

Menopause at Work: From Echo Chamber to Mainstream Practice



1,110

EMPLOYEES SURVEYED

1,236

WRITTEN ANSWERS CODED

4

CITIES OF ROUNDTABLES

INTRODUCTION

Employers are ready to act on menopause. This report shows where to begin.

Employer health premiums have risen 6% to 7% in each of the last three years, and family coverage now costs nearly \$27,000 a year.¹ Workplace menopause support can feel like another siloed line item. Employers want to act. In this study, 32.3% of decision-makers report that menopause support is currently in place or actively planned. Most haven't started. What has been lacking is a clear picture of what employees want. This study aims to answer that critical question. From the voices of 1,110 employees nationwide, the study found that the path forward starts with amplifying benefits employers already pay for.

THE COST OF INACTION

\$26.6B

is what untreated menopause symptoms already cost U.S. employers every year in lost work time and medical spending, before anyone buys a new solution.² This report starts from the benefits you already pay for.

In the world of workplace benefits, menopause has moved from taboo to trending. New products, trainings, and accreditations now compete for dwindling benefits budgets, and the conversation is loudest among benefits vendors and providers. The workforce is rarely asked what they want or need. This study is designed to share the voice of all employees, from frontline workers to executive leadership.

These findings should prove encouraging for benefits leaders staring down another renewal season. The vast majority of employees are not asking employers to buy something new. Instead, they want a more open culture; flexibility in when, where, and how they work; and medical and pharmaceutical coverage. Most of these benefits are already paid for. What is missing is the connection to menopause and clear communication.

HOW THIS REPORT IS ORGANIZED

Most of what employees want is already funded. The gap is connection and communication. This report presents findings across three areas that reflect the workplace experience of menopause and opportunities for employer action:

Part 1: What employees want. Part 1 examines what the workforce values most, the support women would actually use, how men and women differ in supporting colleagues, and why comfort with the topic of menopause does not translate into conversations at work.

Part 2: What most employers already have. Part 2 explores the benefits that already exist in the workplace and can support midlife employees, why employees don't recognize these benefits, and what benefits invisibility costs in retention and hiring.

Part 3: What good looks like. Part 3 identifies four actions that help employers integrate their menopause benefits for clearer communication and easier navigation.

Findings are from *Menopause at Work: From Echo Chamber to Mainstream Practice*, a national Society for Women's Health Research (SWHR) × The Fuchsia Tent survey and four regional roundtables fielded March to May 2026. See [About the Study](#).

