



Navigating Menopause at Work

The Employee Care Navigation Guide

**The 3H Framework™ connects
menopause symptoms to the care and
support already available at work.**



ABOUT THIS GUIDE

This guide helps employees navigate care during the menopause transition at work.

The Employee Care Navigation Guide helps employees find and use the care and support their employer already offers during the menopause transition. The guide is built on the 3H Framework™ from The Fuchsia Tent, which connects menopause symptoms to healthcare, help at work, and treatment access. The guide is written for every worker and is designed to be opened at whichever section matches the question of the day.

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ABOUT THE FUCHSIA TENT (TFT)

The Fuchsia Tent (TFT) is a national menopause patient research and consulting organization. TFT develops evidence-based midlife support strategies and resources that help employers drive retention, engagement, and performance. The Fuchsia Tent was founded in 2024 by Kacy Fleming, MA, an Organizational Psychologist and former Head of Global Well-Being at Takeda Pharmaceuticals, where she led well-being strategy for more than 50,000 employees in over 80 countries. TFT developed the 3H Framework™ and the 3Cs Method™. With SWHR, TFT co-led *Menopause at Work: From Echo Chamber to Mainstream Practice*, a national study of 1,110 employees. Visit thefuchsiatent.com for more information.

— THE —
FUCHSIA TENT

ABOUT THE SOCIETY FOR WOMEN'S HEALTH RESEARCH (SWHR)

The Society for Women's Health Research (SWHR) is a national nonprofit and thought leader dedicated to advancing women's health through science, policy, and education while promoting research on sex differences to optimize women's health. Founded in 1990 by a group of physicians, medical researchers, and health advocates, SWHR is making women's health mainstream by addressing unmet needs and research gaps in women's health. Thanks to SWHR's efforts, women are now routinely included in most major medical research studies and more scientists are considering sex as a biological variable in their research. Visit www.swhr.org for more information.



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The menopause transition hits during peak career years.

Symptoms from the menopause transition can arrive up to 10 years before the final period¹ and during peak career years. Disrupted sleep, low mood, depressive symptoms, anxiety, joint pain, brain fog, heart palpitations, and other symptoms often appear to be separate issues that are disruptive to how people work and live. The fragmentation of symptoms and coding can lead to misdiagnosis and underdiagnosis.

14.7%

In 2022, **14.7% of commercially insured women aged 45 to 64*** had a recorded menopause diagnosis, up from 13.7% in 2018.² Women aged 45 to 64 are typically in the menopause transition or past it.¹

**People can enter menopause before the age of 45. Every menopause experience is unique.*

QUANTIFYING THE IMPACT OF MENOPAUSE AT WORK

47%

of the U.S. labor force are women³

51%

of the population will go through menopause⁴

20%

of the workforce is in some phase of the menopause transition⁵

About 1 in 5 people in the workforce are in some phase of the menopause transition.

THIS GUIDE ANSWERS THREE QUESTIONS

01

What is menopause?

02

What support is available at work?

03

What treatments exist, and what does a plan cover?

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WHAT MENOPAUSE IS

The menopause transition is a whole-body change across a third of one's working life.

Menopause is the point reached after 12 consecutive months with no period. The years around menopause are where symptoms live, and they can span a decade or more.

PERIMENOPAUSE

MENOPAUSE

POSTMENOPAUSE

up to 10 years before

lifelong

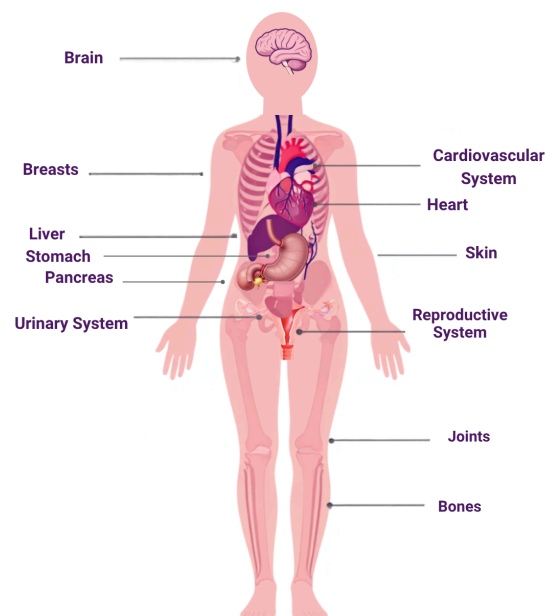
7.4 years median duration of hot flashes and night sweats across the menopause transition⁶

