



# Integrating Workplace Realities into Canada's National Framework for Women's Health

Brief submitted to the  
Standing Senate Committee on Social Affairs, Science and  
Technology (SOCI) concerning Bill S-243, *An Act to establish a  
national framework for women's health in Canada.*

June 17, 2026

## Executive Summary

The Canadian Association of Professional Employees (CAPE) supports Bill S-243, *An Act to establish a national framework for women's health in Canada* and welcomes the opportunity to advance a coordinated, evidence-based and comprehensive approach to women's health through strengthened research, awareness and collaboration. While this submission reflects the Bill's framing as enabling legislation relating to women's health, CAPE recognizes that reproductive health realities discussed in this brief may also affect transgender women and gender-diverse individuals.

Given that the national framework established under Bill S-243 is intended, among other objectives, to support "*improved health outcomes and health access for women*", CAPE submits that workplace experiences associated with reproductive health realities must form an explicit component of the national framework envisioned by the Bill.

Particularly, workplace participation, retention, productivity and employee wellbeing implications could be further recognized in existing workplace, policy and legislative frameworks through the national women's health framework established under Bill S-243. Many employees across Canada are left to navigate these experiences through systems and protections that were not designed to adequately reflect their nature, impact or duration. Reproductive health experiences often extend beyond episodic illness and require broader and dedicated workplace protections, accommodations and supportive measures. Without sufficient workplace flexibility, leave access, accommodations, and supportive policies, many employees may face barriers to attending medical appointments, accessing treatment, managing symptoms, recovering from procedures, or seeking appropriate care, thereby undermining efforts to improve health outcomes and access to health care. These experiences can affect physical and psychological health, workplace participation, absenteeism and presenteeism, retention, productivity, career advancement, and economic security.

As one of Canada's largest professional public service unions, CAPE represents more than 27,000 employees in highly skilled analytical, operational, and policy roles across the federal public service. More than 60% of these members identify as women, a demographic reality that makes reproductive health a central workplace concern for CAPE. Federal public service employees who manage reproductive health realities must currently rely on a patchwork of general sick leave, informal flexible work arrangements, and inconsistent departmental practices. This patchwork creates significant gaps in equity, accessibility, and dignity for the workers most directly affected. Moreover, emerging international protections serve as important benchmarks demonstrating that Canada has significant room for improvement in its alignment with gender equity, human rights, and occupational health obligations.

It is in this context that, following a resolution adopted by its membership, CAPE undertook a comprehensive body of research on reproductive health in the workplace with a focus on menstruation, perimenopause, menopause and fertility.<sup>1</sup> This work included a member survey, focus group discussions, and an environmental scan of how other jurisdictions are advancing women's health protections. The findings support that reproductive health within existing workplace frameworks should be further enhanced and as such, the national framework established under Bill S-243 provides an excellent opportunity to do so. The recommendations set out in this brief are grounded in that research.

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<sup>1</sup> A successful members' resolution passed in December 2024, mandated CAPE to actively support and initiate a comprehensive campaign on women's health, with a specific focus on increasing research and knowledge about peri-menopause and menopause, advocating for the implementation of supportive policies, and promoting supportive and equitable action initiatives to mitigate the career and economic impact of these health issues on its' members. The resolution also mandated CAPE to work with healthcare professionals, researchers, workplace wellness experts, and other stakeholder, including other unions, and engage the Government of Canada, including Treasury Board, as key partners in the campaign, urge them to recognize the importance of addressing peri-menopause and menopause in the workplace and to collaborate on the development of national policies, research funding, and workplace practices that support women's health and career advancement.

In response to these findings, CAPE advances a series of recommendations aimed at strengthening the recognition of reproductive health realities within the workplace, occupational health and public policy frameworks. These recommendations address workplace supports and accommodations, evidence-based guidance and research, inclusive workplace practices, consultation mechanisms, and strengthened accountability and reporting measures within the national framework's development and implementation.

