



ANZCA
FPM

MAY 2024

MENOPAUSE TOOLKIT

WORKSHOP - ASM BRISBANE

PRESENTED BY
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WHAT IS MENOPAUSE AND WHY IS IT A TOPIC FOR ANZCA TO ACKNOWLEDGE?

Menopause represents an integral part of the aging process on the female reproductive cycle. It is characterized by the gradual onset of irregular menstrual cycles culminating in their cessation, signaling the ending of reproductive capability. The endocrine dynamics of menopause are intricate and exhibit considerable variability both between women and within the same woman over time. The median age for menopausal onset in Australia and New Zealand is approximately 51 years. Peri-menopause typically commences around the age of 47 years; however, this can vary significantly, with some individuals experiencing onset in their 30s.

While many women navigate menopause with minor symptoms, a subset will have substantial impact of symptoms on their professional and personal lives. Notably, an estimated 10-20% of women find menopausal symptoms intolerable, prompting them to seek medical intervention for symptom management.

Menopause is an important issue for Anaesthesia in Australia and New Zealand. ANZCA statistics taken from membership data in 2023 shows there are 6800 specialist Anaesthetists in Australia and New Zealand, of whom 2440 are women (35%), and of these 1250 (51%) are in the 45+ age group.

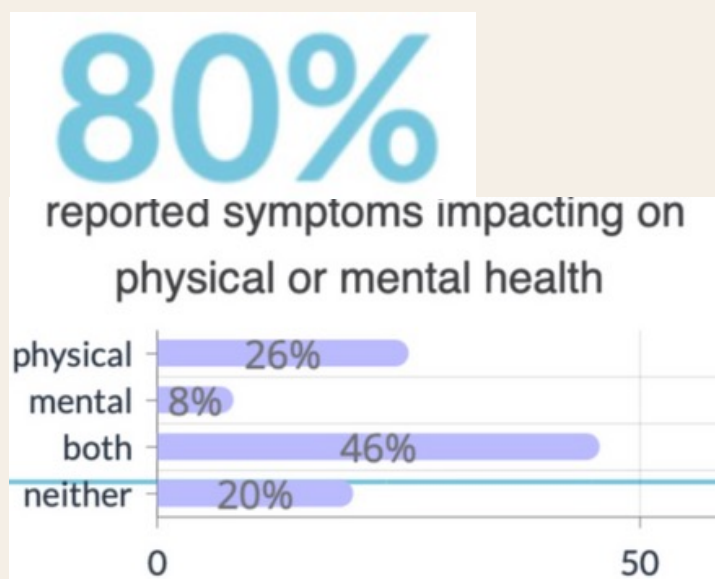
The BMA report *Challenging the Culture on Menopause for Doctors* states that clinical environments and the demands of a medical career are likely to bring specific demands for doctors working through menopause.

100 Anaesthetists

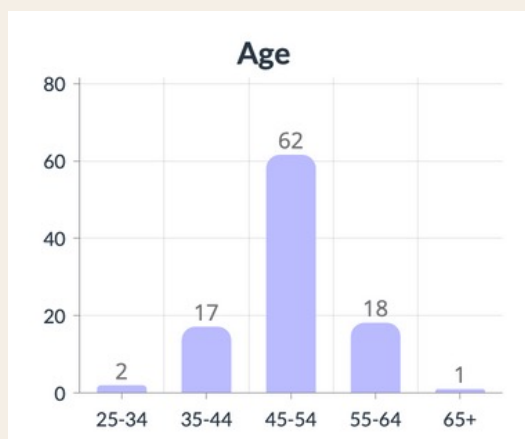
Surveyed on how
the menopause
transition affects
their working life

A recent survey looked at the impact of menopausal symptoms on working anaesthetists.

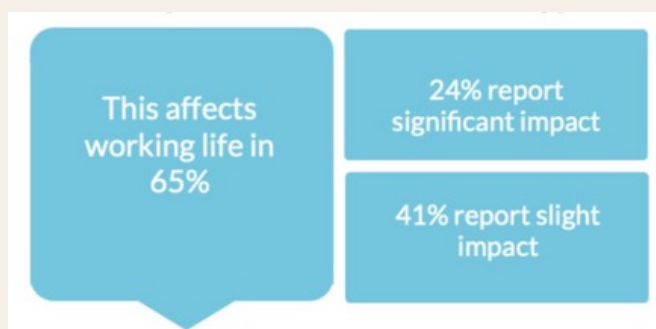
The survey was designed on SurveyMonkey™, and was sent out to 100 female Anaesthetists via personal networks and social media links. The survey was anonymous and contained free text boxes to be completed with further information as deemed appropriate by the participants.