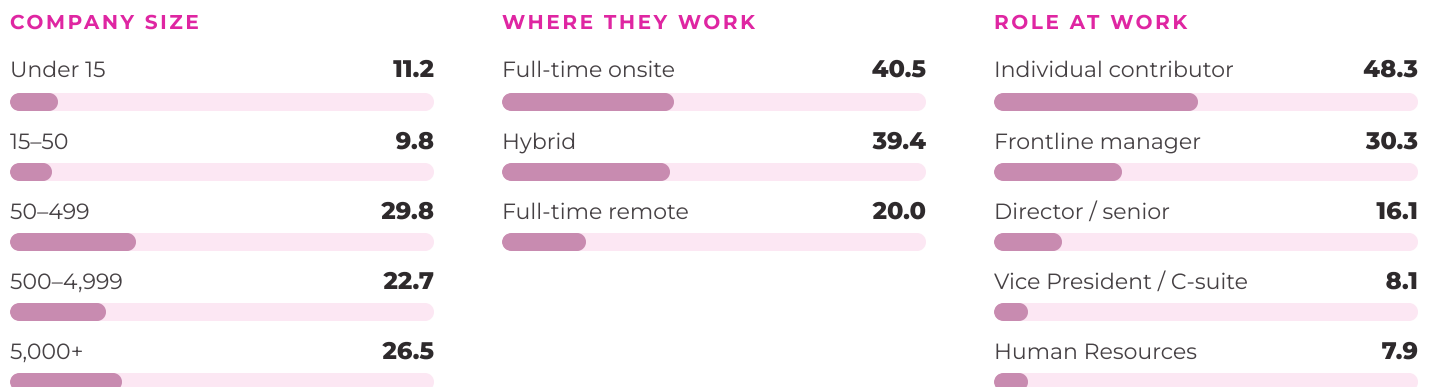
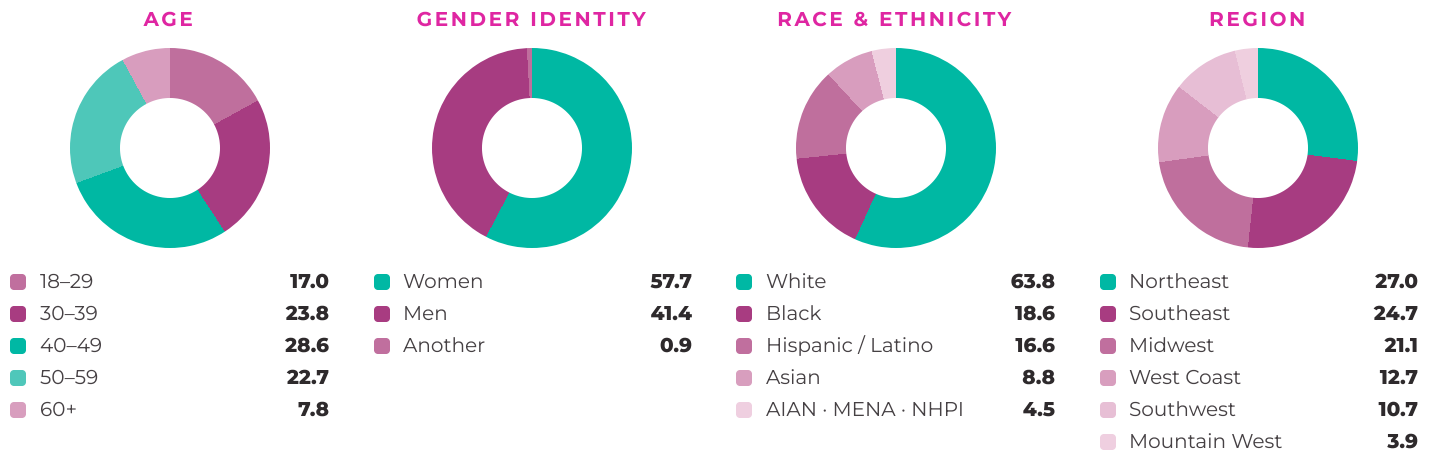
¹ KFF Employer Health Benefits Survey, 2025.

² Faubion SS, et al. Mayo Clin Proc. 2023;98(6):833-845.

OUT OF THE ECHO CHAMBER • DEMOGRAPHICS

Taking the conversation to the entire workforce.

Most menopause research surveys capture women already in menopause and invested in the topic. This study also captures the voices of men, deskless workers, frontline managers, and the executives who decide what gets funded. In this study, 51.3% of respondents are in the peak menopause years of 40 to 59 (n = 1,011).

**22.0%**

HEALTH CARE, THE LARGEST OF NINE INDUSTRIES

75.2%

DESK-BASED

24.8%

DESKLESS

Respondents were included in the analysis for each item if they provided a valid response to that question. Race and ethnicity and role at work allowed multiple selections, so their shares total more than 100%. Industries included: Education, Financial services, Government/Public sector, Health care, Manufacturing, Other, Professional services, Retail/Hospitality, and Technology. Race and ethnicity acronyms: AIAN = American Indian or Alaska Native; MENA = Middle Eastern or North African; NHPI = Native Hawaiian or Pacific Islander. Age (n = 1,011). Race and region (n = 1,009).

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PART ONE

What employees want

Part 1 examines the culture, flexibility, and benefits the workforce values most, the support women would actually use, how men and women differ in supporting colleagues, and the distance between feeling comfortable with menopause and speaking up about it at work.

INSIGHT 1

Employees care more about cultural openness, flexible work, and benefits than anything else.

Across 1,236 written answers, a compassionate culture was the single most common theme, making up 24.7% of participant comments, with flexible work and time off at 16.0% and health and wellness benefits at 15.5%. The top three categories made up 56% of participant comments.



