

Chief Medical Officer's Annual report 2014

Women's Health: the health of 51%

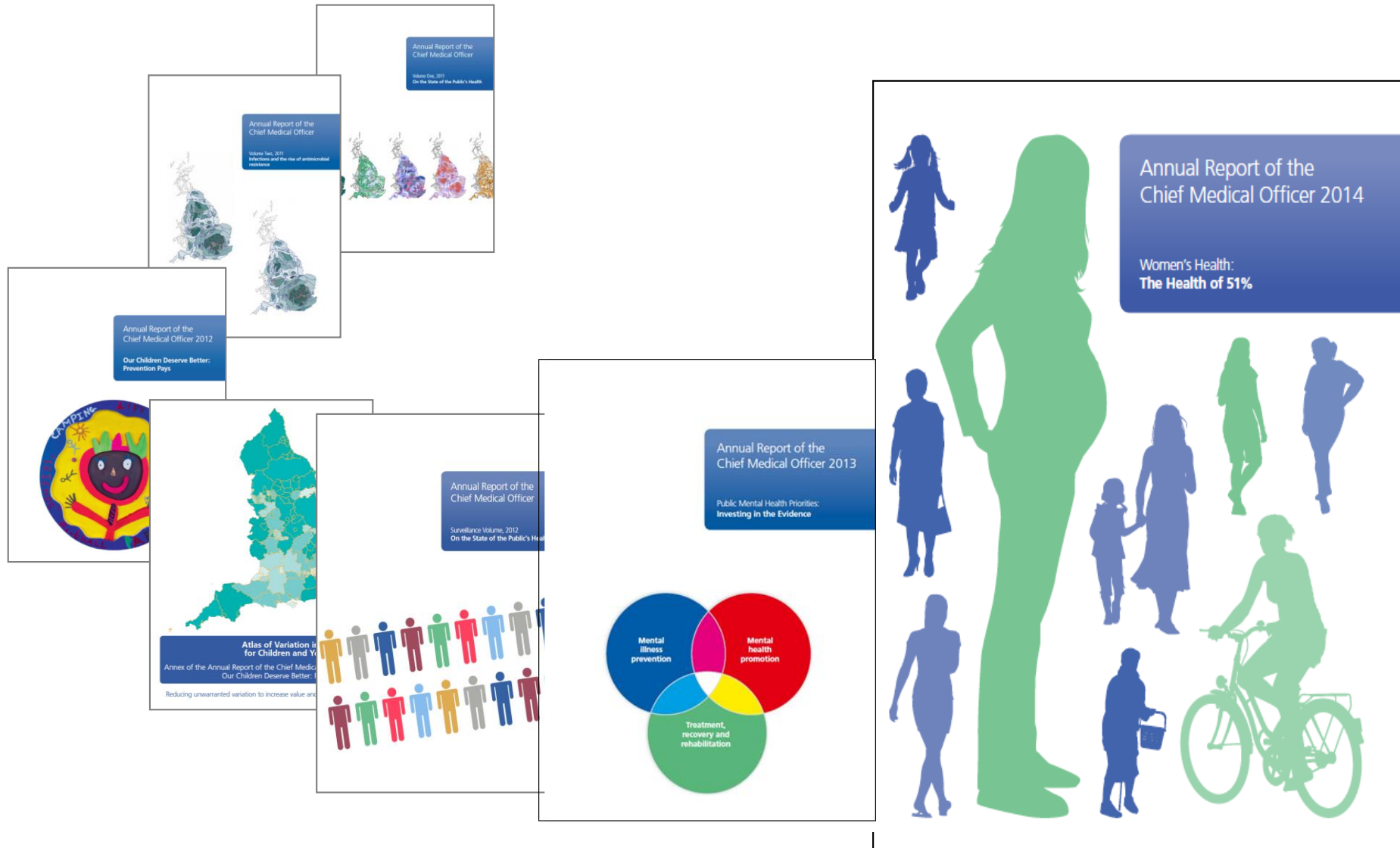
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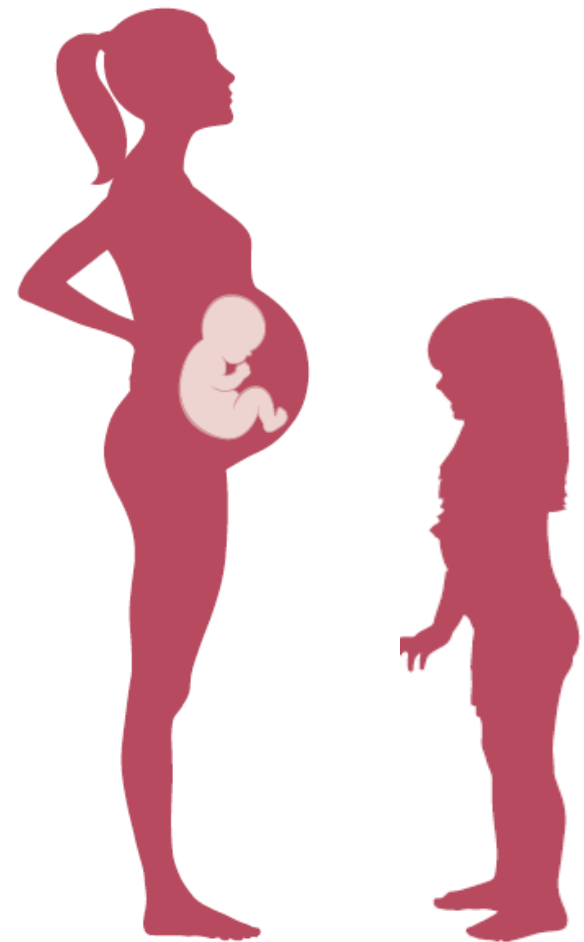
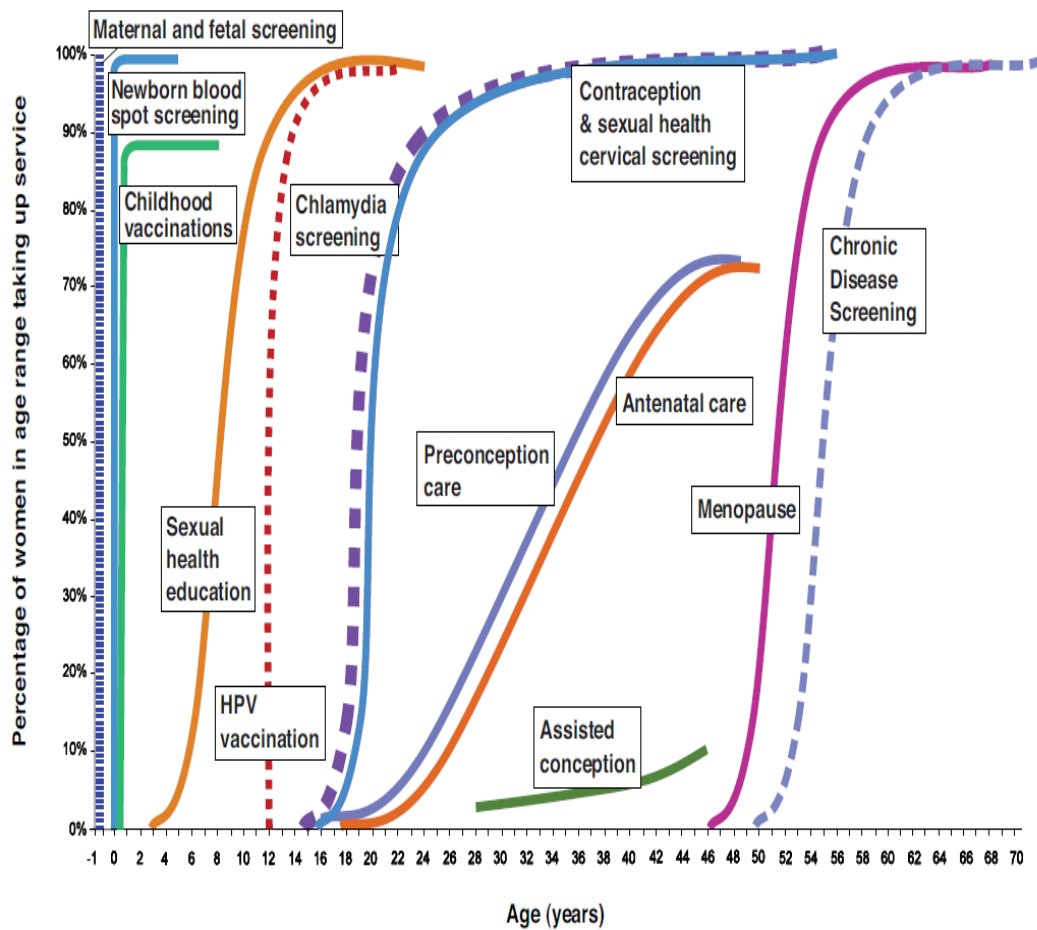
Editor CMO annual report 2014