Of the 100 anaesthetists surveyed, 67% were in the 45–54yrs age group, the age range most likely to be affected by the menopause transition. 80% reported symptoms impacting on physical and/or mental health as a direct result of the menopause transition. 64% of respondents reported that their symptoms had had significant (24%) or slight impact (40%) on working life.



The main symptoms affecting ability to work as described in the comments section were **fatigue**, **brain fog** and **irritability**. 6% of women had discussed their symptoms with a manager, and only a further 21% stated they would feel comfortable discussing symptoms. 44% felt unable to discuss symptoms and left comments such as *“females are overlooked professionally so I certainly would not be admitting to any vulnerabilities”* and fear of stigma and not wanting to be seen to need special allowances also featured. 22% of women had made changes to their work to accommodate symptoms with adjustments such as dropping back to part time work, giving up leadership roles, adjusting work patterns to have time off after on calls, and early retirement.

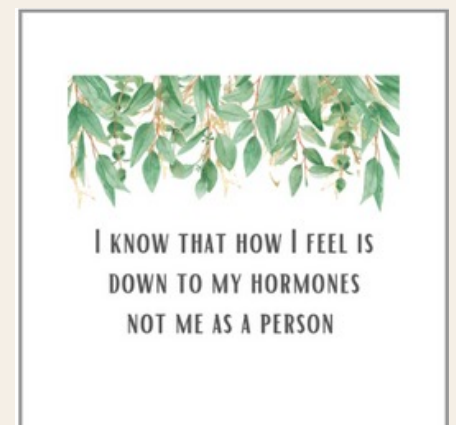




Top 10 Symptoms

1. Insomnia
2. Anxiety
3. Brain fog
4. GSM – genitourinary symptoms of menopause
5. Fatigue
6. Rage and anger
7. Palpitations
8. Itchy skin
9. Aches and pains
10. Joint pain

12 Hot flushes



It might be menopause

Perimenopause and menopause symptom checklist

Symptoms of perimenopause and menopause are different for everyone. Tick the boxes to show which symptoms are bothering you. Take the checklist with you to your next medical appointment.

Symptom	Not at all	A little bit	Quite a bit	Extremely
Hot flushes (feeling waves of heat)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sweating at night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Muscle and joint pains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart beating quickly or strongly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brain fog (difficulty concentrating)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forgetfulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less sexual desire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dry vagina (causing painful sex)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Itchy skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tiredness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wee (urinary) problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irregular periods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mood changes (feeling unhappy or irritable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other issues bothering you? E.g. weight changes	<input type="text"/>			

*based on the Greene Climacteric Scale

What is perimenopause?

Perimenopause is the time leading up to menopause, when periods become irregular and hormone levels fluctuate.

What is menopause?

Menopause is your final menstrual period. Most women in Australia reach menopause from 45 to 55 years of age.

If symptoms are affecting your quality of life, talk to your doctor.

For more information, visit the Menopause Toolkit at nsw.gov.au/menopause

This checklist was developed in partnership with Jean Hailes for Women's Health



insum 1.1 hot flushes in day eg. hard to wear gloves

Strange preference for the chillier theatres

• I have massive doubts about my skills and competence



I'm worried that brain fog/mood changes/anxiety makes me seem incompetent, the dithering old female anaesthetist that cannot cope with the job

When I asked for a smoking hot body, menopause was not quite what I had in my mind.

Lifestyle Modifications



**AUSTRALASIAN
MENOPAUSE
SOCIETY**
EMPOWERING MENOPAUSAL WOMEN

Information Sheet

Lifestyle and behavioural modifications for menopausal symptoms

KEY POINTS:

- Evidence for the effectiveness of lifestyle and behaviour modifications for menopausal symptoms is mixed, limited or non-existent.
- Evidence suggests that weight gain increases the severity of vasomotor symptoms so maintaining healthy weight might be helpful.
- No evidence exists for the effectiveness of lifestyle changes such as exercising or controlling environmental temperature although these might help with comfort and wellbeing.
- Evidence shows that cognitive behaviour therapy improves wellbeing and decreases the impact of menopausal symptoms.
- No evidence exists showing that breathing and relaxation practices reduce the severity of symptoms – there is mixed evidence for yoga.
- Limited evidence suggests that hypnosis might improve menopausal symptoms but there is no evidence that acupuncture, magnetic therapy, reflexology or chiropractic interventions are effective.

