

Menstrual Health Guidance

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Introduction

The aim of this guidance is to set out the university's approach to supporting staff who are affected by symptoms and health conditions associated with their menstrual health and to ensure anyone impacted by their symptoms at work can feel empowered to seek support.

Menstruation is a natural part of life for billions of people around the world, however there can be embarrassment and stigma associated with it. Many people may experience a negative impact at work due to menstrual health symptoms. But the university is committed to nurturing an inclusive and supportive workplace and ensuring that our staff experience a positive and respectful working environment.

Menstrual health isn't always talked about openly and can be a taboo subject, but the work we are doing at the university aims to raise awareness, challenge the stigma and normalise the conversation.

Who is this guidance for?

This guidance is for all staff who menstruate but also to help colleagues and line managers understand what they can do to support employees experiencing menstrual symptoms. This guidance may also help staff who are supporting partners, friends and family members.

Whilst our guidance and resources may refer to 'women' and 'female', we acknowledge that our trans and non-binary colleagues may have a menstrual cycle whilst not identifying as a woman or female. This guidance is inclusive and applies regardless of an employee's gender identity.

What is menstrual health?

'Menstruation' refers to the monthly cycle during which bleeding occurs. Most commonly referred to as a **'period'**; a period is only part of the menstrual cycle. **'Menstrual health'** has a broader meaning incorporating physical and mental health and wellbeing and medical conditions related to the menstrual cycle.

Menstruation is the natural biological and recurring process that prepares the female body for pregnancy. The menstrual cycle is controlled by hormones, and rising levels of the hormone oestrogen cause the ovary to develop and release an egg (ovulation). As the womb lining thickens in the second half of the cycle the hormone progesterone helps the womb to prepare for implantation of a developing embryo. If pregnancy doesn't occur the egg is reabsorbed into the body. Oestrogen and progesterone levels fall and the womb lining comes away and leaves the body as a period.

Hormone levels change and fluctuate during the monthly cycle but in general the cycle will follow a regular pattern for each person (unless they are experiencing a health condition which is affecting the regularity of their cycle). The menstrual cycle is timed from the first day of someone's period to the day before their next period and

typically lasts around 28 days, however everyone woman's body is different and cycle times can range from 21 to 35 days.

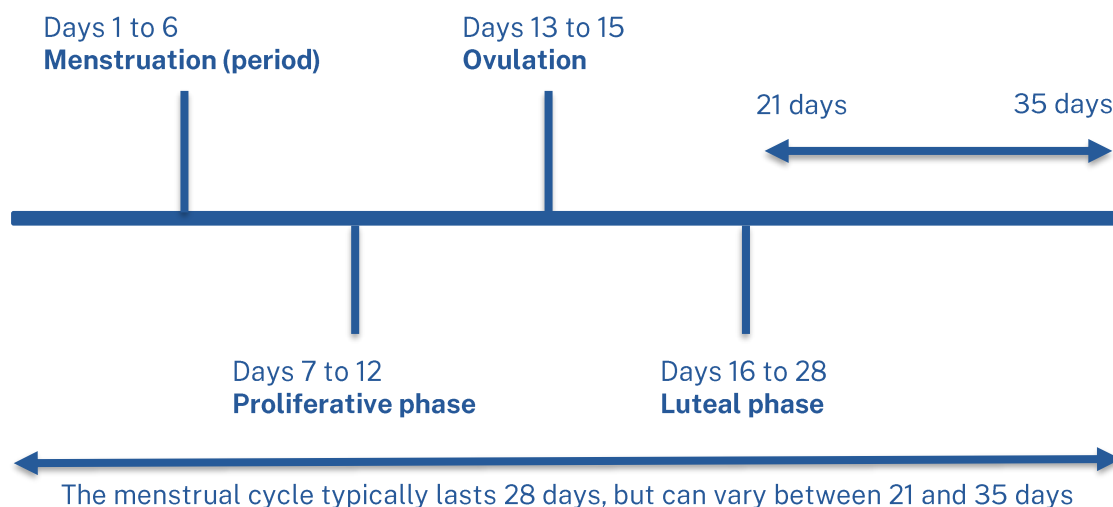
A 'typical' menstrual cycle

Days 1 – 6 – Menstruation: Menstruation (referred to as a period, when you are bleeding) typically happens from day 1 - 6. The hormone oestrogen is lower and you may or may not experience cramps.