Each theme's share of all 2,711 participant comments under the study codebook of 10 themes. Four smaller themes (symptom impact, taboo, external resources, and non-response) each accounted for less than 5%.

46%

of employees say their workplace culture is open to discussing menopause. That is fewer than half.

"I think just treat it as any other health issue that afflicts half of all humans. I want people to acknowledge and not be afraid of talking about health issues."

MAN, 40S, DESK-BASED •
SURVEY RESPONSE

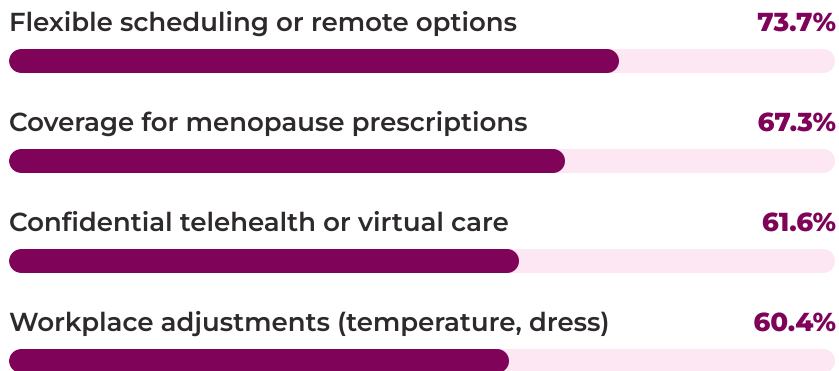
WHAT THIS MEANS FOR EMPLOYERS

When women in the roundtables were asked what had actually helped, the answers were never a product. They were people: a boss who believed them, a doctor who spent an hour, a friend who said perimenopause out loud. None of it required a new purchase. It required openness, and openness is set by the people already leading the organization.

INSIGHT 2

The support women want doesn't require new line items in the budget.

The study asked women which workplace menopause support they would actually use. All four top answers are tied to benefits and practices most employers already pay for.



The chart above reflects the four most-selected supports among women who answered (n = 596). Educational resources (51.2%) and peer communities (37.2%) followed.

Among women who managed symptoms in the past 12 months, the top supports rise further: flexible scheduling reaches **76.8%** and prescription coverage reaches **71.6%**.

93%

of women selected at least one support they would use.

“Flexible schedule, benefits that cover menopause support and medications, environmental control, flexible dress code, and a culture of understanding that we aren’t crazy.”

WOMAN, 50S, DESKLESS • SURVEY RESPONSE

WHAT THIS MEANS FOR EMPLOYERS

Most women are not asking for new products. Fewer than 20 survey comments mentioned buying a new tool. The real work is integrating existing benefits into midlife-care communications so these benefits stop being invisible to the people they were bought for.

INSIGHT 3

Men and women both want to support colleagues, but comfort levels and needs vary.

Willingness to support a colleague is present across the whole workforce, and everyone is more comfortable responding than starting the conversation. Women report more comfort than men in both roles, and both gaps are statistically significant.

■ WOMEN ■ MEN

Comfortable responding if a colleague raises how the menopause transition affects their work



Comfortable proactively checking in on a colleague they suspect is in the menopause transition



MEN AND WOMEN WANT DIFFERENT KINDS OF HELP

	WOMEN	MEN
A colleague with relevant experience takes the lead	34.8%	50.7%
Guidance from Human Resources (HR) on how to respond	35.6%	44.8%
Clear policy on health-related accommodations	50.7%	45.9%

Figures reflect respondents who answered each item. Comfort figures combine agree and strongly agree.

83%

of the entire workforce, men included, are comfortable when a colleague comes to them to discuss how the menopause transition is affecting their work.

“Creating a work environment that fosters listening to employees and responding with actionable items that help make job tasks achievable without a feeling of embarrassment or discomfort.”

WOMAN, 60+, DESK-BASED • SURVEY RESPONSE

“A supportive workplace acknowledges menopause without stigma and offers flexibility, manager awareness and reasonable adjustments.”

