

# Uncovering Policy Gaps in Addressing the Needs of People Experiencing Perimenopause and Menopause in PEI

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# Executive Summary

This report explores the experiences of women in Prince Edward Island navigating perimenopause and menopause across healthcare, workplaces, and public systems. A review of the literature revealed that on a global scale, perimenopause and menopause are emerging as long overlooked issues that extend beyond women's health and have broader social and economic impacts that require greater attention and action. Through conversations with Island women directly affected, the study captures both the challenges they face and the informal strategies they have developed to manage these changes while continuing to work, care for others, and contribute to their communities. What we heard from participants aligned with recent research with 27,000 Maritime women, *The Voice of Maritime Women – The Unspoken Burden of Women's Health*, which reported menopause and perimenopause as one of the top issues women want prioritized. Given the findings, this project is significant as the first to examine the perimenopause and menopause experiences of women and gender-diverse people on PEI, and the policy issues that need to be addressed.

Many reported that reliable sources for information about perimenopause and menopause are limited, leaving women to navigate symptoms largely on their own. These experiences highlight the need for increased awareness.

In healthcare, participants described gaps in knowledge, access, and support. This often created worry, confusion, and a sense of isolation, as women struggled to understand what was happening to their bodies, and how to access appropriate care and manage symptoms. These experiences underscore the need for increased awareness among healthcare providers, targeted training, and accessible services that respond to the full range of physical, emotional, and social impacts of this life stage.

Within the workforce, women described situations where symptoms contributed to leaving employment, reducing hours, or missing opportunities for advancement. Without policies that acknowledge and support these experiences, the economic and social costs extend beyond individuals to organizations and communities. Thoughtful workplace policies could help retain talent, reduce inequities, and support sustainable participation.



Across government departments and public health, participants emphasized the importance of visible, coordinated programs and resources. Integrating these insights into health, employment, and social policies can help ensure that women's experiences are acknowledged and supported across systems.

These findings reveal both the resilience of women and the structural gaps that persist. This report is an important first step in gathering local evidence to guide policy and practice improvements that promote health, equity, and sustainability for women in all spheres of life on PEI.



# Introduction

Perimenopause and menopause are stages of life that will be experienced by a more than half of the population, yet their impacts are rarely considered in the policies and planning decisions that shape everyday life. This project was designed to explore how these overlooked intersections can influence women's experiences as they navigate public spaces, participate in the workforce, and engage in their communities during this phase of life.

While these experiences are widely shared, they are seldom reflected in policy conversations. ASI has long advocated for a Health in All Policies approach, which recognizes that decisions made across many areas of public life can have important, though often unrecognized, implications for health and well-being. Rather than viewing health solely as the responsibility of the healthcare system, this approach acknowledges that policies in many sectors shape the conditions in which people live, work, and participate in their communities. Applying this lens helps identify opportunities where policy changes could better support health, independence, and quality of life during perimenopause and menopause.

The project began with a review of existing research on perimenopause and menopause. A steering committee was established to guide the work, bringing together organizations and individuals whose insights helped shape the research questions, guide participant recruitment, and identify key themes for exploration.

Focus groups were conducted with women and gender-diverse people from across the province who self-identify as having lived experience with perimenopause or menopause. Six focus groups were held in communities across the province, including O'Leary, Summerside, Montague, three in Charlottetown. The Native Council of PEI and the PEI Association for Community Living helped with recruitment for some focus groups. Individual interviews were also offered to allow participants to share more detailed personal experiences.





In total, 38 women and gender diverse people shared their stories and experiences as part of this project. Interest in the project was strong, with several focus groups reaching registration capacity and having waitlists. Media coverage on CBC Radio’s ‘Island Morning’ and CBC Television’s ‘Compass’ generated much interest.<sup>1</sup>

This project contributes to a growing conversation about perimenopause and menopause from a perspective that is often overlooked. The report brings forward the lived experiences shared by participants and highlights how everyday policies and planning decisions can shape their ability to participate fully in work and community life. From a health-in-all-policies perspective, it offers practical insights that may help inform more inclusive and responsive policies for women and gender-diverse Islanders at this stage of life.

“Perimenopause is the process of change leading up to menopause. Non-surgical menopause can start as early as your late 30s or as late as your early 50s. The duration of perimenopause varies from person to person, but may last as little as a few months or as long as a number of years.”<sup>2</sup>

“Menopause happens after your menstrual period has stopped and not returned for 12 consecutive months.”<sup>3</sup>

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<sup>1</sup> [Can the province, workplaces better support Islanders living with menopause and perimenopause? | CBC.ca](#)

<sup>2</sup> [Perimenopausemenopause andyou final.pdf](#) (pg. 2)

<sup>3</sup> [Perimenopausemenopause andyou final.pdf](#) (pg. 2)



## Healthcare

Perimenopause and menopause symptoms can manifest differently for each person<sup>4</sup> and are influenced by genetics, lifestyle factors,<sup>5</sup> and the social determinants of health.<sup>6</sup> However, experiences shared by participants in this study reveal common challenges and significant gaps in how the healthcare system currently recognizes and supports individuals during these life phases. Many described difficulties in having symptoms acknowledged, accessing accurate information, or receiving appropriate treatment from healthcare providers. These findings align with those of the 2025 IWK study on Women’s Health in the Maritimes, which found that menopause, perimenopause and hormonal issues to be the highest priority areas where women identified improvements to healthcare services and supports are needed.<sup>7</sup> This section explores participant’s experiences with the healthcare system on PEI, highlighting the need for improved professional education, updated clinical practices, and more accessible, specialized services to ensure that people experiencing perimenopause and menopause receive informed, holistic, and timely care.

### Healthcare Professional Training and Current Practices

Though participant’s experiences within the healthcare system varied greatly, the role of primary care providers was key in accessing information, support and specialized treatment. When seeking help for issues related to perimenopause or menopause, many shared that their primary healthcare provider did not suggest that perimenopause or menopause hormonal changes could be a possible source or contributing factor of the symptoms they were experiencing.

*“When you're young and you're going to your family physician, and then they talk to you and you have your Pap test and you have all of that follow-up and then you have children, you have all that follow-up, but like there's a disconnect after that.”*

<sup>4</sup> Mosconi, Lisa. (2024). “The Menopause Brain”. Avery, Penguin Random House LLC. New York, NY. (pg. 42-44).

