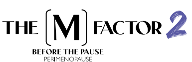
THE [M] FACTOR 2

Next GEN

IMPACT REPORT 2026

BEFORE THE PAUSE

Turning Awareness Into Early Action for Perimenopause



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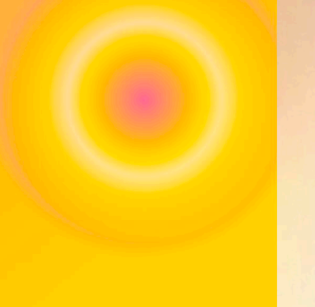

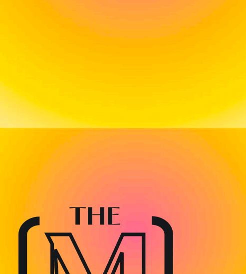

Next GEN

IMPACT REPORT

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Perimenopause is not a side note, it’s the turning point. Once women can name what’s happening, they can ask better questions, push for better care and rewrite what this transition looks like.

—The (M) Factor Producers

Introduction

NextGEN is about reaching women before the pause—placing perimenopause front and center with clear education, early recognition, and practical tools so premenopausal women can prepare sooner, advocate with confidence, and protect their long-term health.

BEFORE THE PAUSE Is the Moment to Act

For too long, menopause has been treated as a conversation that begins at the end of the story—after periods stop, after years of confusion, and after women have already questioned their health, work, relationships and sense of self. This report argues that if outcomes are going to change, the focus must move earlier, into perimenopause, when symptoms first appear and early action can change the trajectory of care.

Perimenopause is the 4- to 10-year stretch before menopause when estrogen and progesterone begin to fluctuate and ultimately decline, often starting in the 40s and sometimes earlier. It is also the stage most likely to be misnamed, misdiagnosed or dismissed. In this report, women describe changes that are hormonal and emotional, cognitive and metabolic, social and relational—all at once. They talk about losing confidence, energy and a sense of fun. They describe trying to push through. Many have already spoken to a doctor, yet still report being told it is "just stress" or aging, leaving without a clear diagnosis or struggling to find a provider who understands what they are experiencing.

The (M) Factor 2: Before the Pause (Perimenopause) was created for exactly this moment. The film reframes perimenopause not as an afterthought, but as the first and best opportunity for education, health screening, treatment conversations, fertility and family planning awareness, and long-term health preparedness. Our goal is simple and ambitious: to ensure that women and the systems around them can recognize this stage earlier, respond more clearly and reduce the years of uncertainty that too many endure in silence.

Perimenopause is not a side chapter in the menopause story, it is the center of gravity. The opportunity is early recognition, to help women, clinicians, employers and communities act before symptoms become years of unanswered questions. The report that follows translates viewer data into an impact narrative and a practical roadmap for action, so that what women are living through today can become the catalyst for better care, better policy and better support tomorrow.

THE [M] FACTOR 2 Producers

The
(M)
FACTOR 2
BEFORE THE PAUSE
PERIMENOPAUSE
WINNER
California Women's Film Festival (Winter)
2026
Programmers' Award
Best Short Documentary
International New York Film Festival
Diamond Globe Award
WINNER
BEST DOCUMENTARY
2026
WINNER
AWARD OF EXCELLENCE
SPECIAL MENTION
Accolade
OFFICIAL SELECTION
Miami Women Film Festival
OFFICIAL SELECTION
SPIRIT
FILM FESTIVAL
2026
FINALIST
WorldFest-Houston International Film Festival
2026
A WOMEN IN THE ROOM PRODUCTIONS AND TAKE FLIGHT PRODUCTIONS FILM
THE (M) FACTOR 2: BEFORE THE PAUSE
EXECUTIVE PRODUCERS DENISE PINES, TAMSEN FADAL,
JOANNE LAMARCA MATHISEN & ALEXANDRA COHEN
PRODUCERS TAMSEN FADAL & JOANNE LAMARCA MATHISEN
WRITER JACOBA ATLAS SUPERVISING PRODUCER ERICA PAIGE EDITOR CODI BARBINI
DIRECTOR OF PHOTOGRAPHY EDDIE LEBRON & DARRYL SMITH
DIRECTOR JACOBA ATLAS
www.TheMFactorFilm.com
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THE FILM'S IMPACT

The (M) Factor films have helped move menopause from the margins to the center of global health and policy conversations, catalyzing change across legislation, clinician training and influential platforms. After its PBS debut in October 2024, the first film sparked more than a thousand screenings in 50 countries, won numerous Best Documentary and audience awards, became a continuing medical education (CME) course taken by more than 3,200 doctors, and was integrated into multiple medical school curricula, helping raise the standard of clinical education on menopause.

It also reached the halls of power: Senator Patty Murray invited the filmmakers to anchor the first-ever U.S. Senate briefing on menopause with a clip from the film, and in January 2025 **The (M) Factor** was featured at the World Economic Forum in Davos, Switzerland—the first time menopause took center stage there.

Since then, several jurisdictions have advanced concrete policy: U.S. states Rhode Island, New Jersey, Maine, California and Illinois have passed or enacted legislation spanning workplace accommodations, insurance coverage and public education. Internationally, Jamaica is moving toward a national policy on menopause and andropause (male menopause) with dedicated medical education, and China has launched the Hong Kong Menopause Society.

Together, these developments reflect how a storytelling project has evolved into a catalyst for legal reform, clinical training, and global agenda-setting on perimenopause and menopause.

The (M) Factor Resources

Menopause Care Directory

Find menopause-literate clinicians and services by location and specialty, to help women connect more quickly to providers who understand perimenopause and menopause care.

https://menopausecaredirectory.com/

Workplace Impact Calculator: The Menopause Cost of Doing Nothing

Estimate the hidden costs of unmanaged menopausal symptoms—and the resulting lost productivity, absenteeism and turnover—so employers can see why proactive support is a business and equity imperative.

https://menopausecostcalculator.com/

Menopause Employer Assessment

Evaluate how menopause-ready your organization is across culture, benefits, policies and manager support, and identify concrete next steps to create a more supportive workplace.

https://menopausefriendlyworkplaceassessment.com/

Executive Summary

The NextGEN survey data reveal a defining tension in today's perimenopause landscape: women are increasingly ready to understand this stage earlier, but the healthcare and information ecosystems around them are still catching up. Perimenopausal viewers were the largest patient group in the survey, and their responses reflect both high engagement and persistent unmet need. Many are already seeking care, searching for answers and trying to connect symptoms to a larger hormonal transition, yet many still describe experiences of dismissal, misdiagnosis and self-management in the absence of clear support.

That is why this report focuses on perimenopause as the point where awareness can become meaningful action. Menopause and postmenopause remain important, but they are also evidence of what can happen when education, diagnosis and treatment arrive too late. Premenopausal and not-yet-menopausal viewers, meanwhile, represent the opportunity to prepare women earlier with credible, practical information before confusion begins.

Respondents' comments show that **The (M) Factor 2: Before the Pause** is doing more than informing viewers; it is prompting reflection, self-education, and a stronger sense of health advocacy. It has encouraged women to learn more about the stages of menopause, reflect more deeply on their own symptoms and consider how they can advocate for better care. Their questions are direct and urgent: What is happening to me? Where do I go for trustworthy information? Who will give me a straight answer? What should I do next? The pages that follow use the data to answer those questions and to outline a clearer path forward for women, providers and the systems meant to support them.

2,732 completed pre-film surveys

68% audience ages 40–54

1,963 completed post-film surveys

76% perimenopausal respondents had spoken to a doctor

47% patient respondents identified as perimenopausal

33% perimenopausal respondents had not found relief

Highlights

Perimenopause is the dominant stage in the patient data.

Nearly half of patient respondents identified as perimenopausal, with an additional group unsure whether they were in perimenopause.

Symptoms are interpreted through stress, aging and identity change.

Perimenopausal respondents most often attributed changes to perimenopause, hormonal shifts and stress or burnout.

Women are seeking care, but care does not always resolve confusion.

Among perimenopausal respondents, 76% had already spoken to a doctor, yet the top challenges were dismissal as stress or aging, difficulty finding knowledgeable providers and no clear diagnosis.

Weight gain has become the top management priority.

Across the overall patient sample and perimenopause subgroup, weight gain led the list of issues respondents most wanted to manage, followed by fatigue and memory/concentration concerns.

The information ecosystem has shifted.

Friends and family now rank above doctors as the most common information source, while AI appears in free-text responses for the first time.

Provider education is a high-impact lever.

Provider survey results and meeting notes both indicate that CME changes practice behavior, but provider data should be filtered to isolate prescribers and active clinicians before final publication.

Key Takeaways

1 **Perimenopause is a recognition problem as much as a treatment problem.**

Symptoms are often real before they are named. Women may spend months or years attributing sleep disruption, mood changes, brain fog, weight gain, anxiety and fatigue to stress, aging or personal failure.

2 **The provider gap is both educational and systemic.**

Knowledge gaps matter, but so do short visits, administrative burden, burnout and unclear referral pathways.

3 **Social support is already functioning as a health information channel.**

Providers should not treat friends, family, podcasts and social platforms as peripheral. They are where many women begin, then often seek clinical verification.

4 **HRT messaging must become more nuanced.**

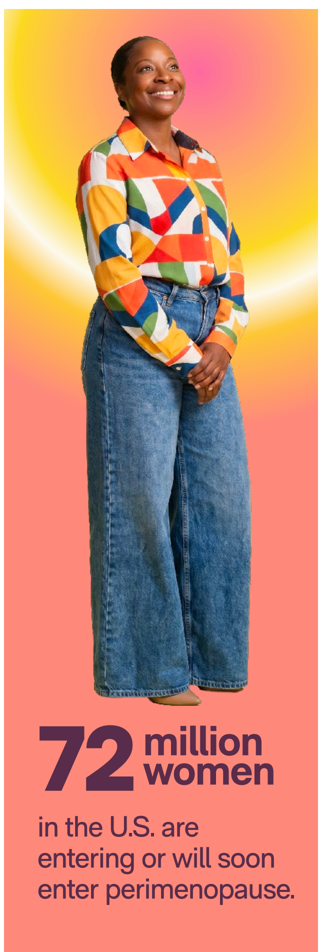
Viewers expressed both openness and confusion. Clinicians should focus on clear, individualized risk–benefit conversations that explain options in plain language, not one-size-fits-all promotion or fear.

