Royal College of Nursing Response to the House of Commons Women and Equalities Committee call for evidence on Reproductive Health: Girls and Young Women

About the Royal College of Nursing

With a membership of over half a million registered nurses, midwives, health visitors, nursing students, health care assistants 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.

Nurses play a central role in women's health services, by providing frontline care, education and support across communities. Therefore, the RCN has a unique perspective to contribute to discussions on reproductive health for girls and young women and ensure that the experiences of nurses are represented, to highlight the challenges and opportunities in improving access, quality and outcomes in reproductive health.

What recent progress, if any, has there been in the following areas and what further improvements may be required:

Provision of effective education and quality information for girls and women on what constitutes a normal period, awareness of female reproductive health conditions and when and how to seek support.

Wellbeing of Women commissioned Censuswide to carry out a survey in 2023 of 3001 UK girls aged 12-18. 2620 of those surveyed had started their period.[1]

Overall, the survey found that girls currently learn about periods from their parents, seek help for their periods from parents, and would trust their parents most to learn about period related symptoms.

60% learn about periods from their parents, 47% said they learn about periods from teachers, and 22% learned about periods from friends. 13% use social media to learn about periods.

[1] Executive_Summary_-_Wellbeing_of_Women_-_December_2023.pdf

74% of girls trust their parents most for information about periods and period related symptoms, 38% would trust their doctor the most, 31% would trust a teacher and 30% would trust their school nurse.

64% have sought help for their periods from their parents, 30% have sought help from friends, and 22% have sought help from a medical professional (GP surgery). Only 14% used social media. The majority (>75%) feel like they were taken seriously.

Despite a high proportion of girls experiencing pain and heavy bleeding, when asked what has or might stop them from seeking help, 35% said it's because they've been told pain is normal and 25% said it's because they'd been told heavy bleeding was normal.

Just over 3 in 5 (61%) agree with the statement, 'I wish I was given more information about what to expect and how to manage my period before it started'.

There is a need for clearer, age-appropriate information at school about periods, including symptoms, preparation, and where to seek help. School nurses and sexual health nurses are well placed to provide this support and could form part of a pathway where recurrent period-related absences trigger a school-initiated referral. This would enable nurses to offer interim advice, mediate discussions about missed lessons, and support referrals into specialist services. All health and social care professionals working across a range of settings, such as schools, children and young people's services, primary care settings, sexual health clinics, urgent care, and gynaecology services are in a prime position to promote an open dialogue about menstrual health. However, workforce pressures and a reduction of 33% in the school nursing workforce (between 2009 and 2022) due to lack of investment[2] must be considered, as healthcare professionals are already stretched and additional responsibilities may be challenging without further resources.

Awareness and discussion around women's health, particularly menopause, has improved in recent years, which is a positive achievement. Media coverage of menopause – including documentaries, public campaigns and celebrity advocacy – has increased in recent years. The previous government published a "Shattering the Silence about Menopause" 12-month progress report, signalling that menopause is now being addressed explicitly in workforce, health and policy settings[3].

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2 Round-Table-Report-A-School-Nurse-in-every-School-March-2024-1.pdf

3 Shattering the Silence about Menopause: 12-Month Progress Report - GOV.UK

However, this has not been matched with additional funding or service provision, meaning that many women seeking advice or support find there is nowhere to turn. As a result, we've heard anecdotally that many women and healthcare professionals often rely on the internet, where information can be inconsistent and misinformation is common, leaving needs unmet despite greater public awareness. General practice (GP) nurses are well-placed to help with this, as an accessible and trusted first point of contact, who patients can feel comfortable discussing sensitive issues with. They are also trained to provide education and evidence-based signposting, which can counteract misinformation online.

The RCN has clear evidence-based guidance for healthcare professionals on menopause to help reduce the confusion. Please see here: Menopause: RCN guidance | Publications | Royal College of Nursing.

Protocols and training to raise awareness in the healthcare sector about girls' and women's reproductive health and to ensure healthcare professionals listen to girls and women with empathy and provide appropriate information and advice.

There are still significant gaps in the training in the healthcare sector about reproductive health. There is currently very limited education on gynaecology and women's health within the nursing curriculum, particularly across children's fields.

Most education around women's sexual and reproductive health isn't compulsory and is optional via learning beyond registration modules[4], although again there are very few modules on women's health available to access. These are subject to interest and demand from nurses and support from employers to continue their professional development.