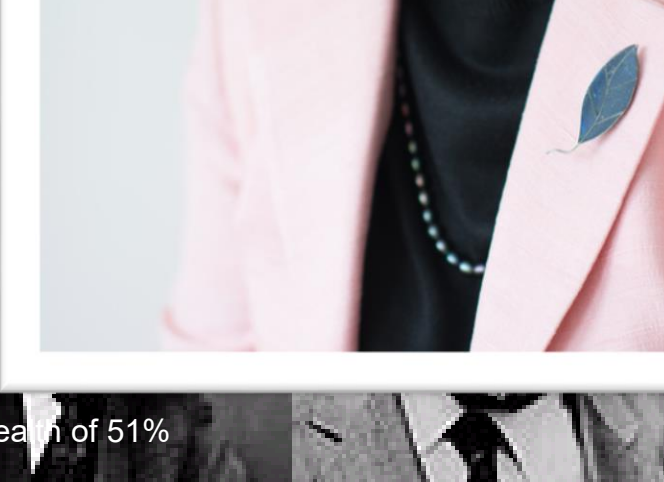
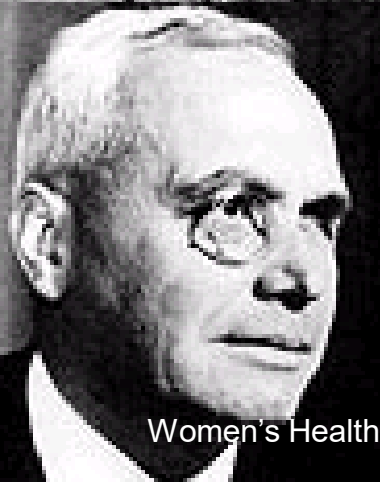
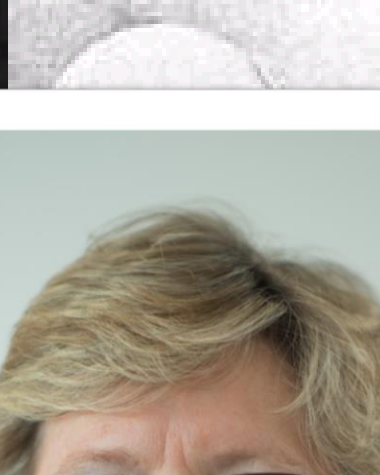
Speciality Trainee O&G North West London

