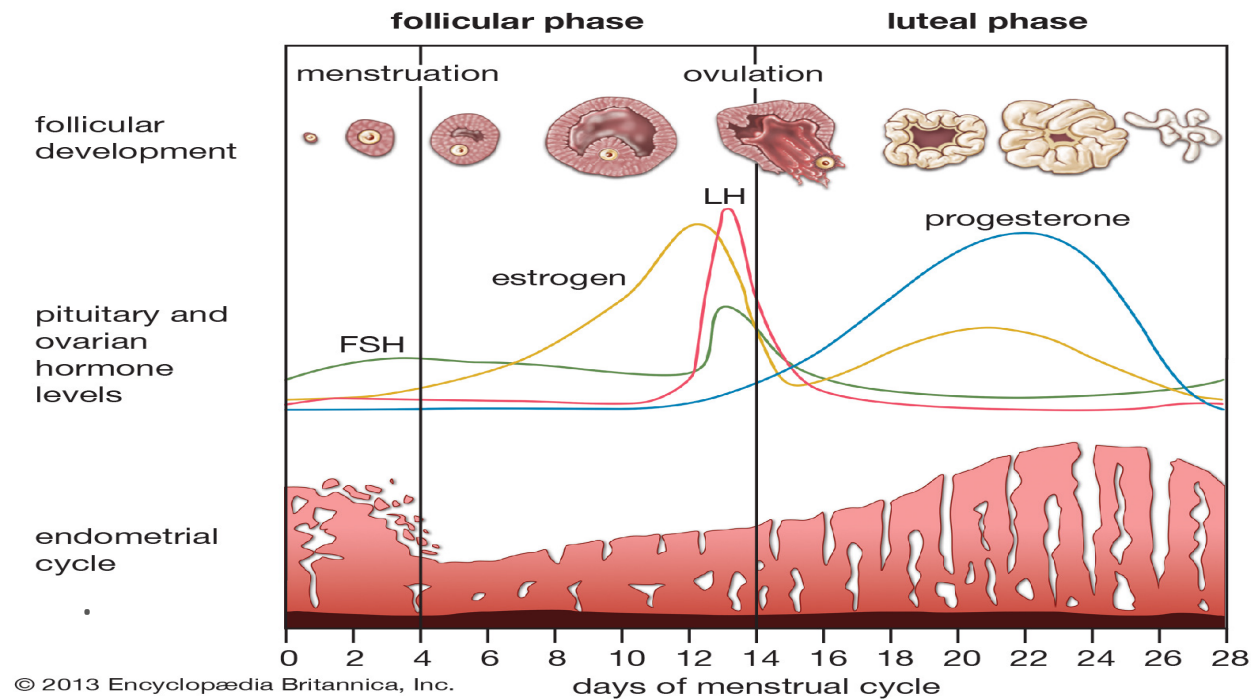
35% felt it had
affected their career-
93% in one study

Menopause and perimenopause



Menstrual cycle - a recap!

The menstrual cycle



Periods may become irregular

The ovaries gradually produce less oestrogen

Oestrogen levels rise and fall in an uneven way

Premenstrual symptoms may worsen

The perimenopause

Mood swings and irritability may occur

Blood test hormone levels may be NORMAL

Can last up to 10 years... or not occur at all

Fertility decreases but pregnancy can occur

It's not just hot flushes...

Psychological symptoms:

- Mood symptoms - 69%
- Depression, anxiety, low mood, tearfulness
- Highest suicide rate in women is aged 45-55
- Many women started on antidepressants

Cognitive symptoms:

- Brain fog, memory loss 73%
- Word finding, concentration, difficulty switching between tasks, forgetfulness, losing train of thought- overwhelm
- Loss of sleep - 84%