Many women are interested in the potential of lifestyle and behavioural modifications to help with their menopausal symptoms. The evidence for the effectiveness of lifestyle changes is mixed and limited.

Lifestyle and behavioural modifications might not necessarily improve symptoms, but some may improve wellbeing and help women tolerate symptoms.

Lifestyle modifications

Maintaining healthy weight

Women often request information about weight gain and menopause. Although menopause does not cause weight gain, there is evidence that weight gain can increase the severity of vasomotor symptoms.

- Breast cancer survivors with post-diagnosis weight gain had a greater risk of reporting hot flushes than women who did not gain weight¹.
- One study of 40 overweight/obese women showed that a 10% weight loss resulted in significant improvement in hot flushes, with a correlation between weight loss and reduction in hot flush frequency².

www.menopause.org.au

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Lifestyle Modifications

Improving cooling through environmental control

Clinical evidence does not exist to support the efficacy of cooling interventions as treatment for vasomotor symptoms. Nonetheless, small core body temperature elevations can trigger vasomotor symptoms^{2,3,4}, so it makes sense to propose environmental and lifestyle changes that lower core body temperature or that prevent it from rising. Suggested changes include:

- adjusting clothing
 - dress in layers
 - wear sleeveless blouses or tops
 - wear clothing made of natural fibres that breathe
 - avoid jumpers and scarves
- using a hand fan or electric fan as required
- keeping cooler at night
 - lower the room temperature
 - put a cold pack under the pillow
 - turn the pillow over to the cool side when feeling warm
 - use dual control electric blankets
 - use a bed fan that blows air between the sheets
- drinking cool liquids such as iced water.



Avoiding triggers of vasomotor symptoms

Some women are able to identify triggers for their vasomotor symptoms. Avoiding these triggers may help women to manage symptoms, although this has not been tested in clinical trials. Potential triggers include:

- spicy foods
- smoking – has been reported as a risk factor for vasomotor symptoms⁵. Smoking cessation may help to alleviate mild symptoms but there are no clinical trials evaluating this intervention
- alcohol – can trigger hot flushes and some women find that their flushes are reduced when they avoid drinking alcohol.

Exercising regularly

Several studies have investigated whether exercise improves hot flushes, but the existing evidence does not show that exercise helps to reduce hot flushes or night sweats⁶.

Nonetheless, exercise has other benefits and may improve quality of life, cognitive functioning, depression, sleep patterns, fatigue, bone density, weight maintenance and cardiovascular disease. For guidelines on exercise, see the AMS information sheet [Weight management and healthy ageing](#).

www.menopause.org.au

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Lifestyle Modifications

Mind-and body-based therapies and practices

Cognitive behaviour therapy

Group and individual cognitive behaviour therapy are both effective at reducing the impact of vasomotor symptoms and at improving sleep and general wellbeing. This approach could potentially be used in conjunction with other therapies for menopausal symptoms^{1,7}.

Yoga

There is mixed evidence that yoga is effective for the management of vasomotor symptoms and sleep disturbance^{1,7}.

Paced breathing

Slow, deep abdominal breathing for 15 minutes twice daily may reduce feelings of anxiety that can occur with hot flushes but this practice does not reduce the severity of hot flushes⁸.

Relaxation

Poor quality studies have yielded inconsistent results regarding the effect of relaxation on vasomotor symptoms.

Other therapies

Hypnosis

There have been limited studies on hypnosis for hot flushes, but a recent carefully conducted trial showed that hypnosis was more effective than an attention control comparison⁹. Hypnosis also improved sleep and hot flush interference in this study.

Acupuncture

Small studies of acupuncture as a treatment for hot flushes have shown mixed results. A recent large Australian study did not show any benefit for hot flushes compared to sham acupuncture¹⁰. A thorough review of all the studies on acupuncture for hot flushes and night sweats in breast cancer patients did not show any overall benefit for acupuncture^{10,11}.