26<sup>th</sup> June 2017

# Why read the CMO's report?

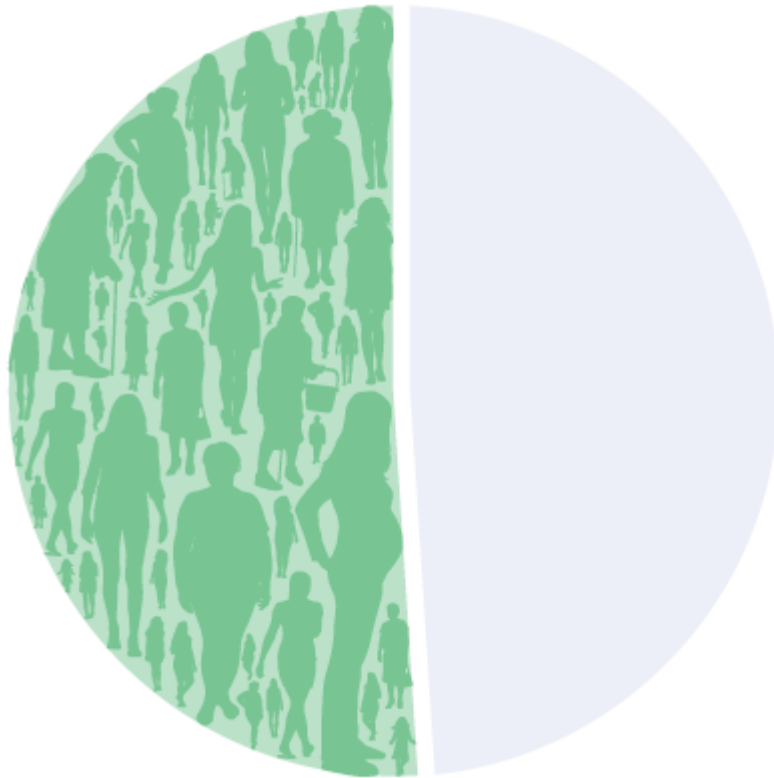






Women's Health: the health of 51%

# Women in England: the 51%



# Scope of report

- Violence against women
- FGM
- Eating Disorders
- Pre-conception public health
- Prenatal screening
- Perinatal mental health
- Postnatal care
- Psychosocial impact of the menopause
- Incontinence and prolapse
- Women's cancer survival
- Human rights and women's health

# Themes

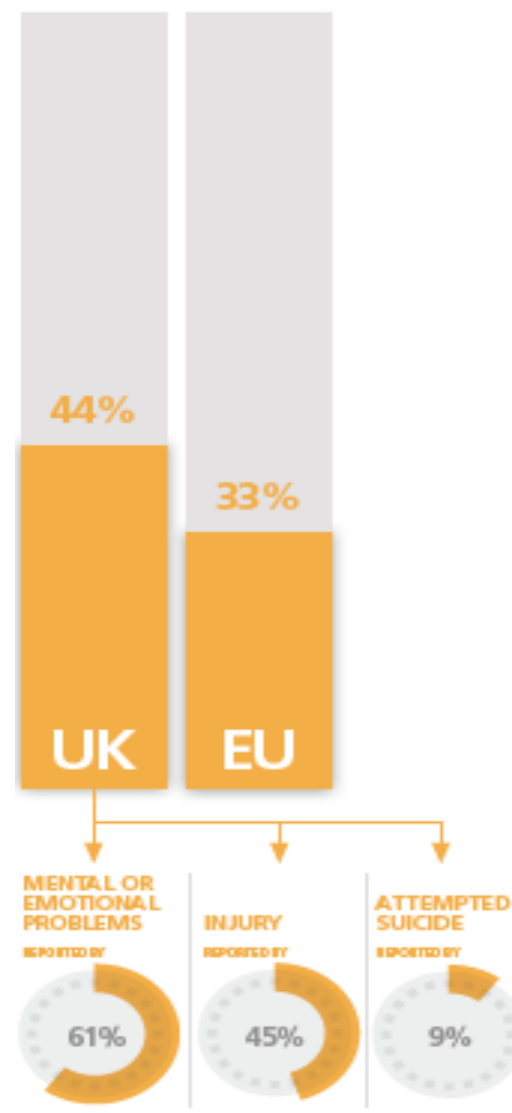
- Systems leadership
- Awareness
- Education
- Research
- Data

