

BS 30416:2023



BSI Standards Publication

**Menstruation, menstrual health and
menopause in the workplace – Guide**

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Published by BSI Standards Limited 2023

ISBN 978 0 533 23778 8

ICS 03.100.30; 11.020.10

The following BSI references relate to the work on this document:

Committee reference CH/314

Draft for comment 22/30461776 DC

Amendments/corrigenda issued since publication

Date	Text affected
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Contents

	Page
Foreword	II
0 Introduction	1
0.1 General	1
0.2 Why start addressing this topic now?	2
0.3 Myths around menstruation and menopause	3
<i>Table 1 — Examples of characteristics that can influence experiences</i>	4
0.4 Questions which this standard can help to address	5
<i>Table 2 — Examples of questions that this standard addresses</i>	5
1 Scope	6
2 Normative references	6
3 Terms and definitions	6
4 Introduction to menstrual health and peri/menopause	7
<i>Figure 1 — Considerations flowchart</i>	8
5 Practical actions	9
5.1 General	9
<i>Figure 2 — Creating an inclusive environment using a practical approach for menstrual and peri/menopausal health in the workplace</i>	9
5.2 Physical aspects of work	10
5.3 Policy guidance and practice	12
5.4 Supportive workplace cultures	12
5.5 Work design	14
5.6 Inclusivity in menstrual health and peri/menopause at work	14
5.7 Examples of role adjustments	16
<i>Table 3 — Examples of adjustments for different roles</i>	16
5.8 Considerations for small and medium-sized enterprises (SMEs)	16
5.9 Evaluation and metrics	17
Annex A (informative) Further reading on menstrual and menopausal health	19
Annex B (informative) HR and line manager toolkit	22
<i>Table B.1 — Example table for a general assessment and monitoring of adjustments</i>	25
Annex C (informative) Sample internal review checklist based on recommendations from this guide	29
<i>Table C.1 — Sample checklist to review internal assessments</i>	29
Annex D (informative) Recruitment considerations and ideas to reduce barriers	31
<i>Table D.1 — Examples of how to reduce barriers</i>	31
Annex E (informative) Initiatives to facilitate culture change	33
Bibliography	37

Summary of pages

This document comprises a front cover, an inside front cover, pages I to IV, pages 1 to 40, an inside back cover and a back cover.

Foreword

Publishing information

This British Standard is published by BSI Standards Limited, under licence from The British Standards Institution, and came into effect on 31 May 2023. It was prepared by Subcommittee CH/314/1, *Menstruation and menopause in the workplace*, under the authority of Technical Committee CH/314, *Ageing Societies*. A list of organizations represented on these committees can be obtained on request to the committee manager.

Acknowledgement is given to the following organizations that were involved in the development of this British Standard:

- Acas
- Black Women in Menopause
- Bloody Good Period
- BMR Health and Wellbeing
- Brabners LLP
- BT
- Buro Happold
- Daisy Network
- Dementia Prevention UK
- Encompass Equality
- Endometriosis UK
- Equality Counts
- Federation of Small Businesses
- Global Equality Collective (GFC)
- Henpicked: Menopause in the Workplace
- Individual expert – Surgical menopause perspective
- Individual expert – Menopause Anxiety
- Individual expert – PMDD
- Individual expert – Workplace policy and neurodiversity
- Institute of Workplace and Facilities Management (IWFM)
- Institution of Occupational Safety and Health (IOSH)
- Lemur Health
- LGBT Foundation
- M for Menopause
- Mediabrands
- MenoClarity
- Menstrual Matters
- SKC Occupational Health
- Smarter Change

- Society of Occupational Medicine
- Technical Committee CH/338, *Menstrual Products*
- The Glasgow School of Art
- The Menopause Consortium
- The University of Sheffield
- TOTM
- UNISON
- University of Glasgow
- University of St Andrews
- Versus Arthritis
- Wm Morrison
- Women of a Certain Stage
- Your Healthcare Academy

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Presentational conventions

The guidance in this document is presented in roman (i.e. upright) type. Any recommendations are expressed in sentences in which the principal auxiliary verb is “should”.