Recommendations

- **Start before symptoms start.** Launch early perimenopause education beginning by age 35, including symptom literacy, cycle change awareness, fertility considerations and long-term health planning.
- **Make recognition routine.** Create structured perimenopause screening prompts for primary care, OBGYN, mental health, endocrinology and workplace wellness settings.
- **Train providers for real-world care.** Develop CME modules focused on early recognition, HRT/MHT decision-making, follow-up timing, nonhormonal options, mental health, metabolic health and culturally responsive care.
- **Meet women where they already learn.** Build trusted information pathways that bridge friends and family, social media, podcasts, events and clinicians instead of treating them as competing channels.
- **Expand access beyond the exam room.** Promote telehealth, symptom tracking and care-navigation tools for women who cannot easily access knowledgeable providers.
- **Bring perimenopause into the workplace.** Use employee wellness programs to make perimenopause a health equity, retention and productivity issue.

The (M) Factor viewers say the film is doing more than informing them. It is prompting reflection, self-education and stronger health advocacy. This report uses the data to answer those questions and to outline practical next steps for women, providers and the systems around them.

Why Perimenopause Education & Societal Awareness Matter



72 million women

in the U.S. are entering or will soon enter perimenopause.

83 % of women

had never heard the term “perimenopause” before experiencing symptoms.

45 % of women

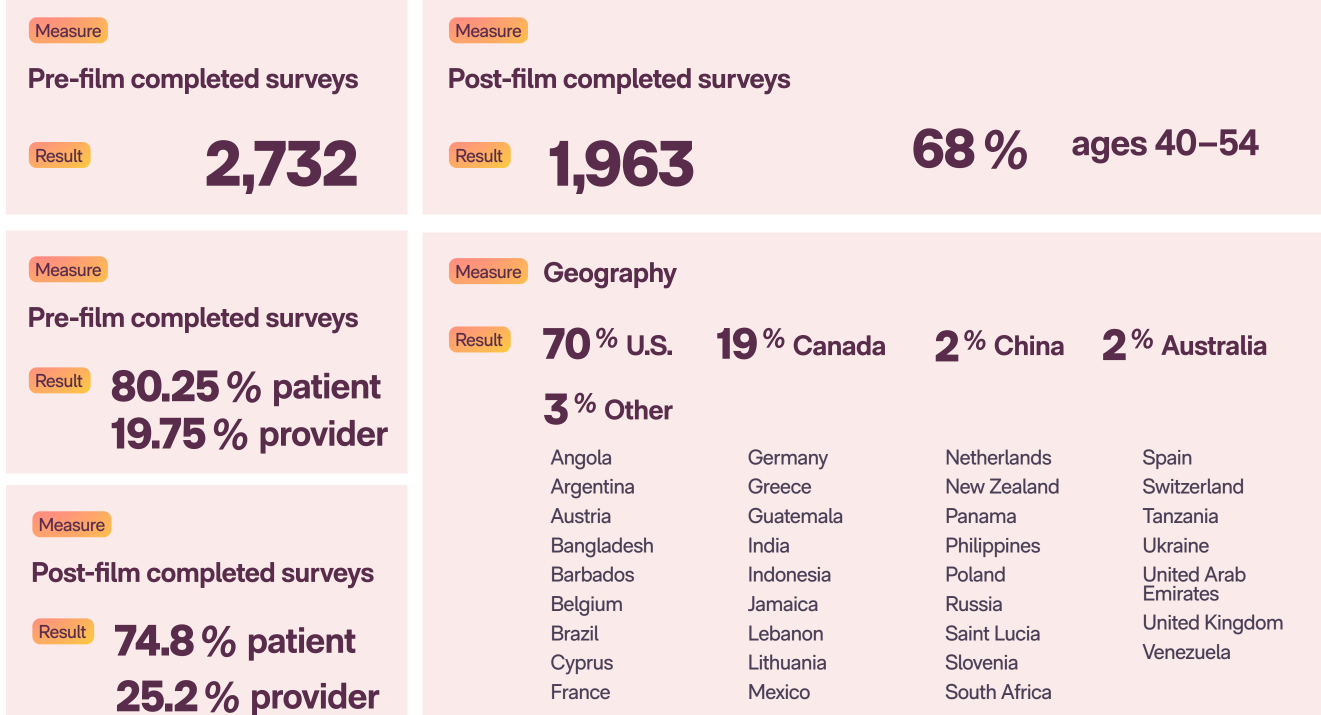
wait years before connecting their symptoms to hormonal changes.

75 % of women

report receiving little to no treatment for perimenopausal symptoms.

Audience Snapshot

The NextGEN audience provides a strong foundation for understanding perimenopause. Most respondents were patients, most were in the age range when perimenopause commonly emerges, and the largest stage group was perimenopausal.



Measure
Pre-film completed surveys
Result **2,732**

Measure
Post-film completed surveys
Result **1,963**
68 % ages 40–54

Measure
Pre-film completed surveys
Result **80.25 % patient**
19.75 % provider

Measure
Post-film completed surveys
Result **74.8 % patient**
25.2 % provider

Measure **Geography**
Result **70 %** U.S. **19 %** Canada **2 %** China **2 %** Australia
3 % Other

Angola	Germany	Netherlands	Spain
Argentina	Greece	New Zealand	Switzerland
Austria	Guatemala	Panama	Tanzania
Bangladesh	India	Philippines	Ukraine
Barbados	Indonesia	Poland	United Arab Emirates
Belgium	Jamaica	Russia	United Kingdom
Brazil	Lebanon	Saint Lucia	Venezuela
Cyprus	Lithuania	Slovenia	
France	Mexico	South Africa	

Source: Demographic dashboard The (M) Factor 2

Menopause Stage Snapshot

Stage	Share of patient respondents
Perimenopausal	47%
Unsure if in perimenopause	15%
Postmenopausal	14%
Not menopausal	10%
Menopausal	8%
Medically induced postmenopausal	3%
Other/treatment-induced symptoms	4%

Demographic Summary

Gender

The audience was overwhelmingly women, with a small share of men, non-binary respondents and respondents who preferred not to say.

Age

Age	Share	Age	Share
40–44	20%	45–49	28%
50–54	20%	55–59	10%
18–35	7%	36–39	9%

Marital status

69% married or in a domestic partnership

18% Single

11% Divorced

Race/ethnicity

64% White

15% Black or African American

6% Hispanic/ Latino

6% Asian

3% South Asian

6% smaller shares of other groups

Education

34% Bachelor's degree

33% Master's degree

12% Professional or Doctoral degree

Income

24% $200,000 or more

19% $100,000–$149,999

15% $150,000–$199,999

16% preferred not to say

Professional field

24% Healthcare

6% Government

5% Non-Profit

4% Homemaker

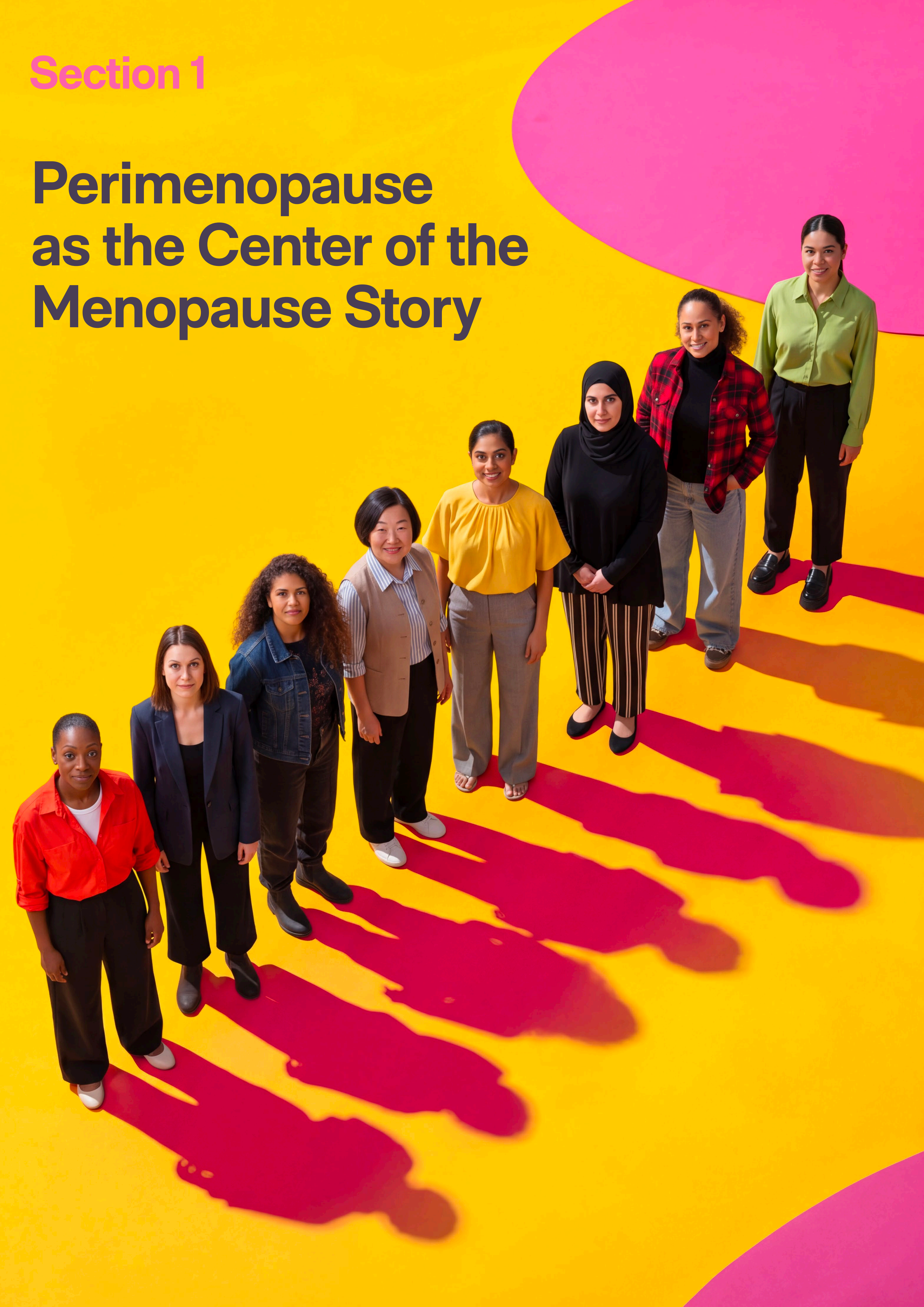
7% Entrepreneurship

14% Academia/ Education

4% Finance

Section 1

Perimenopause as the Center of the Menopause Story



The strongest finding across the patient data is that perimenopause is where confusion, self-advocacy and care gaps converge. Respondents in this stage are not simply waiting for menopause.