MAN, 40S, DESK-BASED • SURVEY RESPONSE

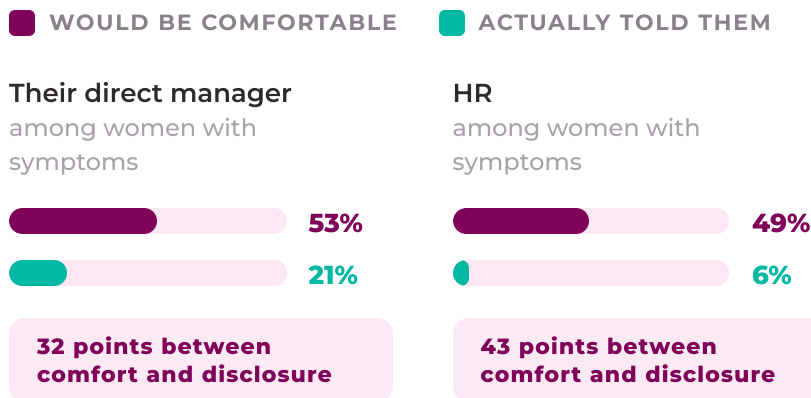
WHAT THIS MEANS FOR EMPLOYERS

The goodwill is already in the building. Men more often ask for HR guidance and an experienced colleague to lead. Men and women ask for clear policy at similar rates. An employer can provide all three this quarter. One caution: that new support structure cannot mean quietly handing the work to women. Otherwise, support becomes one more addition to their mental load.

INSIGHT 4

Comfort with menopause as a topic doesn't mean women want to discuss their symptoms at work.

Among women who reported or suspected symptoms, 53% say they would be comfortable telling their direct manager, but only **21% have told their manager**. With Human Resources (HR), 49% say they would be comfortable disclosing their symptoms, but only **6% have disclosed their symptoms to HR**. This gap holds even through the peak menopause years of 40 to 59.



In the roundtables, women explained why: speaking up carries negative connotations and a cost to career progression, so many keep working through symptoms, seeing several doctors before they ever consider leaving a job.

64%

of employees would be comfortable starting a menopause conversation with a colleague. 83% would be comfortable responding if a colleague raised it first.

“A supportive peer network of other nurses has been the most helpful. Being able to step into a cooler environment or adjust my uniform slightly makes a big difference, along with telehealth and flexible scheduling.”

NURSE, 60+, DESKLESS •
SURVEY RESPONSE

WHAT THIS MEANS FOR EMPLOYERS

Reactive support will not work. Most women will never raise their hand, and the rest of the workforce waits too. When everyone waits for someone else to go first, the conversation never starts. Support has to arrive proactively, built into the culture, the benefits, and the communication channels employers already control.

