

Experienced, Essential, and Exhausted

Women's health and productivity in late career — the collision of menopause, caregiving, and burnout, and what employers are missing.

Meet your speakers



SWORD

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Two perspectives on a shared challenge: personal experience + what employers are seeing in the real world.

The cost isn't just absence

11%

of women 45–60 missed at least one workday in the past year because of menopause symptoms

13.4%

reported an adverse work outcome

\$26.6_B

estimated annual U.S. cost of absenteeism, presenteeism, and healthcare

The bigger cost may be happening while people are still at work.

Hot flashes, sleep disruption, brain fog, and mood changes can erode focus and performance long before someone misses a day.

When support is missing, experienced talent leave

1 in 10

women report **quitting a job** because of unsupported menopause symptoms

1 in 5

have considered **early retirement** rather than continue pushing through

They're **experienced professionals, leaders, and specialists** whose departure carries recruitment, succession, and institutional -knowledge costs.

The impact compounds over time

LOWER EARNINGS

10%

A long-term career penalty associated with seeking care for menopause-related symptoms

Stanford, 2025 — earnings measured four years after care.

OUT OF POCKET

\$13_B

Annual spending by women managing symptoms themselves

AARP— supplements, copays, and HRT bought without employer support.

The cost lands on both sides of the equation: women absorb the personal financial burden while employers absorb productivity, healthcare, and retention costs.

The problem is hiding in plain sight

Stigma keeps it unspoken

30%

feel comfortable discussing menopause at work

It's invisible in HR data

0

HR categories that name it directly

Support rarely reaches people

26%

say they've received employer support

When people don't feel comfortable asking for help, the need disappears into the data.

Absence

Attrition

Performance

Healthcare claims

A practical framework for employers

01

Normalize the conversation

Build awareness and leadership level cultural support.

02

Put it in writing

Define what support exists, how to access it, the manager's role, and how the policy is reviewed.

03

Make work more flexible

Consider flexible schedules, hybrid options, temperature control, ventilation, and restroom access.

04

Build support into benefits

Connect employees to menopause specialists, pelvic floor care, EAPs, and wellbeing resources.

05

Remove friction

Make support discreet, accessible, jargon-free, and easy to use.

This is a workforce issue, not a niche benefit

40 %

of organizations still have no
menopause policy

2 in 3

plan to increase investment

37 %

turnover reduction linked to
leadership-backed wellbeing
programs

Discussion topics

01

What support looks like when HRT isn't an option

02

Testosterone: what employers and employees need to know

03

The menopause training gap in OB/ GYN

Barriers to care

PRIMARY IMPACT

61%

of delay care due to social stigma,
knowledge gaps³

Stigma and awareness gaps remain the most widespread obstacles preventing timely healthcare access.