## Recommendations

CAPE recommends that the development of the national framework established under Bill S-243 explicitly incorporate measures to:

1. Adopt a **definition of women inclusive** of transgender women and gender-diverse individuals.
2. Develop a **comprehensive definition of reproductive health realities** inclusive of:
  - menstruation, perimenopause, menopause, hypogonadism, and other hormonal health conditions;
  - polyendocrine metabolic ovarian syndrome (PMOS), formerly known as polycystic ovarian syndrome (PCOS), endometriosis, vulvodynia, and other reproductive and gynecological health conditions;
  - in vitro fertilization (IVF) and other assisted reproductive technologies;
  - vasectomy, tubal ligation, hysterectomy, oophorectomy, and other reproductive-health-related medical procedures;
  - pregnancy loss and pregnancy that ends other than as a result of a live birth;
  - gender-affirming reproductive health care;
  - and related medical conditions, procedures, and treatments.
3. Recognize reproductive health as an issue affecting **labour-force participation**, occupational health and workforce sustainability.
4. Acknowledge the **workplace impacts associated with reproductive health realities** including menstruation, perimenopause, menopause, fertility treatment and pregnancy loss.
5. Issue recommendations for **legislative and policy reforms** to better recognize and address reproductive health realities through **supportive workplace protections**, accommodations and practices.

CAPE further recommends that development and reporting guidelines under Bill S-243 explicitly:

6. Include **labour organizations and union representatives** among the stakeholders consulted in the development and implementation of the national framework.
7. Require periodic public reporting on the implementation progress and effectiveness of measures included in the national framework, including **explanations for measures that have not progressed and anticipated timelines for their completion**.

## 1. Bill S-243 and the Opportunity to Address Workplace Realities

Bill S-243 recognizes that women’s health is a matter of national importance with implications for equality, public policy, economic participation, and Canada’s broader social and economic wellbeing. CAPE supports the Bill’s objective of establishing a coordinated national framework to improve awareness, research, prevention, diagnosis, treatment, and support relating to women’s health in Canada.

Consistent with internationally recognized approaches to reproductive health, CAPE submits that reproductive health realities encompass a broad range of physical, psychological, hormonal, and reproductive experiences that may affect individuals throughout different stages of working life.<sup>2</sup> Women’s reproductive health realities can have direct and measurable effects on workplace participation, attendance, productivity, career progression, retention, and psychological safety. CAPE submits that workplace experiences associated with reproductive health realities must form an explicit component of the national framework envisioned by the Bill.

The Bill further recognizes that *“women’s health has a direct impact on Canada’s prosperity, productivity, innovation and overall quality of life.”* CAPE submits that workplace realities associated with reproductive health are therefore an important consideration within the framework contemplated and proposed by the Bill, particularly given their implications for workplace participation, retention, productivity, prosperity and institutional capacity.

The Bill also identifies the importance of supporting *“improved health outcomes and health access for women.”* CAPE submits that workplace conditions play a significant role in shaping both health access and health outcomes for individuals managing reproductive health realities. In the absence of workplace flexibility, leave access, accommodations, and supportive policies pertaining to reproductive health, employees may face barriers to attending medical appointments, pursuing treatment, recovering from procedures which may require time away from work, or managing ongoing symptoms safely and effectively.

CAPE’s observations are informed not only by broader research and international developments, but also by a survey and focus groups conducted with women working across the federal public service.<sup>3</sup> Participants described challenges associated with managing reproductive health realities in professional environments, including concerns related to stigma, workplace culture, career impacts, and the absence of workplace recognition and support. Selected anonymized participant perspectives are reflected throughout this submission to illustrate the lived workplace realities associated with reproductive health.

One survey respondent described the following workplace experience: *“I have seen substantial challenges being raised for pregnant employees, particularly ones who due to medical needs have requested to work from home. This includes being asked to report symptoms daily to executives, questions over their capacity to work, asking employees to work while hospitalized, and being asked to come into the office against the medical advice of their doctor. This has resulted in a culture of fear that has landed primarily on pregnant people and mothers [...]”*<sup>4</sup> Conditions and experiences such as severe menstrual symptoms, endometriosis, fertility treatment, pregnancy loss, perimenopause, and menopause may affect employees during significant periods of their working lives, including years associated with peak professional responsibilities and leadership advancement.