# Violence against women

**2.2%** OF WOMEN IN ENGLAND AND WALES IN 2013–14 EXPERIENCED SEXUAL VIOLENCE

**1.5m** ADULTS (84% WOMEN) IN ENGLAND AND WALES HAVE A HISTORY OF ABUSE (PHYSICAL AND/OR SEXUAL) DATING BACK TO CHILDHOOD

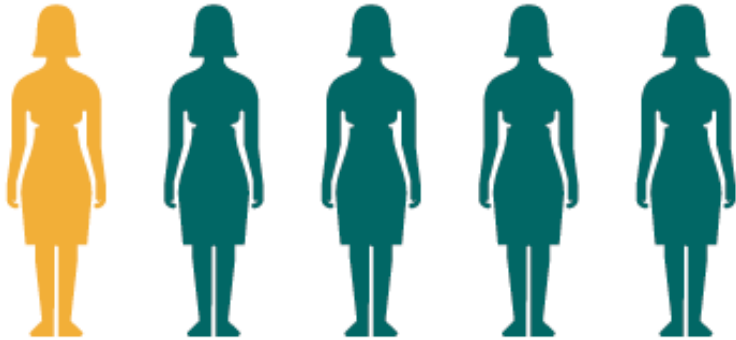
% WOMEN REPORTING PHYSICAL AND/OR SEXUAL VIOLENCE SINCE THE AGE OF 15



# Undergraduate education

***CMO recommends that the General Medical Council ensures that medical undergraduate training equips future regulated healthcare professionals to recognise and respond to violence against women, and that other regulators (General Dental Council and Nursing and Midwifery Council) ensure this issue is given due prominence***





**1 in 5 women**

DEVELOP A MENTAL ILLNESS DURING  
PREGNANCY OR IN THE YEAR AFTER BIRTH

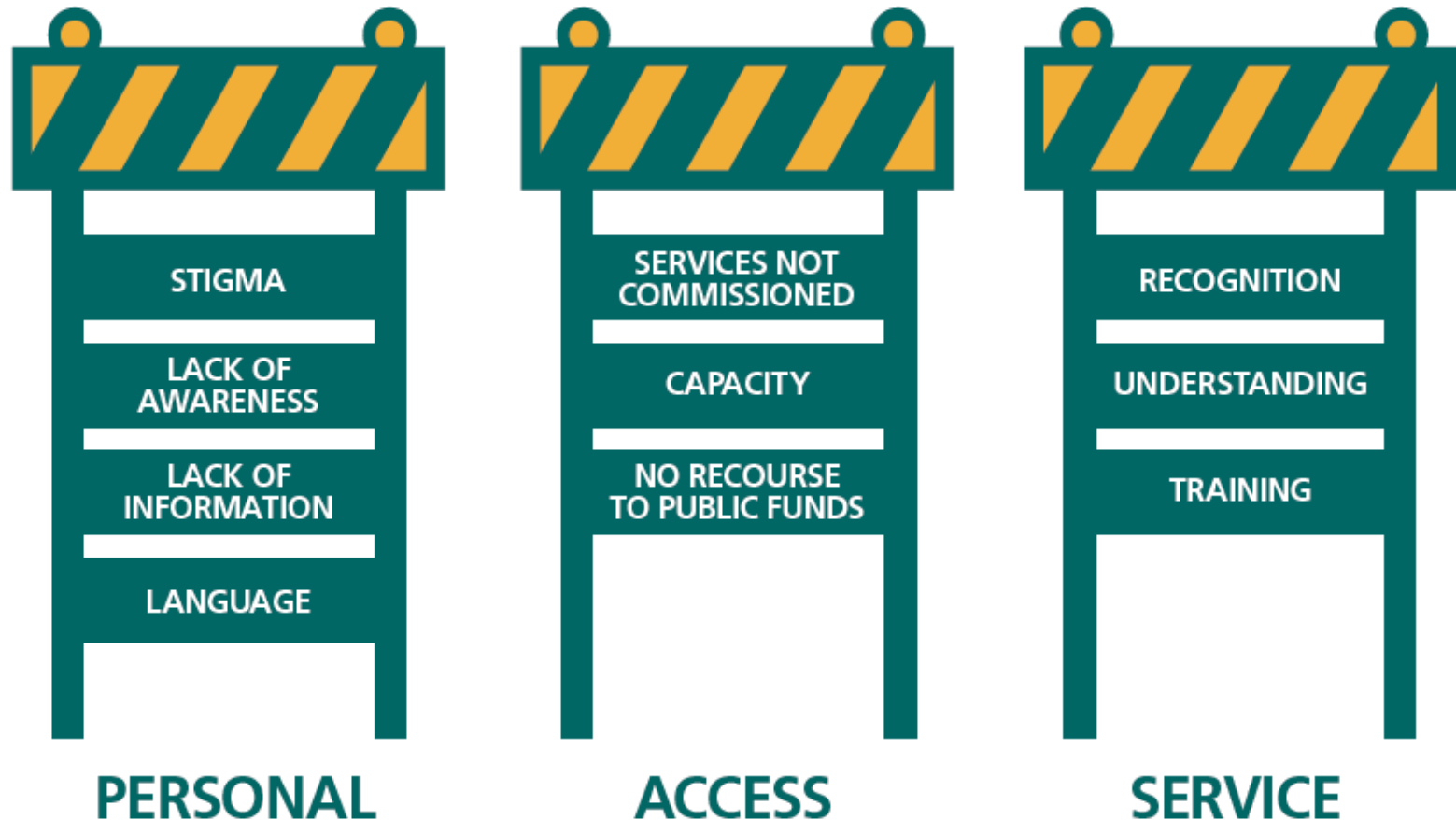
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**£8.1 billion**