The RCN has produced evidence-based guidance for healthcare professionals on promoting menstrual wellbeing to support better education around menstrual health. Please see here: Menstrual wellbeing: RCN guidance | Publications | Royal College of Nursing.

We've heard anecdotally that nurses must complete post-registration education in their own time, as clinical areas are often too stretched to enable staff the time to access courses, which isn't a viable option for most. It is useful for the Government to undertake evidence collection on this to prove the impact this is having on uptake to post-registration education.

It is essential to extend the focus of education on reproductive health beyond gynaecology-related specialties and nurses already working in women's health.

[4] https://www.rcn.org.uk/-/media/Royal-College-Of-Nursing/Documents/Publications/2022/September/010-383.pdf

Women and girls will present across all areas of healthcare, so it is crucial that all nurses have some understanding of women's health issues.

The RCN has produced evidence-based guidance for healthcare professionals on women's health issues to support better education for all nurses. Please see here: Women's Health Pocket Guide and Making Sense of Women's Health.

Women will often present with a number of issues. The RCN believes that empathy and understanding are needed from the health care professional to ensure an accurate history is taken, the woman is listened to and all options for care are considered. Engagement with the Royal College of Nursing's Women's Health Forum Committee provided some suggested ways that this could be improved:

- Using language which the woman can easily understand and refining the way questions are asked if they are not understood, are important parts of obtaining all relevant information.
- Making the woman feel comfortable and relaxed will enable her to feel confident to open up and discuss personal information. This is especially important for girls for whom this may be their first experience of talking about gynaecological health and may negatively affect their health journey long-term if not managed with sensitivity.
- Understanding the woman's personal circumstances, needs and expectations will also enhance the care to be provided.

It is important to equip healthcare staff with the skills to listen with empathy, provide clear information appropriate to developmental stage and ensure women feel heard, however workforce pressures and limited capacity often prevent staff from dedicating sufficient time to fully understand patients' concerns.

There are women in vulnerable situations such as women in prison, who require a specialist pathway and situational understanding, because there are competing priorities in the prison setting, where the security of the prisoner and provision/access to health care can sometimes be discordant. To provide quality effective care health care professionals need a better understanding of the vulnerabilities and challenges women face in the system, remembering that women in prison should be able to access and use health care that is equivalent to that available in the wider community. Research by Nuffield Trust[5], funded by the Health Foundation, found that women's sexual and reproductive health care needs are not talked about openly in prison and symptoms of normal changes to

[5] Inequality on the inside: Using hospital data to understand the key health care issues for women in prison | Nuffield Trust

the body, such as the menopause, as well as conditions such as endometriosis, are not well understood or managed. The research also found that hospital data highlights the complex needs of women in prison, particularly around trauma and substance misuse, and that meeting the health care needs of women in prison requires targeted support.

The RCN has developed a competencies framework for nurses, midwives and those supporting nursing teams, who provide sexual and reproductive to women in prison. Please see here: Sexual health in prison nursing | Publications | Royal College of Nursing.

In its response to the EHRC's consultation on its updated code of practice for services, public functions and associations, the RCN called for clear guidance on how nursing staff should deliver care, including reproductive care, to transgender, non-binary and intersex patients. The RCN also intends to update its own guidance on providing fair care to trans, non-binary and intersex patients once the EHRC code of practice has been finalised. Earlier versions of the guidance outlined specific issues that may be faced by trans patients in the course of their transition, for example as a result of a hysterectomy or masculinising hormone therapy (which can have side effects such as the thickening of the womb lining). The RCN supports the provision of evidence-based guidance and training for healthcare professionals on how to provide appropriate reproductive care that takes into consideration the experiences and needs of trans, non-binary and intersex individuals.

Improved training must go hand in hand with creating conditions that allow healthcare professionals to put it into practice, which includes tackling staff shortages and embedding women's health training into professional development. For women and girls to receive appropriate care and advice, they must be able to access GPs/practice nurses/advance nurse practitioners without long waits and be referred effectively to women's health hubs. Strengthening capacity and training is essential to ensuring reproductive health services are responsive to women's health needs.

The effectiveness of Women's Health Hubs in improving waiting times for diagnoses and providing effective treatments.

Women's Health Hubs were designed to bring together healthcare professionals and existing services to provide integrated women's health services in the community. They should be instrumental in reducing waiting times by providing timely access to cervical screening and support while waiting for hospital appointments of referral diagnosis of more complex conditions, such as heavy menstrual bleeding or endometriosis. They should also enable more vulnerable

women to access services locally as they continue to experience huge health inequity, such as those with a physical or learning disability, those who are homeless and Gypsy, Roma and Travellers.