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<sup>2</sup> The World Health Organization defines reproductive health as *“A state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes.”*

<sup>3</sup> *Menstruation, Fertility and Menopause in the Workplace: 2025 Survey Key Findings*. Canadian Association of Professional Employees (CAPE). Between June and July 2025, CAPE conducted a survey on these experiences among 2,779 of its members, the first of its kind in the Canadian federal public sector. 96% of respondents identified as women, 2% as non-binary, two-spirit or other, 1% as men and 1% preferred not to respond. We therefore acknowledge that reproductive health experiences discussed in this brief may also affect men, particularly in relation to fertility-related experiences.

<sup>4</sup> *Menstruation, Fertility and Menopause in the Workplace: 2025 Survey Key Findings*, CAPE, 2025.

The impacts extend beyond individual wellbeing. Workplace environments that do not adequately recognize reproductive health realities may contribute to absenteeism, presenteeism, employee burnout, reduced retention, interruptions in career progression, and the loss of experienced workers and institutional expertise. Additionally, the lack of recognition of reproductive health realities bears consequences for women, transgender women and gender-diverse individuals: “[...] *you drop everything for a deadline. [There is] no understanding of the impact on health*”.<sup>5</sup> These issues carry implications not only for gender equity, but also for workforce sustainability, organizational effectiveness, and more broadly for economic participation.

## 1.1 Menstruation and Reproductive Health Conditions

Menstruation and reproductive health conditions remain insufficiently recognized in workplace policy and occupational health discussions, particularly with respect to their impact on employee wellbeing and workplace participation.<sup>6</sup> For some individuals, symptoms associated with menstruation, endometriosis, or premenstrual dysphoric disorder (PMDD) or other conditions may affect concentration, energy levels, attendance,<sup>7</sup> and overall functioning at work. In demanding professional environments, unmanaged symptoms may contribute to absenteeism, presenteeism,<sup>8</sup> stress, and limit full workplace participation and career progression.

One focus-group participant described the importance of workplace flexibility when managing severe menstrual symptoms: *“My cramps come at different times. Usually in the morning they’re really bad, in the afternoon they kind of go away; and then in the evening they come back. Sometimes I don’t want to take the whole day off, because maybe I can work in the afternoon. So having that flexibility to say, ‘I’m going to take the morning off and then see how I feel’ at noon or whatever, really helps.”*<sup>9</sup> Another survey respondent spoke to the stigma associated with this reality: *“My perspective of the organizational culture: Vulnerability is seen as weakness - if you cannot perform during menstruation, then you are weak and do not belong”*.<sup>10</sup>

Together, these experiences reflect broader systemic gaps in how workplace and occupational health frameworks recognize and respond to menstruation and related reproductive health conditions. Supportive workplace approaches, flexible practices and formal workplace protections relating to menstruation are increasingly being recognized internationally as important components of inclusive and sustainable workplaces. This acknowledgement also demonstrates that workplace structures need to account for the physical and psychological realities many employees experience in professional environments.

## 1.2 Perimenopause and Menopause

Perimenopause and menopause remain significantly under-recognized in workplace policy and occupational health discussions despite growing evidence of their impact on employee wellbeing and workplace participation. There are 540,000 workdays lost each year in Canada due to menopause symptom management, costing employers \$237M annually in lost productivity, and costing women \$3.3B in lost income due to a reduction in hours and/or pay or

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<sup>5</sup> *Ibid.*

<sup>6</sup> In the 2025 CAPE survey on Menstruation, Fertility and Menopause in the Workplace, 36% of respondents indicated that they have been questioned or singled out due to their medical appointments or use of sick leave with respect to menstruation problems.

<sup>7</sup> The CAPE survey found that among respondents who requested workplace accommodations relating to reproductive health experiences, the use of sick leave was reported by 76% of those managing menstruation-related issues, 88% of those managing fertility-related experiences, and 56% of those managing menopause-related experiences. This circumstance leaves women with significantly less sick leave available to manage unrelated health realities that may require time away from work. In practice, insufficient workplace flexibility and leave access may also create barriers to seeking timely medical care, attending appointments, or safely managing symptoms, thereby affecting both health access and broader health outcomes.

