Australian College of Midwives

ACM: For midwives. With women. For the future.

Issues related to menopause and perimenopause

ACM Submission

Issued March 2024

Senate Inquiry – Issues Related to Menopause and Perimenopause

The Australian College of Midwives

The Australian College of Midwives (ACM) is the peak professional body for midwives in Australia; and welcomes the opportunity to provide a written submission to the ***Issues related to menopause and perimenopause Inquiry***. ACM represents the professional interests of midwives, supports the midwifery profession to enable midwives to work to full scope of practice (SoP), and is focused on ensuring better health outcomes for women, babies, and their families.

Midwives are primary maternity care providers working directly with women and families, in public and private health care settings across all geographical regions. There are over 25,000[1] midwives in Australia and 1,123 endorsed midwives[2]. ACM is committed to leadership and growth of the midwifery profession, through strengthening midwifery leadership and enhancing professional opportunities for midwives.

Terms of Reference

This submission will address the subject matter as identified by the *Issues related to menopause and perimenopause Inquiry*.

Introduction

Close to 100% of the Australian midwifery workforce are female[3], and the median age of midwives in Australia is 37 years[3]. The average age of menopause is 51, but it can occur much earlier[4]. The vast majority of midwives will therefore go through menopause during their working years. How this experience impacts on the midwifery workforce is an important area for consideration by the ACM, and we welcome the opportunity to review how employers can best support people experiencing distressing perimenopausal and menopausal symptoms in the workplace.

While midwives are predominantly involved in the care of women and babies through pregnancy, birth and the early postnatal period, it is within the scope of practice of a midwife to provide a wider range of primary health care to women and children, including perimenopause and menopause care[5]. Therefore, we will also address considerations related to level of awareness amongst medical professionals and availability of and access to healthcare and treatments.

Throughout this submission, the terms female and woman will be used, as the vast majority of people who experience menopause are genetically female and also identify as women, however we respectfully acknowledge that transgender men and women may also experience a natural or surgical menopause[4], and that there is a wide spectrum of gender identities of people who experience perimenopause and menopause.

The ACM conducted a survey completed by 70 members to support the preparation of this submission, and the results were compelling. Over 50% of perimenopausal / menopausal women take leave, reduce their work hours, or retire early specifically because of distressing peri/menopause symptoms. All employed respondents were unaware of how to access workplace supports to improve their conditions.

The Lancet Series on Menopause includes this visual model of a road map to support and empower menopausal women:

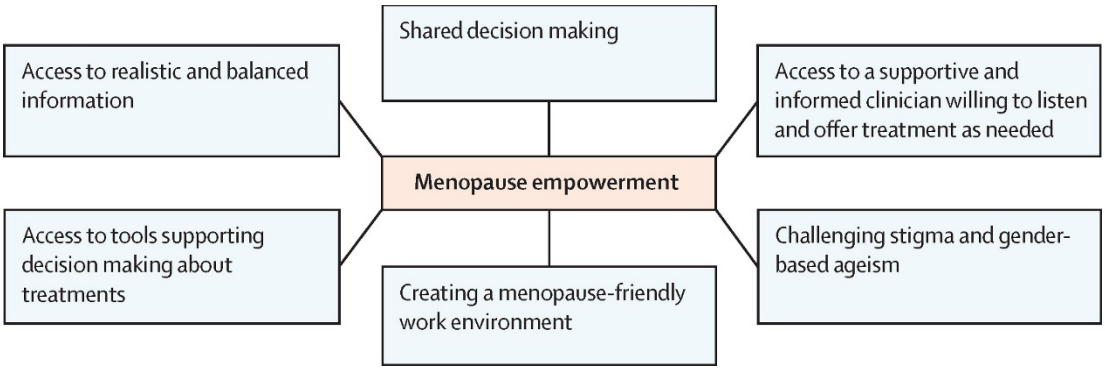


Figure 1 Empowering women to manage menopause[6]

Currently, it could be argued that none of these elements are in place for Australian women experiencing perimenopause and menopause.