There is no single age of menopause. The average age in the United States is 51, and there are many forms, including surgical, medical, early (before age 45), and premature (before age 40).⁷

Fluctuating estrogen, progesterone, and testosterone affect the brain, the musculoskeletal system, cardiometabolic function, and the genitourinary system at the same time. The menopause transition is not only a reproductive event.⁸

EQUITY OF EXPERIENCE

Symptom type, severity, timing, and duration differ across racial and ethnic groups.⁶ **Each individual experience is unique.**



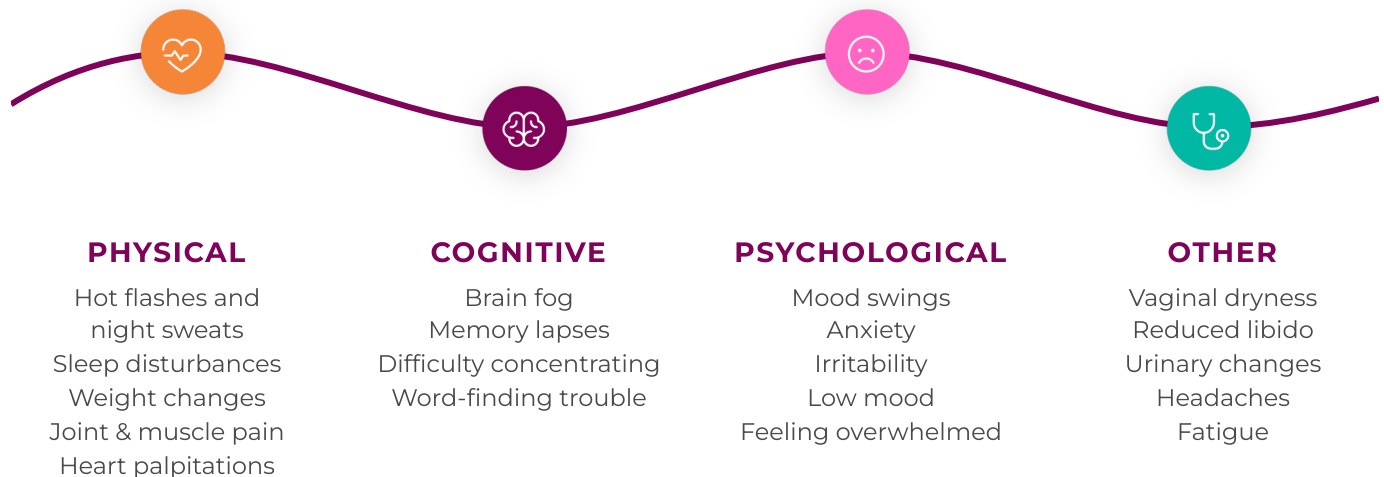
ORGAN SYSTEMS AFFECTED BY THE MENOPAUSE TRANSITION

The symptoms of menopause are fragmented and unique to each individual.

Symptoms rarely arrive one at a time, and the combination differs from person to person. Two people in the same phase of the transition can have almost no symptoms in common.

The Symptom Constellation

Symptoms reach far past hot flashes.



80%

of women experience hot flashes or night sweats (vasomotor symptoms)⁴

40+

symptoms are recognized by The Menopause Society⁷

TRACKING SYMPTOMS BEFORE A MEDICAL APPOINTMENT

Appointments are short, and symptoms are easy to underreport from memory. A written list gives the clinician the whole picture at once, rather than just the one symptom that comes to mind in the room.

The Greene Climacteric Scale is a validated 21-item scale used internationally to track menopause symptoms.⁹ Each symptom is rated from not at all to all the time, and four groups are totaled: psychological, somatic, vasomotor, and sexual. Completing the scale again a few months later is how a patient and a clinician see whether treatment is working. A copy of the [Greene Scale](#) is included on page 17.

The 3H Framework™ organizes workplace menopause support into three parts.

Menopause-specific benefits are not the only employer offerings that may ease the symptoms of the menopause transition. Many of an employer's current benefits may not be labeled or communicated as menopause care. Both symptoms and benefits can be fragmented, making it difficult to know what might help during the menopause transition. The 3H Framework™ from The Fuchsia Tent connects menopause symptoms to the benefits and resources an employer already offers. This guide is organized by the three H's, so each section answers a different question.