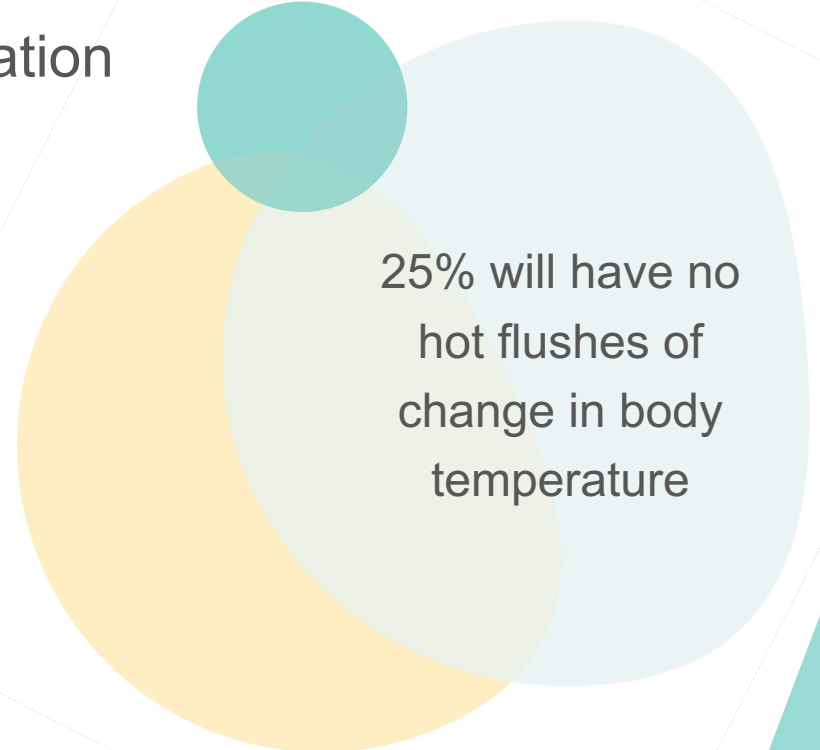
It's not just hot flushes...

Physical symptoms:

- Vasomotor symptoms- disturbance in temperature regulation
- Palpitations
- Change in body fat deposition
- Headaches
- Joint and muscle pains
- Changes to menstrual cycle

Genitourinary symptoms:


- Painful urination, UTIs
- Vaginal dryness, painful sex, vaginal irritation, discharge
- Loss of libido



25% will have no hot flushes of change in body temperature

It's not just hot flushes...

Long term health impacts:

- Accelerates bone loss, increases fracture risk. A post menopausal woman has a 2.8% risk of death due to hip fracture in her lifetime.
 - Abdominal weight gain- increased risk of diabetes.
 - Increased risk of heart attack and stroke- lack of oestrogen affects the lining of the blood vessels.
- 

Irritability
and emotional lability
affecting
relationships
at work

Sleep and
impact on
concentration
and functioning

Hot flushes
worse in hot,
poorly ventilated
environments,
uniforms

Impact of symptoms at work

Cognitive symptoms
brain fog, poor
memory, poor
concentration,
anxiety

Loss of
confidence
in your ability

Fear of the future

Reduced productivity and work satisfaction

8% of women had not applied for a promotion due to their symptoms

26% of women had taken time off due to their symptoms- only 30% felt able to disclose that menopause was the cause

Results

Reduced retention of experienced female staff

Difficulty in talking about symptoms workplace culture, isolation

28% of women had reduced their hours

Majority of women unwilling to disclose their menopause status to managers

Exploring the Legal Framework & Business Case for Best Practice

AMY WHITE

- Solicitor & Facilitator
- Head of Loch Training & Wellbeing

LOCH 
Associates Group

MYLA
HEALTH

Yes or No:

Is there legislation specifically applicable to menstrual health, fertility and/or menopause in the workplace in England & Wales?

Enter the Equality Act 2010

Marriage/ Civil Partnership

Pregnancy/ Maternity

Gender Reassignment

Race

Protected Characteristics

Sex

Age

Religion or Belief

Sexual Orientation

Disability



Dive into discrimination claims

Claims

Disability
Discrimination

Age Discrimination

Sex Discrimination



Time for fertility treatment leave?

Currently no such thing as Fertility Leave in England & Wales.

Best practice:

- Treat fertility treatment appointments like other medical appointments
- If employee becomes pregnant through fertility treatment, standard pregnancy & maternity rights apply

And watch this space!

Might it be time for menstrual leave?

February 2023: Spain = First European country to provide paid menstrual leave

→ Right = Three days paid menstrual leave per month (option to extend to five days)

Benefits:


- Tackles taboo
- Prevents presenteeism

Drawbacks:

- Not good for gender equality
- A hazard to health?

Yes or No:

Is there a business case for supporting staff with their menstrual health, fertility and/or menopause?



The bottom line

→ **Not just a personal problem**

→ **An organisational issue too**

- Reduced engagement & performance problems
- Tougher talent attraction & reduced retention
- Leads to legal claims

Prioritise a policy

Put together policies:

- Clarify assistance available
- Demonstrate awareness & understanding

Top Tips:

- Commence with consultation
- Adopt an inclusive approach
- Examine your existing policies



Tackle training

Policy success depends on manager engagement

→ **Manager engagement requires manager training**

Roll out training:

- Give managers knowledge & tools to support teams
- Ensure managers understand policies
- Prevent & protect business against (successful) claims



Engage with awareness and education

- Run awareness campaigns
- Appoint & train champions & mentors
- Collect & share real stories
- Encourage support networks
- Roll out awareness training



Conclusion

A question for you

What one thing can you do within your organisation following this workshop to better support women's health at work?

Q&A



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Thank you.