Prioritised Recommendations

1. *Legislate national perimenopause and menopause workplace supports and adjustments, and protection against discrimination.*
2. *Include menopause education in all undergraduate medical, nursing, midwifery and allied health curriculum and introduce post-registration training on peri/menopause.*
3. *Include a Medicare item number for peri / menopause and ensure midwives are eligible to claim this Medicare item number.*
4. *Include peri/menopause treatment options in the PBS list for Endorsed Midwives.*
5. *Initiate a public health promotion campaign to encourage understanding of peri/menopause and dispel myths and stigma.*
6. *Upscale Midwifery Continuity of Care nationally to increase flexible autonomous working options for midwives.*
7. *Introduce social support for women who have reduced their work hours or taken early retirement due to symptoms associated with peri / menopause.*

a. the economic consequences of menopause and perimenopause, including but not limited to, reduced workforce participation, productivity and retirement planning

Impact on the individual

It is known that the life phases of menopause and perimenopause present economic challenges for women, including reduced workforce participation, productivity issues, and retirement planning concerns. Globally, around 50% of women are in paid employment during their menopausal years[4]. Underemployment or unemployment related to perimenopausal and menopausal symptoms can lead to financial insecurity in later life[4]. According to Working for Women: A strategy for Gender Equality, it is estimated that lost income and superannuation adds up to $15.2 billion for each year of early retirement and lost productivity.

Some women find that perimenopause and menopause do not impact on their work, or they may even have a positive impact, increasing energy and self-belief[7]. However, 30-60% of women report that peri/menopausal symptoms impact negatively on their work performance[8]. Women who experience

distressing perimenopausal symptoms are more likely to reduce their work hours or exit employment[9]. On average, Australian women retire seven years earlier than men, and 34 percent of retired women rely on their partner's income to meet their living costs, compared to 7 percent of men[10]. Therefore, reduced work participation and early retirement due to distressing perimenopausal and menopausal symptoms may result in an increase in inequitable financial dependence for women, further entrenching gendered economic disadvantage.

Impact on the workplace and society

The economic and workplace impact is not contained to the individual woman. Reduction in productivity and work hours, and the loss of experienced leaders, are significant concerns. With women living longer, and with more perimenopausal and post-menopausal women in the workforce, there is a striking economic incentive to invest in menopause care[11]. Despite a growing number of older women in paid employment, issues associated with perimenopause and menopause have traditionally been overlooked by employers and policy makers, to significant financial detriment[8].

ACM survey

To inform this submission, the ACM conducted a survey related to perimenopause and menopause. Out of 70 respondents (of which 90% were midwives), over half (53.7%) with personal experience of peri/menopause reported that they had taken leave due to symptoms. Sixteen percent had taken leave more often than occasionally.

Reduced work hours and early retirement

We also asked respondents if they had reduced their work hours or retired earlier than anticipated due to symptoms associated with peri/menopause.

1. **1.5%** had retired early
2. **6%** have reduced their hours permanently
3. **10.4%** have reduced their hours temporarily
4. **37.3%** haven't reduced their hours or retired, but would if they could.

Therefore, more than half (**55.2%)** of respondents found working through peri/menopause so challenging that they reduced their work hours (whether or not they are able to afford this). These figures demonstrate that appropriate workplace adjustments and / or healthcare are not sufficiently available to support women during perimenopause / menopause.

Recommendation:

- *Introduce social support for women who have reduced their work hours or taken early retirement due to symptoms associated with peri / menopause*

b. the physical health impacts, including menopausal and perimenopausal symptoms, associated medical conditions such as menorrhagia, and access to healthcare services

Perimenopausal and menopausal symptoms range in type and severity, and last on average seven years, but can last up to 14 years[12]. Distressing symptoms can include physical, emotional and sexual, and can be mild for some people, but severe for others[13]. Symptoms do not always subside after menopause, with 28% of post-menopausal women under 55 years of age still experiencing moderate to severe vasomotor symptoms after menopause[14].

Sustainable Development Goal 3.7 focuses on universal access to sexual and reproductive health-care services, including national strategies and programs. The majority of healthcare strategies related to reproductive health for women necessarily focus on the childbearing years, but it is important not to lose sight of the final stages of the female reproductive health journey.

Midwives and peri/menopause care

The State of the World's Midwifery 2021 report notes that midwives, when fully integrated and supported by multidisciplinary teams, can provide about 90% of sexual, reproductive, maternal, newborn and adolescent healthcare across the life span. There is a paucity of peer-reviewed research articles worldwide examining the impact of care by a midwife for women experiencing perimenopause and menopause. This suggests that midwives are not commonly providing this type of care.