They are already experiencing changes that affect energy, cognition, mood, sleep, body composition, relationships and work. Yet many are still told these changes are stress, aging or unrelated conditions.

Perimenopause Today: A Snapshot of Her Reality

Today's perimenopausal woman is trying to make sense of a transition she was rarely prepared for and is still too rarely named in clinical settings. Many respondents believe "most women enter perimenopause" at age 50, even though perimenopause can begin in the mid-30s and the average age of menopause is 51–52. Even healthcare practitioners most often answered "45" when asked about timing—an early signal of how knowledge gaps translate into delayed recognition and care.

Emotionally, this stage feels like a quiet unraveling that women are expected to manage alone. In the past 6 months, nearly half said they used to feel more confident, energized or fun, and large shares reported feeling they should be able to "push through" even as they struggled, felt changed but unsure what that meant, or described "holding a lot" and still standing. Many see menopause as a natural process yet remain worried about health and wellness implications. Women who were unsure of their status often described feeling caught off guard—"I was not ready for this" and "I didn't know at the time that I was in the perimenopause stage...not very well informed...I wish I was though."

Clinically, the picture is one of high effort and low resolution. Respondents ages 51–52 reported that it took 1 to 3 years just to recognize menopause-related symptoms, and many who sought help said their concerns were dismissed as "just stress or aging."

Care Barriers & Diagnostic Friction

Women continue to encounter significant obstacles when seeking care for perimenopausal and menopausal symptoms. The most commonly reported barriers were symptoms being dismissed (34%), difficulty finding a knowledgeable provider (34%), no clear diagnosis (26%), high cost of care (23%) and conflicting information from providers (22%). Together, these barriers leave many women feeling too young to be taken seriously, discouraged by the care process and unsure where to begin.

Symptom Priorities & Daily Burden

The symptom burden is broad, persistent and deeply disruptive to daily life. Weight gain is now the top management priority at 51%, followed by fatigue at 42%, memory and concentration issues at 39%, hormonal changes at 36%, difficulty sleeping at 35%, and stress or anxiety at 33%. Compared with the 2024 film findings, where fatigue ranked first, the rise of GLP-1 medications and broader weight-loss conversations may be pushing weight concerns further to the forefront in 2026.

How Women Are Managing Symptoms

Women are using a mix of medical, self-directed and behavioral strategies to manage symptoms. The 3 most common approaches are supplements and over-the-counter remedies at 45%, hormone therapy prescribed by a doctor at 37%, and meditation or breathwork at 23%. This pattern suggests that many women are assembling their own symptom-management plans across formal care and self-guided support rather than relying on a single pathway.

Prolonged Wait Time to Recognition & Relief

Even when women sense that something is wrong, the path to recognition and treatment remains fragmented. Only about 1 in 5 recognized within the first year that they were experiencing menopause-related symptoms, while 18% had not sought treatment at all, often because they were unsure what they were experiencing or whether it counted as symptoms. Among those who did seek care, nearly one-third reported that they still had not found relief, with many describing years of distress before a menopause-literate clinician or naturopath helped connect their symptoms to hormonal change.

Where Women Turn for Information

Information-seeking patterns are shifting, but support remains uneven. Women are increasingly turning first to family and friends for guidance and then using doctors to verify what they hear, a notable reversal from 2024, when doctors were the top reported information source. About 73% say they feel empowered to discuss perimenopause and menopause with friends and family, but only 45% feel comfortable raising these issues with a healthcare provider. That gap suggests that openness is growing faster socially than it is clinically.

HRT Perceptions: Uncertainty & Openness

Perceptions of hormone replacement therapy (HRT) reflect both confusion and hope. One-third of respondents say HRT helps alleviate symptoms, nearly as many say they do not know much about it, and only 17% say they consider it safe. At the same time, 79% agree that HRT is a safe option for many women, underscoring how strongly perceptions can shift when information is clear, contextualized and guided by individualized counseling.

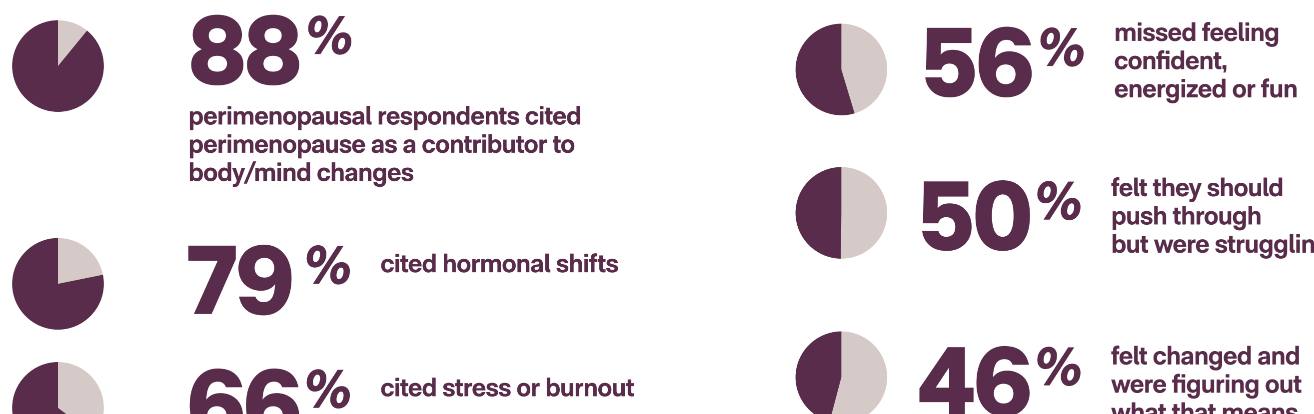
The Emotional Experience of Perimenopause

The emotional narrative behind these findings is one of misattribution, overload and disorientation. When asked what was causing changes in their bodies and minds, many women named stress, aging, mental health or lifestyle before identifying perimenopause or hormonal change, helping explain why recognition is often delayed and symptoms so easily minimized. When asked what has been hardest about this stage, women described not recognizing themselves, carrying greater emotional and mental load, feeling unseen or misunderstood, being expected to push through and lacking clear information about what was happening. Together, these responses show how easily perimenopause can be misread before it is named.

This is the woman at the center of perimenopause: already carrying more than ever, often told it is "just stress," trying to puzzle out symptoms without a roadmap, and still searching for language, validation and care that meet her where she is.

1.1 Perimenopause: A Critical & Overlooked Stage

Perimenopausal respondents described a dual burden: recognizing that something hormonal is happening while also experiencing the transition as an identity and functioning shift.



Perimenopause should not be defined only by hot flashes or irregular periods. In this report, it is experienced through cognition, confidence, metabolism, sleep, relationships, mental health and daily performance.

Before the Pause

Perimenopause is the first major opportunity to intervene.

When women can name symptoms earlier, they can seek care earlier, evaluate options earlier and prepare for long-term health changes before years of confusion accumulate.

1.2 The Recognition Gap: Symptoms, Stress & Identity Change

> It's a time for every diagnosis except the right one.
>
> —Patient respondent

Across the total patient sample, 70% attributed body or mind changes to hormonal shifts, 62% to stress or burnout, 61% to aging and 55% to lifestyle. This overlap matters. When hormonal changes arrive in the same years as career demands, caregiving, sleep disruption, changing bodies and other symptoms of perimenopause can be dismissed by women themselves and by clinicians.

Perimenopausal respondents were especially likely to name the transition directly, yet their comments about barriers show that naming the problem does not automatically lead to resolution.

The central insight is that perimenopause is not invisible due to lack of awareness, but because cultural and clinical systems have not established a clear pathway from symptom recognition to explanation and appropriate care.

1.3 Care-Seeking: High Consultation, Low Resolution

One of the most important NextGEN insights is that perimenopausal women are not simply avoiding healthcare. Many are already seeking it. Among perimenopausal respondents, 76% had already spoken to a doctor about symptoms. Another 43% said they were very likely to make an appointment soon when asked about consulting a doctor, and 19% were somewhat likely.

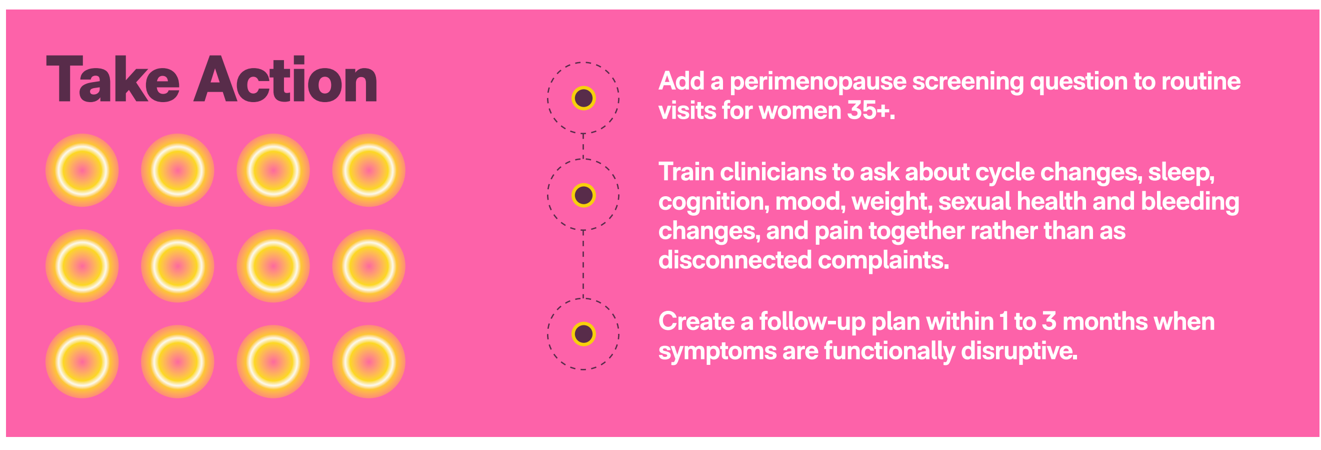
Perimenopause care-seeking indicator

Already spoken to a Doctor	Very likely to make an appointment soon	Somewhat likely to consider consulting
76 %	43 %	19%

Most likely Doctor type	OBGYN	Primary care/ family medicine	Naturopath
	76 %	48 %	16 %

TOP CHALLENGE	SECOND CHALLENGE	THIRD CHALLENGE
Symptoms dismissed as stress or aging: 41 %	Difficulty finding a knowledgeable providers stress or aging: 39 %	No clear diagnosis 31 %

The contradiction is undeniable: women are showing up for care, yet too often leave without answers. This report does not attribute delays to individual behavior, but rather to systemic healthcare gaps—where perimenopause concerns are not consistently recognized, validated or addressed with clear pathways to care.