Additional commentary, explanation and general informative material is presented in smaller italic type.

Where words have alternative spellings, the preferred spelling of the *Shorter Oxford English Dictionary* is used (e.g. “organization” rather than “organisation”).

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0 Introduction

0.1 General

Understandings of menstruation, menstrual health and peri/menopause in Western society, including the UK, are complex and influenced by many factors that are as yet not fully understood or openly discussed. This can make it difficult for women, trans and non-binary people to understand and manage their physical and mental health symptoms, and for health care professionals and workplaces to adequately support them.

The way we work is changing; however, in many cases, core working practices are still not far from those that were designed at a time where women were not equally represented or prioritized in the workforce. As pressure grew for women to enter the workforce, it became a case of them fitting into existing frameworks where their specific needs were not served, and in many cases are still not served today.

Within this document we use the term “symptoms”; this is used to recognize that, even though menstruation and peri/menopause are not medical conditions, some find that these changes have an impact on their quality of life.

NOTE 1 It is important to recognize that some symptoms associated with menstruation and peri/menopause can be caused by an underlying medical condition (see Annex A).

NOTE 2 Throughout this document there are references to both menstruation and menstrual health. For the purpose of this document, menstruation refers to the monthly period in which bleeding occurs, while menstrual health has a broader meaning including physical or mental health and wellbeing (e.g. including underlying medical conditions) related to the menstrual cycle.

NOTE 3 The everyday use of the term “menopause” often refers to the entire duration of the menopause transition, unlike the medical definition, which differentiates perimenopause, menopause and post-menopause. In this document we use the term “peri/menopause” to reject the entire menopause transition.

In many cases, menstrual health and peri/menopause are managed independently and privately without the need for workplace support. However, organizations can provide adjustments or support to create a more comfortable working experience.

It is important to understand the impact of culture on how menstruation and peri/menopause are often represented. Portrayal of menstruation and menopause in the workplace are uncommon, and when these narratives are explored, they tend to focus heavily on severe physical, emotional and psychological symptoms. This can influence general attitudes and beliefs that reinforce the stigma that menstruation is always a problem and that menopause is a negative, isolating phase. Portrayals of menopause as an age-related condition are also not helpful to younger employees experiencing menopause prematurely. Furthermore, diverse needs and experiences linked to ethnicity, religion, sexual orientation, gender identity and neurodivergence are often neglected.

It is also important to recognize that peri/menopausal symptoms can coincide with significant mid-life challenges and responsibilities, and research has shown that stress and symptoms of peri/menopause are inextricably linked. For example, maintaining job performance might be difficult when employees are also dealing with stressors such as a combination of existing health conditions; fertility issues; managing childcare and care for older parents; worrying about children leaving home; financial constraints; relationship breakdown or other stressful life events. When there is a lack of knowledge within the organization of how to support employees through these stressors, as well as with the symptoms of menstruation, menstrual health conditions and peri/menopause, this can lead to issues such as presenteeism, absenteeism, disengagement and additional/increased turnover costs.

NOTE 4 See [BS ISO 25551](#) for guidance on generating a carer-inclusive workplace and [BS ISO 25550](#) for guidance on generating an age-inclusive work environment.

This document can assist organizations to identify misconceptions around menstrual and peri/menopausal health, and the impact the stigma surrounding them can have on workplace support. The practical workplace adjustments and activities recommended here support existing activities around workplace wellbeing and occupational health and safety initiatives. These workplace adjustments support and complement existing medical provisions in a more rounded and holistic way.

Within this standard there are examples of adjustments that can be made; however, the experiences and impact of menstrual health and peri/menopause vary for each employee, as does their support and environment requirements or preferences.