Magnetic therapy, reflexology, chiropractic interventions

There is no evidence that women benefit when they use these therapies⁷.



To treat or not to treat... that is the question

WHAT IS MENOPAUSAL HORMONE THERAPY (MHT) AND IS IT SAFE?

At menopause, a decrease in oestrogen levels can cause symptoms such as



HOT FLUSHES



VAGINAL DRYNESS



MOOD CHANGES



PROBLEMS SLEEPING

Menopausal Hormone Therapy or MHT (also known as Hormone Replacement Therapy or HRT) is the most effective way of improving menopausal symptoms.

MHT is the most effective way to control menopausal symptoms and may also give other health benefits.

The added risk for blood clots, stroke and breast cancer while taking MHT is very small, and similar to that for many other risk factors such as being overweight.

MHT is safe to use for most women if started in their 50s or for the first 10 years after the onset of menopause.

If you had an early menopause (before 45 years) you should continue treatment at least until the average age of menopause (51 years).

TYPES OF MHT (HRT)

MHT IS AVAILABLE AS



TABLETS AND CAPSULES



SKIN PATCHES



GELS



VAGINAL

TREATMENTS

Different types of MHT are associated with different risks. Your doctor can work with you to reduce your risk by using different hormonal treatment options.

The type of MHT needed and the associated risks vary according to:

- Your age
- Whether you have had a hysterectomy
- Whether you have other health conditions.



If you still have your uterus (have not had a hysterectomy), then you need a treatment that combines oestrogen and progesterone .



Oestrogen alone is suitable for women who have had a hysterectomy.



Vaginal oestrogen therapy is useful for women who have local symptoms such as vaginal dryness.

Oestrogen plus progesterone

Safety facts:



BLOOD CLOTS

Patches and gels have minimal or no risk. When using tablets the risk doubles, but is still very low (1 extra case per 1000 women).



HEART DISEASE

No increased risk if MHT begins within 10 years of onset of menopause or before the age of 60.



BREAST CANCER

Overall 1 in 8 women will develop breast cancer during her lifetime. The added risk of breast cancer with MHT is very small. The risk increases the longer you take MHT and decreases after stopping. Using a different progesterone may reduce the risk.



STROKE

No increased risk for women without underlying stroke risk factors who are in their 50s or during the first 10 years of menopause. Women with risk factors can probably safely use a patch or gel form of treatment.

Oestrogen alone

Safety facts:



BLOOD CLOTS

Patches and gels have minimal or no risk. When using tablets the risk doubles, but is still very low (1 extra case per 1000 women).



HEART DISEASE

May decrease the risk of heart disease if started within 10 years of menopause or before the age of 60.



BREAST CANCER

Overall 1 in 8 women will develop breast cancer during her lifetime. Studies suggest that there is either no increase, or a very small added risk of breast cancer when using oestrogen only MHT. Breast cancer risk is lower with oestrogen only MHT compared with oestrogen plus progesterone.



STROKE

No increased risk for women without underlying stroke risk factors who are in their 50s or during the first 10 years of menopause. Women with risk factors can probably safely use a patch or gel form of treatment.

Vaginal oestrogen therapy

Safety facts:

If used as supplied, vaginal oestrogen therapy is safe to use long-term, except after breast cancer in some women.

For further information:

NON-HORMONAL TREATMENT OPTIONS

AMS fact sheet – Nonhormonal treatment options for menopausal symptoms

LIFESTYLE CHANGES AND MENOPAUSE

AMS fact sheet – Lifestyle and behaviour changes for menopausal symptoms

WEIGHT AND HEALTH

AMS fact sheet - Maintaining your weight and health during and after menopause

COMPLEMENTARY THERAPIES

AMS fact sheet – Complementary medicine options for menopausal symptoms.



FIND AN AMS DOCTOR

If your symptoms are bothering you, your doctor can help.

If you have any concerns or questions about your menopausal symptoms, visit your doctor or go to the Find an AMS Doctor service

menopause.org.au/health-info/find-an-ams-doctor on our AMS website.

Australasian Menopause Society:

www.menopause.org.au



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Breast cancer and MHT

Understanding the risks of breast cancer



A confidential independent service for women and their partners

A comparison of lifestyle risk factors versus Hormone Replacement Therapy (HRT) treatment.