<sup>5</sup> Haver, Mary Claire. (2024), "The New Menopause: Navigating Your Path Through Hormonal Change with Purpose, Power, and Facts." Random House, New York, NY.

<sup>6</sup> Gunter, Jen. (2021). "The Menopause Manifesto: Own Your Health with Facts and Feminism." Kensington Publishing Corp. New York, NY. (pg. 10)

<sup>7</sup> [2025-iwk-foundation-the-unspoken-burden-of-womens-health-survey-summary-october-2025.pdf](#) (pg. 10)

When asked directly about perimenopause or menopause, some providers did not seem to have up to date knowledge of the treatment options. Some participants shared they were told information about perimenopause or menopause and associated treatment options, that they later found to be inaccurate. For example, one participant was told that HRT was not an option for those still menstruating, which does not reflect others' experiences.

*"I don't really feel that our doctors know what to do with women. They're more focused on pregnancy and all of the other issues that women might face throughout their lives, but perimenopause and menopause is sort of put on the back burner."*

A few participants currently working in various areas of healthcare services themselves, shared that during their own training, they had received minimal instruction on perimenopause and menopause, with the majority of their training on the female anatomy focused on child-bearing years. The need for stronger education and training for doctors on women's health was also identified in the 2025 IWK survey on women's health.<sup>8</sup>

*"He (Dr) talked to me a bit about hormone replacement therapy and he said, 'since this is our beginning discussions on it, can I suggest you go talk to your girlfriends? See what they're doing, see what they're experiencing and then we'll talk again later.' I feel like he kind of wants to learn a bit through my experience. He said it is something that he's studying on his own because of the amount of patients that he has, but it's not something they study in school."*

A lack of research focused on the experiences and needs of women and gender-diverse people—particularly regarding perimenopause and menopause—was also highlighted as a possible reason some doctors may feel uncertain about prescribing medications such as hormone replacement therapies (HRT). Women's health research is underfunded and unprioritized in Canada with less than 6% of Federally funded health research dedicated to women's health.<sup>9</sup>

*"I work in health, and it wasn't until I started experiencing things myself with perimenopause that I realized how little I knew and how little so many other of my colleagues and health professionals in general really know and understand about it."*

*"Some of the older physicians are terrified to prescribe any hormone therapy because of these old studies, and there hasn't been enough research since that to give providers confidence in prescribing."*

<sup>8</sup> [2025-iwk-foundation-the-unspoken-burden-of-womens-health-survey-summary-october-2025.pdf](#) (pg 11)

<sup>9</sup> [CentreForAddictionAndMentalHealth-e.pdf](#) (pg.2)

The new medical education program at UPEI was identified as an opportunity for PEI to be a leader in ensuring medical students receive required training about how to best support people experiencing perimenopause and menopause. Additionally, professional learning opportunities for healthcare professionals to receive updated information about supporting patients in perimenopause and menopause should be made available and part of ongoing required training for primary care providers.

*“We have an opportunity here in PEI because of the new medical school...getting in there and talking to these doctors that are in training so they have some information. How many hours do they have dedicated to perimenopause and menopause?”*

Pharmacies were also identified as a place where people often seek advice on a range of health related topics. Ensuring all information shared through pharmacies for medications such as HRT is accurate and current will help to dispel myths about these treatments. Pharmacists should also have access to professional learning opportunities on perimenopause and menopause.

*“I get the stuff from the pharmacy, and the little printout sheet says, this is terrible for you. This could cause cancer. This is awful, which is all old research that's been proven wrong. And then the actual estradiol patch that I am going to wear, I open that up, And it's like, ‘this is created and approved in Canada for helping symptoms of perimenopause, menopause, and postmenopause.’ The two sheets were actually opposite.”*

## Clinic Policy- One Issue Per Visit

Permitting patients to only discuss one issue per visit is a common practice in healthcare settings on PEI. This limiting practice was experienced as problematic by many, since perimenopause and menopause symptoms can vary widely and may not at the outset appear to be related. Without taking a whole person, holistic approach to understanding health and wellbeing, the connections between symptoms can be misunderstood or misdiagnosed.

*“I made an appointment with my doctor and I went to see him last week, actually, because I just recently figured this out. Even though the night sweats happened a year and a half ago, I didn't put two and two together about the headaches... and the headaches have been happening for probably as long as the night sweats have. My doctor said, ‘how come I didn't know you're in menopause?’ I'm like, well, ‘you have this big sign that says one thing at a time’.”*

*“There's so many symptoms that I didn't realize were actually symptoms of perimenopause, but I was going to all these different doctors for all these things, and then I realized, ‘Wait a minute, this is actually perimenopause, right?’”*

Some participants underwent multiple separate tests related to specific symptoms, before hormone imbalances experienced during perimenopause and menopause were explored. Further complicating matters, over the years, people are often diagnosed with or experience a range of medical conditions, and many of them have symptoms that can overlap with the symptoms of menopause.<sup>10</sup> In some cases, overlooking perimenopause or menopause as a potential cause for multiple symptoms can not only cause undue stress and hardship for patients, but can increase costs to our medical system.

*“I started having quite severe heart palpitations, and they scared me and took my breath away. So I went to my doctor who referred me to a heart specialist. I had this test, this test, this test, this test, this test, and then nothing. A few years later, it started again. And I went through tests again. And then finally, I had a different specialist this time, and they told me that sometimes as women age, their heart rate changes. And then through listening to a podcast and whatever, I'm like, ‘my God, that's another perimenopause symptom’. And I was told that aging women go through it. But no, it's not aging women go through it, it's a perimenopause symptom.”*

## Not Feeling Listened To or Taken Seriously

Many participants shared frustration with not feeling listened to or taken seriously by their primary care providers or other healthcare professionals. In particular, questions and concerns about perimenopause or menopause were often downplayed or suggested as being caused by a lack of effective stress management, depression, or anxiety. It is critical that women feel listened to, respected, and included in decision-making processes about their health and wellbeing.<sup>11</sup>

*“I've gone to my doctor several times and asked and there's always something else like cholesterol or something else that you've got to talk about so it (perimenopause) is always pushed under the rug.”*

<sup>10</sup> Gunter, Jen. (2021). "The Menopause Manifesto: Own Your Health with Facts and Feminism." Kensington Publishing Corp. New York, NY. (pg. 9).