0.2 Why start addressing this topic now?

Within the current landscape of skills shortages, recruitment challenges and attrition of talented employees, alongside a significant number of workers experiencing peri/menopause in the workplace; and in a time where employees and stakeholders are more socially aware and have expectations about their wellbeing at work, it is important that organizations re-evaluate their job and workplace designs to make them suitable for all employees. Under the Equality Act 2010 [1], employees have a right to be protected from disadvantage or less favourable treatment if they have one or more “protected characteristics”. There is no expressly protected characteristic of menstruation or menopause. Instead, legal protection is needed to arise as a result of protection from discrimination in relation to sex, age or disability (or a combination thereof).

The Health and Safety at Work etc. Act 1974 [2] states that it is the duty of every employer to ensure, so far as is reasonably practicable, the health, safety and welfare at work of all employees. This means positively protecting employees, where reasonably practicable, from foreseeable risks that arise out of or in connection with their work. Therefore, at times (on a case-by-case basis), this might extend an employer’s legal duty to ensure that work or working conditions do not exacerbate an employee’s symptoms to such an extent that it could expose them to material risk to their health, safety or welfare, or cause harm.

The Management of Health and Safety at Work Regulations 1999 [3] has the requirement to risk assess factors that arise out of or in connection with work that affect health, safety and welfare. Therefore, when an employer is notified of any known condition, issue and/or symptoms, which might mean that an employee is more likely to be exposed to occupational risk or could be harmed while at work due to their specific situation, the employer might need to undertake some form of person-based risk assessment and put in place arrangements to manage health and safety risks. Where relevant, this is done on a case-by-case basis.

This British Standard can assist organizations to understand which actions relating to menstrual and peri/menopausal health can be taken to protect the welfare of employees in the workplace, and to make the work environment more suitable for everyone.

There is also a financial case for taking into account menstrual and peri/menopausal health in the workplace. A proportion of employees experience symptoms which leave them feeling they have no other option but to leave the workplace if they cannot find support at work. There are direct financial costs associated with the recruitment and training of new staff to replace those who have left. There are also indirect costs due to the loss of talent, knowledge and experience within the organization.

The lifestyle and emotional costs that employees face when they leave employment are equality and human rights issues, with tangible financial costs for both employees and employers.

Generating awareness of good practice when supporting employees and creating positive work cultures benefits organizations by:

- a) increasing employee engagement and productivity;
- b) improving the health and wellbeing of employees and boosting their healthy working life expectancy which, in turn, benefits their immediate families;
- c) increasing employee retention, and reducing the costs of attrition, recruitment and training;
- d) improving leadership culture by generating more awareness among managers without personal or lived experience; and
- e) improving diversity and inclusion objectives by preventing the loss to the workplace, due to inadequate or inflexible working conditions.

Throughout this standard, recommendations are made for organizations to take into account. These recommendations are not exhaustive; however, they provide a good framework from which to start.

0.3 Myths around menstruation and menopause

Myth 1: Everybody is talking about menopause and menstruation – the workplace does not need to/should not provide support

Response: While it might seem like lots of people are talking about menstruation and menopause, the reality is that employees do still struggle to find support. It should not be assumed that everybody has support outside of work nor that they are receiving the support they need from medical professionals. Those with menstrual health conditions can struggle to get a diagnosis and access the treatments or support they need to help manage their symptoms. Many employees do not know what to expect of peri/menopause and can be caught off guard when signs and symptoms first appear. Knowledge of menstrual health and peri/menopause is known to affect an employee's experience of menopause both for themselves and those around them (partners and significant others, colleagues, managers, etc.). Aspects such as ageism and gendered ageism are real issues, especially in the workplace. In some cases, there has been a derogatory view that women are less capable or that older women are of less value to organizations. Fearing that gendered ageism and unconscious bias might prevail in their organizations, employees do not often communicate that they are experiencing peri/menopause. Other elements which are sometimes forgotten are cultural differences, stigmas, neurodivergence and intersectionality. The additional burden of discrimination on employees from marginalized backgrounds might deter them from disclosing their situation and seeking support.

Myth 2: Menstrual pain is not that bad and people who say it is have low pain thresholds

Response: Menstrual pain can vary from mild discomfort to severe cramps with a stabbing pain. In the case of debilitating pain, there might be an underlying cause and if an employee approaches their organization, it is important that their experience of pain is not underestimated based on others' lived experiences.