However, we have concerns around their effectiveness. Whilst some hubs have been working well, evidence shows that it varies significantly across England. A 2024 study funded by the National Institute for Health and Care Research (NIHR) and published in the Health and Social Care Delivery Research journal[6], found that most areas did not have a hub, and existing models differ greatly, making it challenging to assess their overall impact. The research found that most areas did not have a Women's Health Hub with only 17 identified.

According to a RCOG report from 2024[7], Women's Health Hubs haven't improved gynaecological waiting times. The report highlighted the true scale of the UK's gynaecology care crisis, with over three quarters of a million women and people currently waiting for months and years with serious gynaecological conditions. More women are also now requiring emergency care to manage severe symptoms, with gynaecology emergency admissions in England increasing by a third (33%) between 2021 and 2024.[8]

The 10-year health plan calls for a shift from treatment to prevention but long waiting lists risk the opposite by allowing manageable issues to escalate into chronic or avoidable conditions and increasing demand for more intensive treatment later. Tackling these delays and embedding prevention is vital to protect health and wellbeing while delivering on the vision of the 10-year health plan.

Any other local examples of good practice in improving diagnoses, waiting times and treatments.

Pharmacies have expanded their practice in recent years to include management for contraceptive advice[9], uncomplicated UTIs and thrush, which is often effectively managed and offers faster access to care. However, pharmacies are also struggling in a general sense with meeting client demands.

Knowledge, understanding and empathy in the healthcare sector in relation to the potential impacts of reproductive health conditions on women's fertility and the provision of quality advice to ensure informed decision-making about treatments.

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[6] Women's Health Hubs: a rapid mixed methods evaluation | NIHR Journals Library
[7] Waiting for a way forward
[8] Waiting for a way forward
[9] https://www.england.nhs.uk/primary-care/pharmacy/pharmacy-services/nhs-pharmacy-contraception-service/

A major issue in the healthcare sector is the lack of capacity, which extends beyond issues of knowledge and understanding. Even when healthcare professionals are well trained and highly skilled, systemic constraints prevent effective delivery of care.

Across the UK, health and care services are under intense pressure with unprecedented numbers waiting for NHS treatment. The nursing workforce is in crisis with the most recent data showing that there were 25,107 vacant posts in the NHS in England alone, and a vacancy rate of 5.9%[10]. This is also potentially an under-estimation of the true vacancy rate, as it is based only on funded registered nurse posts, and not on any true number required for safely staffed health and care services.

The RCN has repeatedly warned about the high numbers of nursing vacancies for many years and the risk that this poses to the safety and effectiveness of health and care services. The implications for patient safety and population health outcomes are serious: nursing is a safety critical profession, and evidence shows that unsafe nurse staffing levels result in harm to patients, and even death.

Many women do not actively engage with healthcare services until they experience challenges with fertility, even though research shows that preconception care can play a vital role in improving long-term health outcomes[11]. Early interventions can significantly improve fertility outcomes however preconception care is often overlooked in health systems. There needs to be space within the healthcare systems for comprehensive preconception services as an integral part of women's health.

Healthcare professions are also often seeing more women with more complex cases, for example, due to their weight. Often women feel judged and stigmatised due to their weight and may be advised to 'just lose weight' when studies show that it isn't that simple[12]. For example, PCOS causes significant challenges to maintain a healthy weight. We have heard anecdotally that women attend to see their GP for various problems and get advised to try losing weight to see if their symptoms resolve.

The adequacy of funding for Women's Health Hubs and the broader Women's Health Strategy for England.

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[10] NHS Vacancy Statistics England, April 2015 - June 2025, Experimental Statistics - NHS England Digital

[11] Preconception health and care policies, strategies and guidelines in the UK and Ireland: a scoping review | BMC Public Health | Full Text

[12] Women's perceptions of weight stigma and experiences of weight-neutral treatment for binge eating disorder: A qualitative study - PMC

We are concerned about the sustainability of Women's Health Hubs and the implementation of the Women's Health Strategy as there is a lack of funding for women's health. While the Government has emphasised its support of hubs, the RCOG and many other stakeholders are concerned that with no further ringfenced funding, and in the face of ICB budget cuts and mergers and the removal of hubs from the NHS Operational Planning Guidance, ICBs will wind down or pause the development of these services.[13]

Whilst the Labour manifesto promised that women's health won't be neglected and will be prioritised whilst the NHS is reformed, spending into women's health has been cut and the number of NHS targets on Women's Health Hubs has been dropped. There was no mention of women's health in the NHS operational guidance published in January 2025, and no update to the Women's Heath Strategy mentioned in the 10-year Health Plan. On Women's Health Hubs, funding for this expired in March and it has not been renewed. There needs to be a further announcement on funding for women's health.