<sup>11</sup> [2025-iwk-foundation-the-unspoken-burden-of-womens-health-survey-summary-october-2025.pdf](#) (pg. 11)

Participants who were connected to a primary healthcare provider had limited options when they felt unheard or wished to seek a second opinion. Some simply stopped asking questions of their healthcare provider and did their best to cope with symptoms as best they could. This can lead to worsening and long-term impacts that can be difficult to address as time goes on.

*“The things that were happening to me, like pins and needles all over my body and stuff. There's just like incontinence, all these things...But at the time, my doctor was just like, ‘no, you're too young’, and he said, ‘I think you're just a worrier’.”*

Not having a primary care provider also adds additional challenges and barriers for patients.<sup>12</sup> As of February 2026, 33, 510 people on PEI are without a primary healthcare provider. For participants who did not have a primary healthcare provider, experiences with MAPLE online care varied, with some finding the online system helped connect them with a doctor who has particular interest in perimenopause and menopause, while others expressed they had been unable to access HRT prescriptions through the online service.

*“You leave feeling invalidated, dismissed, and then you keep dealing with it, and you just get quieter and quieter about it, but a lot of the time it's just because you don't even know what's going on. And then if your healthcare provider isn't on the ball or you're not asking the right questions, then things get missed.”*

Individuals with intellectual disabilities may encounter added barriers when communicating with healthcare professionals, especially during perimenopause and menopause. Their concerns and experiences are sometimes overlooked or misunderstood, making it essential for healthcare providers to use supportive decision-making practices.<sup>13</sup> Approaches such as speaking directly to the individual, using clear and accessible language, allowing additional time, and welcoming the presence of an advocate when needed can help ensure their voices are heard and their health needs are properly addressed.

*“They should talk to the person who has the disability, and sometimes allow an advocate to come with them. So sometimes they say it needs to be private or whatever, but sometimes you need to say, ‘I need to have an advocate’. So they have to know how to put things in plain language, allow maybe extra time and things like that.... Some doctors don't, and they just say, oh, that's just part of the disability, or those folks don't have the same symptoms.”*

<sup>12</sup> <https://www.princeedwardisland.ca/en/service/find-a-family-doctor-or-nurse-practitioner>

<sup>13</sup> [https://www.advancerecareplanning.ca/wp-content/uploads/2025/05/Supporting\\_Choice\\_A\\_Practical\\_Guide\\_EN\\_FINAL\\_o425-I.pdf](https://www.advancerecareplanning.ca/wp-content/uploads/2025/05/Supporting_Choice_A_Practical_Guide_EN_FINAL_o425-I.pdf)

## Early Menopause Due to Surgery or Cancer

Procedures such as hysterectomies, cancer treatments, and hormone-related interventions are the most common cause of premature or early menopause,<sup>14</sup> leading to complex physical and hormonal changes that significantly affect a person's quality of life. Some participants who had experienced these types of health interventions reported receiving limited information

*"They're very good to help you with the chemotherapy, but nobody's really telling you the kind of changes that you can expect to have."*

about what to expect after these procedures, particularly regarding hormonal symptoms and the possibility of early menopause.

*"I've talked to my nurse practitioner about hormone treatments and stuff like that, because I had a full hysterectomy. And I thought that might have put me in early menopause. The response was 'oh no, don't worry, you're too young for that.' That's all I got."*

## Private Healthcare and Products

Not being able to access effective treatment through the healthcare system on PEI can have significant costs for individuals. Some participants who were unable to access support or treatment for perimenopause or menopause through their primary healthcare provider or MAPLE turned to private clinics either in another province or accessed online. These private clinics require patients to pay out of pocket for treatment. There are also many products targeted toward those in perimenopause and menopause to treat or alleviate symptoms. Many reported spending money on products that were partially or wholly ineffective.

*"I looked into going to Moncton to the private clinics because I couldn't get the hormones here, but it's very expensive to go to pay for it."*

*"My only option was to do this online doctor and they would prescribe the HRT. It was \$300 for the first appointment and then you had to go back in two months, which was going to be another \$300. So, in the end, it was going to be pushing the \$1,000 by the time I got my year's prescription. And then you have to go back every year because they'll only give you the prescription refills for one year."*

<sup>14</sup> Mosconi, Lisa. (2024). "The Menopause Brain". Avery, Penguin Random House LLC. New York, NY. (p. 31)

*“I have bought naturopath supplements. I have spent thousands of dollars trying to fix what this HRT is, I think, going to fix now. I have bought pajamas that you won't sweat in, bed sheets that you won't sweat in, and they're all garbage.”*

## The Need for Dedicated Perimenopause/Menopause Clinics

Recently, Nova Scotia announced it will be opening a Menopause Centre of Excellence, that will provide supports and treatment for perimenopause, menopause and post-menopause.<sup>15</sup> Though an official opening date has not yet been set, this will be the first centre of its kind in Atlantic Canada. Many participants in this project expressed the need for a similar dedicated perimenopause/menopause clinic on PEI.

Sexual Health, Options and Reproductive Services (SHORS) currently provides some limited care for women and gender diverse people on PEI in perimenopause and menopause. Participants who were able to access services through SHORS had positive experiences.

*“There's no dedicated care for women around perimenopause and menopause. And when you think about the number of women that are going to go through it, first of all, we're more than half the population, and then every woman will go through it in some way, so it's a lot of women that need care, but there's no dedicated spot for them to go.”*

*“I think that's why there needs to be something also in place, because I think this will help the workplace and help the social life and help the family life, if there's actually a place where women could go and be cared for with current medical practices that are approved by all levels of the medical world for people going through perimenopause and menopause.”*



<sup>15</sup> <https://www.cbc.ca/lite/story/1.7606647>

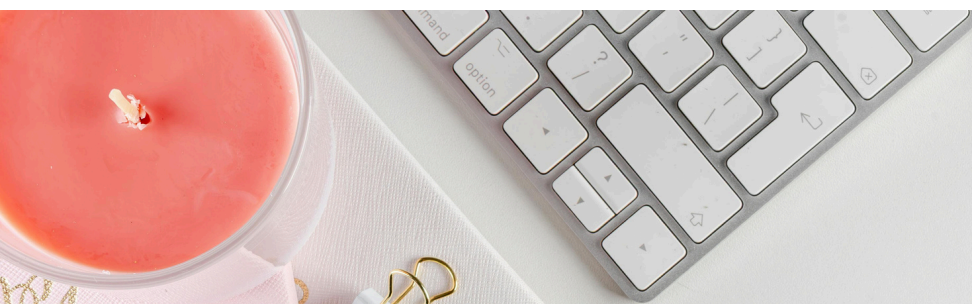
Those with a primary health provider and deemed higher risk for complications are unable to self-refer to SHORS for perimenopause or menopause care. Perimenopause and menopause services should be open to self-referral for all to ensure access for those without a primary care provider, and also those who have experienced challenges with access to care for perimenopause or menopause through their primary care provider.

