

CLINICAL EVIDENCE SERIES

MENOPAUSE

Beyond the Hype:

*Evidence for a Connected Model
of Menopause Care*



Every year, millions of women in the workforce enter the transition to menopause—and most can't find trusted, evidence-based guidance when they need it. That gap has fueled a fast-growing, overwhelming, and often unregulated market of solutions—most with little to no data on efficacy and outcomes. This white paper presents new data examining how a structured, connected model of care—delivered through an employer benefit integrating education, coaching, and clinical support—can help close that gap for women from perimenopause through menopause, a transition that can last nearly a decade.

Menopause care has become one of the fastest-growing areas of investment in women's health¹—but the rush to meet pent-up demand has created what's been described as a "Wild West" landscape that's near-impossible to safely navigate.² Claims and misinformation often reach women through social media faster than appropriately researched clinical evidence does—and some of it carries real, documented risk. Even point solutions and telehealth platforms that appear more credible share the same underlying problems: few can demonstrate they improve outcomes, and many further fragment care rather than integrate it within a connected model—leaving women to coordinate their own care across disconnected specialists.

As Dr. Stephanie Faubion, medical director of the Menopause Society, characterized this fragmentation:

“A patient may be asked to see a urologist for urinary leakage and a rheumatologist because their joints hurt and a psychologist because their mood's terrible... nobody's really putting this all together”

—Dr. Stephanie Faubion, medical director of the Menopause Society

Even in regions with high provider density, trained menopause expertise remains scarce and lags far behind demand. As recently as 2023, fewer than a third of OB-GYN residency programs included a menopause curriculum³—despite near-unanimous agreement among program directors that residents should have access to one. The tide is slowly turning, though: between 2022 and 2024, the Menopause Society saw a fivefold increase in people applying to take its certification exam.⁴

But more trained providers only help if women know menopause-specific care exists—and employers make sure they know it's available to them. Without access to expert guidance and care, women are left on their own to manage a range of symptoms that can disrupt quality of life for 7+ years—symptoms, which left untreated, can lead to serious compounding health consequences.

A Brigham and Women's Hospital study, for example, found that mid-life estrogen decline and sleep disruption caused by hot flashes (which affect about 70% of women) are each independently associated with increased cardiometabolic disease risk factors such as worsened lipid levels and blood sugar regulation.⁵ In fact, sleep fragmentation alone increases these health risks by an additional 103% independent of the estrogen decline impact.

Employers are also increasingly recognizing the impact menopause can have on employee wellbeing and performance, reflecting a broader shift toward supporting health and wellbeing at work. A recent Mayo Clinic Proceedings survey of over 5,000 respondents estimated the annual productivity loss tied to workdays missed due to menopause symptoms at \$1.8 billion.⁶

A costly gap in women’s health

Less than 1/3 of OB-GYN residency programs include menopause management training, as of 2023

A lack of trained professionals leads to delayed diagnosis and treatment.

103% Added cardiometabolic risk from sleep fragmentation due to hot flashes, beyond estrogen loss alone

\$1.8B Annual productivity loss in US workplace costs tied to menopause symptoms

Evaluating a connected model of menopause care

Meeting the unmet need for evidence-based menopause care globally will take far more research investment, and a widespread commitment to train more clinicians in menopause medicine. At the employer level, it requires scalable care delivery models—ones that connect education, coaching, and specialist support within a comprehensive women’s health benefit.

This white paper examines such a model in practice, evaluating how a structured, connected model of care—combining education, coaching, and vetted clinical support—can help close the access and trust gap in menopause care. Drawing on a retrospective longitudinal analysis of members enrolled in Progyny’s Menopause and Midlife program,⁷ it examines access to care, member engagement, and associated clinical impact via the Menopause Rating Scale (MRS)—a clinically validated, internationally standardized menopause symptom scorer.