Difference in breast cancer incidence per 1,000 women aged 50-59.
Approximate number of women developing breast cancer over the next five years.

NICE Guideline, Menopause: Diagnosis and management November 2015

23 cases of breast cancer diagnosed in the UK general population



An additional four cases in women on combined hormone replacement therapy (HRT)



Four fewer cases in women on oestrogen only Hormone Replacement Therapy (HRT)



An additional four cases in women on combined hormonal contraceptives (the pill)



An additional five cases in women who drink 2 or more units of alcohol per day



Three additional cases in women who are current smokers



An additional 24 cases in women who are overweight or obese (BMI equal or greater than 30)



Seven fewer cases in women who take at least 2½ hours moderate exercise per week



Women's Health Concern is the patient arm of the BMS.
We provide an independent service to advise, reassure and educate women of all ages about their health, wellbeing and lifestyle concerns.



THE CASE FOR BECOMING A Menopause-Friendly Workplace

Thea O'Connor

Wellbeing & Productivity Advisor, Speaker, Coach

Demographic

Menopause typically occurs between the ages of 45 and 55. 78% of women aged 45 to 60 are in the workforce.



Women aged 45 to 60
78%

Women in the Workforce

Women aged 45 years and over comprise 17% of the Australian workforce.

Women aged 45+
17%



Australian Workforce

23%



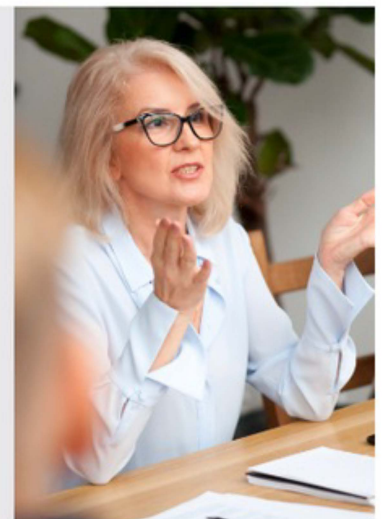
Between 1999 and 2012, the workforce participation rate of women aged 55-64 age grew by 23%.

This segment of the workforce is only expected to **grow** as retirement ages increase.

Legal

Workplaces are legally required to provide a safe and discrimination-free work environment. This includes a duty to ensure work conditions and environments do not adversely impact on health. Research shows that some working conditions make menopausal symptoms worse. These range from hot or poorly ventilated environments through to gendered ageism.

“ Research shows that some working conditions make menopausal symptoms worse.



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Business

While many women transition through menopause without any problems a significant number will struggle. **About 50 per cent of working women say menopausal symptoms make work more difficult.** Fatigue, hot flashes, trouble with focus and concentration, anxiety and insomnia are the most problematic for working women, according to recent UK research involving almost 4,000 women.

The cost of not supporting women during this life transition is significant:



- About 1 in 4 women considering quitting their jobs during the menopausal transition, often when they are at the height of their career.
- Several studies show that women with untreated symptoms take more sick days than those with no symptoms.
- A supportive workplace makes a real difference. Women who had supportive supervisors were significantly less likely to report symptoms, according to La Trobe University's 2016 research into 476 peri-menopausal and postmenopausal women.
- The adjustments that can make a positive difference to women, such as flexible work practices, temperature control, or an understanding attitude, cost little but can reap great loyalty.



Social Responsibility

- Protecting women's economic participation as they get older is important for women's financial wellbeing, as well the national economy. In fact it's estimated that increasing workforce participation among ageing women will raise GDP growth by 1.5 per cent.
- De-stigmatising a natural stage of the life cycle is a humane thing to do.

“ It's estimated that increasing workforce participation among ageing women will raise GDP growth by 1.5 per cent. ”

Sources include:

- Australian Bureau of Statistics, Australian Social Trends, 2014
- Menopauseatwork.org (Monash Uni
- The effects of menopause transition on women's economic participation in the UK. Research report July 2017. By Joanna Brewis, Vanessa Beck, Andrea Davies and Jesse Matheson, University of Leicester.
- Kleinman N et al. (2013)
- 'Direct and indirect costs of women diagnosed with menopause symptoms' Journal of Occupational and Environmental Medicine: volume 55, issue 4, pages 465-470
- Sarrel P et al. (2015) 'Incremental direct and indirect costs of untreated vasomotor symptoms' Menopause: volume 22, issue 3, pages 260-266



HENPICKED

How menopause friendly is your organisation?