THE DIRECT AND INDIRECT COSTS OF  
PERINATAL MENTAL ILLNESS FOR EACH  
ANNUAL COHORT OF BIRTHS IN THE UK

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## BARRIERS TO BETTER OUTCOMES IN PERINATAL MENTAL HEALTH



***CMO recommends that NHS England and Clinical Commissioning Groups ensure that all women have prompt access to evidence-based psychological interventions for perinatal mental disorders, a local perinatal mental health service and regional mother and baby inpatient units***

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## HOW WOMEN CAN HELP THEMSELVES TO HAVE A BETTER EXPERIENCE OF THE MENOPAUSE



STOP SMOKING,  
TAKE MODERATE  
EXERCISE AND EAT  
HEALTHY DIET



PARTICIPATE IN  
PSYCHOEDUCATIONAL  
AND HEALTH PROMOTION  
PROGRAMMES ABOUT THE  
MENOPAUSE



TALK TO CO-WORKERS  
AND LINE MANAGERS IF  
THEY HAVE TROUBLESOME  
SYMPTOMS AT WORK

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## HOW HEALTHCARE WORKERS CAN SUPPORT WOMEN BEFORE AND DURING THE MENOPAUSE



CONSIDER THE  
MENOPAUSE IN ITS  
BIOPSYCHOSOCIAL  
CONTEXT



PROVIDE EARLY  
INFORMATION ABOUT  
THE MENOPAUSE,  
HEALTH AND AGEING



PROMOTE HEALTHY BEHAVIOURS:  
SMOKING CESSATION, PHYSICAL  
ACTIVITY AND HEALTHY DIET



ENCOURAGE WOMEN TO TALK OPENLY TO PARTNERS,  
FAMILY, FRIENDS AND EMPLOYERS AND EDUCATE  
THEM IN HOW TO BE SUPPORTIVE



CONSIDER CBT FOR HOT  
FLUSHES, NIGHT SWEATS AND  
SLEEP DISRUPTION

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## HOW EMPLOYERS CAN SUPPORT WOMEN BEFORE AND DURING THE MENOPAUSE



FLEXIBILITY  
OF WORKING  
HOURS AND  
ARRANGEMENTS



ENCOURAGE WOMEN TO TALK TO  
CO-WORKERS AND LINE MANAGERS  
IF THEY HAVE TROUBLESOME  
SYMPTOMS AT WORK



AWARENESS OF MANAGERS  
ABOUT THE MENOPAUSE AS  
A POSSIBLE OCCUPATIONAL  
HEALTH ISSUE



CHALLENGE NEGATIVE  
EXPECTATIONS ABOUT  
THE MENOPAUSE AND  
STEREOTYPICAL ATTITUDES  
TOWARDS MID-AGED  
AND OLDER WOMEN



ACCESS TO INFORMAL  
AND FORMAL SOURCES OF  
INFORMATION ABOUT THE  
MENOPAUSE FOR EMPLOYEES



IMPROVEMENTS IN  
WORKPLACE TEMPERATURE  
AND VENTILATION

***CMO recommends that the Faculty of Occupational Medicine co-ordinates the production of evidence-based guidelines for employers to ensure that they provide appropriate advice and support to women experiencing disabling symptoms while going through the menopause***

