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(www.gov.uk)

Women's Health Strategy: Call for Evidence - GOV.UK

With a membership of over 450,000 registered nurses, midwives, health visitors, nursing associates, nursing and midwifery students, nursing support workers and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world.

RCN members work in a variety of hospital and community settings in the NHS and the independent sector. The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.

The health and wellbeing of women is critical to the wellbeing of society, the growing body of evidence to support the knowledge that many women suffer poorer health outcomes because of their status in society. The RCN supports any moves to recognise the injustice caused to women and girls, simply by virtue of their gender and roles they assume in our community.

The title of this consultation "Woman's Health let's talk about it" - perhaps this needs more action than further discussion on the issues, as the evidence is widely available about the issues. A clear well-funded implementation plan, which is integrated, person-centred care and focus on prevention as well as treatment is critical if a real difference is to be made.

There is an implicit assumption that this consultation is referring to woman's health generally, and does not focus on the myriad of issues around Maternity care, which is catered for in the DH SC Strategy for Materifihere





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Examples of women not being listened to include:-

- Taking 1-8 years to diagnose endometriosis (endometriosis UK)
- Poor management of menopause symptoms evidenced by lost days at work and women under performing
- Lost days of education (at all levels from secondary through to higher and professional) due to poor menstrual health
- Under diagnosis of Premenstrual Syndrome (PMS) and Premenstrual dysphoric disorder (PMDD)
- Under reporting of sexual violence & harmful practices

One suggestion could be to have easier access to other healthcare professions, if women feel they are not being listened to. At present GPs can be the gateway to care, and women often feel abandoned by the systems which does not enable them alternative easy access to services.

Some specific issues of seldom seen and vulnerable women include:-

 Women who are in prisons – their needs are not met well, in particular where institutions have been designed around men. Diet, wellbeing, family contact, impact of incarceration on families and future opportunities. Older women in prisons, the need for more 'closer to home' units that offer personalised support to vulnerable women. It is anticipated that the recent HMI Prisons' public consultation on

will help to

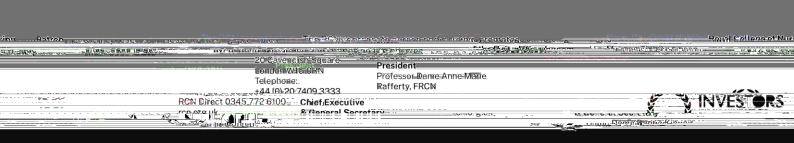
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address some of these issues.

- Women in immigration centres and the need to better support for them.
- Women who live with lifelong learning disabilities, limited life choices, choices imposed by others, denied the opportunities for building close relationships.
- Women impacted by domestic abuse, modern slavery, and other abuses.
- Women and girls who are homeless or those living in temporary accommodation, which can carry on for many years.
- Mental health issues, which are less well understood, across the life course, including perinatal mental health and mental health and Menopause. (LINK to RCN RESOURCES)
- COVID-19 impact on mental health on families and women social isolation, domestic abuse, school/child care closures and financial pressures and employment instability. (MMHA reports <u>https://maternalmentalhealthalliance.org/mmhpandemic/</u>)
- Reduced funding for, and access to contraception and family planning services, women can struggle to access LARC due to loss of local services.
- Provision of pain relief women more likely to have chronic conditions including fibromyalgia / arthritis, in addition to chronic pain following pregnancy and childbirth. There is some evidence that women's pain is underestimated in terms of treatment.
- Continued provision of virtual healthcare will help women who have caring responsibilities (either for children or adults).

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There is also a need for equitable NHS funding for fertility treatment and better care pathways. This requires more commitment to more equitable services and flexibility for attending services, where they are available, including more services for routine appointments. (RCN position statement https://www.rcn.org.uk/professional-development/publications/rcn-fertility-provision-uk-pub-009494)

The NICE twins and triplets guideline needs to be fully implemented. The MBRRACE Confidential Enquiry into twin deaths support this as well. The HFEA multiple births minimisation strategy has been very successful on reducing the multiples rate from over 24% to less than 8% but the public health message of the risk of multiples for mothers and babies has to be maintained particularly for those having fertility treatment abroad. (HFEA Fertility trends 2020). We have recently published these guidelines to support best practice- RCN Multiple Births Midwife Standard - https://www.rcn.org.uk/professional-development/publications/rcn-multiple-births-midwife-standard-uk-pub-009564

The health issues that can adversely impact the most women or result with the biggest positive impact includes:

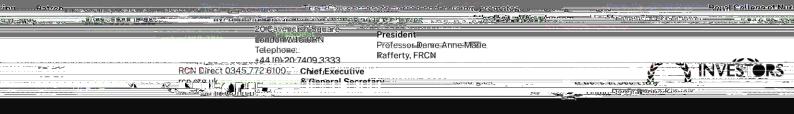
- 1. Menstrual wellbeing
- 2. Sexual health and contraception
- 3. Menopause
- 4. Violence against women and girls
- 5. Tackling alcohol / tobacco misuse



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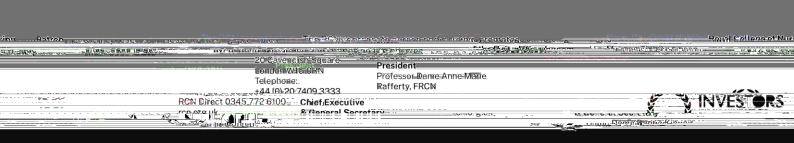


Members reported that conditions including Heavy Menstrual bleeding (HMB), endometriosis, fibroids, Pr



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