*"I know a lot of women who don't have that ability to travel to Summerside or Charlottetown, so I think that clinic needs to be mobile and that it needs to be at every one of our health clinics at least once a month. And if they have so many women looking for appointments, then they need to up it to twice a month. and need to come to where the women are living and offer all women care."*

*"I was able to get an appointment with the women's clinic and discuss going on HRT, which I've been on for a year and a half, and it's made a significant difference for me. My anxiety before was through the roof and within a month I could see noticeable lowering of that, as well as night sweats. So it has made a huge difference for me."*

*"Right now there is the women's health clinic, but you can only go if you don't have a family doctor. And so it really straps women who have a doctor like I had that wasn't willing to treat women...I think that needs to be available for all women who are in need of whatever care women have."*

Additionally, mobile clinics specializing in perimenopause and menopause care would reduce barriers to access and help to ensure all Islander have access to the care they need. Some participants also wondered if expanding access to HRT through the PEI Pharmacy Plus program might be an option for those with low risk of complications. Having a perimenopause and menopause specialist at each medical home would also increase access to needed supports and treatment.



## Preventing Harm

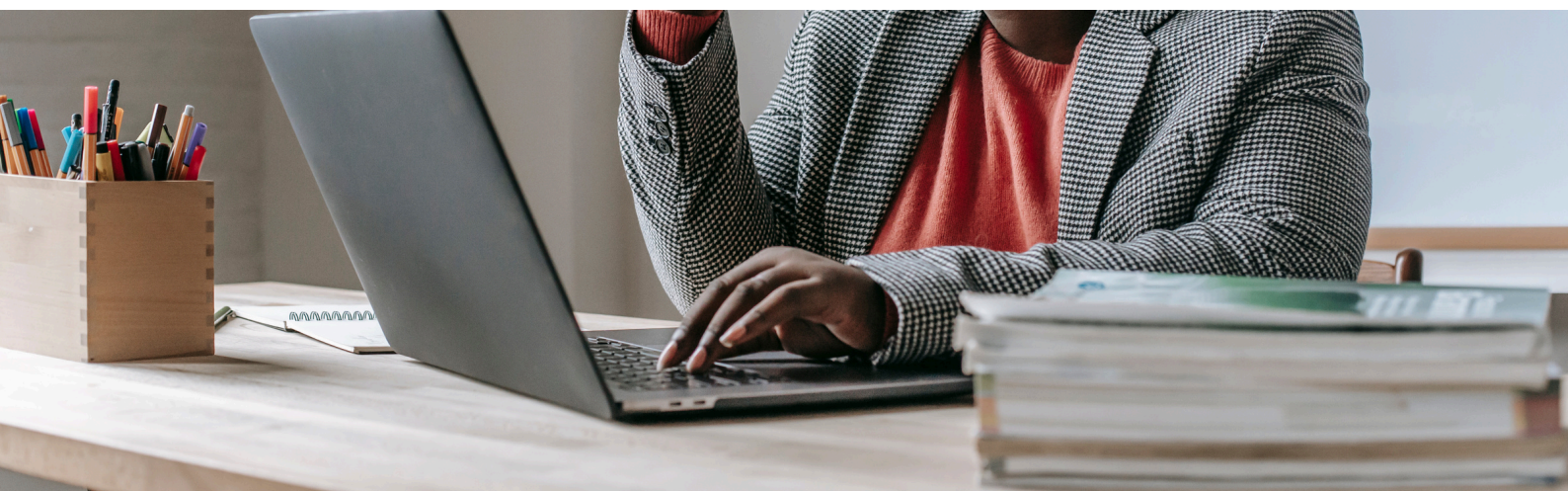
One of the most striking realities emerging from women's experiences is how often preventable or manageable conditions escalate into crises simply because proper care was never offered or available. Issues like incontinence and pelvic floor dysfunction are frequently dismissed or minimized, even though they have profound implications for long-term health and independence.<sup>16</sup> Many women only learn about effective treatments, such as pelvic floor therapy, by chance or through their own persistence rather than through routine medical guidance.

This lack of proactive care leaves countless women vulnerable to conditions that ultimately force them into long-term care facilities.

The consequences of inadequate perimenopause and menopause care extend beyond physical health and can be far reaching. Too many women and gender diverse people who have been unable to access treatment and support during this stage of life continue to suffer as a result.

*"I've helped women in the hospital who had like a prolapsed uterus, like just horrible things that are preventable, but it took away all their ability to be independent, their quality of life. Very independent women that had to go into care simply because of something that was preventable."*

*"There's a whole generation that's been lost who've not had access to anything, they've never had any support, they've been told everything that can help them is going to cause cancer, they're going to die, they've suffered, their bones are brittle, and they're not strong, and they have been treated completely wrong by the medical system because white supremacy and men decided through that study to just say something publicly which completely just has destroyed their lives, and they're dying of dementia and their backs and their hips are broken and they're in the hospital and they're dying."*



<sup>16</sup> [Free pelvic floor physiotherapy? Pilot project on P.E.I. works to make that possible | CBC News](#)

## Summary: Healthcare Recommendations

- Expand required learning opportunities at the UPEI Medical Education and School of Nursing programs on perimenopause and menopause.
- Expand professional learning opportunities for healthcare professionals on current perimenopause and menopause research and best practices.
- Update information sheets distributed at pharmacies to reflect current research on HRT.
- Discontinue policies that limit patients to discussing only one medical issue or symptom per visit.
- Provide information and support regarding hormonal symptoms and the possibility of early menopause for those who are having or have had procedures such as hysterectomies, cancer treatments, and hormone-related interventions.
- Implement best practices for supportive decision making for those living with intellectual disabilities in all healthcare settings
- Open a dedicated self-referral clinic for perimenopause, menopause and post-menopause care on PEI. Mobile clinic options should also be provided across PEI to ensure access in local communities.
- Have at least one healthcare provider at each Medical Home on PEI who specializes in perimenopause and menopause.
- Explore including Hormone Replacement Therapy under the Pharmacy Plus PEI program, in consultation with the PEI Pharmacy Association.





