

Menstruation, Menopause, and Fertility Treatment

BACKGROUND

Addressing health issues specific to female pilots is crucial for promoting awareness, prevention, equality, and regulatory considerations within the aviation industry. Recognizing these challenges contributes to creating a healthier, more inclusive, and safer environment for all pilots, regardless of gender.

INTRODUCTION

The objective of this paper is to raise awareness, support the work of Member Associations around the health and wellbeing of pilots, and assist aviation regulatory bodies and airlines in developing policies that accommodate physiological differences among aviators throughout their careers. Menstruation and menopause are two biological factors unique to female pilots that can affect their fitness for duty and overall wellbeing.

MENSTRUATION

Menstruation is a natural monthly process in individuals with female reproductive systems, persisting throughout the majority of a pilot's career. Symptoms may include cramping, lower back pain, bloating, sore breasts, fatigue, and heavy bleeding leading to dizziness, which may impact performance. Pilots experiencing such effects should have an avenue to declare unfitness without stigma or adverse consequences, consistent with safety management principles.

Legislation in several countries allows for paid leave when menstrual symptoms affect fitness for duty. Some airlines have voluntarily adopted similar policies, even in the absence of legal requirements. Available options for affected pilots may include reporting unfit for duty, requesting dedicated leave or seeking schedule adjustments. When implementing such policies, companies should ensure confidentiality to protect the privacy of pilots.

MENOPAUSE

Menopause is a natural biological process that marks the ending of a person's menstrual cycles. This is accompanied by hormonal changes that can cause (but are not limited to) vasomotor symptoms, sleep deprivation, and fatigue. Symptoms such as sleep disturbance, fatigue, and thermoregulatory instability may interact with fatigue risk and duty limitations, making awareness and appropriate accommodations operationally relevant. Available resources may include reporting unfit for duty, taking dedicated leave, or requesting schedule adjustments.

It is also important to note that menopause is currently under-addressed in aviation. Member Associations and operators should implement awareness programs and practical measures to support pilots facing this challenge.

Menopause Symptoms Treatments

Medical treatments, including hormone replacement therapy (HRT) and lifestyle adjustments, can help manage menopausal symptoms. In many jurisdictions, hormone replacement therapy is compatible with Class 1 Medical certification when appropriately managed and declared to an Aeromedical Examiner. Pilots should seek guidance from healthcare professionals to explore treatment options while ensuring compliance with aviation medical regulations.

FERTILITY TREATMENT

The types of fertility treatment that are intended to be covered by this policy are In vitro fertilization (IVF), Intrauterine insemination (IU), and Intracytoplasmic sperm injection (ICSI) treatments and all related tests and procedures administered by a recognised medical provider. Undergoing fertility treatments can be mentally, physically, and financially demanding.

Considerations for airlines include:

- Flexible rostering without financial penalty to accommodate medical appointments, treatment, and travel with medical supplies, such as needles and vials.
- Support options for pilots undergoing treatment, to include failed or unsuccessful attempts.

Policies on pilot flight status during fertility treatment vary among aviation authorities, with some mandating grounding and others allowing continued operations. A standardized company policy should allow for adequate time off following egg retrieval

surgery until after embryo transfer, ensuring a risk-averse approach that prioritizes health and safety.

Additionally, consideration should be given to pilots needing time off to support their partners undergoing fertility treatments.

POSITION

IFALPA urges operators to integrate health considerations such as menstruation, menopause, and fertility treatments into medical and operational policies. These are matters of safety, equity, and professionalism. Policies should include confidential procedures for reporting unfitness for duty, flexible rostering for medical appointments or treatments, and clear guidance to ensure pilots are not disadvantaged by normal physiological processes. These recommendations do not seek to reduce medical or operational standards, but to ensure they are applied fairly and effectively to all pilots.

CONCLUSION

Addressing gender-specific health factors promotes pilot wellbeing and enhances operational safety. Collaboration between regulators, operators, and healthcare professionals can ensure fair, flexible, and confidential support. Recognizing these realities promotes an inclusive, supportive, and safe aviation environment for all pilots.

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