The National Women's Health Strategy 2020-2030 outlines the need to increase access to menopause services, especially in rural and remote areas. **Rural and remote** areas are under-serviced with healthcare, and the numbers of general practitioners (GPs) is inadequate to meet demand[15]. Women's health services in particular are lacking in some rural and remote locations[16]. There is an opportunity to increase the availability of healthcare services for peri/menopausal women across Australia, and especially in rural and remote locations, by educating midwives to provide this care, and expanding the PBS approved list for Endorsed Midwives to include treatments for perimenopause and menopause. Midwives are already experts at counselling women through challenging reproductive and hormonal life changes, so they are well placed to foster trusting relationship with women through the experience of perimenopause and menopause.

Recommendation:

- *Include peri/menopause treatment options in the PBS list for Endorsed Midwives*

f. the level of awareness amongst medical professionals and patients of the symptoms of menopause and perimenopause and the treatments, including the affordability and availability of treatments

Despite approved treatment options, over 85% of Australian women experiencing distressing symptoms are not receiving appropriate therapy[14]. Of the 50% of women who experience vulvovaginal symptoms, less than 7% are prescribed treatment[14]. Many Australian women are wary of hormonal treatment options, and prefer to use complementary therapies, and understanding of the long-term consequences of menopause is limited[17]. Healthcare workers also tend to reserve medical treatment options for women with severe symptoms, and only after lifestyle and complimentary therapies have been trialled[18]. While lifestyle factors and complimentary therapies have an important place in the management of symptoms, hormonal therapies are largely safe and effective[19]. At the same time, it is important not to over-medicalise this experience, and avoid attributing all symptoms of aging to menopause, or over-prescribing treatments when alternative options are effective[6]. A public health education initiative could dispel myths and encourage women to access support if they need it.

Medical professionals

According to research, the majority of doctors feel uncomfortable providing menopause counselling to women, and many medical professionals feel that their level of knowledge and training do not adequately prepare them for this task[11]. Less than 30% of primary healthcare workers routinely offer menopause-related counselling to migrant women from low- and middle-income countries, with short appointment times and lack of culturally and linguistically appropriate resources cited as reasons for this

omission[20]. Medicare funding models also incentivise short consultations, and this is a barrier to effective, holistic health assessments for perimenopausal and menopausal women[14].

Training

Perimenopause and menopause are not included in pre-registration curricula for most healthcare workers worldwide, and many healthcare providers may not recognise symptoms or have the training to discuss treatment options with women experiencing perimenopause and menopause[13]. A 2022 scoping review found that all studies about healthcare providers education on menopause were about education of doctors[11], which demonstrates that menopause education, while lacking for medical practitioners, is even more neglected for nurses, midwives, and allied health professionals.

The National Women's Health Strategy 2020-2030 calls for increased training in menopause for health professionals, yet menopause is still omitted from most Australian undergraduate and post-graduate medical and allied health training, with the result that evidence-based, appropriate care during perimenopause and menopause is lacking[14].

Action	Detail
Support women and their health care providers to manage the effects of menopause	• Increase training for midwives and other relevant health professionals in menopause and older women's health.

National Women's Health Strategy 2020-2030, p.28

The National Women's Health Strategy 2020-2030 also lists further research into the personal and economic impact of menopause as a priority. Likewise, Working for Women: A strategy for Gender Equality identifies the importance of research and policy responses to address reproductive health issues, including perimenopause and menopause, and access to services, and their impact on women's health, wellbeing and economic future. These documents are promising and demonstrate good intentions, but must be actioned in order to improve conditions for women.

Action	Detail
Commission further research into the impact of menopause	• Examine the impact of early or medically-induced menopause on mental and physical health as well as the overall impact of menopause on work. • Consider research into women's experiences of menopause alongside its economic impact.