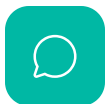


H1 • Healthcare

Menopause benefits and healthcare that are accessible and affordable.

How to locate and use the benefits and treatments already in an employer's plan.

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H2 • Help

A framework for all complex conversations, including menopause.

The 3Cs of Compassionate Dialogue™ provide the words to start the conversation.

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H3 • HRT and FDA-Approved Non-Hormone Therapy Access

Evidence-based treatments, and how to find what is covered on a plan.

The treatment options a plan may cover, and where barriers to access appear.

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Healthcare is the benefits, treatments, and resources for the menopause transition.

Medical benefits and treatments are some of the most critical components of menopause care. Most employers offer benefits that may address menopause symptoms. Some of those benefits are listed below.

Benefits employers report offering that may help:¹⁰



Health benefits exist to be used.

Even among women who seek care for menopause, nearly three in four are left untreated,¹³ and others see several clinicians before finding the right fit. Access to treatment can take persistence, so every available benefit is worth using.

BEST PRACTICE

Call the clinician's office before a visit and ask whether they treat the symptoms of perimenopause and menopause. Also ask whether they are comfortable prescribing FDA-approved treatments for menopause symptoms. If the answer to these questions is no, ask for a referral, or find a clinician willing to treat the symptoms of menopause. The Menopause Society has a [directory of menopause-certified practitioners](#).

The coverage record on page 18 keeps plan names, numbers, and websites in one place.

* Vendor-contracted menopause support among employers with 5,000 or more employees that offer medical benefits.¹²

Most menopause symptoms have a matching benefit or resource in an employer's plan.

Each symptom on the left is matched with the benefits or resources that may help.

SYMPTOM	BENEFITS OR RESOURCES THAT MAY HELP	
Hot flashes, night sweats	→	Prescription drug coverage, a telehealth or virtual visit to start, and the mental health benefit for cognitive behavioral therapy (CBT).
Sleep problems, insomnia	→	Mental health benefit or Employee Assistance Program (EAP), which may cover CBT for insomnia or a digital sleep program, and prescription coverage.
Mood swings, anxiety, depressive symptoms, irritability, panic attacks	→	The EAP for short-term counseling, the mental health benefit, and prescription coverage.
Brain fog, memory lapses	→	Primary care under the medical plan, with a referral to gynecology or neurology when needed, plus the sleep and mood benefits above.
Joint and muscle pain, stiffness	→	Prescription drug coverage, the musculoskeletal or physical therapy benefit, and primary care.
Heart palpitations	→	Primary care and a cardiology referral under the medical plan, and telehealth for a fast first visit.
Vaginal dryness, pain with intercourse, urinary changes	→	Prescription drug coverage, the physical therapy or musculoskeletal benefit for pelvic floor therapy, and a gynecology or urogynecology referral.

Menopause-Specific Benefits

Menopause-specific benefits are still uncommon, although more employers are adding them. One employer survey found 4% offering a menopause benefit in 2023 and 25% offering or planning one by 2026.¹⁴ **The benefits team can confirm if a menopause-specific benefit is in place.**

There are many symptoms related to menopause beyond the ones featured on this page, and every person's constellation of symptoms is unique.

When assistance with benefits or coverage is needed, these individuals can help.

In a 2024 national survey, 86% of employees said they are confused about their benefits.¹⁵ Several people inside and outside an organization can help make sense of a benefits plan, including medical and prescription coverage.



Benefits or Human Resources (HR) team

The benefits or HR team owns the plan, can explain what the plan includes, and can send the summary plan description (SPD). A coverage question is an information request, not a personal disclosure.



Health plan member services

Some employers' medical and pharmacy benefits are combined. Others have medical and pharmacy benefits handled by two different vendors. The numbers on the membership card can be called for additional support.



Employee Assistance Program (EAP)

EAPs offer a set number of free, confidential counseling sessions. The medical plan covers longer-term mental healthcare options.



Pharmacists

A pharmacist can explain what a prescription will cost, whether a lower-cost or generic version is available, and how to ask the prescriber about a covered alternative. No appointment is needed.

A TEMPLATE FOR REQUESTING BENEFITS INFORMATION

Subject: Coverage question about menopause and perimenopause

Hi [benefits team],

I am trying to understand what our plan covers for perimenopause and menopause symptoms: office visits, prescriptions, mental health or counseling support, and specialist or telehealth care, along with any referral or prior-authorization rules.

Could you point me to the plan documents that spell this out, or the right contact to confirm the details?