# Over 5 million

WOMEN IN THE UK  
HAVE INCONTINENCE

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## 50%

of women aged  
18 to 65 years

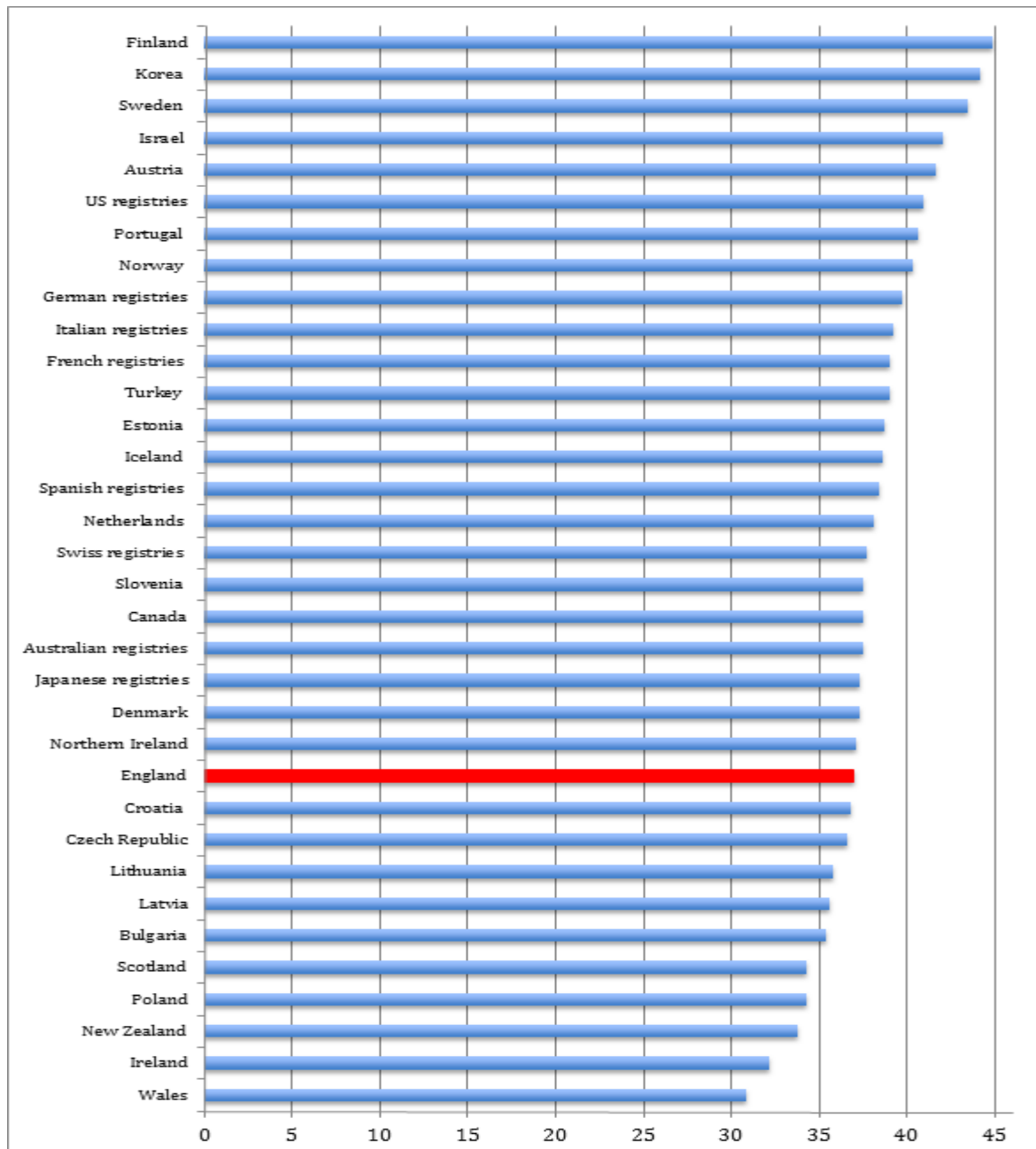
REPORTING INCONTINENCE ARE  
MODERATELY OR GREATLY  
BOTHERED BY IT

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**CMO recommends that Public Health England convenes a group of stakeholders to consider ways of**