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PART TWO

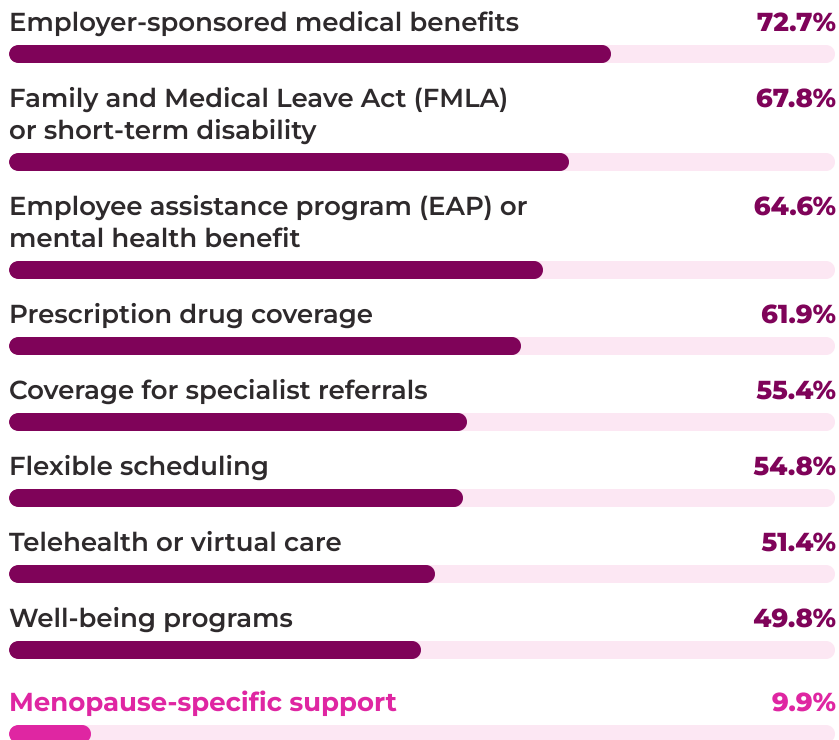
What most employers already have

Many benefits that already exist in the workplace can support midlife employees, but awareness of these benefits falls the further employees sit from leadership, and invisible support costs employers in retention and hiring.

INSIGHT 5

Most benefits that help with menopause are already in place. Employees just don't know it.

Between 50% and 73% of employees surveyed report their employer already offers the benefits listed below, and **every one can help with symptoms of the menopause transition. Yet only 9.9% of employees say their organization offers menopause-specific support.** The connection is not being made.



Each bar is the share of respondents who reported that benefit. Respondents could select more than one, so shares total more than 100%. The eight benefits above come from the general benefits question (n = 1,101); the 9.9% bar comes from the menopause-specific question (n = 1,103).

HOW EACH BENEFIT CONNECTS

Prescription coverage

can include hormone therapy and non-hormonal treatment approved by the U.S. Food and Drug Administration (FDA).

Specialist referrals

can route individuals to an obstetrician-gynecologist (OB/GYN), reproductive endocrinologist, or certified menopause practitioner.

EAP, telehealth, and mental health

services can help with sleep, mood, and brain fog.

Flexible scheduling and leave

can make room for the hard days without a diagnosis debate.

WHAT THIS MEANS FOR EMPLOYERS

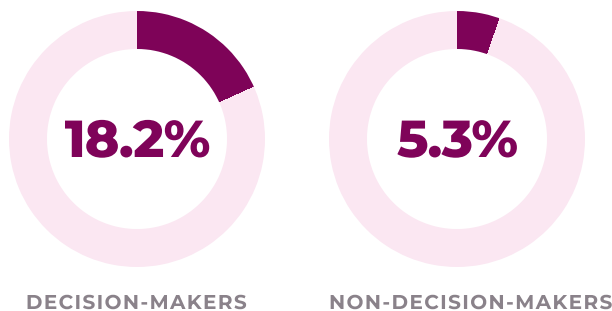
Before buying anything new, audit and connect what you already offer. The gap is not a missing benefit. It is that employers and HR have not connected these benefits to menopause, communicated them, or explained them.

INSIGHT 6

Clear communication and easy navigation are what make benefits work.

Decision-makers are about **3.4 times more likely** than non-decision-makers to believe their organization offers menopause-specific support: 18.2% versus 5.3%. Information disappears as it travels down the organization.

AWARENESS OF MENOPAUSE-SPECIFIC BENEFITS



“An environment safe enough to talk about how menopause is affecting me. When estrogen levels drop, the ability to recover from stress or anxiety is diminished exponentially. Workplaces can allocate quiet spaces and coaching.”

WOMAN, 50S, DESKLESS • SURVEY RESPONSE

In the roundtables, frontline workers described a different reality: flexibility means something very different in a deskless job, and the menopause conversation rarely reaches roles shaped by locker rooms, uniforms, and fixed bathroom breaks.

43.8%

of non-decision-makers cannot say whether their organization offers menopause support.

“To get any accommodations, one must know what to ask for. I want to know what is possible and then decide which one(s) will help me personally.”

WOMAN, 50S, DESK-BASED • SURVEY RESPONSE

WHAT THIS MEANS FOR EMPLOYERS

This study measured perception, not benefit records. Either menopause support exists and almost no one knows, or nothing exists and leadership believes otherwise. Both end the same way: **women managing symptoms without help**. Right now **43.8% of non-decision-makers**, and **29.0% of decision-makers**, cannot say which of the two describes their own organization.