Myth 3: Everybody's experiences of menstruation and menopause are the same

Response: Experiences of menstruation and menopause vary significantly, which is why it is important for any workplace to take into account individual experiences and not just design for the average experience. Compounding factors that can influence an employee's experience include ethnicity, age, gender, disability, thinking style/neurodivergence, sexual orientation, job role and pay. It is important to avoid stereotyping or generalizing, and enable each employee to seek support for their individual needs.

Some examples of how characteristics can influence an employee's experience of menstrual health or peri/menopause are listed in [Table 1](#).

Table 1 — *Examples of characteristics that can influence experiences*

Characteristic	Example
Race, ethnicity and religion	<p>It is important for employers to recognize that there are racial and ethnic disparities, and our experiences can be influenced by where and how we live, racism experienced, our culture, beliefs, and diet, and by other factors. For example, research has shown that the average age of menopause varies for different ethnicities, probably due to sociodemographic factors.</p> <p>In some cultures and communities, menopause is not even acknowledged and it can be taboo to discuss menstrual health and peri/menopause, making the provision of education and safe discussion spaces all the more key.</p> <p>The typical symptoms and severity levels experienced have also been shown to vary according to one's ethnic background. Employees of different ethnicities might also face different life stressors.</p> <p>Enduring and embedded racial stereotyping and implicit biases continue to exist in organizations that also influence how employees' health experiences are perceived.</p> <p>Employees from minority ethnic groups are more likely to experience misdiagnosis, late diagnosis and underdiagnosis from healthcare providers.</p>
Disability	<p>It can be more difficult for a disabled employee to find the right menstrual products or a suitable accessible toilet to meet their needs. There is also a lack of research on how menstruation and peri/menopause impact and are impacted by long-term and chronic health conditions.</p> <p>It is important to recognize that not all disabilities are visible, and employees might not wish to disclose additional health issues.</p>
Mental health	<p>The symptoms and mood changes experienced in relation to menstruation and peri/menopause can increase stress; this might have a significant disabling impact on employees managing long-term mental health conditions.</p> <p>Peri/menopause can also be subject to misdiagnosis as a mental health condition.</p>
Sexual orientation	<p>Cohabitees experiencing menstruation and peri/menopause at the same time might each be dealing with their own symptoms, including difficulties at work, while also supporting their partner.</p>
Thinking styles and neurodivergence	<p>There is emerging research into the neurodivergent experience of menstruation and peri/menopause. Some evidence shows that menopause can pose significant challenges for some autistic employees and exacerbate the symptoms of attention deficit hyperactivity disorder (ADHD).</p>
Socio-economic status, job roles and pay levels	<p>Financial insecurity, precarious employment and in-work poverty can influence the choices employees make regarding menstrual health and peri/menopausal symptoms. For example, freelance workers and workers on zero-hours contracts or fixed-term contracts might be hesitant to speak up out of fear of losing their income. To support everyone across an organization, it is important to advocate for support options and to share information that is accessible to everyone, regardless of their socio-economic status.</p> <p>Employees working in different types of roles might encounter different impacts on their experiences of symptoms. The level of agility, fear or physicality required by a job (such as manual handling, cleaning, risky activities, health and safety, danger, travel) can compound symptoms in different ways. There can also be expectations on aesthetic presentation; for example, some jobs require smart, customer-focused presentation at all times.</p>
Gender identity	<p>For trans and non-binary people, the experience of menstruation and peri/menopausal symptoms can contribute to gender dysphoria.</p>

Myth 4: Menopause happens overnight

Response: This is not the case, as menopause is typically arrived at after a gradual process called perimenopause. This usually happens in midlife but can happen earlier, with the length of time, and the number and severity of symptoms depending on the employee.

Myth 5: Menopause only has an impact on women above the age of 45

Response: It is a common misconception that menopause is limited to women of an older age, although this is the case for the vast majority. It has been reported that 1 in 100 experiences menopause before the age of 40, either naturally or due to a medical intervention [4]. Anyone going through medical menopause, whether temporary or permanent, can experience similar symptoms, often more acutely, as those experiencing menopause naturally at a later age, and might require similar support in the workplace. Trans men and non-binary people can also experience menopause.

