

Improving women's health outcomes

House of Lords: topical debate
Thursday 8 July 2021

About the BMA

The BMA (British Medical Association) is a professional association and trade union representing and negotiating on behalf of all doctors and medical students in the UK. It is a leading voice advocating for outstanding health care and a healthy population. It is an association providing members with excellent individual services and support throughout their lives.

BMA's key points

Action is needed to ensure that women's needs are placed at the centre of their health and care. The UK health and care system has been designed around the needs of just half the population - historically, men have been treated as the default patient in medical research and clinical practice, whilst women's healthcare needs have been marginalised and stigmatised.¹

- **All women, particularly those who have historically been marginalised², should be able to access healthcare without fear of stigmatisation.** The design and provision of health and care services should take the needs of all women into consideration.
- **Funding and structural improvements are needed across women's health services,** including domestic violence and abuse services, pregnancy and maternity care, miscarriage and stillbirth services, and menopause care.
- **Dedicated workplace policies must be implemented to better support women.** Employers must recognise the impact that menstruation and menopause can have on a colleague's health and wellbeing. Additional support and flexibility should also be provided for new parents.
- **Work to improve women's health outcomes should set out steps for ensuring women's increased participation in health research.**

Centring marginalised voices

All women, particularly those who have historically been marginalised, should be able to access healthcare without fear of stigmatisation

Women's experiences in healthcare settings, as well as their healthcare outcomes, are shaped by their identities and lived experiences. To improve women's health, we must acknowledge these differences and ensure that proposals to improve healthcare access meet the needs of *all* women, particularly those who have been historically marginalised. This includes asylum seekers,

¹ Winchester (2021) *Women's health outcomes: Is there a gender gap?*

² Including asylum seekers, refugees, migrants, women with disabilities, victims of domestic abuse, women from ethnic minorities, women in prison, transgender and non-binary individuals, and lesbian, bisexual, and queer women.



refugees, migrants, women with disabilities, victims of domestic abuse, women from ethnic minorities, women in prison, transgender and non-binary individuals, and lesbian, bisexual, and queer women. Negative experiences of the health and care system are often exacerbated for women in these groups.

[Funding and structural improvements](#)

Funding and structural improvements are needed across women’s health services, including domestic violence and abuse services, pregnancy and maternity care, miscarriage and stillbirth services, and menopause care.

Domestic Violence and Abuse (DVA)

DVA affects at least one million people in the UK, the majority of whom are women. Since the beginning of the COVID-19 pandemic, rates of domestic abuse have increased dramatically. In the first month of lockdown in March 2020, the number of calls to DVA services rose by 49%, while police received an average of 380 calls per week related to DVA.

The [BMA’s Domestic Abuse report](#) emphasises the vital role of healthcare providers in identifying signs of DVA. With the right training and support, healthcare professionals can learn to identify the indicators of DVA before a ‘crisis point’ is reached. On average, female victims are subjected to 35 incidents of DVA before they involve the police, yet many of these women will have accessed healthcare services long before seeking help from the authorities. To respond effectively, healthcare professionals should be trained to recognise and manage DVA, with appropriate capacity and financial resource to support this activity provided by Government.

Pregnancy and maternity services

Our members have outlined ways in which maternity services could be improved to better support women. For example, breastfeeding support could be provided in all healthcare settings, including access to lactation consultants seven days a week in hospitals and in the community (currently this is usually offered 2-3 days per week in hospitals). Breast pumps could be made available free of charge for breastfeeding women in all hospital settings, with storage facilities for expressed milk (fresh and frozen) provided in hospitals. Facilities for partners or another adult to stay with them, including overnight, would allow others to help care for the child and ensure individuals who have just given birth can receive the care they need.

Miscarriage and stillbirth

More support is needed for women who experience loss of pregnancy and stillbirth. Our members have outlined areas in which this care could be improved. For surgical procedures required in missed or incomplete miscarriages, women could be given the option to have a general anaesthetic, rather than need to be awake for manual vacuum aspiration and other surgical procedures. Following a miscarriage, women’s emotional wellbeing could be improved through access to psychological support and referral to specialist miscarriage clinics on request. Women who have had a miscarriage should have access to complex care midwives who are experienced in pregnancy loss.

Women’s wellbeing could also be improved through access to soundproof rooms for labour and delivery of a stillborn baby, cold cots (refrigerated bassinets), memory boxes, and hospital photography services, should they wish it. Wider access to bereavement midwives, access to psychological support, and access to complex care midwives in future pregnancies could also make this experience easier for women and their partners.

Workplace policies

Employers should introduce measures to support new parents, and implement policies that recognise the impact that menstruation and menopause can have on a colleague's health and wellbeing.

Additional support and flexibility for parents

To enable mothers to return to work, workplaces should have suitable breastfeeding facilities, such as access to a quiet room and access to fridges to store milk. Employees should also have the time within their workplans to express milk. Employers should make the return to work as seamless as possible and understanding of additional support and flexibility mothers may need after taking a period of leave. This should include access to resources that allow for employees to get back 'up to speed', access to mentoring or coaching, and arrangements around flexible hours or staged returns to work that may be necessary.

Menstrual health

The [BMA has campaigned to end period poverty across the UK](#) and taken action to increase accessibility of sanitary products in healthcare settings, as well as within the BMA itself. In 2019, [we successfully campaigned](#) to secure sanitary product provision in hospitals across the UK.

In the workplace, employers must recognise the impact that menstruation can have on a colleague's health and wellbeing. Menstruation policies, often linked with menopause policies, will make it easier for employees and managers to be supported at work. Women going through menstruation should have frequent access to toilet breaks and requests such as home working for those who have heavy bleeding or painful menstruation should be considered.

Menopause care

Menopause is often considered to be a taboo subject. Clinical environments bring up specific challenges for healthcare practitioners working through the menopause. The [BMA's 2019 all member survey on this topic](#) found that 93% of respondents had experienced menopause symptoms, with 65% experiencing both physical and mental symptoms. Symptoms included hot flushes, migraines, joint pain, fatigue, and difficulty sleeping. 90% said that these symptoms had impacted their working lives, with 38% saying that the impact was significant. 36% of respondents had made changes to their working lives due to menopause and 9% intended to make changes. This included changing working hours, changing career path, and retiring early. Only 16% had discussed their menopause symptoms with their manager, while 47% wanted to but did not feel comfortable doing so.

The significant negative impact of the menopause on many women's wellbeing and careers is extremely concerning, particularly given that some of this negative impact is due to inflexibility and lack of support in the workplace. [Our 2020 report, 'challenging the culture on menopause for working doctors' highlights](#) how employers can, and should, do more to support women through the menopause.

In our report, we recommend that employers introduce a menopause policy that includes a focus on breaking the taboo around menopause. Employers should ensure that flexible working is available to all employees, and that flexible working policies are visible. They should also review working conditions and facilities to make menopausal symptoms more manageable in the workplace, for example through easy access to toilet facilities and access to cool drinking water. Finally, employers should develop a supportive culture so that those experiencing menopause symptoms feel comfortable to speak openly with their manager.

Historic underrepresentation in clinical trials

Work to improve women's health outcomes should set out steps for ensuring women's increased participation in health research

Women have historically been underrepresented in clinical trials, as well as in wider medical research. While women's participation in clinical trials is improving, this historic underrepresentation means that women continue to be prescribed medication for which data is predominantly derived from men. It has also resulted in a lack of evidence of treatment efficacy, safety, pharmacokinetics, and pharmacodynamics in women. Therefore, work to improve women's health outcomes should set out steps for ensuring women's increased participation in health research.

July 2021

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