INSIGHT 7

Menopause support is a talent retention and attraction strategy.

Invisible support has a price, and it shows up in absenteeism (missed work days) and attrition (employees leaving). Women in the peak menopause years of 40 to 59 are often an organization's most experienced leaders, and the most expensive to replace. Employees of all genders see the stakes too: **71% say menopause support is as important as support for any other health issue**, and 65% agree employers have a responsibility to act.

RETENTION

1 in 3

women who reported or suspected symptoms (33.0%) has considered leaving her job or cutting her hours because of her menopause symptoms.

ATTRACTION

44%

of women say menopause support would influence whether they accept a job offer, rising to **53%** among those who managed symptoms in the past year.

"I quit my job, in part, because I couldn't sleep and couldn't concentrate on work. If I had been in a different environment (unrelated to menopause) I would probably have made it, but I didn't feel supported."

WOMAN, 50S, DESK-BASED • SURVEY RESPONSE

WHAT THIS MEANS FOR EMPLOYERS

Making existing support visible, easy to access, and affordable is a retention and attraction strategy. When employees cannot see credible support from their employer, they look elsewhere or leave. Credible, visible, employer-anchored support is the answer.

Retention, attraction, and employee-stakes figures each reflect a single survey item. Percentages reflect respondents who answered that item.

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PART THREE

What good looks like

When it comes to workplace menopause support, integration is a need and innovation is a nice-to-have. Most of what employees want is already funded, and there are four actions that can help employers integrate their menopause benefits for clearer communication and easier navigation.

WHAT GOOD LOOKS LIKE

1

Audit before you add, and measure utilization.

Why this matters: Buying new solutions before auditing existing ones recreates the same invisibility workplaces already have, at a higher price. The audit should always come first.

HOW TO TAKE ACTION

- **Audit current supports** against what employees said they would use: flexible scheduling, prescription coverage, confidential telehealth, and workplace adjustments.
- **If current supports aren't sufficient**, select a solution that meets your population's needs and integrate it into overall midlife care rather than launching a standalone program.
- **Measure utilization and new starts** at least quarterly, and report them the way any other benefit is reported.

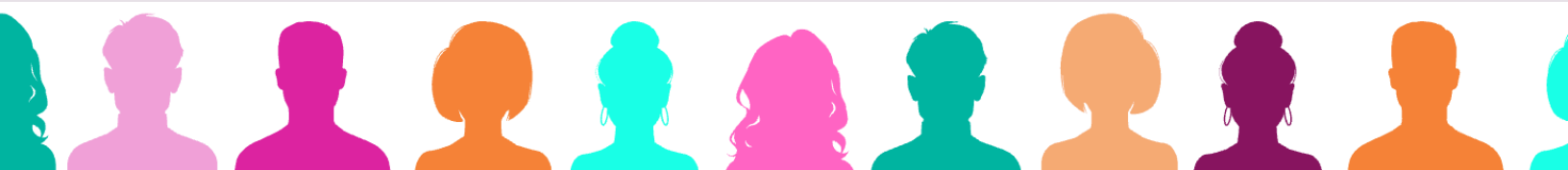
2

Deliver support by integrating the benefits you already offer.

Why this matters: 93% of women want some form of support, and most of what they want already exists within funded benefits.

HOW TO TAKE ACTION

- **Map current benefits to menopause.** Connect the medical plan, EAP, telehealth, specialist referrals, flexible scheduling, and leave policies to midlife care.
- **Make prescription coverage explicit.** Confirm and communicate that prescription coverage includes hormone therapy and FDA-approved non-hormonal treatment.
- **Build the referral path.** Ensure specialist referrals can route to an OB/GYN, reproductive endocrinologist, or certified menopause practitioner, and say so in plain language.



WHAT GOOD LOOKS LIKE

3

Communicate benefits so all employees can understand and access them.

Why this matters: Awareness is almost always a gap. Decision-makers assume support exists far more often than non-decision-makers do, and awareness of menopause support falls again for deskless, frontline, and remote workers. Solutions that are not accessible are not solutions.