Thank you, [Your name]

Help means a quality conversation with a person who can act on the request.

Help, the second H, covers conversations that turn a need at work into a change at work. Employees do not need to disclose conditions or diagnoses. Instead, a best practice is to talk about how a proposed solution may improve work performance.

72%

of women surveyed said they have hidden menopause symptoms at work.¹⁶

THE RIGHT PERSON TO ASK DEPENDS ON WHAT IS NEEDED



A manager or supervisor

A manager or supervisor can often assist with schedules, workloads, and the day-to-day work environment. Most changes that make a difference week to week sit here.



Human Resources

Human Resources manages formal policies like leave and accommodations, and is where a manager goes when the answer is out of their purview.



The benefits team

The benefits team can typically answer basic coverage questions, including what is available on the health plan. Refer to [page 10](#) for who to contact and what to ask.

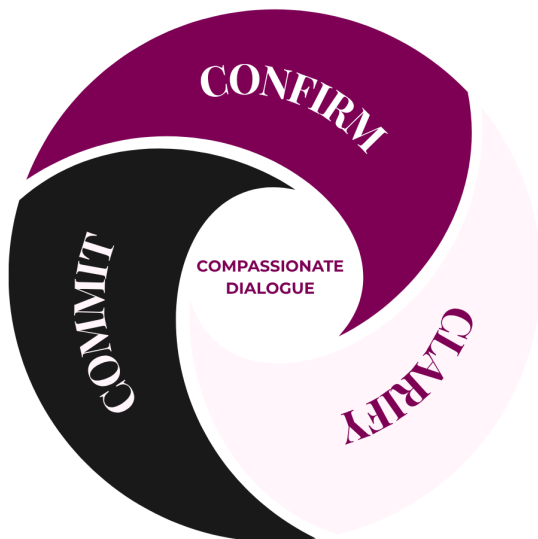
Every organization is structured differently. These are the most likely owners, but other roles may own benefits, policy, and hours depending on the organization.

Disclosing a condition or diagnosis is not required when asking for support.

Many people describe only the effect on the work, and that description is enough to open the conversation. Others choose to name a symptom, or to say they are in perimenopause or menopause. Both approaches open the same conversation. The employee decides how much to share, with whom, and when.

The 3Cs Method™ is a universal framework for difficult conversations.

Confirm, Clarify, and Commit help ensure better-quality conversations that end with a plan. The same three Cs can be used for performance conversations, caregiving, illness, and menopause.



01 CONFIRM

Make sure the situation is understood.

Describe what is happening and how the work is affected. Provide enough detail so that the other person understands the situation, with no requirement to name a diagnosis.

02 CLARIFY

Name the support that would help.

Say what supports would make the work easier or enhance performance. A specific request is easier to act on than a general one. If an employee is unsure of what is needed, the clarification can be to ask what support is available.

03 COMMIT

Leave with support, or with a path forward.

When ending the conversation, ensure a specific action or a date has been agreed to. When the answer is not available in the room, the commitment is who will find out and by when.

The same structure is helpful for different types of difficult conversations, and that is the point.

Only 44% of managers worldwide say they have received management training.¹⁷ A universal framework that covers a variety of difficult conversations can help managers build self-efficacy.

The 3Cs Method™ is grounded in self-efficacy theory¹⁸ and the workplace compassion literature.¹⁹

Statements framed in a business context turn a difficult conversation into a plan.

No one is required to name menopause, perimenopause, or any diagnosis in order to ask for a change at work. Naming the effect on the work is the harder sentence to find, so every example below does exactly that. Anyone who prefers to name a symptom can add it to any of these sentences.

INSTEAD OF SAYING	TRY SAYING
01 • CONFIRM Make sure the situation is understood	
"Sorry, I'm having trouble sleeping."	"For a variety of reasons, my sleep has been badly disrupted, and it's affecting my well-being and performance."
"I'm not feeling my best."	"I haven't been feeling like myself lately, and I don't want it to affect my performance."
02 • CLARIFY Name the support that would help	
"I'm struggling to keep normal working hours."	"I am able to do my best work right now between 10:00 a.m. and 7:00 p.m. Do I have flexibility on when I start and end my day?"
"If you don't know what benefits we have, I'll just figure it out myself."	"If you're not sure what is available for health-related accommodations, can you check with HR?"
03 • COMMIT Leave with support, or with a path forward	
"Thanks, I appreciate you listening."	"So we will try the later start for the next month. Can we check in on the 15th?"
"Let me know if you hear anything from HR."	"I will reach out at the end of the week to see what you found out from HR."