<sup>8</sup> In the 2025 CAPE survey on Menstruation, Fertility and Menopause in the Workplace, 79% of respondents reported that they had not requested accommodations relating to menopause-related experiences. Of those respondents, 39% cited embarrassment as a reason for not requesting accommodations, while 28% cited fear of reprisal or negative treatment.

<sup>9</sup> *Reproductive Health in the Workplace: Focus Groups Findings and Recommendations*, Canadian Association of Professional Employees (CAPE), February 2026.

<sup>10</sup> *Menstruation, Fertility and Menopause in the Workplace: 2025 Survey Key Findings*, CAPE, 2025.

leaving the workforce altogether.<sup>11</sup> Symptoms may include sleep disruption, fatigue, anxiety, hot flashes, cognitive difficulties, memory issues, and difficulty concentrating, all of which may affect employees' day-to-day functioning and overall wellbeing at work.

These experiences often occur during women's peak professional and leadership years,<sup>12</sup> creating potential implications not only for individual wellbeing, but also for retention, career progression, workplace participation, institutional expertise, and organizational sustainability.<sup>13</sup> For some individuals, *"There's a perception that if you're off work, regularly, then you're less reliable, less capable, less able. Even if that perception isn't true, you can be overlooked for advancement, for training opportunities, for shadowing, anything that might help you move upward"*.<sup>14</sup> Despite increasing international attention to menopause in the workplace, employees in Canada who do not benefit from similar reproductive health protections continue to manage symptoms privately due to stigma, limited awareness, or concerns about how these issues may be perceived professionally.<sup>15</sup>

For some individuals, *"With menopause, I don't sleep. I'm always exhausted. Taking on a new position, something more challenging, something unfamiliar, feels intimidating when you're going through this and you don't feel like yourself. I have to remind myself: I'm smart. I'm educated. I'm capable. Because most days, I don't feel that way"*.<sup>16</sup>

A growing number of governments, employers, and occupational health bodies internationally have begun developing menopause-related workplace guidance, awareness initiatives, training, supportive workplace practices and legislated protections. These developments reflect growing recognition that menopause-related impacts extend beyond the scope of episodic illness traditionally addressed through sick leave provisions, and instead require broader workplace accommodation, flexibility and health-support measures. This approach also reflects a shift away from unnecessarily medicalizing women's reproductive health realities and toward fostering workplace cultures and policies that support sustained participation, dignity and wellbeing.

### 1.3 Fertility Treatment and Pregnancy Loss

Women may experience significant workplace impacts associated with fertility treatment and pregnancy loss.<sup>17</sup> Fertility treatments often require repeated medical appointments, invasive procedures, recovery periods, and strict treatment schedules that can be difficult to manage within traditional workplace structures.<sup>18</sup> One respondent described the following experience: *"I wish I would have been able to get accommodations throughout my career during tests, selection processes, work week where I soiled chairs, or fainted the night before, wish I would have not had to use up sick leave and have to receive EI benefits cause I could not cover recovery time for hysterectomy and had no bereavement when I suffered miscarriages"*.<sup>19</sup> Pregnancy loss may also involve substantial physical and psychological impacts while remaining insufficiently acknowledged in workplace policies and supports.

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<sup>11</sup> *Menopause and Work in Canada*, Menopause Foundation in Canada (MFC), October 2023.

<sup>12</sup> The MFC 2023 report found that one-quarter, or five million, of Canada's workers are women aged 40-plus; two million are between 45 and 55, the age range when most reach menopause. That cohort is the fastest growing segment of working women and, according to Statistic Canada Table 17-10-0057-01, is projected to grow by nearly one-third by 2040.

<sup>13</sup> In the 2025 CAPE survey on Menstruation, Fertility and Menopause in the Workplace, 22% of respondents indicated that they have been questioned or singled out due to their medical appointments or use of sick leave with respect to menopause problems.

<sup>14</sup> *Reproductive Health Focus Groups Results*, CAPE, 2026.

<sup>15</sup> In the 2025 CAPE survey on Menstruation, Fertility and Menopause in the Workplace, 73% of respondents indicated that they had not requested accommodations relating to menopause-related experiences. Among those respondents, 33% identified embarrassment as a reason for not requesting accommodations, while 27% identified fear of reprisal or negative treatment.