APPOINTMENT ACCESS

42 days

Average wait time to OB/GYN appointment²

CONDITION PREVALENCE

32%

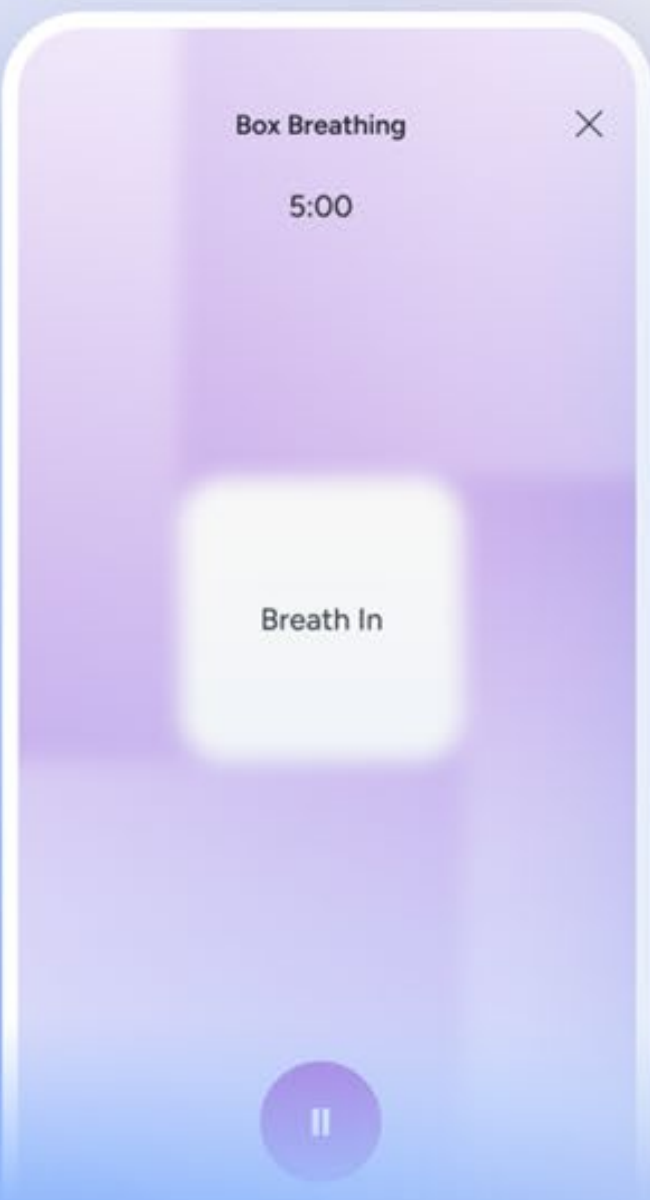
adult women suffer from at least one pelvic floor disorder (PFD)⁴