**There are more menopausal women at work than ever before.
It's important that all employers put the right awareness, education and support in place.**

This quick checklist highlights the best practice elements to think about:

<p>Is it clear how your organisation supports menopause at work?</p>	<p>It's not law to have a menopause policy but it's best practice to have accessible and well publicised information:</p> <ul style="list-style-type: none">• Do you have either a menopause policy or guidance document, or is menopause included in another policy?• Have you reviewed your existing policies to ensure they include menopause e.g. flexible working, absence and sickness?	<p>✓/x</p> <input type="checkbox"/> <input type="checkbox"/>
<p>Do you have a culture where menopause can be talked about openly?</p>	<p>Talking about menopause openly supports an inclusive, diverse culture focused on equality, health, safety and performance. Do you:</p> <ul style="list-style-type: none">• Have information about menopause on your intranet or other communications channels such as staff magazines?• Have colleague networks or a menopause network where employees can discuss menopause, either in person or online?• Promote menopause awareness in campaigns like National Women's Health Week (May) or World Menopause Day (Oct), or include menopause in your own wellbeing campaigns?• Have menopause awareness and education sessions for colleagues?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>Do your managers and support teams have the right knowledge and skills to talk about menopause?</p>	<p>It's important that managers, HR and Occupational Health teams know:</p> <ul style="list-style-type: none">• What menopause is, its symptoms and how they can affect a woman at work.• What changes or reasonable adjustments help a menopausal woman.• Your organisation's approach to supporting menopausal women.• How to have a supportive conversation about menopause.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>Do you provide access to occupational health support?</p>	<ul style="list-style-type: none">• Do your employees have access to occupational health support either directly or by referral?• Do you have an Employee Assistance Programme which supports menopause in the workplace?• Are they trained on menopause, how it can affect a woman at work and how to help?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>Do your employees wear uniforms or have a dress code?</p>	<p>If a uniform or dress code is needed at work:</p> <ul style="list-style-type: none">• Can they be adapted to manage hot flushes or cold sweats e.g. layering?• Can extra garments be ordered if needed?• Do you think about the fabric and fit when redesigning or updating new uniforms?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>Do your workplace facilities support those experiencing menopause symptoms?</p>	<p>The work environment can sometimes make symptoms worse:</p> <ul style="list-style-type: none">• Is it possible to adjust workplace temperature or provide desk fans?• Is there access to cold drinking water, washroom facilities and toilets in all workplace situations, including off site?• Could those who need to stand for a long period of time or are customer facing take an extra break or sit down?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

EXAMPLES OF REASONABLE ADJUSTMENTS SURROUNDING MENOPAUSE:

- Workspaces may be re-located to parts of a room/floor/building where temperatures can be locally controlled
- Provide easier access to cold drinking water, and permanent access to washroom facilities (e.g. with available sanitary products) or a rest area
- Working from home options when there are extreme temperatures during summer
- Uniform alterations to ensure employees can wear breathable fabrics
- Staggering a lunch hour over two half-hour breaks to alleviate muscular pains
- Alternative distribution or reallocation of tasks within work teams to accommodate anxiety
- An OHS representative present in review meetings to help facilitate discussions of changes to working environment
- Flexible working options to accommodate disturbed sleeping patterns
- Agreed protected time to get up to date with work
- Provide a quiet space to work, or noise-cancelling headphones
- Agreed time away from work for meditation or relaxation activities (e.g., walking, breathing exercises)

I wear looser scrubs to help cope with the hot flushes

•much lower threshold to call sick

Working less hours. Not doing on call

I change my day around sometimes if I am able so I can sleep in if required

Working through menopausal transition: *A collaborative tool for line managers and employees*

Employee Name: _____

Employer Representative: _____ Date of Meeting: _____

SYMPTOMS (Refer to prompts for discussion on page 1)

Type of Symptom

Symptom/Work
Relationship

Area/s of Work Affected

ADJUSTMENTS OR SUPPORT PROPOSED (Refer to prompts for discussion on page 1)

Adjustment/Support 1

INCLUDE (if applicable):