[The care navigation record](#) on page 19 keeps track of what was asked and what is still open.

Menopause symptoms have more approved treatment options than many people realize.

"Approved" means the U.S. Food and Drug Administration (FDA) has reviewed the medication and cleared it for a specific use. The medications below are approved to ease different menopause symptoms, and the non-drug options are supported by clinical guidelines. A clinician may choose a specific option based on symptoms and medical history.

Hormone Therapy (HT)

A first-line option for people who do not have a medical reason to avoid it.

- Systemic estrogen, available as a pill, patch*, gel, spray, or ring²⁰
- Estrogen combined with progestin or micronized progesterone

Options for vaginal, vulvar, and urinary symptoms

Systemic hormone therapy treats these symptoms less effectively than treatment applied directly.

- Low-dose vaginal estrogen²⁰
- Vaginal dehydroepiandrosterone (DHEA)
- An oral tablet in the selective estrogen receptor modulator (SERM) class²⁰

Non-Hormone Therapy

For people who cannot use hormone therapy or prefer not to.

FDA-APPROVED

- A low-dose antidepressant that is FDA-approved for hot flashes²²
- Neurokinin receptor antagonists, a non-hormone class of medications that acts on the brain pathway behind hot flashes. The first was approved in 2023²³ and a second in 2025.²⁴

NON-DRUG OPTIONS

All items listed are supported by clinical guidelines for menopause symptoms.²⁵

- Cognitive behavioral therapy (CBT)
- Cognitive behavioral therapy for insomnia (CBT-I)
- Clinical hypnosis

In November 2025, the FDA removed the broad black box warning from hormone therapy for menopause.²⁶

The FDA made the change after a review of the research, an expert panel, and a public comment period. The original warnings were based on a study of women who were, on average, 63 years old, more than a decade past the average age of menopause.²⁶ The update removes the warnings about cardiovascular disease, breast cancer, and probable dementia. The endometrial cancer warning remains on systemic estrogen-alone products for people with a uterus.²⁶ The FDA approved the first updated labels in February 2026.²⁷

* **If an estrogen patch is hard to find:** a pharmacy may fill the same strength from a different manufacturer, or another form such as a gel, spray, pill, or ring.²¹ Talk to a pharmacist or clinician for assistance.

A medication or treatment can be approved and still not be covered by a plan.

Health plans generally publish a list of medications that are covered and the cost of each medication. This list may be referred to as a formulary. Two employees at the same company may have different formularies if they choose different plans. Knowing the formulary before a clinician visit may help an employee decide which treatment to pursue.

DEFINITION • FORMULARY

A list of prescription drugs covered by a prescription drug plan or another insurance plan offering prescription drug benefits; also known as a drug list.²⁸

HOW TO FIND THE HEALTH PLAN FORMULARY

1 Call member services.

Some employers have their pharmacy benefit and medical benefit managed by the same health plan. Others issue a separate card specific to the pharmacy benefit. The number on the pharmacy card is the one to call.

2 Find the formulary on the health plan's website.

Logging in as a member allows navigation of that particular plan's formulary, as opposed to a general formulary. Medications can typically be searched for by name.

3 Ask a pharmacist.

A pharmacist can look up what a specific plan covers, the cost of the copay, and other covered options in case a medication is declined, with no appointment needed.

THREE QUESTIONS WORTH ASKING

"Is this medication on my plan's formulary, and what would I pay for it?"

"If it is not covered, is there an approved alternative in the same category that my plan does cover?"

"If my pharmacy cannot fill it, is the same strength available from another manufacturer or in another form?"

Three tools can lower the price at the counter.

The price at the counter is not fixed. Which tools apply depends on the insurance and on whether the medication is branded or generic.

01 Manufacturer copay card

When there is insurance through work and the medication is branded.

Look for a manufacturer copay card on the medication's website, under savings, support, or copay. The company that makes the medication covers part of the cost, so the counter price drops. Branded medications usually have a card. Generics usually do not.

02 Prescription discount services

When the medication is generic, or the copay is still high.

Prescription discount services compare cash prices at nearby pharmacies and provide a coupon. GoodRx, SingleCare, and RxSaver are examples. Search the medication, the dose, and the ZIP code. Anyone can use these services, with or without insurance.

03 Patient assistance programs

When there is no insurance, or coverage through Medicare, Medicaid, or TRICARE.