**a) raising awareness of urinary and faecal incontinence and prolapse in women, and**

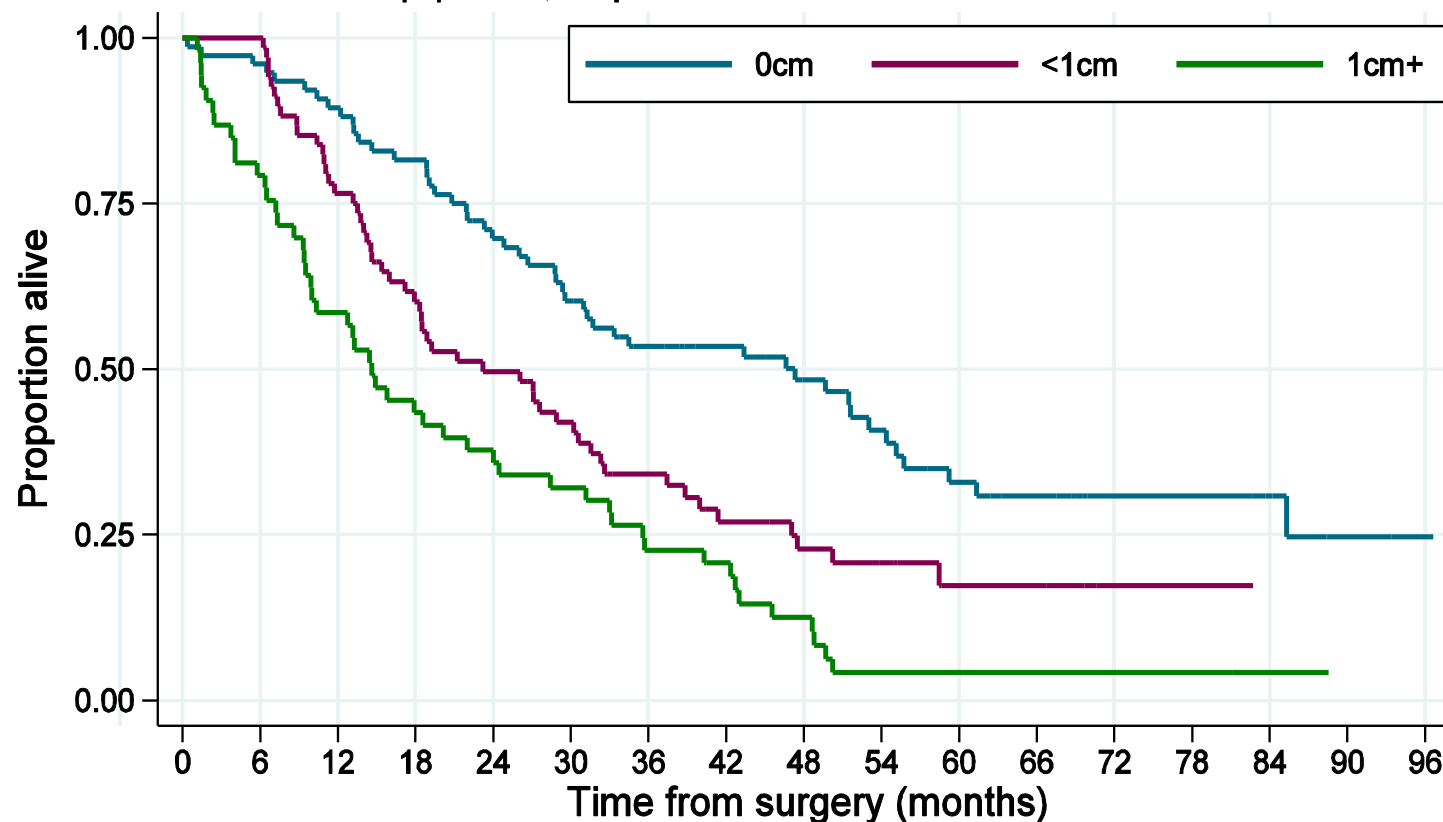
**b) improving signposting to resources, self-help information and treatment pathways which alleviate these conditions.**