## Workplace Policy & Practice

Disruptive or painful perimenopause or menopause symptoms can often have a direct impact on how people experience their paid and unpaid work. Many participants in this project modified or changed their paid or volunteer work activities or took time off of work due to perimenopause or menopause symptoms. Some participants ended up leaving their job, with some changing jobs, retiring early or leaving the job market altogether. With women over the age of 40 making up one quarter of the workforce in Canada,<sup>17</sup> failures to support and accommodate women during perimenopause and menopause can not only have a significant impact on individuals and families, but can have significant and far reaching economic impacts. This section will explore how perimenopause and menopause symptoms can impact paid and unpaid work, and discuss workplace policies and practices that can help.

### Impacts of Perimenopause and Menopause Symptoms

While participant experiences varied based on type of work and symptoms experienced, almost all expressed that perimenopause or menopause symptoms negatively impacted their paid or volunteer work in some, or multiple ways.

Perimenopause and menopause are often associated with a wide range of physical and emotional changes that can significantly affect women's everyday lives, including their ability to maintain regular work routines. Symptoms such as chronic pain, fatigue and disrupted sleep,<sup>18</sup> and other health complications can make routine tasks and job responsibilities increasingly difficult,

*"I don't have a job where it's a lot of physical labor, because if I did, I probably wouldn't be able to work."*

*"I just thought that I couldn't handle it anymore, like that my brain wasn't working, and I just thought that I wasn't smart enough anymore to learn the things, and then handle the pressure as well."*

<sup>17</sup> Menopause\_Work\_Canada\_2023EN.pdf (pg. 1)

<sup>18</sup> Mosconi, Lisa. (2024). "The Menopause Brain". Avery, Penguin Random House LLC. New York, NY. (pg. 47-49).

particularly when they require frequent medical care or time away from work. Despite these challenges, many women continue to feel pressure to remain productive and present in the workplace, often carrying feelings of guilt when health concerns interfere with their attendance.<sup>19</sup>

Rapid onset, extremely heavy menstrual bleeding was another physical symptom experienced by several participants at different points during their perimenopause experience that directly impacted experiences of work.<sup>20</sup> Episodes of heavy menstrual bleeding can happen without warning and can be extremely challenging to manage within most work settings.

Cognitive or psychological symptoms, such as anxiety, depression, and brain fog,<sup>21</sup> also directly impacted workplace experiences, with many finding it difficult to focus or facing issues with memory.

*“I was missing work when I was having problems with my shoulder, because I was having a hard time even just getting out of bed and getting dressed in the morning, and then all the appointments that I was having besides. I carried that guilt of missing so much time and I wasn’t used to missing much work because of not feeling well or whatever, but I just felt like I was chronically out for either pain or an appointment because of the pain...if I didn’t have sick time and I didn’t have coverage for those appointments, like I can’t imagine the additional stress that some women face”*

*“I have been speaking in a group, doing a presentation, and just ‘gush’, right down my pants, right through everything. Going to bathrooms and planes, and there’s blood all over the walls, and there’s blood all over sheets. But the doctors are like, we don’t know what’s happening. We don’t know what’s going on?”*

*“Perimenopause and menopause is more anxiety, more depression, like out of nowhere. Anxiety attacks that you’ve never even had mostly before and brain fog and not remembering words...feeling like my self-efficacy and worrying am I producing what I need to be? It’s that self-doubting piece especially when it comes to the work.”*

<sup>19</sup> Dunn, Jancee. (2023). “Hot and Bothered. What No One Tells You About Menopause.” Putnam, Penguin Random House LLC. New York, NY. (pg. 216-222)

<sup>20</sup> Dunn, Jancee. (2023). “Hot and Bothered. What No One Tells You About Menopause.” Putnam, Penguin Random House LLC. New York, NY. (pg. 43-45).

<sup>21</sup> Mosconi, Lisa. (2024). “The Menopause Brain”. Avery, Penguin Random House LLC. New York, NY. (pg. 49-54).

## Flexible Work Arrangements and Supports

Traditional workplace structures often fail to account for the unpredictable symptoms that can accompany this life stage. Fluctuating hormones can bring on waves of fatigue, brain fog, anxiety, and physical discomfort—symptoms that don’t neatly align with rigid job expectations. Additionally, many experiencing perimenopause and menopause are also caring for children and/or aging parents, adding additional pressure and complexity to their schedules. Women often carry a disproportionate responsibility to support the emotional and mental health and wellbeing of family members, particularly in times of crisis.<sup>22</sup>

By adapting or introducing flexible work arrangements that support people through this stage of life, employers can strengthen worker wellbeing, retain valuable expertise, and reduce avoidable turnover and training expenses.<sup>23</sup>

*“I would hate to be in a workplace where now it's like, ‘oh, you're feeble in another way. Like, you had babies, you were menstruating’. These are not feeble things. These are amazing strengths that make you actually a really strong person and a really great employee... I'd like to hear us recognize the senior women in your corporation, in your workplace, who have hung in there, who have done the things despite all the caregiving, despite all the physical stuff. They are amazing. And don't dismiss them as like, ‘we have to accommodate her again’.”*

*“If you're only sleeping a couple of hours a night for months and months and months, nothing's going to be working well for you. So maybe like some sort of flex time with some employers, where you don't work the typical traditional hours, or maybe you can work from home.”*

*“I think employers should have something you could do on days where you can't, like, say your job's physical, say it's mental, the brain fog I was talking about. You should be able to do something, where you could just do like paperwork for a day instead of meeting with clients...So there can be flexibility in terms of the ability to take time off, but also flexibility within the job.”*

<sup>22</sup> [2025-iwk-foundation-the-unspoken-burden-of-womens-health-survey-summary-october-2025.pdf](#) (pg.6)

<sup>23</sup> Corinna, Heather. (2021). “What Fresh Hell Is This? Perimenopause, Menopause, Other Indignities, And You.” Hachette Book Group Inc., New York, NY. (pg. 248-249)

Hybrid work arrangements have become increasingly common as organizations seek to balance flexibility with in-person collaboration. For many employees, the ability to divide their time between home and the office can significantly influence productivity, well-being, and job satisfaction.