The lack of funding and capacity for women's health has serious impacts. Over three quarters (76%) of the women and people surveyed for the 2024 RCOG report[14] said that their mental health had worsened whilst waiting for treatment, with many experiencing depression, anxiety and extreme worry. More than six in 10 women also reported that their physical symptoms had worsened whilst waiting. Women's symptoms continue to be extensive and often change or fluctuate, making them very difficult to manage.

One particular area where funding is an issue is menopause. Increased awareness of menopause, often driven by social media and celebrity advocacy, has not been matched by sufficient service capacity. This has created a two-tier system, with those who can afford private care accessing support while others face long waits. The rise in HRT prescriptions illustrates this trend, yet uptake has not increased in more deprived areas[15] — arguably where interventions and advice are needed most — highlighting inequalities in access to care.

The NAO review[16] (31 Jan 2025) finds government spending on violence against women and girls has not improved outcomes or delivered long-term change promised in the 2021 Strategy. A key gap is the lack of focus on young girls and sexual abuse, with women facing long waits for support due to underfunding. Funding is fragmented across multiple strategies, weakening impact and

[13] A Work in Progress,
[14] waiting-for-a-way-forward.pdf
[15] Women in more deprived areas half as likely to access HRT, data shows - The Pharmacist
[16] Tackling violence against women and girls - NAO report

accountability. To make progress, investment must prioritise early intervention for girls, frontline services to cut waiting times, and better coordination of funding streams.

Reducing girls' and women's pain experienced during diagnosis and treatment.

Women experience varied levels of pain during gynaecological procedures. For years women have spoken up about their experiences of extreme pain during gynaecological procedures. From smear tests to hysteroscopies, insertions to removals of IUDs, too many women continue to experience unacceptably high levels of pain and poor levels of care[17]. Women shouldn't be left at risk of extreme pain when accessing these vital services. It is useful for the Government to undertake more research into the variations of pain experienced and how best to manage this safely, to improve understanding among medical professionals.

Teenagers who experience menstrual symptoms such as heavy or prolonged bleeding and period pain are more likely to miss more school and achieve lower exam results. A study which has been published in Nature Partner Journals Science of Learning [18], has found that teenagers with heavy bleeding missed around 17 per cent more school days than their peers and were 48 per cent more likely to have persistent absence, defined as missing at least ten per cent of school days, negatively impacting academic achievement.

More education and support on reducing menstrual pain can improve the menstrual health of adolescents and reduce inequalities in education outcomes.

Menstrual pain also affects women, particularly at work. Research revealed in the Bupa Wellbeing Index from 2024[19], shows that one in eight (13%) women have taken time off work in the previous 12 months due to symptoms linked to periods, with a third (35%) giving a different reason when requesting the time away.

Almost half (47%) of women who have periods experience severe period pain most months. However, just a fifth (19%) have felt comfortable to take a sick day and openly say it was due to their period pain. Many others also battle regular symptoms like nausea (31%) and headaches or migraines (48%).

This shows that period pain and related menstrual problems can force women to miss work, creating direct financial hardship for individuals and wider economic costs for employers and the economy. A more health-economic focus to women's

[17] Pain during gynaecological procedures: research and compassion are key to improving patients' experiences | The BMJ
[18] Associations of adolescent menstrual symptoms with school absences and educational attainment: analysis of a prospective cohort study | npj Science of Learning
[19] Wellbeing index | Bupa UK

menstrual health and pain could show how much productivity is lost under the current system, and how prioritising services for women's health would reduce absenteeism, improve retention and deliver both financial and social benefits. Encouraging open workplace discussions can normalise women's health, whilst fostering best practices in managing and supporting individuals wherever they work.

Adequacy of provision of free period products for girls and women who need them.