Myth 6: Post menopause you do not experience any menopausal symptoms

Response: Although menopausal symptoms generally end several years after someone’s last period, symptoms can persist for varying lengths of time.

Myth 7: Menopause is much worse than menstruation – there is no support required for menstruation

Response: Conversations around menopause have been instrumental in contributing to removing the stigma and shame associated with it, and some organizations have responded by applying initiatives which are more inclusive of employees who experience peri/menopause. However, there is still a lack of discussion on topics relating to menstrual health and menstrual bleeding, due to stigma and shame, and employees who experience painful or significant menstrual symptoms can feel the need to suffer in silence and not obtain the support they require. Organizations can provide better support by taking into account the experiences of their employees throughout their lifetimes (from menstruation through to menopause and beyond).

0.4 Questions which this standard can help to address

[Table 2](#) identifies specific clauses which address important questions in this topic.

Table 2 — *Examples of questions that this standard addresses*

Question	Clause
Which work design changes can be supportive?	5.5 B.3
Can changes made in recruitment processes reduce barriers to employment?	Annex D
Which underlying health conditions can lead to severe symptoms?	Annex A
What are the key considerations when developing organizational policies?	5.3 5.4
How does workplace culture impact employees, and what practical steps can be taken to improve this?	5.4 Annex E
What actions can a line manager take?	Annex B
Do different minority ethnic groups have varying experiences of menstruation and peri/menopause?	5.4 Annex A
How can organizations support trans and non-binary employees?	5.6

1 Scope

This British Standard gives guidance on developing policies and practices that are supportive of the menstrual and peri/menopausal health and experience of employees in the workplace.

The standard does not cover medical guidance or clinical options outside of the workplace. However, it does include reference to qualified sources where such information is available.

The standard is of use to managers, as well as human resources (HR), health and safety (H&S), occupational health (OH), architects and interior designers undertaking office fit-outs, and specialists in wellbeing and diversity and inclusion (D&I). It is for those employees who are responsible for managing individuals' performances, workloads, wellbeing or work environments.

NOTE 1 The recommendations are applicable to all sectors, employee demographics, and small and large organizations, and can be adapted to individual business needs.

NOTE 2 This document does not consider andropause.

2 Normative references

There are no normative references in this document.

3 Terms and definitions

For the purposes of this document, the following terms and definitions apply.

3.1 intersectionality

interconnected nature of a person's combined social and political identities

NOTE Intersectionality recognizes that certain characteristics overlap to increase oppression, limit opportunity and reinforce inequality. Examples of characteristics include age, sex, race, ethnicity, sexual orientation, gender identity, religion, disability, neurodivergence, class, socio-economic background, and geographical location (in terms of access to medical support). All of these aspects can have an impact on the experience of menstrual health and peri/menopause. Therefore, there is no one, singular experience.

3.2 menopause

moment in time, traditionally defined as 12 months after someone's final period

NOTE 1 Menopause usually happens between the ages of 45 and 55. The average age of menopause in the UK is 51; lifestyle, ethnicity and genetics have an impact on the average age.

NOTE 2 When menstruation stops before the age of 45, it is considered an early menopause.

NOTE 3 Medical menopause can occur earlier, for example due to surgery, chemotherapy or hormonal treatments. The NHS webpage¹⁾ can be reviewed for medical information.

NOTE 4 The everyday use of the term "menopause" often refers to the entire duration of the menopause transition, unlike the medical definition, which differentiates perimenopause, menopause and post-menopause. In this document we use the term "peri/menopause" to reflect the entire menopause transition.

NOTE 5 NICE (National Institute for Health and Care Excellence)²⁾ states that symptoms related to menopause can last for a few months or for several years.

¹⁾ Available at <https://www.nhs.uk/conditions/menopause/>.

²⁾ Available at <https://www.nice.org.uk/guidance/ng23/ifp/chapter/menopause>.