Women's Health Policy

Reaching for Equality

July 2022

FIANNA FÁIL
THE REPUBLICAN PARTY

Foreword

Fianna Fáil is looking at the future of women's healthcare over the next 5 years and the purpose of this policy is to state clearly what we want to achieve. It is our mission to deliver a five-star, gold-plated public health service for women in Ireland with a focus on prevention and timely intervention.

Over the past 9 months, we have spoken to women of all ages, backgrounds and ethnicities in Ireland and many have told us that they do not feel listened to or taken seriously when it comes to their healthcare. Delivering better outcomes in women's health is a priority for Fianna Fáil and over the past two years in Government a lot has been achieved in this space. We are now planning further ahead and want to be ambitious for women's healthcare in Ireland.

Highly skilled and dedicated clinicians all over Ireland provide excellent services in women's healthcare every day. But it is clear that further dedicated investment is required to ensure we improve women's experiences and outcomes. Healthcare should be accessible, equitably distributed and should support the changing health needs of women throughout their life course.

To ensure that we heard as wide a range of views as possible during the development of this policy, we sought to engage in a variety of ways. We launched two national surveys on women's health in mid-2021 to gather women's experiences, views and priorities. We then held a series of discussions with organisations and experts over the course of nine months. Finally, we held a public conference in April this year in which experts, practitioners and members of the public came together to discuss key issues on women's health. At all stages, members of our parliamentary party and our councillors engaged with us on the issues and provided their own lived and professional experiences. Taken together, all of this has allowed for a rounded and complete look at the key issues. We are immensely grateful to everyone for their time, openness and engagement.

We have listened to women right across the country and across all ages and heard that many feel the health system can be patriarchal with women often missing from key decision-making roles. Women from minorities also told us of institutional discrimination and the impact this had on their access to healthcare.

Supporting and resourcing women's health is about empowering women to realise their right to take part in society and to achieve their potential. Across the board, health policies need to be gender and equality proofed to tackle the inherent bias that frequently exists in the provision of healthcare to women.

We know that many aspects of women's health have traditionally been taboo topics, and society has only recently started to open up and discuss them. This is empowering many of us to speak of our experiences and interactions with the health system – often for the first time.

It is important now that this momentum is harnessed to make sure that women's health is placed on an equal footing today and for future generations.

Senator Lisa Chambers

Introduction

This Government is allocating unprecedented funding to women's health. Minister for Health Stephen Donnelly T.D. has described women's health as one of his top priorities and has started a revolution in women's health - including a specialist centre for endometriosis, fertility hubs, lactation consultants, and the establishment of dedicated specialist menopause clinics. On International Women's Day 2022 he published the Women's Health Action Plan 2022-2023 – the first ever - which includes dedicated and ringfenced funding of €31m for new developments in women's health, up from €4m for new developments in 2020. It is a landmark as it puts women at the heart of the policymaking process. It provides for better and more timely care for women with tailored services across all age groups, and it increases opportunities for women to become partners in their own healthcare.

Looking to the next five years, we need to make sure that there is ringfenced annual funding for women's health and that we continually assess, monitor and review how services meet the needs of all women. In recent years there have been serious issues with transparency and oversight in the provision of some aspects of women's healthcare. We need to restore full confidence in the health service and make sure we do not repeat the mistakes of the past. In order to do this, governance and accountability are key.
We have held honest and open conversations with women around their needs and experiences to have their voices at the heart of this policy.

This policy focuses on key health issues that affect women throughout their lifecourse from gynaecological and menstrual health to pregnancy, reproductive health, mental health, fertility and surrogacy to menopause supports. The impact of broader health issues which have a certain or disproportionate impact on women such as eating disorders, female cancers, heart health and osteoporosis are also included. Half of Irish women experience sexual assault or harassment, and one in five experience rape. This epidemic of sexual violence takes its toll on women's health, and we need to address this through a public health approach to safety and violence prevention rather than solely through the criminal justice system.

The health needs of various marginalized groups are not homogenous. It is important that our policy development reflects women's priorities for women's health and that it is informed by evidence including the lived experience of women. Many women have told us that they feel judged and disadvantaged when accessing health services due to their age, ethnicity or background. To end this, a diversity in women's voices across the lifecourse must be included in the design, monitoring and evaluation of all of our healthcare policies, including the voices of marginalised women such as disabled women, Traveller women, women of minority ethnicity, trans women and women from disadvantaged communities. We heard how women in – and exiting – prostitution need specialist health service supports and targeted outreach from health services.

Digital options and remote health consultations can help improve accessibility for many women, such as those in caring roles and with a disability. With a move to an increasingly digitised health service, we need to make sure that no woman is left behind purely because of her ability to access or navigate services.

Traveller women have faced discrimination in accessing healthcare and feel that their health is not prioritised by Government.

More women than men have a disability, and we know that disabled women face specific unfair barriers in accessing healthcare such as being unable to access screenings or treatments, with assumptions often also made about their needs. More work is needed to move away from this traditional medical model of care.

Women have an increased risk of Alzheimer's disease, with the incidence of dementia higher in women than in men over the age of 75. While women are less likely to use acute hospital services in older age, we do know they are more likely to be care givers across the lifecourse, less likely to have a full pension and greater users of residential services. For women as family carers, the roll out of a Carers Needs Assessment, an annual entitlement to adequate respite care and a Carer's Guarantee will assist in preventing burnout. We need ambitious, deliverable and sustainable policies across women's lifecourse and this needs to be a priority for every Government.