Permitting workers to have more autonomy over their work whenever possible can build trust and support workers to meet their needs and cope more effectively when perimenopause or menopause symptoms arise.

While flexible work arrangements were generally agreed to be preferred, it was widely recognized that the requirements and feasibility to incorporate flexible work arrangements differs significantly across types of work and workplaces. For those in caring professions, such as teaching, childcare or nursing, flexibility in work can include having sufficient staff support to take an unplanned break if needed.

It is also important that workers are empowered to be flexible within the workplace and support each other when needed. This peer-support can be covering workloads temporarily to allow for breaks, or switching shifts to accommodate coping with perimenopause or menopause symptoms.

*“I have a hybrid work arrangement where I work from home three days a week and I have to come to the office twice a week. I feel like if I didn't have that, it would be way worse.”*

*“As long as the work is getting produced, and as long as you're available for team meetings, and if your supervisor calls during work time and can get you. When you can focus on outcomes rather than policing people. That policing of people, that's a really, really big mentality with a lot of employers these days.”*

*“I work with children, so I can't just leave that child. I have to make sure somebody can watch that child for me to step out, so I find it really hard having heavy flows to just function and get to the washroom because there's no breaks when you need it. You can't just walk away from a group of kids.”*

*“A positive thing was I worked with some really great people, and if things were happening to other people within their families, we would jump in and take care of them...You do need to have a workplace where that flexibility is possible. Like, you need to be able to change shifts with people ”*

Employee Assistance programs that include access to mental health supports and counselling can be a great asset in helping support workers during perimenopause and menopause. Having these supports in place can help workers thrive in their workplaces and prevent increases in stress and burnout.

Unfortunately, concerns about workplace stigma continue to shape how employees navigate conversations about their personal needs and professional aspirations.<sup>24</sup> Many workers hesitate to disclose challenges or request accommodations, worried that asking for accommodation may result in discrimination.

*“It should be mandatory that workplaces have an Employee Assistance Program that provides you with access to mental health resources. And in that, whatever suite that is, there should be something specific for women in perimenopause and menopause.”*

*“Some people may be reluctant to approach their workplaces to let them know for fear of maybe not getting that promotion or maybe I want to apply for a different job or a lateral move. And so I feel like there may be some reluctance.”*

## Paid Sick Leave and Personal Days

Most participants needed to take time away from work at various points during their perimenopause or menopause experience. The reasons for needing time off are often unplanned, and can be embarrassing or something one would rather keep private. Having access to paid leave without needing to provide a detailed reason can make a significant difference.

*“We know all about men, their reproductive system, all the health issues they have, everything that's out there, whereas with women, we don't know anything about our own body parts and what to expect and what the symptoms are, and then you're just kind of, well, you're either crazy or you have stuff thrown at you for symptom control that isn't necessarily going to get to the root cause of it and might make it worse. I always say if men had menstrual cycles, there'd be a special bank of sick days for them.”*

*“If we didn't have to explain in great detail what and why you needed the days off, that would be better. You should just be able to take them without it being a discussion or you have to convince your boss why you have to take it.”*

Those with caring responsibilities often require additional days off when those in their care need additional support. Balancing work, family, and personal well-being is a complex reality for many women. The emotional and logistical load they carry often extends far beyond what’s visible from the outside, encompassing countless small responsibilities and unexpected challenges that arise in daily life.

*“There's going to be even more things that come up in a mom's life, and even more things that come up in a single mom's life. There's so many ways that women take on those caring roles that require the odd personal day here and there.”*

However, being able to take time off can be difficult in many essential professions facing staffing shortages. For these workers, the pressure to show up—no matter how exhausted, overwhelmed, or unwell someone might feel—has become an unspoken part of the job. Teachers, in particular, often face a unique strain as staffing shortages make it difficult to take even a single day off without disrupting students or burdening colleagues. It is critical that all efforts are made to ensure sufficient staff coverage is available so workers can take the time off that they need, when they need it.

*“Some workplaces, it's a lot easier to be able to take a day off, but there's a teacher shortage. That's incredibly stressful to feel that pressure to still have to come into work. And I think that's probably similar for a lot of front-line workers right?”*

## Workplace Training and Supportive Employers

Several participants suggested that workplace training sessions could be offered on perimenopause and menopause, to help others, and in particular men, better understand how people can be impacted during this period of life. Having knowledge and awareness of the diverse potential impacts of perimenopause and menopause can help to increase empathy and understanding within the workplace. In particular, it was identified that training specifically for supervisors and employers on perimenopause and menopause would be a great asset and support open communication and the implementation of effective and needed accommodations for workers.

*“I don't know of any workplace training available currently specifically on this topic. We have intensive suicide training, intensive first aid training, intensive, there's nothing that brings us back to what we're going through, and we didn't talk about it at work.”*

*“Have a seminar about lifestyle changes in workplaces, because the consequence of men not knowing is we have to work with these men who don't have a clue and think we are not trying as hard.”*

Having an employer who is understanding and that one can feel comfortable talking to about their perimenopause and menopause symptoms can make a significant difference for workers. Some participants shared that their employer had experienced perimenopause or menopause themselves, making it easier for them to understand the challenges faced.

*“I'm really lucky I have an employer who has gone through this, so she's understanding when it's brain fog week. And she had frozen shoulder, she knows. She's very understanding. I can't imagine if I was working for a guy who knew nothing about this or didn't want to hear about it.”*

In addition to workplace policies that support flexible work arrangements, supervisors and employers must understand the importance and correctly implement these policies, and encourage healthy choices that support worker wellbeing.

*“She (supervisor) supports if I want to go for a walk during my work day. And she'll say, ‘if you and somebody have to have a conversation and you want to do it on the boardwalk, go for it. Go have your meeting walking on the boardwalk’. So that has made a big difference with the brain fog and the anxiety.”*

## Economic Impacts

The Menopause Foundation of Canada estimates that the unmanaged symptoms of menopause costs the Canadian economy \$3.5 billion per year.<sup>25</sup> The experiences shared by women and gender diverse people in this study navigating perimenopause and menopause reveal a powerful but often overlooked truth: workplaces have much to gain when they recognize and support employees through this transition. Workers who are skilled, dedicated, and deeply experienced, can find themselves struggling in silence—pushing through exhaustion, emotional strain, and overwhelming workloads until the only option left is to step away.