Days 7 – 12 - Proliferative phase: The phase after your period is when oestrogen levels start to increase, which may also mean an increase in energy and feelings of positivity. Testosterone also increases during this time and people often feel on top of their game and able to do more.

Days 13 – 15 – Ovulation: This is typically when ovulation occurs, an egg is released and leads into the luteal phase. This is when sudden hormone changes can occur, which can intensify emotions and increase tiredness.

Days 16 – 28 – Luteal phase: Days 19-21 of the luteal phase is when oestrogen drops and testosterone and progesterone surge, which can sometimes lead to sensitive skin and breakouts. Days 23-25 sees high levels of progesterone which can cause bloating, lowered libido and sluggishness. Days 25-28 can see PMS associated symptoms like breast tenderness and cramps.



When do periods start?

The average age for periods to start is around 12 years old (but they can start earlier or later) and stop when a woman reaches menopause, which typically happens between age 45 and 55 with the average age to reach menopause in the UK being 51. However, periods do not stop suddenly but may become less frequent during the perimenopause, which is the time leading up to menopause, when there are often huge hormonal fluctuations, especially oestrogen, which can lead to irregular cycles and many different menopause symptoms.

The University of Greenwich are independently accredited as a 'Menopause Friendly Workplace' and staff can find further information and resources in the university's [Menopause Guidance](#) and on the staff portal [here](#).

PMS (Premenstrual Syndrome)

The changes in hormone levels can cause a wide range of physical and psychological symptoms. This is known as PMS (Premenstrual Syndrome).

Physical symptoms may include:

- Painful cramps
- Heavy bleeding
- Bloating
- Fatigue
- Difficulty sleeping
- Breast tenderness
- Skin breakouts
- Headaches and migraines
- Digestive issues

Psychological symptoms may include:

- Mood swings
- Irritability
- Feeling teary
- Anxiety and tension
- Low mood

Symptoms can often improve once a period starts and subside after a few days. Symptoms vary from person to person and not everyone experiences PMS but 70% of women do and some can experience these symptoms in a severe way which can affect their everyday life.

Other menstrual health conditions

Some women experience chronic health conditions associated with menstruation such as endometriosis, adenomyosis, polycystic ovary syndrome (PCOS) and premenstrual dysphoric disorder (PMDD). Some of these conditions can significantly impact daily life. These conditions are detailed below and further information, help and resources can be found in the [support and resources](#) section in this guidance:

Fibroids are non-cancerous growths that develop in or around the womb (uterus). The growths are made up of muscle and fibrous tissue and vary in size. Two in three women develop fibroids in their lifetime.

Endometriosis is a condition when cells similar to the ones in the lining of the womb grow elsewhere in the body. These cells react to the menstrual cycle each month and also bleed. However, there is no way for this blood to leave the body. This can cause

inflammation, pain and the formation of scar tissue. 10% of women are affected by endometriosis.

Adenomyosis is a condition where endometrial tissue grows into the muscular wall of the uterus (womb). It's similar to endometriosis in a way as this tissue continues to respond to the hormonal changes in the menstrual cycle and thickens, breaks down and bleeds but endometrial tissues don't grow outside the uterus. Between 10%-20% are affected by adenomyosis.

PCOS (Polycystic Ovary Syndrome) is a common condition that affects how the ovaries work. Polycystic ovaries contain a large number of harmless follicles that are up to 8mm (approximately 0.3in) in size. The follicles are underdeveloped sacs in which eggs develop. In PCOS, these sacs are often unable to release an egg, which means ovulation does not take place. 10% of women are affected by PCOS.