- Level of support
- Urgency of response
- Collaborative parties to be consulted and/or notified as agreed by employee

Adjustment/Support 2

INCLUDE (if applicable):

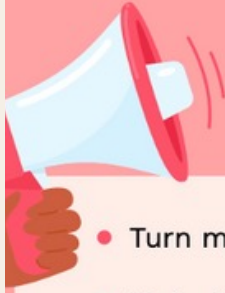
- Level of support
- Urgency of response
- Collaborative parties to be consulted and/or notified as agreed by employee

Adjustment/Support 3

INCLUDE (if applicable):

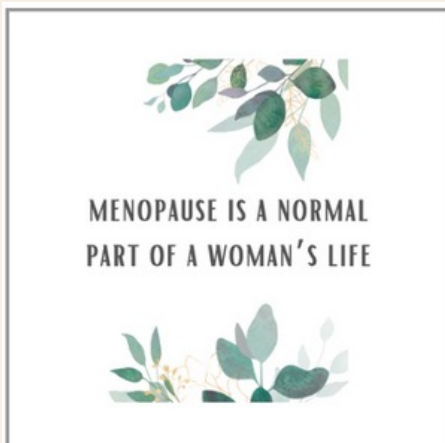
- Level of support
- Urgency of response
- Collaborative parties to be consulted and/or notified as agreed by employee

Speaking Out



How can you advocate for yourself in the workplace?

- Turn menopause into a normal topic of conversation
- Make it clear that wanting support during menopause doesn't mean you're not capable of doing your job
- Remember that what you're experiencing is normal, and you shouldn't have to hide it
- Band together with coworkers to present a united front when asking for accommodations, including:
 - Flexible work schedules and arrangements, including working remotely
 - Paid time off
 - Menopause-inclusive health benefits that cover treatments such as hormonal or non-hormonal therapy
 - Access to mental health services



Most people experiencing menopause will express a sense of relief or gratitude if menopause is brought up as a topic of conversation.

If you are the one who is speaking up, remember to speak from your sense of value or worth. There is no need to apologise for what you are experiencing, and you are not defined by your symptoms or your anxiety.



The more we speak out, the more menopause is destigmatised, and accepted as a normal part of life. For too long we have let society tell us who we are as menopausal women.

Resources

Menopause at work websites

Thea O'Connor - <https://www.thea.com.au/menopause-at-work/>

MIPO - <https://www.menopauseatwork.org/about>

<https://www.nsw.gov.au/women-nsw/toolkits-and-resources/perimenopause-and-menopause-toolkit>

<https://www.healthywomen.org/your-health/menopause-in-the-workplace>

Websites

Australian Menopause Society

Jean Hailes Foundation (jeanhailes.org.au)

Henpicked.net

Menopausematters.co.uk

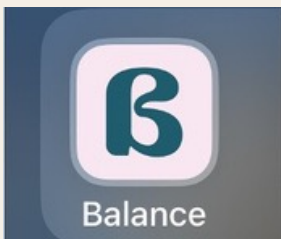
Telehealth

<https://vivhealth.com.au/>

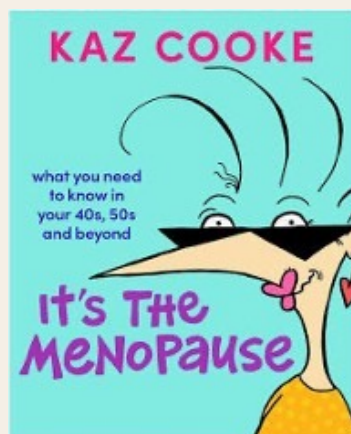
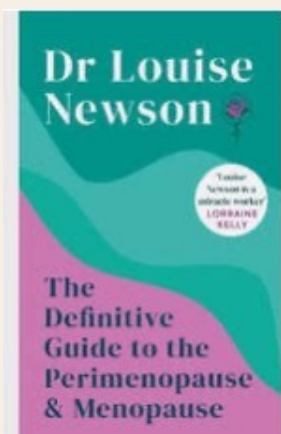
<https://wellfemme.com.au/>



Balance app



Books



PODCASTS

- IMPERFECTS PODCASTS – MAYBE ITS MENOPAUSE
- DEAR MENOPAUSE PODCAST
- THE DR LOUISE NEWSON PODCAST