National Women's Health Strategy 2020-2030, p.46

ACM survey

According to the ACM's survey:

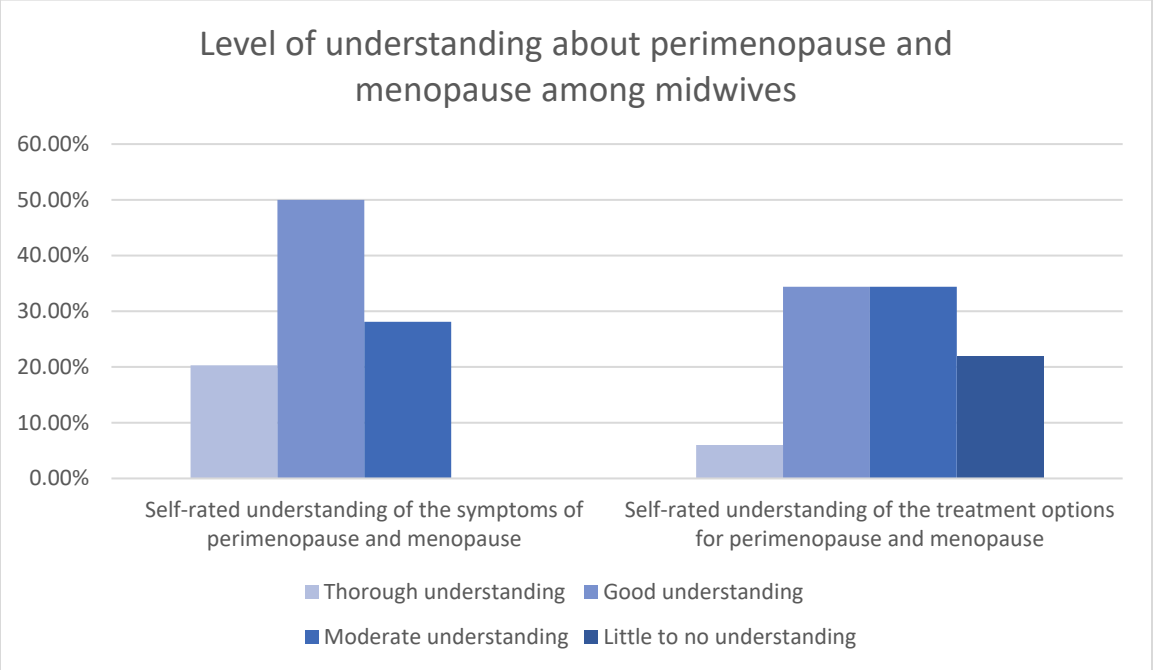
- 20.3% of midwives believe that they have a thorough understanding of the symptoms of perimenopause and menopause
- 50% believe they have a good understanding
- 28.1% believe they have a moderate understanding
- No respondents believed that they have little to no understanding.

In terms of treatments for distressing symptoms:

- 6% feel that they have a thorough understanding of treatment options

- 34.4% feel they have a good understanding
- 34.4% feel they have a moderate understanding
- 21.9% feel they have little to no understanding

It is important to consider these figures in light of the fact that 95.7% of respondents stated that they had personal experience of perimenopause and / or menopause, so much of their understanding can be assumed to be gleaned from their own experiences and conversations with friends and colleagues, rather than from their midwifery education or professional experience. Nevertheless, it is important to note that there is an untapped resource of healthcare professionals who already have a foundational level of understanding of peri/menopause.



Recommendation:

- *Include menopause education in all undergraduate medical, nursing, midwifery and allied health degrees and introduce post-registration training on peri/menopause*
- *Add a Medicare item number for menopause and ensure midwives are eligible to claim this Medicare item number*
- *Initiate a public health promotion campaign to encourage understanding of peri/menopause and dispel myths and stigma*

g. the level of awareness amongst employers and workers of the symptoms of menopause and perimenopause, and the awareness, availability and usage of workplace supports

Menopause is a gender- and age-related equality issue, so workplace supports for perimenopause and menopause symptoms are an equity concern[4]. Few workplaces in Australia have a policy related to perimenopause and menopause, even though loss of productivity and loss of workforce are tangible results of female workers experiencing distressing symptoms during this stage of life[21]. The majority of

women experiencing menopause and perimenopause find that it negatively affects their work, and in a 2021 study, only 3% of respondents felt that they had received excellent support from their employer[22]. In an Australian survey, 86% of respondents said they desired more flexible working options to support them during menopause[23].

Workplace supports for midwives

Physical and psychosocial factors in the workplace impact on the experience of peri/menopause symptoms and ability to work[8]. While flexible working arrangements such as working from home may be an option for a lot of the Australian workforce, for instance office workers, these solutions are often not practicable for midwives working in clinical midwifery. At the same time, midwives' work is physically demanding, with long hours on their feet and frequently high-pressure, high-stress environments where the women's and babies' needs must come before the needs of the midwife. Midwifery work is also emotionally demanding, and many midwives across all age groups experience burnout[24].