PMDD (Premenstrual Dysphoric Disorder) is a very severe form of premenstrual syndrome (PMS), which can cause many emotional and physical symptoms every month during the week or two before you start your period. It is sometimes referred to as 'severe PMS'. Around 3-8% of women are affected by PMDD.

Guidance for staff

All women experience menstruation differently and whilst some may experience mild symptoms others have severe symptoms or health conditions and require medical treatment or support. Some staff may require adjustments to their job role, work environment or working pattern to manage their menstrual health condition alongside their work.

It is important that employees prioritise their personal health and wellbeing, therefore if symptoms are significantly impacting on any aspect of their role, they are encouraged to discuss this with their line manager.

It can be helpful to prepare for a meeting with your line manager by:

- Keeping a diary of symptoms and the impact at work.
- Thinking about practical support which might help; make a note of any ideas you have and potential options.
- Understanding what support is already available e.g. Wellbeing Days (further information on Wellbeing Days can be found [here](#))
- Taking your time to explain the situation clearly, communicate what support you would like to request and timescales.
- Remembering that whilst this may have been on your mind for some time, it may be the first time your manager has heard about it. They may need time to digest the information and seek advice from the People Directorate if necessary.
- Bearing in mind that some people are happy to talk about menstruation openly, others are not. Be clear with your line manager if you want this to remain confidential or if you're happy to discuss it with your colleagues.
- Before the end of the meeting agree to meet again to discuss next steps or monitor progress.

However, the university recognises that this is a sensitive issue so if you do not feel comfortable discussing your situation with your line manager you are encouraged to speak to another appropriate member of staff (preferably in the line management chain) or a member of the People Directorate.

It is acknowledged that employees may also need support if their wife, partner, family member or loved one is experiencing extreme symptoms associated with their menstrual cycle.

The university have dedicated menstrual health advocates who provide regular awareness training sessions for staff and also host 'period café's' which are informal but informative sessions, open to all colleagues who want to hear, learn or talk about menstrual health. Cafés are a confidential, safe and supportive space where colleagues can engage as much as they want to and learn about different aspects of menstrual health and ways of supporting themselves. All training events and cafes are advertised via the university's central communications team.

Staff can also access free information, advice and confidential support through the university's [Employee Assistance Programme \(EAP\)](#) and further details of all the support and resources available at the university can be found in the [Support and Resources](#) section in this guidance.

A colleague information pack can also be found [here](#).

Guidance for managers

Managers are not expected to be experts or have all the answers but if a member of staff approaches their line manager to discuss their menstrual symptoms which are significantly impacting them at work, the most important and valuable thing a manager can do is listen, keep an open mind and avoid making any assumptions.

Managers are advised to ensure that nobody experiences less favourable treatment as a result of their menstrual health and to treat every employee as an individual because symptoms can vary significantly from person to person.

As with any health-related condition, appropriate support from managers is crucial in order to provide staff with the support that they need. Some employees may require adjustments to their job role, work environment or work schedule to manage their menstrual health condition alongside their work.

Some example adjustments that could be considered are:

- Assessing how work is allocated and whether additional support could be provided at particular points of the month, or
- Temporarily reducing duties/responsibilities or extending deadlines during periods of severe symptoms.
- Considering flexible or hybrid working arrangements, including making arrangements for home working on an ad hoc or monthly basis to help manage symptoms. Our Flexible Working policy can be found [here](#). Guidance on hybrid working can be found [here](#).

- If working from home is not possible allowing additional rest breaks to manage pain/discomfort.
- Any special equipment that may be beneficial.

Line managers can also seek guidance on making adjustments from the People Directorate.

Line managers can also support their staff by ensuring they are aware of the university's [Wellbeing Days](#).

Managers are advised to maintain regular ongoing dialogue regarding support required, including follow up meetings to review adjustments and record any agreements made.

It is important to recognise that some people may not want to discuss their menstrual health and that any discussion should preferably be led by the staff member.