Whole - person menopause interventions

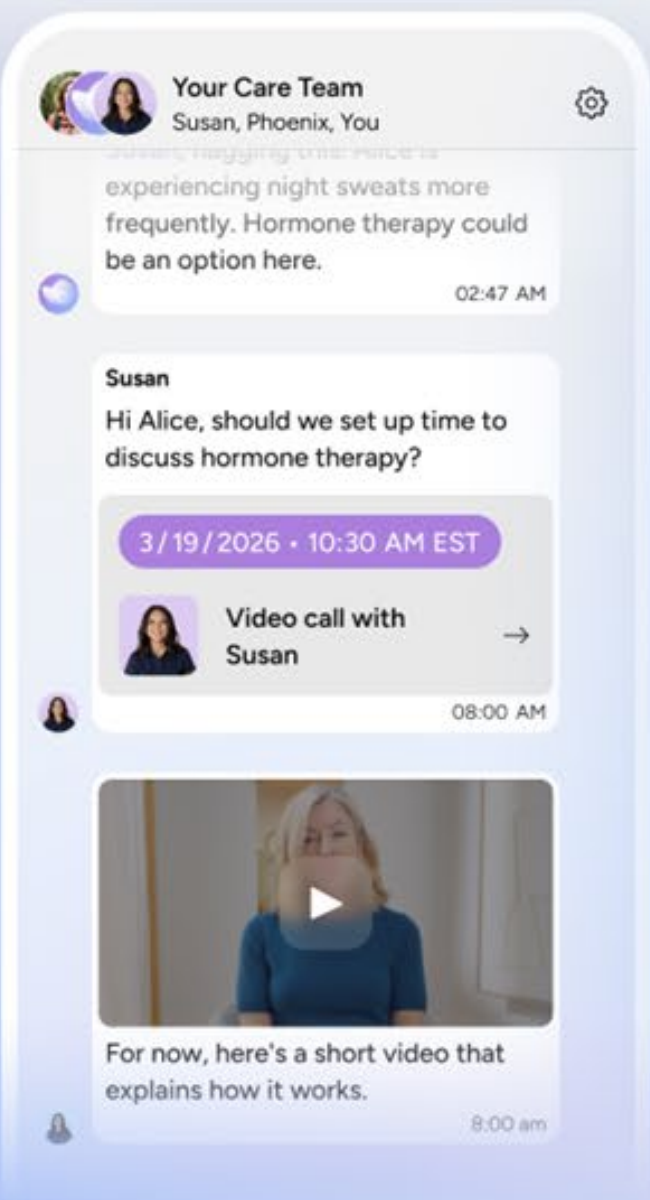
Pelvic



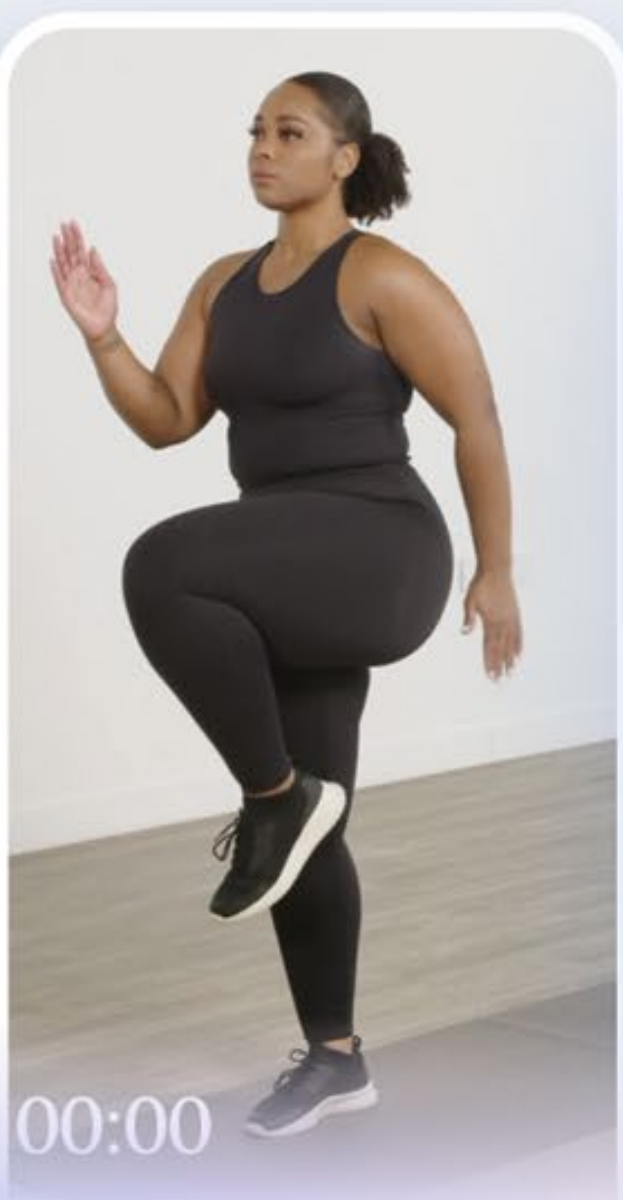
Mindset



Hormonal



Movement



Nutrition



What changes when support is actually used

Productivity

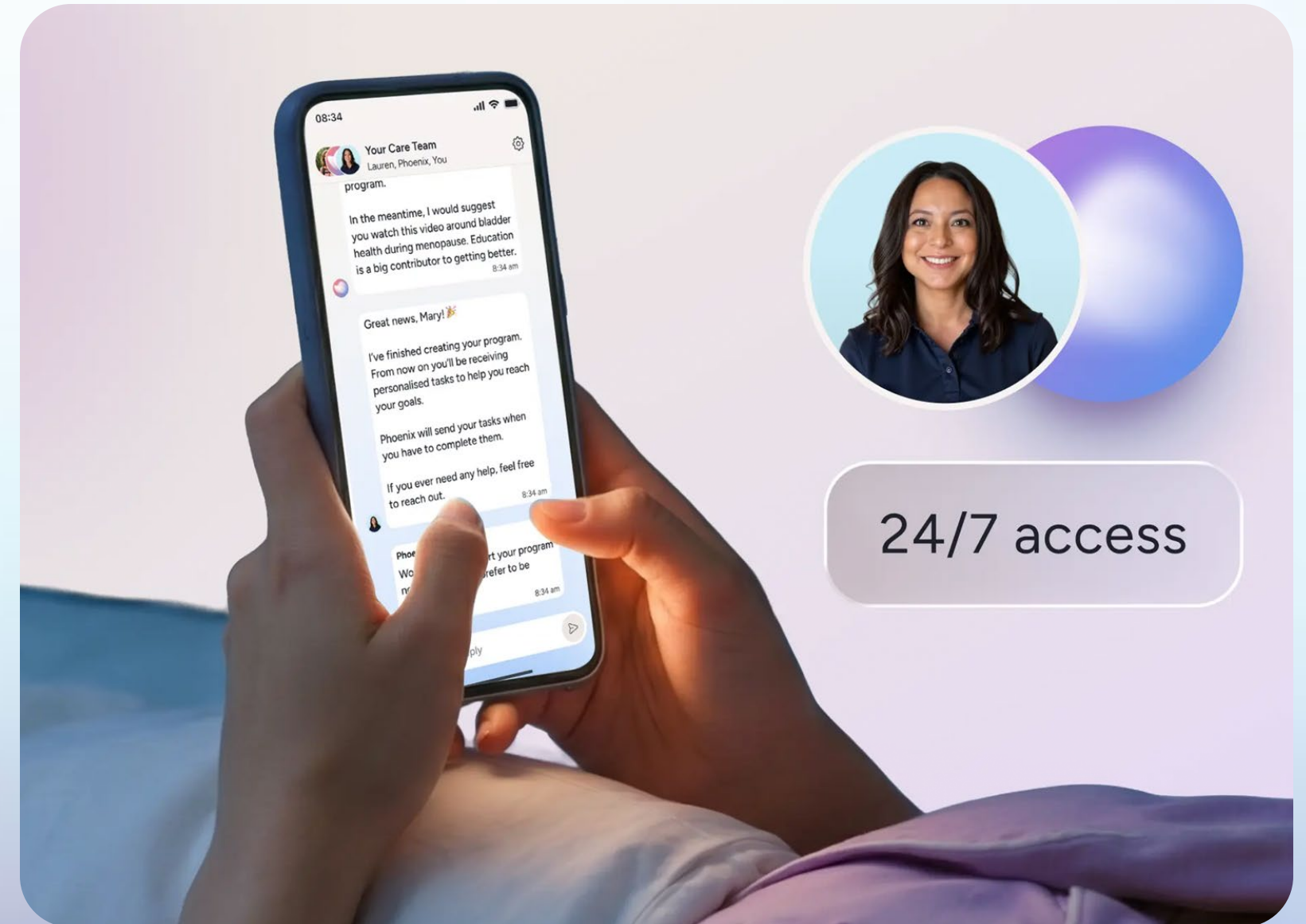
Symptom relief can show up first as better focus, energy, and day -to-day performance.

Engagement

Employees feel seen and supported, making program participation a visible signal of culture.

Retention

Supporting experienced women helps organizations retain the talent, leadership, and institutional knowledge they've already invested in.



Support only works if people can find it

01

Where to go

Connect employees to the right clinical guidance, benefits, and care options.

02

Right time

Connect people to the right resource when they need it.

03

ERGs

Create trusted spaces for connection and shared experience.

04

Close the access gap

Create a clear path from policy → clinical guidance → covered care, so employees know where to go and what their benefits can provide.

05

Remove friction

Offer discreet, accessible options, including digital care when appropriate.

The benefit is only as valuable as the employee's ability to find it, trust it, and use it .

Three things to do on Monday

01

Look for it in your data

Review absence, attrition, and claims for women 45 –60. Ask what may be hiding in generic categories.

02

Write the policy

Define the support, access pathway, manager role, and review process.

03

Close the access gap

Create a discreet, jargon-free pathway to care that doesn't require employees to justify why they need help.

"As of today [I'm] pain free. I absolutely love this program. I kept going to my PCP doctor, OBGYN and urologist in a lot of pain."

"This is so needed. I started in person PT last spring, and within 3 weeks had spent \$1000 (\$300/session) —that was not feasible to continue."

"I am much happier. The relief of not feeling pain randomly through the month is immense... I feel like a weight was hanging over my head. I feel free!"

In their words.

"I feel like I'm doing so much better. Not getting out of bed more than once or twice at night. Not leaking during the day."

"I was laughing at TikTok videos tonight and remembered my exercises and didn't have leakage!!!"

"Biggest improvement: learning I can take control of my body."

"As a single mom with 3 daughters, a full time teaching job and a side hustle waitress job... there is ZERO time for me to go to in person pelvic health PT. I am using my Bloom first thing in the morning in the privacy of my bedroom before my day begins."

"Thank you so much – I finally feel like there's hope for my situation!!"

THANK YOU

Questions & discussion

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