1.4 Premenopausal/Not-Yet-Menopausal Viewers: Preparing Before Symptoms

10% of patient respondents identified as not menopausal, and many in this group said they were too young or not symptomatic, even though they were still attending screenings, learning or supporting someone else.

This group is an early education opportunity. The goal is not to make younger women anxious; it is to prepare them.

Not-yet-menopausal	Challenges	What it means
Top perceived contributor to body/mind changes	Stress or burnout: **61%**	Younger respondents may initially interpret changes as stress and
Second perceived contributor	Lifestyle: **59%**	Education should connect lifestyle with hormonal transition without reducing symptoms to lifestyle alone.
Consulting a doctor	**65%** said they were too young/not symptomatic	Preparation messaging should reach them before they feel a medical visit is relevant.
Top issue to manage	Weight gain: **32%**; hormonal changes: **27%**	Even before menopause, body and hormone concerns are present.

Premenopause is the preparation window, a time to empower younger women to recognize early signs, track changes and take action—before they are left wondering what is happening.

1.5 Menopause, Postmenopause & Medically Induced Menopause

Perimenopause is the report focus, but menopause, postmenopause and medically induced menopause show why suffering continues—when women enter these stages without early recognition, when systems fail to recognize the transition early or when symptoms arrive suddenly.

Stage	Top management strategies	Top challenges	What it means
Menopausal	HRT: **54%**; supplements/OTC: **43%**; cooling aids: **23%**	Knowledgeable provider: **41%**; dismissal: **40%**; conflicting information: **31%**	As symptoms intensify, clinical treatment rises, but access and consistency remain uneven.
Postmenopausal	HRT: **43%**; supplements/OTC: **38%**; meditation/breathwork: **23%**	Knowledgeable provider: **39%**; dismissal: **33%**; no clear diagnosis: **24%**	Long-term support remains necessary; menopause care does not end after the final period.
Medically induced postmenopausal	HRT: **56%**; supplements/OTC: **47%**; cooling aids: **21%**	Knowledgeable provider: **44%**; dismissal: **40%**; conflicting information: **29%**	Abrupt onset requires fast-track specialist pathways and clear treatment planning.

The full menopause journey matters, but perimenopause is where confusion first emerges—and where symptoms are most treatable and manageable with the right awareness and support.

1.6 HRT Perception: From Confusion to Informed Decision-Making

HRT/MHT remains one of the most important and most misunderstood issues in the data. In the patient pre-film survey, 33% said HRT helps alleviate symptoms, 31% said they did not know much about it, 17% considered it safe, 10% described it as controversial or risky, and 9% associated it with cancer risk. Among perimenopausal respondents, 38% said it helps symptoms, 26% did not know much about it and only 19% described it as safe.

HRT guidance is inconsistent, especially around duration. Some practitioners advise stopping near age 60; others continue longer based on individual risk–benefit profiles; others avoid HRT due to outdated risk perceptions. The goal is not to tell every woman to use HRT. The goal is to ensure every woman has access to accurate, current, individualized information, trained providers, and transparent discussion of risks, benefits, alternatives and follow-up.

Concerns about cancer risk and the perception that HRT is "controversial and risky" are present across racial groups, with especially high levels among Indigenous/American Indian or Alaska Native and White respondents.

Asian

46 % "didn't know much about HRT"

13 % "it is considered a safe treatment option"

Black or African American

(not of Hispanic origin)

44 % "didn't know much about HRT"

11 % "it is a controversial and risky treatment option"

Hispanic or Latino

35 % "didn't know much about HRT"

11 % "it is a controversial and risky treatment option"

Indigenous/ American Indian

or Alaska Native

13 % "didn't know much about HRT"

19 % "it is a controversial and risky treatment option"

South Asian

36 % "didn't know much about HRT"

14 % "it is a controversial and risky treatment option"

White

(not of Hispanic origin)

25 % "didn't know much about HRT"

19 % "it is a controversial and risky treatment option"

Key Takeaway

The goal is not to tell every woman to use HRT.

The goal is to ensure every woman has access to accurate, current, individualized information and a clinician prepared to discuss it.

1.7 Culture, Race & Access: Targeted Education Is Essential

The demographic findings do not support sweeping subgroup claims without deeper sample review, but they do support a clear equity conclusion: women need perimenopause education that is culturally responsive, practically accessible, and delivered in language that reflects how symptoms are actually understood in families and communities. In the NextGEN audience, 45% said they were aware that women from different cultural backgrounds may experience perimenopause differently, while 31% were not aware, and 23% had heard about it but did not know details, suggesting both openness and a major education gap.

The prior Global Impact Report strengthens this section's framing. That report found that women of color often described symptoms being normalized, minimized or misattributed to stress, aging, anxiety or personality, and it recommended community-based education, culturally relevant language, peer navigators, bilingual resources and training that helps clinicians avoid stereotype-driven dismissal. That recommendation remains directly applicable here: awareness alone is not enough if women still cannot find providers who listen, explain, diagnose and follow up with a clear plan.

Equity Action

Pair perimenopause education with culturally specific outreach and care-navigation support. Awareness alone is not enough. It requires better translation of symptoms into culturally credible education, stronger trust-building inside clinical encounters, and practical navigation support that reaches women before confusion hardens into years of untreated symptoms.

1.8 Global Views

International respondents reported many of the same structural barriers as U.S. viewers, with additional complications tied to geography, culture and local care systems. The most commonly described obstacles included limited access to menopause-literate clinicians, high cost or lack of insurance coverage, long wait times, and persistent stigma or beliefs that symptoms are a natural part of aging that do not warrant medical attention.

Across regions, the top symptom burdens described by international respondents were fatigue and physical or mental exhaustion (64.4%), sleep disruption (58.3%), and mood or emotional change, including irritability, low mood and anxiety (57.5%), with weight gain (53.7%) and memory or concentration issues (50.2%) also highly prominent. These findings reinforce that the global symptom experience extends well beyond the textbook focus on hot flashes and is shaped heavily by exhaustion, sleep problems, mood disruption and cognitive strain.

Beliefs about HRT among international respondents reflected a mix of confusion, risk concern and cautious openness. While 26.0% said they did not know much about HRT, 24.6% described it as controversial or risky, and 23.6% associated it with cancer fears or outdated messages. Nearly half, 49.1%, agreed that HRT can be a safe option for many women when explained clearly and tailored to individual risk profiles. Together, these responses point to a global need for accessible, culturally responsive education about HRT that replaces stigma and misinformation with evidence-based, individualized counseling.

A Global Lens

By 2030, more than one billion women globally will be in menopause or postmenopause, making perimenopause and menopause important health, workforce, and healthy ageing issues. Despite this scale, women still enter this transition with limited preparation, inconsistent information, and uneven access to care. Experiences vary across countries and cultures, but the findings from **The (M) Factor 2** point to the same underlying problem: women often know something is changing long before health systems are prepared to recognize it with them.

Across regions, women describe symptoms that affect sleep, cognition, mood, energy, metabolism, sexual health, and daily functioning, often during the same years they are balancing careers, caregiving responsibilities, and financial pressures. International respondents most frequently identified fatigue and physical or mental exhaustion, sleep disruption, mood and emotional changes, weight gain, and memory or concentration difficulties as major burdens. These findings reinforce that the perimenopause experience extends far beyond the traditional focus on hot flashes. It can affect quality of life, relationships, productivity, and long-term health outcomes.

The report also highlights a broader recognition gap. Across settings, women commonly explain their symptoms as stress, burnout, anxiety, aging, or lifestyle changes rather than as part of a hormonal transition. Many respondents described seeking medical care but leaving without a clear diagnosis or treatment pathway. International participants identified limited access to menopause-literate clinicians, high out-of-pocket costs, insurance barriers, long wait times, and social stigma as major obstacles to care.

These barriers are compounded by global inequities. Evidence suggests women in lower-resource countries may enter menopause earlier on average, while also facing reduced access to trained providers, preventive care, screening, and evidence-based treatment. Earlier menopause is linked to higher risks of cardiovascular disease, osteoporosis, cognitive decline, frailty, and premature mortality, making delayed recognition especially concerning. These inequities are not only geographic. Race, ethnicity, culture, socioeconomic status, and lived experience also shape symptoms, care-seeking, and access to support.

At the same time, important shifts are underway. Governments, employers, clinicians, researchers, and civil society organizations are increasingly recognizing menopause as an issue connected not only to women's health, but also to workforce participation, economic resilience, mental health, and healthy ageing. Menoglobal, the leading organization working to make menopause a global health priority, is helping elevate menopause within global health and policy discussions by connecting evidence, advocacy, and local action. As Menoglobal founder Jennifer Barsky has noted, "The issue is not that women are failing to navigate menopause. It is that systems were never designed to recognize or support women through this stage of life."

That gap is now clearly visible in the data. Where perimenopause was once rarely discussed outside the clinic, NextGEN findings show women are now turning first to friends and family for information — 43 percent compared with 38 percent who turn to doctors — a shift that reflects growing openness but also signals where formal care still falls short. This matters. When formal systems do not provide clear answers, women create informal ones. Highlighting lived experiences, peer support and community spaces are essential to building momentum for universal awareness and care.

The challenge now is not whether perimenopause deserves attention. It is whether health systems, workplaces, and policy frameworks are finally prepared to act.

Jennifer Barsky

Founder & Executive Director, Menoglobal

Section 2

Closing the Provider Knowledge Gap

If perimenopause is where confusion begins for many women, providers are the key to what happens next. They shape whether symptoms are recognized early, linked to hormonal change, and met with timely, evidence-based care.

The second film's screenings drew a broad cross-section of the healthcare system: 24% of attendees were physicians, including gynecologists, primary care clinicians, internists, and oncologists, alongside nurse practitioners, mental health professionals, and practitioners from massage, dermatology, chiropractic care, dentistry, and insurance. This diversity shows how widely women's health at perimenopause is influenced across disciplines, while underscoring the need for stronger provider education, clearer referral pathways, and more consistent standards of care.

