



MARIPOSA
MENOPAUSE SPECIALISTS

THE GUIDE

You're not crazy. Get taken seriously.

You've been told you're fine. That it's stress. That it's just aging. You're not imagining it — and you don't have to keep proving it. Here's how to walk into any appointment and get heard.

If you've been made to feel like it's all in your head — it isn't.

So many women leave the exam room second-guessing themselves, wondering if they made too big a deal of it. You didn't. What's happening in your body is real, and it's worth taking seriously — even if the last person you told didn't. This guide is here to hand you the words, the questions, and the quiet confidence to be heard the next time you sit down across from anyone in a white coat.

IT'S NOT YOU — IT'S A TRAINING GAP

The people you were sent to were never taught this.

Before you second-guess yourself again, sit with one fact — because it reframes everything. Roughly **92% of OB-GYN residency programs lack a dedicated menopause curriculum**; fewer than 1 in 3 have one at all.¹ These are the very doctors women are told to see for exactly this.

It gets sharper. **Fewer than 1 in 14 OB-GYN residents — about 7% — feel prepared to manage menopause patients**, and more than 1 in 5 receive *no* menopause education at all during residency.² So when your description of what's happening is met with a quick “you're fine,” that reflex isn't a verdict on your body. It's the sound of a gap that was built into the system long before you walked in. Naming the enemy correctly — a training gap, not you, and not the person across the desk who was failed by it too — is the first thing that changes how you advocate.

SO MOST WOMEN NEVER GET CARE

If it feels like you're on your own with this, there's a reason.

When the people meant to help weren't trained to, the fallout is predictable — and it's measurable. A 2025 Mayo Clinic study of nearly 5,000 women found that **more than 4 in 5 — over 80% — did not seek care** for their menopause symptoms, and **only about 1 in 4 were**

getting any treatment at all.³

And this isn't because the symptoms are mild. In that same study, **about 1 in 3 women (34%) reported moderate-to-very-severe symptoms** — the kind that reshape your sleep, your work, and your marriage.³ The reasons women gave ranged from “I'm managing on my own” to simply not knowing that effective treatment exists. That's the quiet cost of the gap: not a wave of women being turned away, but a generation quietly concluding this is just how it is now. It isn't. Being under-served is common; it is not the same as being untreatable.

THE ANTIDEPRESSANT SHORTCUT

When the real cause is never looked for, the wrong fix gets handed over.

There's a particular way this gap plays out that's worth naming gently, because so many women recognize it: you describe low mood, tears, a heaviness you can't explain, and you leave with a prescription for an antidepressant — without anyone stopping to ask whether a hormonal shift is driving it. Sometimes an antidepressant is exactly right. But when it's reached for *instead* of a proper evaluation, the actual cause never gets looked at.

This matters more than it might seem. A 2026 clinical study found that a meaningful share of peri- and menopausal women were carrying **undetected suicidal thoughts** — a risk the authors argue is going largely unassessed, sometimes precisely because women are handed a script rather than properly evaluated.⁴ The reason to know this isn't to frighten you. It's the opposite: this is treatable, and often reversible, with the right care — which is exactly why a good clinician screens for it instead of skating past it. If you're struggling right now, you deserve real support today. **In crisis? Call or text 988 (Suicide & Crisis Lifeline).**

HOW TO WALK IN AND GET HEARD

You can't fix the training gap. You can walk in ready for it.

None of the above is your fault — and none of it is your job to solve. But knowing the gap is real hands you something useful: you can stop trying to prove you're not exaggerating and start walking in prepared. Here's what that looks like in practice.

Name the pattern, not just the moment

Vague gets waved away; specific gets attention. Instead of "I've been feeling off," describe the pattern, the timing, and the toll: the nights you're awake at 3 a.m., the words that go missing mid-sentence, the person you don't quite recognize. Concrete detail is far harder to dismiss than a feeling.

Bring the checklist

You shouldn't have to hold it all in your head in a rushed appointment. Walk in with it written down, so nothing gets lost and the full picture is on the table at once. Bring the symptom checklist →

Ask direct questions — out loud, on the record

Ask what's driving each thing you're feeling. Ask whether a hormonal cause has been ruled in or out. Ask what the plan is, and what happens next. Questions asked plainly are hard to answer with a shrug.

You're allowed a second opinion — or a specialist

If you've done all of this and you're still not being heard, seeking a specialist isn't dramatic and it isn't ungrateful. It's your right. You are allowed to keep going until someone actually listens — because the goal was never to win an argument. It was to get care.

WHAT BEING TAKEN SERIOUSLY FEELS LIKE

So you can tell the difference the next time it happens.

Here's what you're actually walking in for, so you recognize it when you finally get it. It's a real conversation — someone who asks about the whole picture and lets you finish. It's the right workup, not a single number glanced at and waved off. And it's a plan built around your body and your history, instead of a rushed "let's wait and see."

That's not a luxury tier of care. It's the baseline — the thing the training gap has quietly convinced too many women to stop expecting. When you've felt it once, the old version stops being tolerable, and that's exactly as it should be. That conversation, the right labs, and a plan that's yours is precisely what a first visit here is built to be. See what a first visit looks like →

REFERENCES

1. ~92% of OB-GYN residency programs lack a dedicated menopause curriculum; only ~31% have one — Physicians Weekly
2. ~7% of OB-GYN residents feel prepared to manage menopause; >1 in 5 get no menopause education — Healio / Contemporary OB/GYN
3. Mayo Clinic study of ~5,000 women — >80% did not seek care, ~1 in 4 treated, 34% moderate-to-very-severe symptoms
4. Undetected suicidal thoughts in peri/menopausal women; risk going largely unassessed — Liverpool John Moores University (2026)