<sup>25</sup> Menopause\_Work\_Canada\_2023EN.pdf (pg. 2)

When experienced employees feel forced to leave the workforce or retire early, organizations absorb the financial burden of turnover—recruiting, hiring, and training replacements who may take years to reach the same level of expertise.

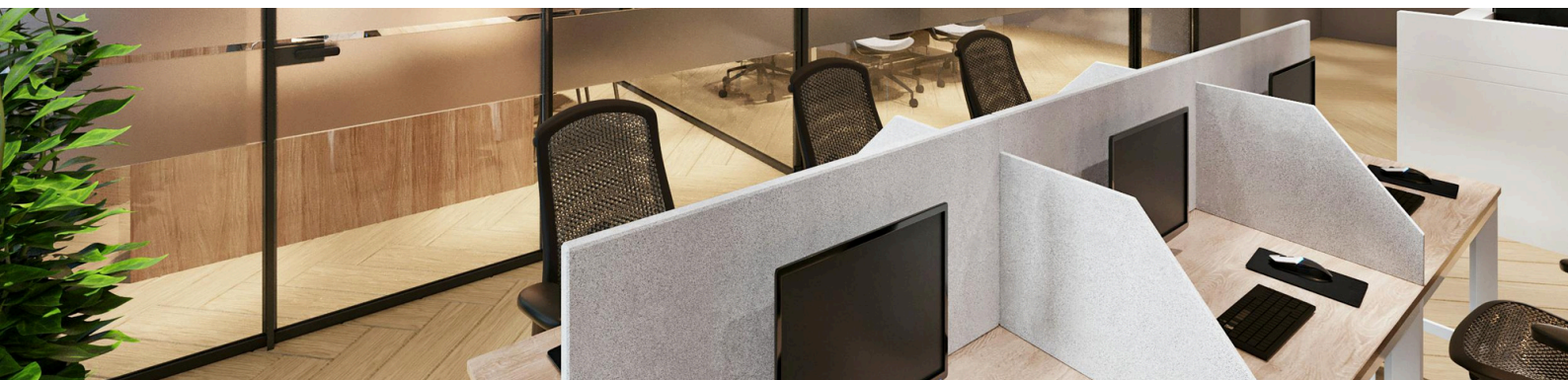
*“There was a period of time when I was going through menopause, that I was probably, and the kids were extremely busy, I was probably only getting about four hours sleep a night...Retiring allowed me to sleep when I needed to sleep.”*

*“There are a lot of benefits for employers to be able to support and retain women in perimenopause and menopause. We're experienced in the job. It's something that they should want to do for their financial benefit too for their business.”*

## Summary: Workplace Policy and Practice Recommendations

- Provide employee assistance programs that include mental health supports and counseling access.
- Provide flexible work arrangements suited to the workplace, such as hybrid or remote work options, flexible scheduling, split, shared or shorter shifts, or alternative duties.
- Have sufficient staff on shift to support workers to take breaks and permit workers to trade or switch shifts when needed.
- Provide paid sick leave and personal days, while also remaining flexible for those who may need additional time off.
- Offer workplace training on life-cycle changes, including perimenopause and menopause. This training should be mandatory for all supervisors, managers and employers.





## Government Departments & Public Health

Perimenopause and menopause are universal life stages that affect a significant proportion of the population, yet the information available to those experiencing them is often inconsistent, incomplete, or difficult to access. Government departments and public health bodies play a critical role in addressing this gap. Beyond information provision, government policies and legislation can have both direct and indirect effects on individuals experiencing perimenopause and menopause. Broader policy areas—such as employment standards, workplace health and safety, disability and human rights protections—shape the social and economic conditions in which individuals manage these life stages. The economic impacts of perimenopause and menopause broadly, as well as for employee retention and burnout, are becoming more widely recognized by governments and policy makers. For example, the UK has introduced legislation to help support and retain women in the workforce.<sup>26</sup> This section will explore the ways that PEI Government Departments and Public Health can best support the wellbeing of women and gender diverse people experiencing perimenopause and menopause.

### Credible Resources and Information

With a plethora of sources available through the internet, it's difficult to know which sources can be trusted. The overwhelming majority of participants in this study identified the need to make it easier to find credible information about perimenopause and menopause. Having readily accessible information through a trusted source, such as the Department of Health or Public Health, would help people narrow down their searches for trusted, accurate and current information. While a summary information document on perimenopause, menopause, and related topics has

*“There's just such a lack of current education within the health care field, that women are having to do the research themselves. There's so many places that things are being said. You don't know what's valid, what isn't, what's credible, what isn't.”*

<sup>26</sup> [Government launches landmark gender pay gap and menopause action plans to help women thrive at work - GOV.UK](#)

been created by the PEI Interministerial Women’s Secretariat,<sup>27</sup> no participants in this study were aware that this is available or where to access it. Additionally, it’s important to add a date of publication to this resource and update it regularly to ensure the information is as up to date as possible. Additionally, information about perimenopause and menopause should be easily accessible in clinics and health centres across the province. This information could be added to the pamphlets already available at these locations.

It was also suggested that a pamphlet with basic information about perimenopause and menopause and links to other trusted resources could be sent by mail to all women on PEI once they reach an age when perimenopause tends to begin. This could align with the material already sent about mammogram screening after age 40.

*“Going into my doctor's office and they've got pamphlets on things like heart disease, cancer, colon cancer, and I mean, that's great, that's important. And there's a little bit about having your pap smear and stuff, but I don't recall ever seeing anything published by Health PEI or even Health Canada about menopause.”*

*“I would really love to see, when you turn whatever age and you'd go get the mammogram, like Health PEI contacts you and it's based on when we're born. So some sort of information like 'you are going to start experiencing perimenopause. These are the possible symptoms. These are some resources, these are some solutions'. Every woman on the island should automatically get that”*

## Perimenopause and Menopause in Public School Curriculum

Though perimenopause and menopause are not in the immediate future for children and youth, there are many reasons to ensure some information about this time of life is provided within the public school curriculum. Several participants in this study shared they had little to no knowledge about perimenopause and menopause before entering this phase of life.