Recommended workplace supports that may be appropriate for midwives include:

- Self-rostering
- Easy shift swapping processes
- Flexible shift length options (8, 10 or 12 hour shifts available)
- Maternal Antenatal Postnatal Service (midwives care for a case load of women during their antenatal and postnatal periods, and self-roster appointments)
- Telehealth roles
- Split shifts
- Flexible start and finish times
- Breathable cotton uniforms or the option for casual clothing (eg. in continuity of care models)
- Adjustable environmental conditions (eg. individually thermostat-controlled consultation rooms)
- Sick leave arrangements that cater for menopause symptoms
- A positive and inclusive culture
- Management with a solid and sensitive understanding of perimenopause and menopause

Types of flexible working | NSW Public Service Commission
Global consensus recommendations on menopause in the workplace: A European Menopause and Andropause Society (EMAS) position statement

Midwifery Continuity of Care

Midwifery Continuity of Care models, where women see the same midwife or small group of midwives throughout their pregnancy, birth and postnatal period, offer midwives increased control over their work schedule, conditions and clothing[25], and thus may be preferable for women experiencing perimenopause and menopause. Midwifery Continuity of Care is a relationship-based model of care, which is protective against burnout and psychological distress[26], and so could support women suffering from psychological symptoms associated with perimenopause and menopause better than a fragmented model of maternity care. Women in management positions are found to experience less distressing symptoms[8], suggesting an association between self-determination and reduced symptoms, which strengthens the theory that continuity of care models may alleviate some symptoms. Additionally, midwives working in these models are typically part of a small team, so this supportive relationship-based environment may be a protective factor as well.

Stigma

While it is essential to recognise the impact of peri/menopause on women, it is also important to avoid catastrophising this phase of life, which could lead to stigma and discrimination[27]. A survey of Australian women found that while most women were in favour of additional menstrual and menopause leave, a lot of women believed that these leave types could be used by employers as an excuse to discriminate against women, and that co-workers would not be understanding of this type of leave. Some women feel ashamed of their peri/menopausal status, receive derogatory comments from colleagues, and / or feel less worthwhile as a member of an ageist and ableist society[8]. Menopause symptoms have been found to be less prevalent among women who live in societies with a positive attitude towards menopause as a normal part of aging[28], so public health campaigns that reduce stigma and portray aging in a positive light could help to alleviate psychosocial factors associated with this stage of life. In the United Kingdom, there is a movement towards classing menopause as a disability[29], and in many high-income countries it is considered primarily as a medical problem, however this view can be disempowering and ignore positive changes associated with this time of life[6].

Broader perspectives on women's health and gender equity

It is important to note that perimenopause and menopause are not the only women's health issues that may require support and adjustments in the workplace and in society. Menstruation, endometriosis, miscarriage and termination of pregnancy, pregnancy, breastfeeding, and infertility treatments are some examples of women's health issues that may require leave, adjustments or consideration.

Health is not the only area of women's lives that impact on their work. Carer responsibilities inequitably fall to women, with 79.9% of one-parent families single mothers, parental leave predominantly taken by women, and women more often the primary carer for children, ageing parents and people with a disability[30]. Women are also more likely to work casually, flexibly, or part time in order to manage caring responsibilities, work arrangements which are penalised in terms of pay, advancement and professional development[30]. When considered alongside perimenopause and menopause, and in light of the existing 12% gender pay gap in Australia[31], multiple factors compound to impede women's career progression, economic status, and superannuation.