The university's menstrual health advocates provide regular awareness training sessions for line managers which may help managers to support their staff. Line managers may also wish to attend the 'period café's' hosted by the menstrual health advocates. Whilst line managers are in a supporting role for their staff, they too may be experiencing the impact of menstrual health symptoms themselves and are encouraged to refer to the support for staff in this guidance.

A managers information pack can also be found [here](#).

Support and resources at the university

Menstrual Health at the university

[Join the Menstrual Health Teams Hub here](#)

Menopause at the university

Menstrual health is part of the menopause transition. The University of Greenwich are accredited as a Menopause Friendly Employer and provide support and resources for staff experiencing menopausal symptoms:

[UoG menopause web page](#)

[UoG Menopause Guidance](#)

[Join the Menopause Teams Hub here](#)

EAP (Employee Assistance Programme)

Staff members can access free information, advice and confidential support (including counselling) through the university's Employee Assistance Programme, available 24 hours a day, 7 days a week, 365 days a year. Full details can be found on the staff portal or by clicking [here](#).

Wellbeing Days

Staff can take up to two Wellbeing Day's during the 12 months between 1st October to 30th September. Staff can take a Wellbeing Day when they have an immediate need to take care of their mental health and wellbeing. Wellbeing days can be booked by an employee in Horizon. Further guidance can be found [here](#).

Mental health and wellbeing at the university

Details about the university's support for staff can be found [here](#). You can also find out more about our whole university approach to mental health and wellbeing at the university [here](#), including our progress towards achieving the University Mental Health Charter Award.

Mental Health First Aiders

The 'wellbeing assistance' on the SafeZone App allows you to chat with a mental health first aider during office hours. Find out more and download the app [here](#).

Staff Wellbeing Network

The university's Staff Wellbeing Network is a social community whose aim is to improve staff wellbeing through positive activities, signposting, and open conversations about mental health. The Staff Wellbeing Network is inclusive and open to all staff members to join. Staff can find out more and join [here](#).

Hybrid working

The university operates [Working Principles and Guidelines](#), which offer hybrid working and may assist an employee to work flexibly where it is appropriate for their role. Employees should discuss hybrid working with their line manager in the first instance.

Flexible working

If an employee wishes to make a flexible working request, they are encouraged to discuss this with their line manager first. Employees should make a formal flexible working request in accordance with the requirements and procedures in the university's [Flexible Working Policy](#).

Sickness/paid leave

If an employee is unwell and unfit for work due to their menstrual symptoms, including where they experience the onset of symptoms during the working day, they will normally receive full pay. Full details can be found in our [Sickness Absence Policy](#).

Time off for medical appointments

If employee's need time off to attend a medical appointment they should notify their line manager. Where an employee gives their line manager reasonable notice of the date and time of an appointment, time off with full pay will be granted. Full details can be found in our [Sickness Absence Policy](#).

External support and resources

- [The National Institute for Health & Care Excellence \(NICE\) guidelines](#) outline how a GP will determine what types of treatments/interventions they can offer.
- The NHS website provides information on [PMS and PMDD](#), [Fibroids](#), [Endometriosis](#), [Adenomyosis](#) and [Polycystic ovary syndrome \(PCOS\)](#)
- The mental health charity Mind provide an overview of [PMDD](#) and how to access treatment and support
- [Endometriosis UK](#) provide support and information for people with Endometriosis.
- [Menstrual Health Project](#)
- [Bloody Good Period](#)
- [Henpicked.net](#)

- The mental health charity [Mind](#) provide people with help, support and information.
- [International Association for Premenstrual Disorders](#) (IAPMD) - note this organisation is based in the U.S.

Dates for your diary

- **International Women's Day** is celebrated annually on 8th March.
- **University mental health day** is held annually and typically on the second Thursday in March at the University of Greenwich.
- **Endometriosis Action Month** is March
- **PMDD Awareness Month** is April.
- **Adenomyosis Awareness Month** is April.
- **Mental health Awareness Week** is in May.
- **Menstrual Health Day** is held annually on 28th May.
- **PCOS Awareness Month** is in September.
- **World Menopause Day** is held annually on 18th October.

Version	Purpose/Change	Author	Date
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