Introduction

"I feel seen and heard..." I have heard this phrase more times than I can count, and it never stops landing with weight, because it means that feeling heard is an exception, not the standard.

Even as an Ob/gyn, I was not trained to provide perimenopausal care. Perimenopause as a phase has been underrecognized, reduced to a vague placeholder between "normal" and "menopause." With little guidance on what it actually looked like in a patient sitting across from me, I began listening. Patients share their symptoms, research, and frustrations at being told it is "just stress" or "just aging," and over time, their questions have become my curriculum. Learning from patients, one conversation at a time, personalizing their menopausal care and finding, with them, solutions, is the most energizing and rewarding part of my practice.

Our understanding of menopausal medicine is evolving as a field. In the wake of the 2002 Women's Health Initiative, fear about hormone therapy spread among patients and providers alike, leaving an indelible mark on medical education, prescribing confidence, and curricular investment across training programs for a generation. A 2023 assessment of OBGYN residency programs found that only 31.3% reported having a menopause curriculum, and just 29.3% offered trainees dedicated time in a menopause clinic (Allen, 2023).[1] A separate survey of family medicine, internal medicine and OBGYN residents found that only 6.8% felt adequately prepared to manage menopause (Kling, 2019).[2] My experience was not unusual. It was the norm.

The NextGEN survey captures the inherited gap that persists. Primary care, often a first point of contact, reports the lowest average menopause knowledge among the specialties surveyed. Many women turn to their trusted OBGYN, but the breadth of the specialty and structural pressures of practice limit its capacity to serve as the sole source of menopause expertise. The consequence shows up clearly in the patient data: 76% of perimenopausal respondents spoke to a doctor, yet dismissal and lack of a clear diagnosis or understanding lead many instead toward friends, family and their community for guidance.

The gap extends well beyond primary care and OBGYN. The hormonal transition touches nearly every organ system, and comprehensive care depends on a continuum of providers who recognize its reach: endocrinology, rheumatology, neurology, cardiology, hematology and oncology, sleep and pulmonology, psychiatry and behavioral health, orthopedics, vascular, physical medicine and rehabilitation, lifestyle and integrative medicine, among all others.

At our institution, we work with motivated and engaged learners, yet our own recent survey of OBGYN residents on their readiness to provide menopausal care revealed meaningful gaps in knowledge, comfort, and clinical preparedness. They are carrying a curricular debt that predates them. In response, we are creating a comprehensive curriculum, designing a structural framework for evaluating perimenopausal patients with practical tools to guide management, and building an interdisciplinary network of specialty champions to support integrated referrals. The gap is structural, and it is ours to close.

The NextGEN data show this is possible: 90% of providers who completed menopause-specific CME said it changed their practice and contributed to increased confidence in the safety of prescribing hormone therapy. The evidence for how to close this gap is in hand.

What remains is the will to act across academic and community medical centers, residency and fellowship programs, professional societies, administrators and policymakers who can shape perimenopausal education, research and care, expand coverage, reimbursement, and prioritize the time this care requires and deserves.

She deserved a provider who was ready. So does every woman in the waiting room today.

Sarah Foster Richina, MD, FACOG, MSCP

Director, UPMC Magee-Womens Midlife Health Center

Provider Snapshot and Engagement

Among providers attending the second film, engagement with menopause education is high. A large majority (89 percent) reported attending specifically to seek more information, and just over half (51 percent) are themselves in perimenopause or menopause, underscoring both professional and personal stakes in getting this stage of care right. Ninety-five percent say they would recommend the film to colleagues, signaling strong perceived value and readiness to share these insights within their networks.

Practice Location

Providers represent both U.S. and international settings, with approximately **72 percent** practicing in the United States and **28 percent** internationally. This mix highlights that while many findings reflect U.S. care patterns, interest in strengthening perimenopause care extends across health systems and geographies.

Race and Ethnicity

The provider group is majority White, with meaningful representation from several other racial and ethnic groups.

Group	Percent
White	66%
Asian	9%
Black	7%
South Asian	8%
Hispanic/ Latina	4%

These data point to both existing diversity and ongoing opportunities to broaden representation among clinicians shaping perimenopause care.

Education

Most attendees are highly trained clinicians, with a strong concentration of graduate and professional degrees.

Degree	Percent
Bachelor's degree	42%
Master's degree	30%
Doctoral or professional degree (e.g., MD, DO, PhD, DNP)	16%

This reinforces that the film is reaching decision-makers who influence clinical standards, care models, and patient education.

Age Distribution

Attending providers span mid-career to later-career stages, with the largest segments in the 45–54 age range.

Age	Percent
36–44 years	27%
45–54 years	49%
55–64 years	18%
65+ years	6%

This age profile suggests many attendees are in the phase of practice where they are seeing substantial numbers of midlife women and making ongoing decisions about incorporating menopause care into their routines.

Clinical Specialties

Providers come from a range of specialties that regularly interact with women in midlife.

Functional Medicine	Family Medicine	OB-GYN	Internal Medicine	Endocrinology
23%	16%	22%	22%	38%

This breadth shows that perimenopause care is not confined to OB-GYN practices; primary care, specialty care, and integrative models all play critical roles in whether women's symptoms are recognized and treated

Among providers attending the second film, engagement with menopause education is high. A large majority (89 percent) reported attending specifically to seek more information, and just over half (51 percent) are themselves in perimenopause or menopause, underscoring both professional and personal stakes in getting this stage of care right. 95 percent say they would recommend the film to colleagues, signaling strong perceived value and readiness to share these insights within their networks.

2.1 Provider Readiness

Provider readiness to diagnose and manage perimenopause varies meaningfully by specialty, underscoring that menopausal care is still not evenly distributed across the healthcare system. Functional Medicine clinicians report the highest average scores for both knowledge of perimenopause care and comfort talking with women about their symptoms, at 7.76 and 8.11 out of 10, respectively, followed by OB-GYNs at 7.13 for knowledge and 8.00 for comfort. Naturopaths fall in the middle at 6.13 for knowledge and 6.38 for comfort, while Primary Care/Family Medicine reports the lowest average knowledge score of the group at 4.92, though average comfort is somewhat higher at 6.40. This pattern suggests that clinicians whose work is more explicitly centered on hormones or women's health enter the menopause conversation with greater confidence, while primary care remains a critical opportunity area because it is often the first point of contact for women seeking answers.

Specialty	Avg. knowledge Level (out of 10)	Avg. comfort Level (out of 10)
Functional Medicine	7.76	8.11
OBGYN	7.13	8.00
Naturopath	6.13	6.38
Primary Care/Family Medicine	4.92	6.40

2.2 Knowledge, Comfort & Early Perimenopause Recognition

Perimenopause is the report focus, but menopause, postmenopause and medically induced menopause show why suffering continues—when women enter these stages without early recognition, when systems fail to recognize the transition early or when symptoms arrive suddenly.

Provider signal	Finding	Report implication
Knowledge/comfort baseline	**3.88** average knowledge; **3.88** average comfort	Healthcare audience confidence is limited when using the full sample.
Preparedness for younger women	**3.56** average	Perimenopause in younger women is a major training gap.
Perimenopause definition	**95%** selected the correct transition-phase definition	Basic definition recognition may be stronger than diagnostic or management confidence.
Provider knowledge lift	**6.35** pre-film to **8.2** post-film	The film can be framed as driving knowledge gains, with a source/analysis caveat.

2.3 CME & Practice Change

I feel much more comfortable prescribing HRT for both menopausal and perimenopausal women. I no longer wait for women to be in menopause to start treatment."

—OBGYN respondent

Menopause-specific CME appears to do more than raise awareness; it helps move providers from passive familiarity to more active, practical care. Their responses suggest a consistent pattern: greater confidence in prescribing HRT, earlier intervention during perimenopause, more evidence-based and individualized prescribing decisions, and stronger follow-up and patient counseling after treatment begins. In other words, education seems to help providers move from hesitancy and fragmented management toward more timely recognition, clearer risk–benefit conversations and more structured ongoing care. The implication for the report is that high-value CME should be built around the full clinical workflow providers actually need: current recommendations, labs and monitoring, individualized risk-benefit assessment, perimenopause diagnosis, follow-up timing, symptom-specific treatment options, mental health, metabolic health, sexual health, vaginal and genitourinary symptoms, and referral pathways.

CME-related finding

Earned menopause-specific CME in past 5 years

23.52 % YES

76.48 % NO

CME changed practice behavior

90 % YES

Most used CME format

85 % Online/webinar

Other high-use formats

57 % Conferences

32 % Publications

32 % Podcasts

Top resource needed

71 % National/international guidelines or expert consensus

Second resource needed

69 % Medical school and residency curriculum integration

Third resource needed

68 % Online CME

Correctly Identified the Meaning of Perimenopause

Recognition of perimenopause as the transition phase before menopause, when hormones begin to fluctuate, is relatively strong but still not uniform across specialties. Among the specialties, OBGYN performs highest, with 86% answering correctly, followed by Primary Care/Family Medicine at 80% and Naturopaths at 68%. The gap matters because understanding perimenopause is foundational to recognizing symptoms earlier, initiating appropriate conversations and avoiding dismissal of women who have not yet reached menopause. The data suggest there is still room to strengthen basic clinical understanding of this stage.

Specialty	Correctly identified perimenopause
OBGYN	86 %
Primary Care/ Family Medicine	80 %
Naturopath	68 %

Correctly Identified the Age of Menopause by Specialty

Foundational menopause knowledge also varies across specialties, including on the question of when women typically enter menopause. Naturopaths show the highest correct-response rate at 100%, followed by Functional Medicine at 83 percent, Primary Care/Family Medicine at 80%, and OBGYN at 79%. Endocrinology and Urology each show 50% correct identification in the visible chart, placing them lowest among the specialties requested. This spread reinforces a central report theme: even basic menopause knowledge is not yet fully standardized across clinical disciplines, which has implications for early recognition and patient guidance.