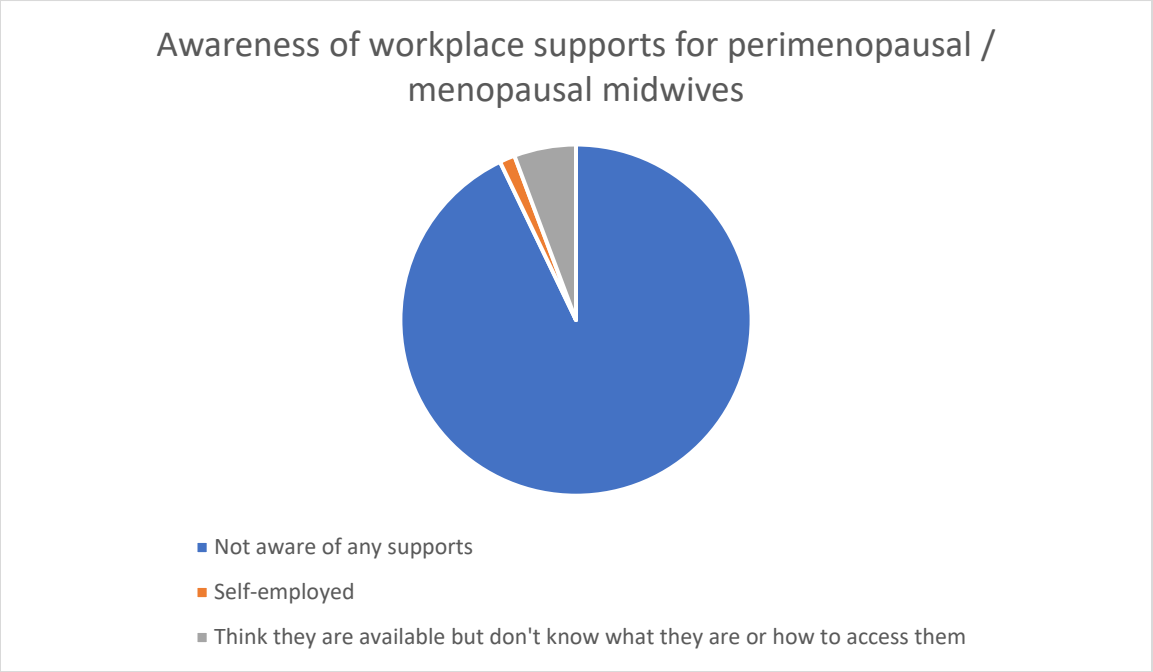
The Australian Government Working for Women: A Strategy for Gender Equality, declares that: 'Gender equality is a human right. It is necessary for the dignity and full potential of all people.' (p.26). Some Government strategies are driving towards reducing these gender inequities, for instance the Queensland Workforce Strategy Action Plan 2022-2025, includes the goal: 'Support more Queenslanders, particularly women, to access the workforce through fostering flexible work practices to widen the pool of available workers.' It is imperative that these ideas are translated into real-world action with tangible impacts for women across Australia at all stages of life.

ACM survey

According to the ACM's survey, 92.8% of respondents are not aware of any workplace supports provided to improve conditions for midwives experiencing distressing symptoms related to perimenopause and menopause. Of the remaining five respondents, one is self-employed, and the other respondents answered that they think workplace supports are available but don't know what they are or how to access them. Therefore, 100% of employed respondents, 95.7% of whom are perimenopausal or menopausal, do not realistically have access to any workplace supports to alleviate distressing symptoms.

When considered in light of the data outlined earlier, in which 55% of women with personal experience of peri/menopause found symptoms so troubling that they felt the need to reduce their work hours or

retire early, this is compelling evidence of the damaging impact this lack of workplace support is having around Australia. Respondents were from all Australian states and territories, 67.1% live in Modified Monash Model (MMM) 1, 24.3% live in MMM2, 5.7% live in MMM3-5, and 2.9% live in MMM6-7. No respondents identified as Aboriginal or Torres Strait Islander.



These survey results provide striking data showing that current implementation of strategies to increase gender equity and improve workplace conditions for women experiencing perimenopause and menopause are not effective for midwives. Prompt and significant investments need to be made for real-world impact to be felt by women working in the healthcare sector.

Recommendation:

5. *Upscale Midwifery Continuity of Care nationally to increase flexible working options for midwives*
6. *Legislate national perimenopause and menopause workplace supports and adjustments, and protection against discrimination*

Conclusion

Education related to perimenopause and menopause is lacking across Undergraduate and Postgraduate degrees in all healthcare disciplines, leading to a lack of evidence-based care for women experiencing this stage of life. Including midwives in education initiatives in this area would lead to increased availability of appropriate healthcare for peri/menopausal women, as would adding appropriate Medicare and PBS items to enable Endorsed Midwives to offer peri/menopause care as part of lifecycle reproductive healthcare for women. Workplace supports are significantly lacking for midwives. Investing in flexible work arrangements and upscaling Midwifery Continuity of Care models could be supportive of midwives going through peri/menopause.

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Consent to publish
ACM consents to this submission being published in its entirety, including names.

Consent to provide further information
ACM is available to provide further expert opinion and advice if required.

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