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# Women's Health Strategy 2022: An AIMS comment

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*By Rosie Burridge*

In July 2022, the UK Government published the 'Women's Health Strategy for England'[1], which is a 10 year strategic plan to combat the magnitude of health disparities suffered by women throughout their life-course. The report started with a call for evidence in March 2021 from the Department of Health and Social Care (DHSC), which found among a number of horrifying statistics that 84% of respondents felt that they were not listened to by healthcare professionals. Consistently, the report refers to similar statistics that also show the negative experiences of many women in health care settings. However, it falls flat in providing clear, actionable solutions to these problems. Throughout, the report refers to solutions and 'actions' that have already taken place and haven't had the desired effect instead of suggesting or planning for new actions. It would appear that any suggested actions in this report are deliberately vague, with no clear metrics or any possibility of accountability over the course of this 10 year strategy.

The results from the call for evidence were promising, in that it highlighted a number of disparities to which the government hadn't previously given much attention. The report also references several issues

that are particularly important to AIMS, including 'Continuity of Carer', birth trauma, and the effects of substandard postnatal care. 55% of those who submitted evidence wanted fertility, pregnancy, pregnancy loss and postnatal support to be a focus for this strategy with more information and education around pregnancy and fertility. It's also immediately obvious that the report makes no effort to include trans women or non-binary people, who will be affected by this strategy and who also experience huge disparities in care outcomes.

The strategy talks about the release of 'plans for sexual and reproductive health' due to come out later this year, although that seems to have been postponed. There are promises to improve fertility information provision along with the reform of the 'Human Fertilisation and Embryology Act 2008',[2] which is due at the end of 2022. One of the biggest things to come out of the strategy is the promise to remove inequalities of access to fertility treatment, including fairer funding for same sex couples. This is a huge deal for the equality movement and could actually have a significant positive impact on the lives of people throughout the UK.

There are no new significant funding increases mentioned in the report and the referenced 'new' funding has often already been delivered and is yet to show significant impact or results. The few new funding offers that have been made are relatively small and are not likely to be able to create substantial change. For example, the report announces there will be £50 million for establishing better breastfeeding support services. This number means that there would be approximately £73 per new mother, which is nowhere near enough to support each new mother with breastfeeding.

AIMS has been campaigning for implementation of Continuity of Carer (CofCer) for a long time. There is a new resource [3]on our website that details the path of implementation of CofCer. The report references the Ockenden report action that "midwifery continuity of carer should only continue where staffing meets safe minimum requirements on all shifts", which is very important. However, even with this national scrutiny on healthcare staffing levels and how those staffing issues will affect the roll out of CofCer, there aren't any actionable and target driven plans to improve the NHS staffing crisis in this report.

The report places a lot of emphasis on their new, iDecide tool, which has been created to help service users make informed decisions about their health and care. There's no consideration in the report about how using a digital tool will reduce accessibility for areas of the population who don't have easy digital access.

Despite the worldwide scrutiny and pressure around abortion and miscarriage services and legislation, there are only three sentences on abortion in this report. This is particularly concerning when in July, the UK government removed sections of a paper that resulted from a UK-hosted conference on freedom of religion and belief, which included a commitment to the repeal of any laws that "allow harmful practices, or restrict women's and girls' … sexual and reproductive health and rights, bodily autonomy.'[4]

Throughout the report there are no mentions of many issues that AIMS holds to be very important,

including obstetric violence (see the AIMS position paper on obstetric violencehere) and tackling birth trauma[5], despite citing that this was mentioned regularly in the call for evidence. There are a few mentions of perinatal mental health, but no new measures of how to address the issues in this area. Although AIMS is a maternity charity and that is our focus, it is important to note that the report conflated all women's health to reproductive health alone throughout the actions section of the report, despite a promising mention of a life course approach to health earlier in the report.

Despite 84% of the people who submitted evidence saying they didn't feel listened to by healthcare professionals, "boosting the representation of women's voices and experiences in policy making" is the only action in the strategy that refers to improving listening. Acomment in the Lancet[6] was published in early August and, as the writers of this comment rightly point out, representation and merely involving women is rarely enough to make a difference, although it may feel radical when compared with what we're used to. We cannot make substantial change without addressing the systemic misogyny which is the root cause of many of these health disparities.

The report has promised that NHS England will develop a refreshed delivery plan for maternity and neonatal services but there are no clear timelines to this promise. The dramatic changes that need to take place to improve the gender health disparities we see in the UK require a large-scale, significant increase in the funding of maternity services. We also need to see a plan to improve the recruitment and retention of maternity healthcare professionals with clear actionable steps and not the vague and unclear language we see throughout this report. The call for evidence has collected some really useful data and is a beneficial starting point for improving women's health and maternity health within that. It has confirmed what AIMS so often hears from enquiries to our Helpline about service users not feeling listened to and the disturbing prevalence of birth trauma. However, the rest of the report does not accurately reflect the evidence found and fails to address many of the issues raised by the call to evidence at all. Although there are a few positive and promising assurances in terms of fertility treatments, at least we now have a strategy for Women's Health and staff in place to ensure its roll out. Overall, the report falls far below the mark in providing actionable goals and targets that can be monitored which, as the report states itself in the final section, are "imperative for a successful strategy implementation".

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**Author Bio**: Rosie has a MSc in Global Health and Development specialising in respectful maternity care and women's health, she also has a particular interest in trauma-informed practice. Rosie currently works for a sexual health charity in London advising organisations about relationships and sex education.

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[1] Department of Health and Social Care (2022) Women's Health Strategy for England. www.gov.uk/government/publications/womens-health-strategy-for-england/womens-health-strategy-for-england

[2] UK Public General Acts (2008) Human Fertilisation and Embryology Act 2008. www.legislation.gov.uk/ukpga/2008/22/contents

[3] AIMS (2022) Implementing Continuity of Carer in England. www.aims.org.uk/campaigning/item/implementing-coc

[4] Guardian (2022) UK under international pressure over deletion of abortion commitments

www.theguardian.com/global-development/2022/jul/22/european-countries-pressurise-uk-over-removal-of-abortion-commitments-liz-truss

[5] See AIMS journal *The Sound of Violence.*

www.aims.org.uk/journal/index/34/2

[6] Bagenal J., Khanna R., Hawkes S. (2022) Not misogynistic but myopic: the new women's health strategy in England. www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)01486-6/fulltext