<sup>16</sup> *Reproductive Health in the Workplace: Focus Groups Findings and Recommendations*, CAPE, 2026.

<sup>17</sup> In the 2025 CAPE survey on Menstruation, Fertility and Menopause in the Workplace, 40% of respondents indicated that they have been questioned or singled out due to their medical appointments or use of sick leave with respect to fertility issues.

<sup>18</sup> In addition, the extensive costs associated with fertility treatments, including travel costs, compounds the existing challenges women face when seeking workplace protections to navigate their fertility-related goals.

<sup>19</sup> *Reproductive Health in the Workplace: Focus Groups Findings and Recommendations*, CAPE, 2026.

Another participant reported barriers to career progression: *“If you’re doing fertility treatments and a training is offered once a year, you may have to miss it, and there’s no other opportunity. That happens in my organization. An important training comes up once, maybe twice a year if you’re unlucky, and if you miss it, you miss an opportunity for training and advancement.”*<sup>20</sup>

Together, these experiences illustrate the importance of workplace frameworks that recognize the time-sensitive, unpredictable and often emotionally significant nature of fertility treatment and pregnancy loss. They further highlight the often-invisible impacts these realities may have on workplace participation, career progression and employee wellbeing, reinforcing the importance of more inclusive and responsive workplace approaches.

In addition, fertility treatment further illustrates the relationship between workplace conditions and health access, as repeated medical appointments, treatment schedules, recovery periods, and associated travel requirements may become difficult to manage without adequate workplace flexibility, leave access, and supportive accommodations.

## 2. International Developments and Emerging Workplace Practices

Internationally, there is growing recognition that reproductive health realities, including menstruation, fertility treatment, perimenopause, and menopause, can have significant workplace impacts. Governments, occupational health organizations, and employers in several jurisdictions have begun developing protections through labour legislation, workplace guidance, awareness initiatives, training, and supportive workplace practices aimed at improving employee wellbeing and workplace participation.

An array of legislative and collective agreement protections, including for public sector workers, have emerged in jurisdictions such as Spain, Australia, Colombia, India, Indonesia, Japan, France, Kenya, South Korea, Taiwan, China, Vietnam and Zambia.<sup>21</sup> For example, Spain introduced legislation in 2023 providing paid leave for employees experiencing severe menstrual symptoms, while a growing number of public sector employers in countries such as Australia and Colombia have adopted reproductive health workplace policies that provide up to 12 paid days per year to manage reproductive health realities such as menopause symptoms. Other evolving approaches have included flexible work arrangements, manager training, and the review of accommodation practices.

These developments reflect a broader shift toward recognizing reproductive health as both a health issue and a workplace issue. Domestically, there are currently few comparable protections available for women, transgender women and gender-diverse individuals. In Canada, the Public Service Alliance of Canada (PSAC) and the Professional Institute of the Public Service of Canada (PIPSC) have both recently put forward bargaining proposals that include reproductive health supports;<sup>22</sup> however, as of May 27, 2026, the proposals remain under negotiation.<sup>23</sup> In addition, the Canadian Union of Public Employees (CUPE) successfully negotiated a reproductive health fund for teaching and research assistants at the University of Toronto, which provides up to \$150 per academic year in reproductive health-related expenses.<sup>24</sup> Nonetheless, a considerable gap remains between the workplace protections being developed internationally and those currently available to women, transgender women and gender-diverse individuals in Canada.<sup>25</sup> Bill S-243 presents an opportunity to support a more

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<sup>20</sup> *Ibid.*

<sup>21</sup> This list is not exhaustive.

<sup>22</sup> Proposed supports, among many, include flexible hours, working from home and up to 90 hours of paid leave per calendar year.

<sup>23</sup> The PSAC proposal is publicly available here: [https://psacunion.ca/sites/psac/files/pa-eng\\_-\\_bargaining\\_demands\\_-\\_october\\_24\\_2025.pdf](https://psacunion.ca/sites/psac/files/pa-eng_-_bargaining_demands_-_october_24_2025.pdf) (web page consulted on May 28, 2026). The PIPSC proposal is publicly available here:

[https://drive.google.com/file/d/1jPmFPChNx4pJEIrn6ZgUu7WGdWp\\_nWm/view](https://drive.google.com/file/d/1jPmFPChNx4pJEIrn6ZgUu7WGdWp_nWm/view) (web page consulted on May 28, 2026)

<sup>24</sup> Eligible expenses include but are not limited to menstrual products, HPV vaccines, prenatal vitamins, OTC Plan B, IUD insertions, and transportation to and from reproductive health care services. In addition, a gender affirmation fund is also available to those CUPE members.