Progyny’s menopause benefit is built around three connected components:

- **Evidence-based education**—vetted content that helps members recognize symptoms and understand realistic, evidence-based options, available before symptoms become urgent.
- **Coaching from Progyny Care Advocates**—clinically trained guides who provide sustained, one-on-one, symptom-specific support.
- **A curated network of menopause-trained providers**—guaranteed access to vetted providers with menopause-specific training when clinical management is warranted.

The three are designed to work together—with members progressing from education to coaching and provider care based on clinical symptoms and recommended treatment pathways.

Reach, engagement, and timely access

Members enrolled in the menopause program are from across the U.S., with a mean age at enrollment of 50.4 years. 67% enrolled between the ages of 45–55, with 80% under age 55 and 94% between 40–60. Their symptoms and needs span the full continuum of the transition, from perimenopause through post-menopause.

Through proactive outreach, the program builds awareness and education, enabling access to coaching and providers for all members. Once enrolled in the program, members accessed care quickly, well ahead of the typical national wait times for OB–GYN care.⁸

Symptom relief and clinical outcomes

Timely access is necessary, but in today’s “Wild West” of menopause solutions—with a lack of regulation in many areas—it’s essential to ask: access to what? As with any care solution or care model, the real test is whether it translates into measurable improvement in outcomes.

What is MRS?

The Menopause Rating Scale (MRS): A standardized self-assessment questionnaire used to measure the type and severity of menopause-related symptoms and to track how those symptoms change over time. It contains 11 symptoms, each rated from 0 (none) to 4 (very severe), for a total possible score of 0–44. It was developed by a multidisciplinary group of academic and clinical researchers and first introduced in 2000.⁹

Members in the study saw significant, consistent symptom improvement:

7.1 point average MRS improvement	70.8% of members improved overall	40.4% of those who started with severe symptoms moved to a lower severity category	
Every individually tracked symptom improved significantly, including:			
Vasomotor (hot flash) symptoms 52% reduction	Vaginal dryness 50% reduction	Cardiac symptoms 48% reduction	Sleep disturbance 42% reduction

All 11 tracked symptoms saw a significant reduction in severity: vasomotor symptoms (**52%**); vaginal dryness (**50%**); cardiac symptoms (**48%**); depressive mood (**45%**); bladder symptoms (**44%**); exhaustion (**43%**); sleep disturbance (**42%**); sexual dysfunction (**42%**); irritability (**40%**); joint/muscle pain (**39%**); and anxiety (**39%**).

Sleep disturbance was the #1 topic members raised with their Progyny Care Advocates— the same symptom recently linked in research to a 103% additional increase in cardiometabolic risk. Together, a strong indication that coaching is landing on the symptoms that matter most to members and their long-term health.

Members who received coaching alone improved by an average of 3.3 points—a meaningful reduction in symptom burden on its own—while those who progressed from education and coaching to a menopause-trained provider saw more than double that improvement, an average of 7.6 points. **This underscores that while coaching alone delivers real benefit, it is coordinated, integrated support across education, coaching, and clinical care that drives the strongest outcomes.**

In summary, the analysis found that Progyny's connected menopause care model is associated with high member engagement; a more efficient and timely path to care; and measurable reductions across the symptoms that matter most to members' health and daily functioning. Improvement was observed at every stage of the journey, with the most substantial gains seen when coaching was combined with menopause-trained provider-delivered care, reinforcing the value of a connected model in which members progress to clinical care as their symptoms and treatment needs warrant.

**7.6 point
average MRS
improvement**

when coaching
is paired with
menopause-trained
provider care

“A few months ago...the only thing I knew about menopause was that hot flashes were involved. While I was having hot flashes, the brain fog and joint pain were more debilitating. I felt like a shell of a human when I first contacted Progyny. [My Progyny Care Advocate] was very supportive, kind, understanding, and patient. She oriented me on my benefit and connected me with [a menopause provider]. I have a new lease on life. I feel so fortunate.”