Specialty	Correctly identified age entering menopause
Naturopath	100 %
Functional Medicine	83 %
Primary Care/ Family Medicine	80 %
OBGYN	79 %
Endocrinology	50 %
Urology	50 %

Increase in Belief That HRT Is Safe

The film appears to strengthen agreement that HRT is a safe option for many women, though the degree of change differs by specialty. Primary Care/Family Medicine shows the largest gain, rising from 79% pre-film to 100% post-film, a 21-point increase. OBGYN rises from 94% to 100%, a 6-point increase, while Naturopaths remain at 100% both before and after the film, indicating no measurable lift because agreement was already at ceiling. The strongest movement in **primary care is especially important because that specialty often functions as women's first clinical entry point into menopause care.**

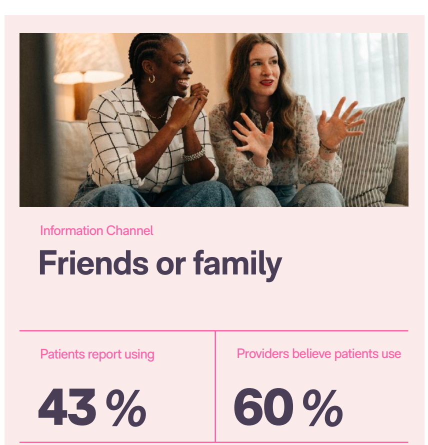
Specialty	Pre-film HRT safe	Post-film HRT safe	Increase
OBGYN	94 %	100 %	+6 *pts*
Primary Care/ Family Medicine	79 %	100 %	+21 *pts*
Naturopath	100 %	100 %	0 *pts*

2.4 The Misinformation Divide: Providers vs. Patients

A major report insight is that the information pathway is shifting, and that shift reflects cultural change as much as clinical need. In the 2025 Global Impact Report, doctors or healthcare providers were the top information source for women in perimenopause at 42%, essentially tied with healthcare professionals on social media and friends or family at 41% each. In the current NextGEN data, that order has changed: patients now report turning first to friends and family at 43%, then to doctors at 38%, followed by healthcare professionals on social media at 30% and podcasts at 29%. The clearest interpretation is not that doctors have lost relevance, but that menopause has become more openly discussed in everyday life, with family and friends learning more, sharing more, and increasingly functioning as an early information network before women seek clinical confirmation.

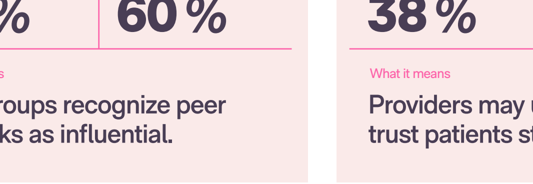
At the same time, providers appear to misread that environment. They tend to overestimate social media influencers and general social platforms as the main sources of patient information, while underestimating the role doctors still play and missing how important peer conversation has become. What emerges is a more socially distributed menopause information ecosystem: women are gathering language, validation and first-line guidance from people they trust, then looking to clinicians to verify, interpret and personalize that information.

This mismatch is an opportunity. If clinicians know that patients still want trusted medical guidance, accurate menopause education should not be designed only for the exam room, but also for the family, friendship and community networks where more of these conversations are now beginning.



Information Channel

Friends or family



Patients report using	Providers believe patients use
43 %	60 %

What it means

Both groups recognize peer networks as influential.

Information Channel

Doctor or healthcare provider

Patients report using	Providers believe patients use
38 %	25 %

What it means

Providers may underestimate the trust patients still place in them.

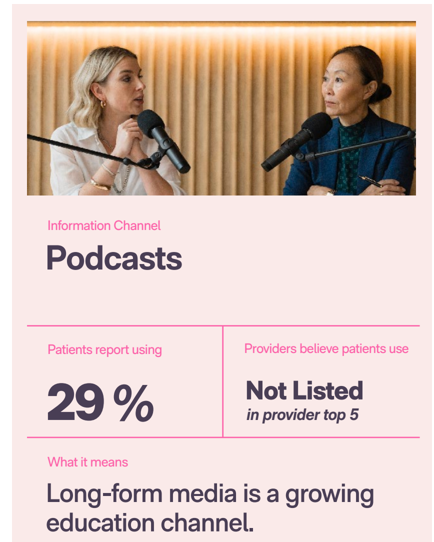
Information Channel

Healthcare professionals on social media

Patients report using	Providers believe patients use
30 %	45 %

What it means

Clinical voices online matter, but are not the only source.



Information Channel

Podcasts

Patients report using	Providers believe patients use
29 %	**Not Listed** *in provider top 5*

What it means

Long-form media is a growing education channel.

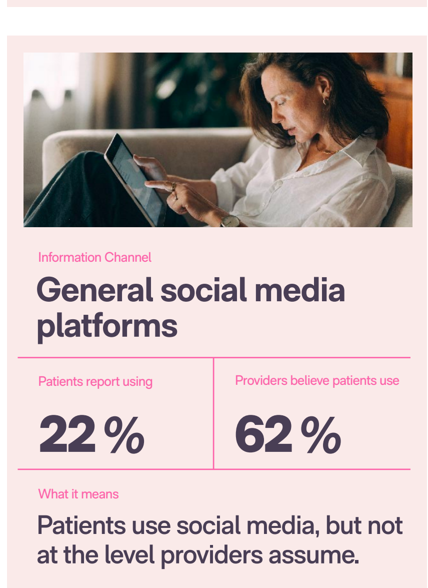
Information Channel

Social media influencers

Patients report using	Providers believe patients use
23 %	66 %

What it means

Providers may overestimate influencer dominance.



Information Channel

General social media platforms

Patients report using	Providers believe patients use
22 %	62 %

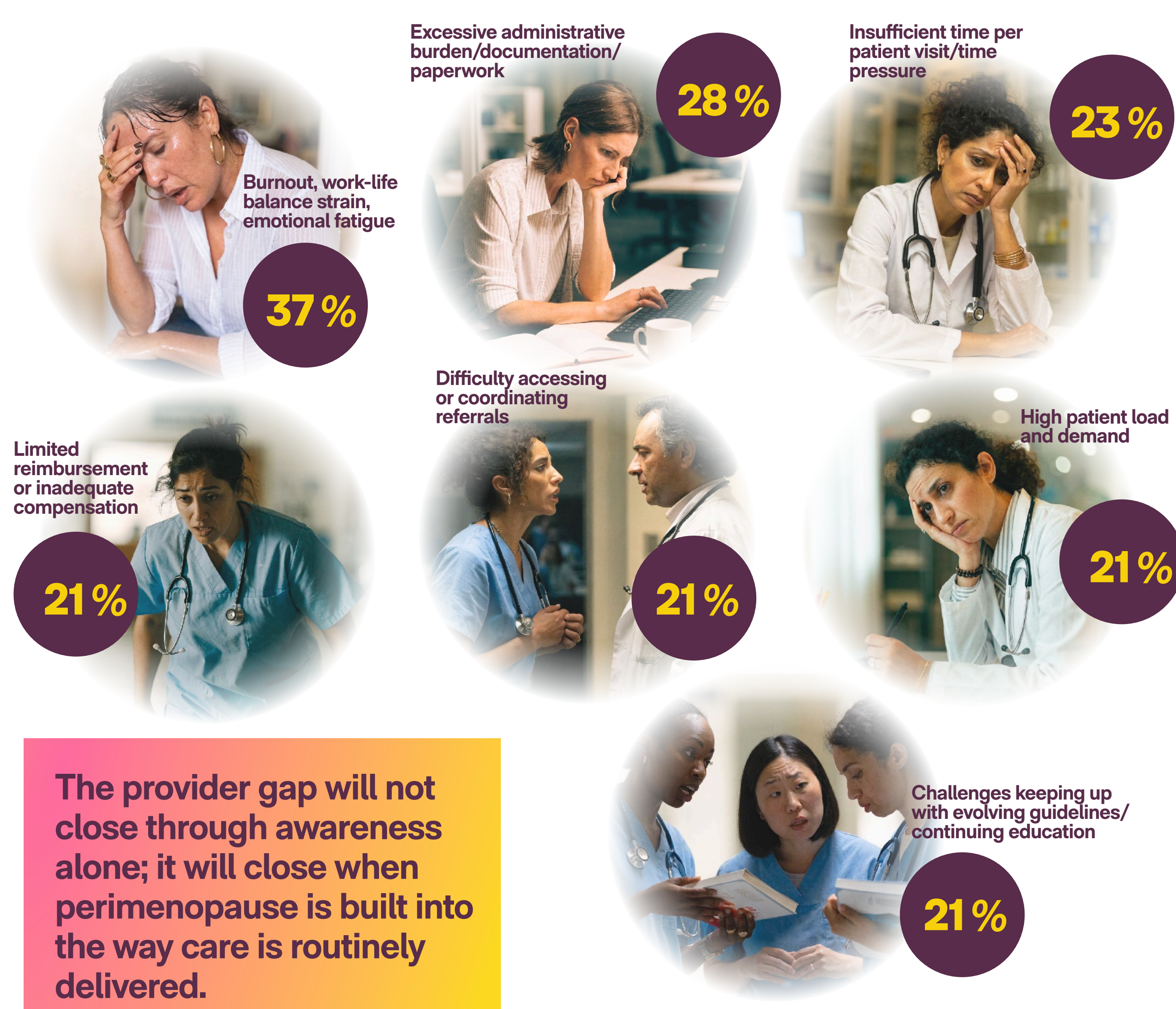
What it means

Patients use social media, but not at the level providers assume.

2.5 Structural Pressures Behind the Provider Gap

Structural pressures in today's health system make high-quality perimenopause care difficult to deliver, even when individual clinicians are highly motivated. Beyond time at the bedside or in the exam room, providers must navigate excessive administrative tasks, complex prior authorization requirements, inefficient electronic health records and a rising tide of insurance claim denials. These demands severely reduce patient face time, drive operational costs, and are well-documented drivers of workforce burnout, leaving clinicians with less bandwidth for the nuanced conversations, shared decision-making and follow-up that perimenopause care requires. Provider education remains essential, but education alone cannot overcome a system that squeezes visit length, under-reimburses complex counseling and makes coordinated referrals harder than they should be. Unless those structural constraints are addressed, even well-trained providers will struggle to consistently deliver the level of menopause care patients are asking for.

Structural pressures on menopause care



The provider gap will not close through awareness alone; it will close when perimenopause is built into the way care is routinely delivered.

Health systems should make perimenopause easier to recognize, discuss and manage within ordinary care delivery. That means embedding practical tools into routine workflows, including symptom prompts, intake checklists, standard follow-up timing, referral directories and patient education materials that reduce the burden on already compressed visits. Providers need support to identify symptoms earlier, respond with greater confidence and guide women toward appropriate next steps. Health systems need to make that work feasible through better training, better infrastructure and better care coordination. When those pieces are in place, perimenopause care can shift from fragmented and reactive to earlier, more consistent and more actionable for both patients and clinicians.