Copay cards cannot be used with those plans.²⁹ Ask about a patient assistance program instead. Manufacturers, nonprofit organizations, and some government agencies provide medications free or at reduced cost to people who are uninsured or underinsured.

One thing to know before using a coupon.

A coupon replaces insurance for that fill, so the amount paid does not count toward the deductible or the out-of-pocket maximum.²⁹ The benefits team can confirm how a plan handles a coupon, and how the same plan handles a manufacturer copay card.

DEFINITIONS

Deductible: a preset amount in expenses you must finish paying each year before your insurance begins to cover expenses.³⁰

Copay: a preset, flat fee you must pay for each doctor's visit, and for prescriptions, tests, and similar services. These payments do not count toward your annual deductible, though they usually count toward the out-of-pocket maximum.³⁰

Out-of-pocket maximum: a predetermined maximum amount of money that an individual must pay before an insurance company or self-insured health plan will pay 100% of an individual's covered, in-network healthcare expenses for the remainder of the year.³⁰

The Greene Climacteric Scale.

Mark one box in each row. Each answer scores 0 for not at all through 3 for all the time. Total each group, then bring this page to the next appointment.⁹

Symptoms	Not at all	A little	Quite often	All the time
PSYCHOLOGICAL				
1 Do you ever feel your heart beating quickly or pounding?	☐	☐	☐	☐
2 Do you feel tense or nervous?	☐	☐	☐	☐
3 Do you have difficulty sleeping? Either getting to sleep or waking in the night?	☐	☐	☐	☐
4 Do you often feel excitable?	☐	☐	☐	☐
5 Are you anxious or experiencing panic attacks?	☐	☐	☐	☐
6 Do you have difficulty concentrating?	☐	☐	☐	☐
7 Are you tired or lacking in energy during the day?	☐	☐	☐	☐
8 Have you experienced a lack of interest in things or activities?	☐	☐	☐	☐
9 Do you often feel unhappy or depressed?	☐	☐	☐	☐
10 Are you experiencing crying spells in your day-to-day life?	☐	☐	☐	☐
11 Are you irritable with family, friends, and people you come into contact with?	☐	☐	☐	☐
PSYCHOLOGICAL TOTAL				
SOMATIC				
12 Do you ever feel faint or dizzy?	☐	☐	☐	☐
13 Do you ever feel pressure or tightness in your head?	☐	☐	☐	☐
14 Do parts of your body feel numb?	☐	☐	☐	☐
15 Are you experiencing headaches?	☐	☐	☐	☐
16 Do you feel pains or aches in your muscles or your joints?	☐	☐	☐	☐
17 Do you ever experience a loss of feeling or numbness in your hands and feet?	☐	☐	☐	☐
18 Do you ever have difficulty breathing?	☐	☐	☐	☐
SOMATIC TOTAL				
VASOMOTOR				
19 Are you experiencing hot flashes?	☐	☐	☐	☐
20 Do you sweat at night?	☐	☐	☐	☐
VASOMOTOR TOTAL				
SEXUAL				
21 Has your libido changed? Have you lost interest in sex?	☐	☐	☐	☐
SEXUAL TOTAL				

The coverage record.

Use this sheet to record the details of one health plan. Keeping the plan's names, websites, and numbers in a single place makes any later question, at the pharmacy, the clinic, or the benefits office, quick to answer.

FILL IN ONCE AND KEEP

MEDICAL PLAN NAME AND MEMBER ID

WHO ADMINISTERS PRESCRIPTION COVERAGE AND THE WEBSITE

PHARMACY BENEFIT CARD AND THE COMPANY NAME ON IT

EMPLOYEE ASSISTANCE PROGRAM

TELEHEALTH SERVICE

MENOPAUSE OR WOMEN'S HEALTH SERVICE

MEMBER SERVICES NUMBER

The care navigation record.

Three questions to ask about benefits and support at work. Use the grid at the bottom to keep track of open items.

THREE QUESTIONS TO ASK

H1 • To the benefits team

"Does my plan cover visits and treatment for menopause and perimenopause symptoms, and who administers my prescription coverage?"

ANSWER

DATE ASKED

H2 • At work

"Some symptoms are affecting my work. Can you tell me what support is available?"

ANSWER

DATE ASKED

H3 • To the clinician

"Based on my symptoms and my history, what treatment do you recommend, and does my plan cover it?"

ANSWER

DATE ASKED

OPEN ITEMS

OPEN ITEM	WHO OWNS IT	BY WHEN

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