**International comparison:  
Five year net survival ovarian cancer rate 2005–09 (Allemani et al. 2014)**

## Survival from surgery by debulking status

Intention-to-treat population, PC patients

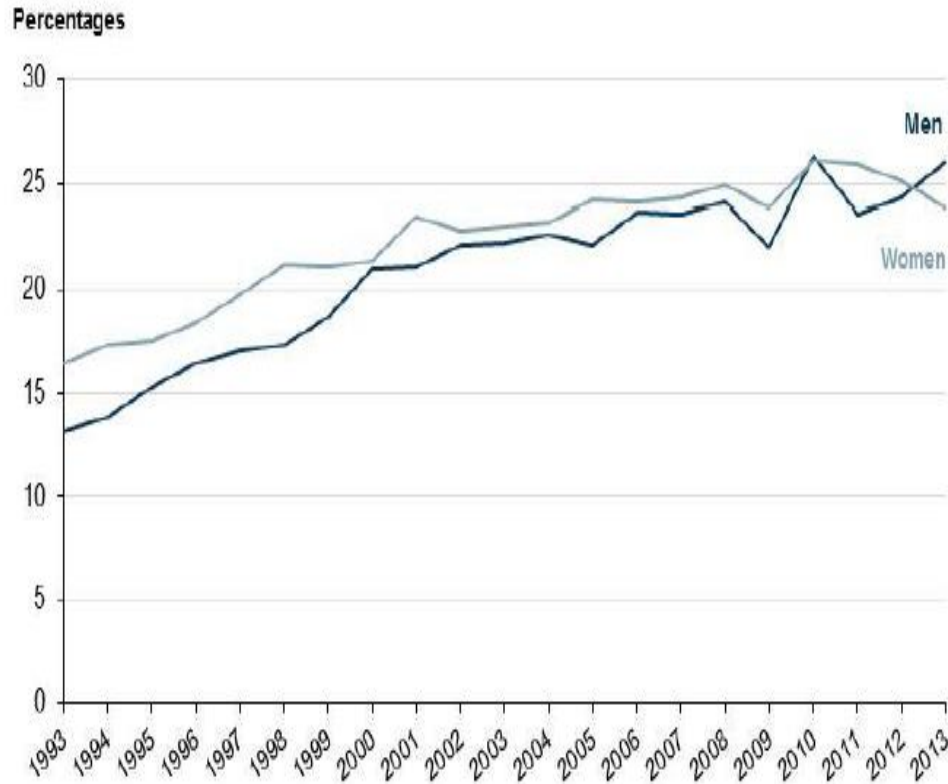


Survival and volume of residual disease (CHORUS data, 98% of patients from UK) (Kehoe et al. 2015)

***CMO recommends that the Royal College of Obstetricians and Gynaecologists ensures that sub-specialist training in gynaecological oncology equips doctors to perform optimal surgery for gynaecological cancers and reduce mortality from ovarian cancer***

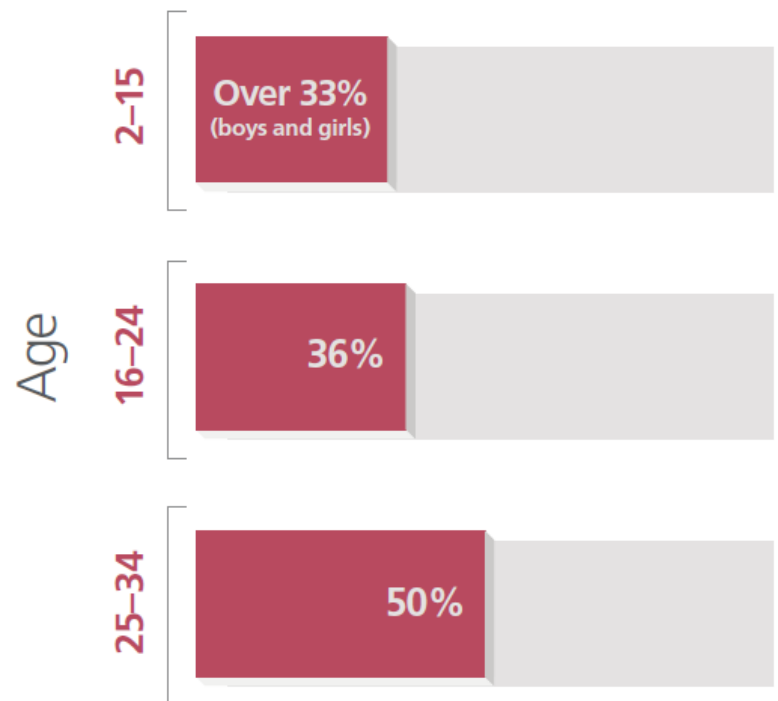
***A national clinical audit should be undertaken of treatment and survival trends for women with ovarian cancer in England. High priority should be given to including this topic in NHS England's National Clinical Audit and Patient Outcomes Programme commissioned by the Healthcare Quality Improvement Partnership***

## Obesity in England



Source: Health Survey for England 2014. Health and Social Care Information Centre

## PROPORTION OF OVERWEIGHT OR OBESE WOMEN IN ENGLAND



***CMO recommends that the Government includes obesity in its national risk planning***

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## EFFECTS OF MATERNAL OBESITY



### For the Mother

- decreased fertility
- increased risk of miscarriage
- increased risk of gestational diabetes
- increased risk of perinatal complications

### For the Fetus

- increased risk of stillbirth
- increased risk of metabolic abnormalities
- increased risk of developmental abnormalities

### For the Offspring

- increased risk of obesity
- increased risk of diabetes
- increased risk of hypertension (high blood pressure)



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## PLANNING PREGNANCY

Women will spend on average **30 years** preventing unplanned pregnancy

**33%** of **births**  
are unplanned

**45%** of **pregnancies**  
are unplanned

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# Full range of contraception

***CMO recommends that NHS England, Local Authorities and Clinical Commissioning Groups in their system leadership role should ensure provision for a full range of contraception services to all women, that is person centric and at all reproductive ages***

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## GETTING HEALTHY BEFORE PREGNANCY, FOR PREGNANCY

have a Body Mass Index (BMI) that is **18.5** to **24.9**  
eat a healthy diet which includes folic acid  
be physically active  
address mental health problems  
stop smoking  
avoid alcohol and recreational drugs



# Education and awareness

***CMO recommends that the Department for Education and Department of Health together make integrated personal, social, health and economic education (PSHE) with sex and relationships education (SRE) a routine, if necessary statutory, part of all children's education***

# Thank you for listening

\*\*\*weblink to report\*\*\*