<sup>25</sup> Canada currently ranks 73<sup>rd</sup>, out of a total of 143 countries studied, in the Hologic Global Women’s Health Index, behind countries such as the United States (ranked 13<sup>th</sup>). Informed by women’s own experiences and opinions, the index is based on surveys conducted in 2024 with over 145,000 women/girls and men/boys aged 15 or older in 144 countries and territories

coordinated, inclusive and evidence-based approach that better reflects the reproductive health realities many individuals experience through different stages of working life.

### 3. Key Findings and Policy Considerations

Reproductive health realities are not isolated or episodic workplace concerns, but issues with broader implications for occupational health, workforce sustainability, employee wellbeing, and equitable workplace participation. They further reflect an emerging recognition, both internationally and within Canada, that workplace frameworks have not historically been designed to adequately account for many reproductive health experiences throughout different stages of working life.

Bill S-243 presents an important opportunity for the federal government to recognize reproductive health as both a health issue and a workplace issue, and to support the development of evidence-based approaches that better reflect the realities women, transgender women and gender-diverse individuals experience throughout their working lives. Bill S-243 further states that the national framework must include measures to “*prioritize preventative health measures for women through all ages and life stages.*” CAPE submits that workplace protections relating to reproductive health realities should form part of such preventative measures. Supportive workplace environments may help reduce stress, facilitate earlier access to care and treatment, and support overall wellbeing throughout different stages of working life.

CAPE submits that the effectiveness of the national framework will depend not only on its development, but also on the strength of its implementation and accountability mechanisms. Previous federal women’s health initiatives demonstrated the importance of sustained reporting and implementation oversight to ensure that framework objectives translate into measurable action and outcomes. In this regard, CAPE notes that other recent national framework legislation, including Bill S-253 respecting fetal alcohol spectrum disorder, contains examples to draw from regarding reporting requirements relating to implementation status, effectiveness, and timelines for measures that have not yet been implemented.

CAPE further submits that Bill S-243 presents an important opportunity for Health Canada, through the development of the strategy to implement the national framework, to:

1. Affirm the importance of providing a **supportive work environment** when employees experience pain, discomfort, or other symptoms related to reproductive health. This includes ensuring a workplace that is both **physically and psychologically healthy**, promoting wellbeing, and addressing mental health needs associated with these experiences;
2. Develop **evidence-based** workplace **guidance**, awareness **initiatives** and **best practices** relating to reproductive health protections in the workplace;
3. Conduct research and data collection on the **labour-market** and **economic impacts** associated with reproductive health realities informed by an equity lens; and
4. Promote inclusive workplace **policies and practices** that support employee wellbeing, retention, psychological safety, and full workplace participation throughout different stages of working life.

### 4. Conclusion

CAPE submits that workplace realities associated with reproductive health should form part of this national framework, as they directly affect labour-force participation, retention, employee wellbeing, productivity, and workforce sustainability.

As governments and employers around the world increasingly recognize reproductive health as a workplace issue, Canada has an opportunity to advance more modern, inclusive, evidence-based, and equitable workplace approaches to reproductive health in the workplace through the framework established under Bill S-243.

Bill S-243 presents an important opportunity to advance a more coordinated, comprehensive and sustained national approach to improve the health, equality, economic participation, and overall wellbeing of women, transgender women, and gender-diverse individuals across intersecting dimensions of Canadian society.

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## About CAPE

With over 27,000 members, the Canadian Association of Professional Employees (CAPE) is the third largest federal public service union in Canada. CAPE is dedicated to advocating on behalf of federal employees in the Economics and Social Science Services (EC) and Translation (TR) groups, as well as employees of the Library of Parliament, the Office of the Parliamentary Budget Officer and civilian members of the RCMP (ESS and TRL).