Similarly, nearly half of the women surveyed in the 2025 IWK study on Women’s Health felt uninformed about the health transitions they are approaching, further highlighting the importance of education on life cycle changes.<sup>28</sup>

*“There's, books and things out there on how to talk to your kids about sex and about when they're starting their period. There's not a lot of resources on how do you tell your kids about perimenopause and menopause and what mom might be going through.”*

<sup>27</sup> [Perimenopausemenopause\\_andyou\\_final.pdf](#)

<sup>28</sup> 2025-iwk-foundation-the-unspoken-burden-of-womens-health-survey-summary-october-2025.pdf (pg. 4).

Providing this information at an early age can help to better prepare women and gender diverse people about the realities of perimenopause and menopause so they are not a complete surprise once they reach this stage. Additionally, better understanding the challenges faced during perimenopause and menopause can help to improve relationships with parents who may be currently experiencing them.

*“This is something that should be talked about throughout our lives. In high school and then in the workplace and then when you are starting to experience symptoms your healthcare professional should obviously be mentioning like ‘hey, perimenopause’.”*

*“It needs to be part of the lifelong women's health education. It doesn't need to stop with the childbearing years. It's something that we need to know more about all through the life cycle.”*

## Public Information Sessions and Programs

Offering public information sessions on perimenopause and menopause was highlighted by several participants as something they would appreciate and like to take part in if it were available to them. These sessions could be facilitated by public health, or in collaboration with not-for-profit organizations, providing a source of accurate information, an opportunity for questions and allow those going through perimenopause and menopause to connect with each other. Community schools could offer another opportunity for information sessions.

Hosting public information sessions in local communities can help to reach people who may not comfortably access information through written or online materials, such as new immigrants or those with lower literacy levels. It is also important to provide additional supports to alleviate barriers to participation such as transportation and childcare. Increasing government grants that encourage and support not-for-profit organizations to facilitate programs that contribute to the health and wellbeing of people in perimenopause and menopause is encouraged.

*“An information session that's held in the library once every three months or something like that, where information is disseminated, conversations can happen, questions can be asked.”*

*"I'm talking about females who don't work, who don't know how to read, who are at grade four education level. They just need to know perimenopause 101. So I think that the best way to do that here on the island is to do sort of outreach type of activities in communities."*

## Sanitary Products in Schools and Government Buildings

The current initiative to have free sanitary products in schools on PEI was highlighted as extremely positive, not just for students, but for teachers, administrators and support staff experiencing perimenopause who might unexpectedly find they need these products on any given day. It was also recommended that free sanitary products be made available in all government buildings.

*"There was a government initiative to have sanitary things in government washrooms. They're not there in the schools. I often am surprised when I happen to have another period, and it would be really helpful just to have supplies... Some schools have them, and in some schools, they're just starting to realize the importance."*

## Employment Standards Legislation

Policies that require medical documentation for short-term absences can create unexpected barriers for employees seeking time off for health reasons. This can also place workers in difficult situations when access to primary healthcare is limited or delayed. Long wait times for appointments may force individuals to seek alternatives simply to satisfy workplace requirements rather than to receive necessary treatment, sometimes pushing them to visit emergency departments solely to obtain documentation. In turn, this can place additional strain on an already overburdened healthcare system.

While many participants in this study highlighted that they felt empowered and more able to be fully themselves during the perimenopause or menopause life stages, some also expressed concern that discussing and advocating for accommodations for workers experiencing perimenopause and menopause generally could have overall implications for women in

*"I can take off a few days without a doctor's note but then after that I have to have a doctor's note. Sometimes, you actually end up having to go to the ER to get it because I'd have to wait 2 months to see my doctor."*

the labour market and within workplaces. These fears further highlighted the need for policies and legislation that prevent and prohibit gender discrimination in hiring practices and within workplaces.

*“I fear that if there's a hiring decision and there's two qualified candidates and one's a woman, and they're like, Oh, we're gonna have to make all these kind of concessions.”*

## Summary: Government Departments and Public Health

### Recommendations:

- Provide easily accessible information about perimenopause and menopause on a Department of Health or Public Health website.
- Create a pamphlet outlining some basic information and links to additional sources on perimenopause and menopause and distribute to clinics and health centres across the Province. This pamphlet can also be distributed by mail to all women and gender diverse people once they reach a given age, similar to or in alignment with information already sent about mammograms.
- Incorporate additional information about perimenopause and menopause into the public school curriculum.
- Offer public information sessions across PEI on perimenopause and menopause through public health, or by providing funding for not-for-profit organizations.
- Expand free sanitary product programs to cover all schools and government buildings.
- Remove legislated doctor's note requirements from sick leave provisions and increase the number of paid sick days.
- Strengthen Employment Standards Legislation prohibiting gender and age based discrimination.
- Ensure pelvic floor therapy is fully covered and accessible to all who need it.
- Remove any restrictions or requirements that may limit the autonomy of primary care providers to consider and address multiple health issues concurrently.

# Conclusion

Women have long been navigating perimenopause and menopause while continuing to work, care for others, and contribute to their communities. They have developed ways to manage; adjusting routines, sharing information, supporting one another, and relying on informal strategies to get through. Much of this has happened quietly, and largely without recognition or formal support.

In workplaces, in healthcare, and in everyday life, women are already doing the work of adapting. What is often missing are the structures that acknowledge that reality and help make it more sustainable. Seen through a Health in All Policies lens, these experiences are not confined to one system. They sit at the intersection of health, employment, and social policy, and require coordinated responses across these areas.

Participants spoke openly about these experiences when given the opportunity, often describing a sense of relief in being able to name what they had been managing on their own. The act of creating space for those conversations mattered. It made visible what is often kept private and stigmatized.

As a first step, this work offers a snapshot of the realities women in Prince Edward Island are navigating, grounded in lived experience and shaped by the voices of those directly affected. It highlights what can be learned when policy is informed by these experiences, and points to a clear opportunity to respond more effectively. A Health in All Policies approach provides a practical path forward, recognizing that meaningful support will require alignment across systems. Building on the informal strategies women have already developed, more coordinated policy and workplace responses can make support more visible, consistent, and equitable.

This is only the beginning of that work. There is more to understand, more voices to include, and more opportunities to connect these insights to action. But the direction is clear; to create conditions where women's experiences inform policies and practices, so that support is proactive, coordinated, and sustainable. Taking a Health in All Policies approach can help ensure that women are recognized and supported in ways that reduce the burden of managing perimenopause and menopause alone, while strengthening their ability to continue contributing to their workplaces, families, and communities.

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