The adequacy of free period products has generally improved over the last couple of years, as the Department for Education is funding a free period products scheme for state schools and some further education organisations. However, there are still challenges that limit their reach and effectiveness, as distribution varies between institutions. Beyond this, stigma around menstruation remains a major barrier to care. Social taboos surrounding menstrual health can make it difficult for individuals to seek out support or request products when they are available. School nurses are in a strong position to break down taboos and normalise menstrual health in schools, by delivering age-appropriate menstrual health education, being a trusted, confidential point of contact for students struggling with periods and ensuring that students know about and can discreetly access free period products in school.

For provision to be truly adequate, access must be universal and reliable and paired with education that challenges stigma.

Work to develop and roll out new diagnostic tools.

The development and roll-out of new diagnostic tools in women's reproductive health - for example STI tests, biopsies, ultrasounds and cervical cancer screening, which will be offered as self-sampling under the 10-year health plan[20] - is undoubtedly useful and has significant potential to improve care. However, the way these tools are implemented is equally important. Too often, implementation can result in variation in practice and inconsistent outcomes, particularly among under-served groups[21]. There needs to be a national framework for coordinated adoption and support to ensure they are used effectively, which is critical to achieving meaningful improvements in women's reproductive health.

Addressing racial biases and discriminatory assumptions in the diagnosis, treatment and pain management of women's reproductive health conditions.

[20] Home testing kits for lifesaving checks against cervical cancer - GOV.UK

[21] Exploring the barriers to cervical screening and perspectives on new self-sampling methods amongst under-served groups | BMC Health Services Research | Full Text

Addressing racial biases and discriminatory assumptions is essential to achieve equity in care.

Research shows that Black women face a significantly higher risk of having a miscarriage than white women. A Lancet analysis of data on 4.6 million pregnancies in seven countries found that Black women have a 43% higher risk of miscarriage compared to white women, according to a 2021 study[22]. This disparity is thought to be due to a combination of factors, including pre-existing health conditions, socio-economic factors, and the effects of racism, bias, and microaggressions, though the exact causes are complex and not fully understood.

The study calls for people in the UK to be given support after their first pregnancy loss. Currently, referral to specialist clinics usually occurs after three consecutive losses only.

The study also found that women who suffered miscarriage, from all ethnic backgrounds, are more vulnerable to long-term health problems, such as blood clots, heart disease and depression.

Outside of miscarriages, MBRRACE reports on maternal mortality show that Black women have a two to three times higher risk of maternal death, and Asian women have around a 1.5 to 2 times higher risk compared to White women in the UK.[23]

A recent UK parliamentary report highlighted that state of crisis that England's maternity services are in and identified that the situation is particularly grave for Black women, who face significantly worse outcomes and frequently report receiving poorer-quality maternity care, including delayed treatment, unclear communication, and support that fails to meet their emotional or cultural needs.[24]

Tackling these disparities requires a multi-layered approach. Patient voices must be amplified in decision-making and access to culturally sensitive care must be improved. Nurses have a role to play in this by amplifying patient voice and challenging bias and promoting equity. Racial equity and recognising racial biases in women's health should be embedded nursing curriculums. Healthcare professionals must be educated to recognise and challenge racial biases. This would allow health systems to provide fairer and more effective reproductive healthcare for all women.

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[22] Miscarriage matters
[23] MBRRACE-UK_SON_Report_2024_V1.1.pdf
[24] Black Maternal Health

The potential impacts of the proposed abolition of NHS England on steps being taken to improve girls' and women's reproductive health.

The proposed merger of NHS England and Department of Health and Social Care has the potential to disrupt ongoing progress in women's reproductive health across England, as NHS England play a key role in Women's Health Hubs by providing guidance to local systems through investment to ICBs and setting targets for hub development. Without NHSE, oversight could become blurred and funds could be reallocated, meaning that women's health could become deprioritised among competing policy areas.

Potential impact of the 10-year Health Plan for England on the treatment of girls' and women's reproductive health conditions.

The 10-year Health Plan was an opportunity for women's health to be prioritised. Yet there was no update to the Women's Health Strategy and the progress that has been made on it.

On Women's Health Hubs, funding for this expired in March and it has not been renewed. The Government needs to refresh funding to ensure alignment with the 10-year health plan and funding on this. The Women's Health Hubs are an example of neighbourhood health working at its best, but no funding was announced around this. Funding cuts and underinvestment have impacted on the vital public health services provided by local authorities to promote wellbeing and prevent ill health, including reproductive health. This in turn exacerbates the pressures on the wider health and care system as opportunities for prevention and early intervention are missed.