HOW TO TAKE ACTION

- **Share benefits information where employees will actually see it.** Desk-based employees read email and the intranet. Deskless employees rely on managers, break rooms, and printed materials, so put benefits information there too.
- **Tell employees clearly these benefits can help during the menopause transition.** Use the language employees use, not the language of the benefits plan document.
- **Ask employees whether they know what is available.** Survey frontline, deskless, and remote employees specifically, because they are furthest from leadership.

4

Treat compassionate dialogue as a life skill, not something menopause-specific.

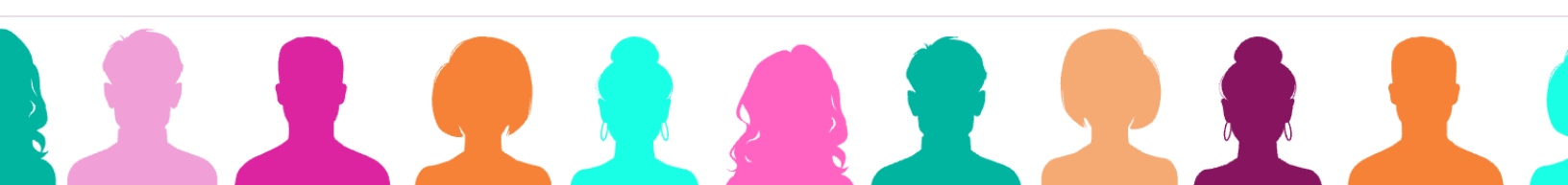
Why this matters: Individuals in the menopause transition want to be safe from discrimination and treated like any other employee facing a health challenge. Most will never disclose their experience, so managers should not wait for the employee to start the conversation.

HOW TO TAKE ACTION

- **Educate managers on basic awareness of menopause symptoms and their impact on work,** so flexibility requests and hard days are met with understanding instead of a diagnosis debate.
- **Train managers to handle sensitive conversations well,** whatever the topic. The same skills serve any health challenge an employee will ever bring to them.

THE BOTTOM LINE

Getting this right does not take the biggest budget. The employers who stand out will be the ones whose employees can see, understand, and use the support that was already there.



ABOUT THE STUDY

A national study of menopause in the U.S. workforce.

Menopause at Work: From Echo Chamber to Mainstream Practice was fielded from March to May 2026 and collected 1,110 responses, designed for breadth across gender, decision authority, work setting, and demographics. The study was mixed methods, combining quantitative and qualitative questions with regional roundtables in Boston, Houston, Chicago, and Los Angeles. Respondents provided 1,236 written answers, which were separated into 2,711 individual comments and hand-coded in four rounds under a final codebook of 10 themes and 153 child codes.

The study was approved by Pearl IRB, an independent institutional review board (#2026-0131-DFT). Percentages reflect the respondents who answered each respective question, and counts vary by item. This includes select-all-that-apply questions, where respondents who did not answer the question are excluded rather than counted as selecting nothing. Gender differences remain statistically significant after correction for multiple comparisons. Peer-reviewed manuscripts are in preparation.

CONTRIBUTING AUTHORS

Kacy Fleming, MA, Co-Principal Investigator of *Menopause at Work: From Echo Chamber to Mainstream Practice*; Chief Executive Officer of The Fuchsia Tent.

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

The Society for Women's Health Research (SWHR) is a national nonprofit dedicated to advancing women's health through science, policy, and education, and promoting research on sex differences. Founded in 1990, SWHR is making women's health mainstream by addressing unmet needs and research gaps in women's health.

Visit www.swhr.org.



ABOUT THE FUCHSIA TENT (TFT)

The Fuchsia Tent (TFT) is a national workplace menopause 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 by Kacy Fleming, MA, an Organizational Psychologist and former Head of Global Well-Being at Takeda Pharmaceuticals. Visit thefuchsiatent.com.



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2. Faubion SS, Enders F, Hedges MS, et al. Impact of menopause symptoms on women in the workplace. *Mayo Clin Proc*. 2023;98(6):833-845. doi:10.1016/j.mayocp.2023.02.025



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