—Progyny menopause member



Connected menopause care, proven outcomes

For employers, supporting workers with a proven menopause care model through critical years of career growth accrues directly to their bottom line. Supporting menopause care helps employees maintain their wellbeing and perform at their best, enabling organizations to retain and benefit from the full contributions of experienced talent while strengthening leadership capacity.

Tammi Wortham, senior vice president of Human Resources at Sun Life, views connected menopause care as the obvious “next step” in supporting her employees:

“Half the workforce will go through menopause at some point in their lives, and for some it can be a challenging health journey. Other benefits like mental health support and paid leave have become more embraced by employers in the last several years, and menopause benefits are the next step.”

—Tammi Wortham, senior vice president of Human Resources at Sun Life

The opportunity for employers isn't simply to offer a menopause benefit, but to provide a connected model that helps members get the right support and feel better. Progyny's outcomes data show that combining education, expert coaching, and menopause-trained clinical care is associated with measurable symptom improvement—meaning members spend less time navigating fragmented care and more time getting support suited to their needs. The result: a workforce that's healthier, more present, and better positioned to perform.

**Learn how you can play a role in advancing
Menopause Care for your workforce.**



Visit Progyny's Menopause & Midlife Care Benefits page

1. PricewaterhouseCoopers. "Unlocking the Menopause Opportunity: A Defining Category in Women's Health." PwC, May 11, 2026. <https://www.pwc.com/us/en/industries/health-industries/library/unlocking-the-menopause-market.html> | 2. Schweitzer K. "Wild West or Gold Rush: How Long-Neglected Menopause Care Has Spawned a Booming Marketplace." *JAMA* 336, no. 7 (2026): 535–538. <https://jamanetwork.com/journals/jama/fullarticle/2852251> | 3. Allen JT, Laks S, Zahler-Miller C, Rungruang BJ, Braun K, Goldstein SR, Schnatz PF. "Needs Assessment of Menopause Education in United States Obstetrics and Gynecology Residency Training Programs." *Menopause* 30, no. 10 (2023): 1002–1005. https://journals.lww.com/menopausejournal/Abstract/9900/Needs_assessment_of_menopause_education_in_United.225.aspx | 4. "Menopause Research Is Globally Underfunded. It's Time to Change That." Editorial. *Nature* 637 (2025): 763. <https://www.nature.com/articles/d41586-025-00150-y> | 5. Rahman SA, Grant LK, Cohn AY, et al. "Adverse Cardiometabolic Impacts of Sleep Fragmentation and Estradiol Suppression: An Experimental Model of Menopause." *Journal of Clinical Endocrinology & Metabolism* 111, no. 5 (2026): 1365–1376. <https://pubmed.ncbi.nlm.nih.gov/41206010/> | 6. Faubion SS, Enders F, Hedges MS, et al. "Impact of Menopause Symptoms on Women in the Workplace." *Mayo Clinic Proceedings* 98, no. 6 (2023): 833–845. <https://pubmed.ncbi.nlm.nih.gov/37115119/> | 7. This analysis draws on a retrospective longitudinal review of members enrolled in Progyny's Menopause and Midlife program in 2025–2026. The clinical outcomes sample (N=277) included members who completed a baseline MRS assessment — administered as part of their first coaching call — and a follow-up assessment an average of 109 days later. | 8. AMN Healthcare. "2025 Survey of Physician Appointment Wait Times." Survey report, May 2025. <https://www.amnhealthcare.com/siteassets/amn-insights/physician/ps-2025-physician-appt-wait-times---wp-v6.pdf> | 9. Heinemann K, Ruebig A, Potthoff P, et al. "The Menopause Rating Scale (MRS) Scale: A Methodological Review." *Health and Quality of Life Outcomes*. 2004;2:45. <https://hqlo.biomedcentral.com/articles/10.1186/1477-7525-2-45>