2.6 Employer Benefits & Government Research

Providers reached 100% agreement that employers should provide menopause benefits and menopause-care insurance coverage, and they also reached 100% agreement that the government needs to fund more menopause research. This consensus is across specialty groups including OBGYN, Primary Care/Family Medicine, Naturopaths, and Functional Medicine.

Actions Providers Plan to Take After Watching the Film

Across the first 4 healthcare entry points, providers are leaving with a stronger intention to build knowledge and engage patients earlier in conversations about perimenopause. The dominant themes are continued education, deeper understanding of HRT and more proactive communication, indicating that the film may be prompting not only attitude shifts but also practical next steps in care.

Among Primary Care/Family Medicine respondents, the strongest planned action is enrolling in additional CME on menopause care, selected by 9%. That is followed by expanding knowledge of HRT at 7% and initiating conversations about perimenopause earlier with patients at 5%. This is an important signal because primary care is often the first place women bring symptoms, making additional training and earlier dialogue especially meaningful for improving recognition and care pathways.

OBGYNs' top actions are expanding HRT knowledge and initiating conversations about perimenopause, both selected by 3%. Even within a specialty that begins with comparatively stronger baseline menopause knowledge, the responses suggest continued interest in refining treatment discussions and strengthening anticipatory guidance for patients.

Functional Medicine respondents are oriented toward continued learning. 1% report plans to enroll in additional CME, 1% plan to initiate earlier conversations with patients, 1% plan to pursue certification, and 1% say no changes are needed because they already feel knowledgeable, while no visible responses appear for expanding HRT knowledge or other actions in this extract. This suggests an engaged group that may already feel relatively confident, but still sees value in continued professional development.

Naturopath respondents' next steps are also education-focused, suggesting that even in a group already highly engaged with menopause care, there is still interest in formalizing and deepening knowledge.

Planned action	OBGYN	Primary Care/ Family Medicine	Functional Medicine	Naturopath
Enroll in additional CME focused on menopause care	2%	9%	1%	1%
Expand knowledge of HRT, including benefits, risks and variation by ethnicity	3%	7%	0%	1%
Initiate conversations about perimenopause rather than waiting for patients to raise it	3%	5%	1%	0%
Pursue menopause certification through The Menopause Society	1%	2%	1%	1%
No changes; already knowledgeable	2%	3%	1%	0%

The strongest momentum is visible in Primary Care, where even modest shifts in knowledge and communication could have an outsized effect because that specialty is so often the first clinical entry point for women seeking help.

Section 3

Pathways to Preparing for Perimenopause

The NextGEN findings point to a clear and practical action agenda: if perimenopause is where confusion begins, it must also become the point where systems intervene earlier and more effectively. Preparing for perimenopause is not simply an awareness campaign; it is a systems challenge that requires giving women credible information before symptoms escalate, equipping clinicians to recognize the transition sooner, strengthening the information networks women already rely on, expanding digital and workplace supports, and advancing policy commitments that treat perimenopause as a public health and health equity issue rather than a private midlife burden.

The data show that women are already seeking answers, asking sharper questions and trying to navigate care. Yet too often the structures around them still respond too late, too vaguely, or not at all. Section Three therefore focuses on the pathways most likely to change that trajectory: earlier education, more prepared providers, more trusted resources, easier access to care, stronger workplace recognition, and research and policy that bring perimenopause into the mainstream of women's health.

Introduction

A woman's health across her lifespan is an often-overlooked concept within clinical care, research, and overall health and well-being. Adolescent health is considered parallel to human development; reproductive health, maternal health, and pregnancy are positioned as a window into future health; yet there is a dearth of information and education surrounding midlife, particularly the phase of life that comes at the end of the childbearing years and before the menopause transition.[1] We do, however, know that the menopause journey – including perimenopause – presents an inflection point for women in their longevity and well-being.

Perimenopause, generally beginning in a woman's 40s (it may begin earlier for some women), is when the ovaries start to make less estrogen, which subsequently influences the production of progesterone. The variability in estrogen and progesterone production levels is responsible for the changes to the menstrual cycle and a myriad of other symptoms.[2] Perimenopause is a critical life stage in which women are actively seeking answers and navigating care to promote healthy aging. Perimenopause is a key inflection point for health later in life. Chronic diseases may first appear for women during midlife; it is an opportune time to begin disease management and screening; it may be when women first encounter symptoms unique to menopause and aging; and it is commonly when many women first experience system failures in health care that leave them without the answers or treatments they need – too frequently, women in midlife are told that what they are experiencing is all in their heads. There are serious health implications that may present post-menopause which can be addressed during perimenopause. The hormonal changes that occur during the menopause journey can pose a higher risk of heart disease and osteoporosis; in addition, newer studies suggest there may be a connection between menopause and Alzheimer's disease risk.[3] Women are clamoring for – and deserve - more information as they enter perimenopause.

The information presented in this section is clear – this is not an awareness problem; this is a systems-change opportunity. The data reveal that even when women are already engaged in their midlife health care and asking the right questions, they are struggling to find answers.

We need a full systems-change approach to close the gap: earlier education on the menopause life stage and its implications for health later in life; better clinician preparedness and earlier recognition of symptoms by health care providers; trusted information networks from peers, communities, and digital platforms; access to support, whether that's in the workplace, online, or in-person; and policy and research that prioritizes menopause.

The fact is that

"women's health" is not standalone and cannot be siloed by life stage, condition, body part, or disease.

If we truly wish to close the women's health gap, ensuring that the perimenopause stage is integrated comprehensively across the women's health care continuum is essential.

Solutions must not just be available to those with privilege, and the harm that could be caused – not just to women but to society as a whole – because of inaction is clear. This section outlines a framework for doing better by all women and allows us to envision a world in which women have the answers to their questions and can continually center their health and well-being as they age.

Kathryn Godburn Schubert, MPP, CAE
President & CEO, Society for Women's Health Research

3.1 Start Education Earlier

Perimenopause education should begin before most women are symptomatic. This means moving beyond a message aimed only at women already in crisis. Age-appropriate education should begin by age 35, with information that helps women recognize changes without fear.

- Create short perimenopause literacy modules for community screenings, women's health events, employer wellness programs and digital campaigns.
- Teach the difference between perimenopause, menopause and postmenopause in plain language.
- Encourage baseline tracking of cycles, sleep, mood, energy, weight, cognition, sexual health and pain before symptoms escalate.
- Include fertility awareness: irregular periods do not necessarily mean pregnancy is no longer possible.
- Build materials for partners, families and friends because peer networks are already major information sources.

10% of patient respondents identified as not menopausal, and *65%* of that group said they were too young (or not symptomatic) to consult a doctor, even though many were already engaging with the issue through film screenings, learning or support for someone else.

3.2 Build Perimenopause-Ready Clinical Pathways

Women should not have to piece together a perimenopause diagnosis through years of disconnected symptoms, fragmented referrals and repeated dismissals. The NextGEN findings point to the need for clinical pathways that help providers recognize perimenopause earlier, respond more consistently, and guide patients toward appropriate treatment and follow-up before confusion becomes prolonged suffering. In practice, that means building perimenopause into routine care rather than treating it as a specialty issue that is only addressed once symptoms become severe or unmistakable.

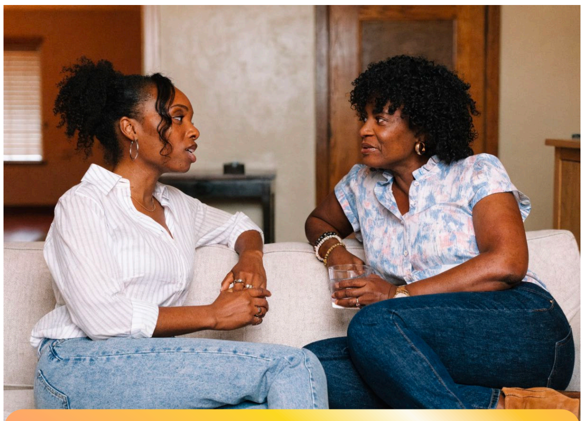
- Add routine symptom screening for women 35+ across primary care, OBGYN, mental health, endocrinology, cardiology, neurology and pelvic health settings.
- Create shared decision-making guides for HRT/MHT, nonhormonal prescriptions, lifestyle interventions, mental health support, pelvic floor care and sexual health.
- Standardize follow-up after treatment initiation, with 1- to 3-month reassessment for symptom response, side effects and dose adjustment when clinically appropriate.
- Create fast-track referrals for medically induced menopause and complex cases, including cancer history, surgical menopause, severe symptoms or unclear diagnosis.
- Publish directories of menopause-literate clinicians and telehealth options.

76% had already spoken to a doctor, yet their top reported barriers were symptoms dismissed as stress or aging, difficulty finding a knowledgeable provider, and no clear answers.

3.3 Make Trusted Information Social, Clinical & Digital

The data show that women do not learn about perimenopause in just one place; they move across conversations with friends and family, online content, film screenings, podcasts and clinical visits as they try to make sense of what they are experiencing. The opportunity is not to fight that reality, but to design for it by making accurate, evidence-based information available across the channels women already use and trust. When social, clinical and digital information pathways reinforce one another instead of competing, women are more likely to recognize symptoms earlier, ask better questions and arrive at care feeling informed rather than overwhelmed.

- Equip viewers with post-screening discussion guides they can share with friends, partners and family members.
- Create clinician-approved social content that is short, clear and shareable.
- Develop "ask your doctor" visit-prep sheets and symptom logs to improve appointment quality.
- Build a trusted resource hub with vetted links, explainers, provider directories and decision aids.
- Address AI and search behavior by publishing clear, credible FAQs that can be easily found and referenced.



43% of patients now report turning first to friends or family, followed by doctors or healthcare providers at 38%, healthcare professionals on social media at 30% and podcasts at 29%.

3.4 Expand Digital Health & Telehealth

Digital tools can close gaps for women who cannot find knowledgeable providers, who face long waits or who feel uncomfortable raising symptoms in person. Women have a strong interest in telehealth access, hormone-related products, nutrition and fitness guidance, at-home hormone lab testing and symptom tracking tools.

Digital Health Priorities

- Telehealth access to menopause-literate clinicians
- Symptom tracking and cycle-change tools that connect patterns over time
- Nutrition, fitness, sleep and stress management programs designed for hormonal transition
- At-home hormone testing when clinically appropriate
- Care-navigation support that helps women prepare for appointments and follow-up

69% of patients want telehealth tools.

The stronger argument is not that technology replaces clinicians. It is that digital tools can support earlier recognition, better documentation, easier access and more informed conversations.

3.5 Make the Workplace Menopause-Ready

Perimenopause and menopause are workplace issues because symptoms affect sleep, cognition, energy, confidence, mood, temperature regulation and productivity. Yet workplace resources remain underused as information sources. This is a major opportunity for employers to normalize education before crisis.

- Include perimenopause education in wellness portals and benefits communications.
- Offer voluntary webinars, screenings and peer-support groups for employees and caregivers.
- Train HR and managers on supportive accommodations such as temperature flexibility, hybrid work, private rest options and schedule flexibility during acute symptoms.
- Provide access to telehealth or navigation benefits with menopause-trained clinicians.
- Frame support as retention, equity and performance infrastructure for midlife workers.

76% of respondents say they believe workplaces should provide menopause information or support, underscoring that women expect employers to play an active role in closing knowledge and care gaps, not just individual clinicians.

3.6 Advance Research, Policy & Accountability

Perimenopause will remain misunderstood and unevenly treated unless the systems surrounding it are held to a higher standard of evidence, training and accountability. The NextGEN data point to a need for action that extends well beyond individual behavioral change: more research on symptoms and treatment pathways, deeper attention to racial and cultural differences, stronger education requirements for clinicians, broader insurance coverage for evidence-based care, and more rigorous standards for the information women encounter in the marketplace. Just as important, practitioner-only provider findings should be published to guide more precise education strategies and health-system interventions, ensuring that future recommendations are built on the clearest possible clinical picture. In that sense, research, policy and accountability are not closing issues at the margins of this report; they are the conditions that will determine whether awareness translates into durable change.

- Fund research on perimenopausal symptoms, treatment pathways, racial and cultural differences and long-term health outcomes.
- Require menopause/perimenopause content in medical school, residency and continuing education.
- Expand insurance coverage for evidence-based care, including specialist visits, medication options, mental health support and pelvic health when appropriate.
- Hold brands and health platforms accountable for accurate claims and transparent evidence standards.
- Publish practitioner-only provider findings to guide targeted CME and health-system interventions.

100% of all surveyed providers agree that employers should provide menopause benefits and insurance coverage, and all agree that the government should fund more menopause research.

Conclusion:
A Call to Action **Before the Pause**

I attended a screening...it really helped me put everything into perspective. It was probably the first activity that truly helped me understand what menopause is. I want to reinforce my knowledge and prepare for menopause as much as I can.

—Attendee, not yet menopausal

The NextGEN findings make one thing unmistakable: perimenopause can no longer be treated as an afterthought in women's health. Women are asking better questions, seeking care earlier and pushing for answers, and the challenge now is whether healthcare systems, workplaces, policymakers and trusted information channels will respond with the urgency and clarity this stage demands. If that response comes earlier and more effectively, perimenopause can become not a prolonged period of confusion, but a critical window for recognition, support and better long-term health outcomes.

The (M) Factor 2: Before the Pause gives this stage a name, a story, and a call to action. It makes visible the years when women are most likely to feel unlike themselves but least likely to receive a clear explanation, and it shows that perimenopause is not simply a prelude to menopause but a critical window for recognition, intervention and health planning.

Since the first film, The (M) Factor, was released, conversations about menopause have expanded, and viewers are returning to deepen their understanding and strengthen their ability to advocate for themselves and others. In that same period, legislation addressing menopause awareness, education and workplace support has been introduced in 17 states, signaling that policymakers are beginning to treat this as a public health and equity issue rather than a private concern. Building on that momentum, this second film finds 75% of viewers reporting that they feel empowered to discuss perimenopause and menopause—evidence that visibility and storytelling can translate into both personal confidence and policy-level change.

Across countries and clinical disciplines, the call is clear: women need providers who are better trained, systems that recognize symptoms earlier and workplaces that understand how profoundly this transition can affect daily life. When perimenopause is ignored or minimized, the impact is not just on individual women; it becomes a public health, economic and equity issue, disrupting careers, straining families and compounding emotional and financial stress.

Armed with these findings, the path forward is shared. Legislators, healthcare professionals, employers and community leaders all have roles to play in improving education, increasing awareness of symptoms and treatment options, and building environments that support women through this transition rather than asking them to endure it alone. The goal is simple and profound: a future in which more women can say, as one attendee wrote, "I've had far more success embracing this life transition as a passage instead of a problem."

The NextGEN opportunity is to turn awareness into earlier care, better outcomes and a world where no woman has to spend years wondering what is happening to her body and mind.

Appendix

Methodology

This report summarizes audience responses from The (M) Factor 2: Before the Pause NextGEN film screening surveys, including pre-film and post-film responses across the U.S. and in 20 countries from January through April 2026. Survey data are self-reported and reflect a screening audience rather than a representative population sample. Percentages are rounded and should be interpreted directionally. Pre-survey questions gathered baseline information about the respondents, including demographic details, education levels, professions and personal experiences. Post-survey questions assessed changes in awareness, reactions to segments of the film and intended actions.

The survey was structured to explore various dimensions, including:

1. Awareness and Knowledge:

Assessing participants' familiarity with perimenopause and menopause health terms and their understanding of current healthcare options.

2. Envisioning Change:

Capturing respondents' perceptions of necessary actions to address perimenopause health outcomes.

3. Representation in Healthcare:

Investigating views on medical professionals and their impact on patient care.

The demographic dashboard reported 2,732 completed pre-film surveys and 1,963 completed post-film surveys. The pre-film audience was 74.8% patient and 25.2% provider; the post-film audience was 80.25% patient and 19.75% provider.

Terminology

CME

Continuing medical education consists of educational activities that serve to maintain, develop or increase the knowledge, skills and professional performance and relationships that a physician uses to provide services for patients, the public or the profession.

perimenopause

The years leading up to menopause when hormones fluctuate and symptoms may begin.

premenopause/not-yet-menopausal

The preparation audience: younger people not yet experiencing symptoms.

menopause

The point at which a woman has not had a menstrual period for 12 consecutive months.

postmenopause

The years after menopause, included to show ongoing symptoms, treatment and long-term health needs.

medically induced menopause

Abrupt menopause or menopause-like symptoms due to surgery, chemotherapy, medication or other medical treatment; a high-need group requiring tailored pathways.

HRT/MHT

Hormone replacement therapy/menopausal hormone therapy. It is a medical treatment that involves supplementing or modifying the body's natural hormones using medication.

For more in-depth and detailed explanations of the terms above—and others related to menopause—visit the following sites:

Menopause Care Directory:
https://menopausecaredirectory.com/

Let's Talk Menopause:
https://www.letstalkmenopause.org/glossary

Menopause Society:
https://menopause.org/patient-education/menopause-glossary

SHWR/glossary
https://swhr.org/

Resources

UPMC Magee-Women's Midlife Health Center

Menoglobal

MenoGlobal

Contributors & Acknowledgments

Denise Pines

Executive Producer, President, Osteopathic Medical Board of California

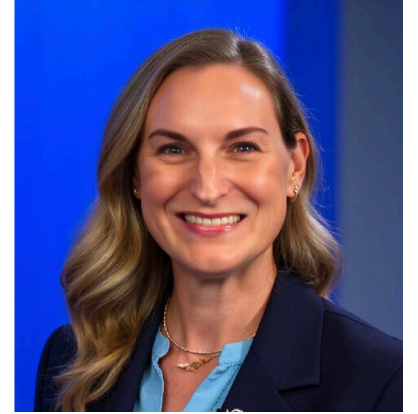
Denise Pines is a Peabody Award–winning filmmaker, health advocate, and entrepreneur at the forefront of midlife women's wellness. She's the founder of WisePause Wellness and the Menopause Recognition Awards, co-founder of Tea Botanics and the inspiration of the award-winning Hot Flash Tea, and lead of the FemAging Project, driving innovation for women 40+. As president of the Osteopathic Medical Board of California, she shapes healthcare policy while producing films that spark cultural change.

Sarah F. Richina, MD

Director, UPMC Magee-Women's Midlife Health Center

Assistant Professor, University of Pittsburgh School of Medicine/Department of Obstetrics, Gynecology, and Reproductive Science

Dr. Richina has extensive clinical and academic experience in women's health, with a focus on menopause care. Prior to joining UPMC and the University of Pittsburgh, she was a partner physician of the Southern California Permanente Medical Group and Assistant Professor at the Kaiser Permanente Bernard J. Tyson School of Medicine. Dr. Richina is a Fellow of the American College of Obstetricians and Gynecologists and a Menopause Society Certified Practitioner.



Kathryn Godburn Schubert, MPP, CAE

President & CEO of the Society for Women's Health Research

Kathryn "Katie" Schubert has served as President & CEO of the Society for Women's Health Research (SWHR) since April 2020. She is a trusted leader and consensus builder among women's health stakeholders, and previously served as chief advocacy officer at the Society for Maternal-Fetal Medicine (SMFM). Schubert began her career on Capitol Hill and subsequently advised organizations on policy strategy in the health care space. She is a board member of the National Health Council, Maternal Mental Health Leadership Alliance, and ASPN Foundation

Jennifer Barsky

Founder & Executive Director, The Menopause Global Alliance

Jennifer Barsky is a global leader with over 25 years of experience in international program development, partnerships, policy change, and resource mobilization across 20+ countries. After experiencing early menopause, she shifted her focus to menopause research and support in 2019. Mentoring hundreds of global leaders and marginalized women revealed the tremendous gaps in knowledge, care, and support, underscoring the urgent need for a coordinated global response to this critical health issue, which led her to found Menoglobal.

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The Steven & Alexandra Cohen Foundation is committed to inspiring philanthropy and community service. We do this by creating awareness, offering guidance and leading by example to show the world what giving can do. Our grants support public 501(c)(3) nonprofit organizations based in the U.S. that either help people in need or solve complex problems. We also spearhead grassroots campaigns to encourage others to give. As of December 2025, the Foundation has provided over $1.5 billion of philanthropic support.

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Women in the Room Productions provides film, television and digital production services that bring to life storylines driven by women and persons of color.

Take Flight Productions is a multimedia company creating empowering content for TV and digital platforms, including **The (M) Factor: Shredding the Silence on Menopause and The (M) Factor 2: Before the Pause.**

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