- Ensure that we have equity in the provision of healthcare in Ireland, acknowledging that not every woman has equal access for a variety of reasons
- Implement universal access to healthcare ensuring that cost is not a barrier
- Consider the caring responsibilities of women when scheduling healthcare appointments, recognising the particular difficulties raised by lone parents
- Fund training of healthcare workers on how best to tackle unconscious bias and ensure that women from all backgrounds can access information and the care they need when they need it
- Promote a culture in healthcare where women's voices are listened to and central to decisions about their care
- Assign targeted health measures for Travellers, Roma, migrants and other disadvantaged women given documented differentials in health
- Equality proof all health strategies as per Section 42 of the Irish Human Rights and Equality Commission Act 2014 with a focus on gender and intersectionality

1. Gynaecological and Menstrual Health

Every woman in Ireland should have access to adequate healthcare for their gynaecological and menstrual health, regardless of their ability to pay or location. There are currently in excess of 35,000 women waiting for public access to gynaecology services. Many gynaecology surgeries – including day cases – are considered elective and therefore are prone to being rescheduled due to competing demands for theatre space and staff from other emergency procedures or those considered more urgent. Investment in additional ambulatory gynaecology clinics across all regions and the provision of specialist elective hospitals are required to eliminate waiting lists and ensure rapid access to services. A dedicated centre of excellence for complex gynaecological cases, for example Stage 3/4 endometriosis, with a multidisciplinary team on site with referral pathways from regional clinics, should be developed.

Many women continue to struggle to access the right medical assessment and early intervention for menstrual health concerns and often report not being listened to by healthcare professionals. This has an impact on outcomes.

GPs are the trusted gateway to most services across women's health. With a focus on prevention, a structured programme - similar to the current Structured Chronic Disease Management Programme - for women's health through GP services would reduce gaps in assessment, treatment and prevention. Including the services of a nurse in the practice, this will enable universal access to treatment right across the lifecourse from younger age (e.g. contraception, STIs, sexual health, menstrual health) to midlife (e.g. child spacing, urogynaecology, fertility) to later age (e.g. menopause, sexual dysfunction, heart health, osteoporosis, cancer prevention and early detection) as well as for cross cutting issues such as domestic violence, mental wellbeing and breast awareness. This structured programme must be accessible, resourced and timely in order to optimize outcomes for women.

Period poverty keeps women and girls out of work and education, and it needs to be eradicated. While we have seen some good investment in tackling period poverty under this Government, this needs to be extended with the Department of Health to specifically ringfence funding for this purpose and oversee the disbursement to each Department, as well as for free products to be made available in all public buildings. Targeted measures are needed for the most vulnerable women, such as those in Direct Provision and homeless women availing of emergency accommodation.

Endometriosis affects an estimated 1 in 10 Irish women, and the average time for diagnosis is 7-11 years on average internationally. This is not acceptable. A national endometriosis strategy is needed to ensure that specialist endometriosis services are in place and women can get the diagnosis and help they need from expert professionals. Given the existing delays in diagnosis, once a presumptive diagnosis is made women should be able to access a package of multidisciplinary supports including pain management, nutrition, physiotherapy and mental health supports. We have heard from women that many times symptoms are not picked up in primary care and they are misdiagnosed. GPs need initial and continuing training in this issue to recognise the basic

symptoms, in its basic management, and in possible complications. Enhanced awareness of symptoms, followed by early diagnosis and management, may slow or halt the natural progression of the disease and reduce the long-term burden of its symptoms.

- Expand the roll out of contraception to all ages and include longer-acting forms
- Fund GP training for the provision of all types of contraception to ensure equitable access to a high-quality service across the country and consider the role of the pharmacy network to support this
- Appoint a Minister of State in the Department of Health with responsibility for women's healthcare, recognising how women's health is a core aspect of the Minister for Health's portfolio
- Commit to retaining a GP Clinical Lead in Women's Health and expand this role to improve outcomes in the area of women's health
- Resource GPs to roll out universal life cycle reviews of women's health (similar to the current Structured Chronic Disease Management Programme) with a dedicated pathway to refer onwards
- Invest in additional ambulatory gynaecology clinics across all regions and ensure that out of hours care is available regionally
- Provide specialist elective hospitals to eliminate waiting lists for gynaecology and ensure rapid access to services
- Increase the number of specialist endometriosis services to 4 nationally and in each region, including supports for specialist surgeons and a dedicated pathway to surgery
- Adopt a national endometriosis strategy centred around education, diagnosis, and treatment including wraparound supports, pain management, and access to specific diagnostics for GPs to avoid diagnosis delay
- Commit to ensuring that period poverty does not exist with dedicated ringfenced funding for this within the Department of Health, for each Department to disburse as relevant and for free products to be made available in all public buildings
- Ensure paediatric gynaecology services are available on a regional basis to support early intervention
- Review medical card thresholds to ensure those that need it most are covered
- Develop a dedicated centre of excellence for complex gynaecological cases, with a multidisciplinary team on site with referral pathways from regional clinics
- Standardise women's experience of gynaecological care across the country ensuring equality of access and provision
- Fund a large-scale research programme looking at women's gynaecological health

2. Reproductive Health, Fertility and Surrogacy

While Ireland has progressed a long way towards supporting women to realise their right to reproductive health, we have heard clearly women's ask for this to be protected. Reliable reproductive education is needed from a young age.

Abortion care and access to terminations are not yet available in every county. Safe access to these facilities is also needed to protect women's right to access legal services.

The WHO has defined infertility as a disease. We have heard clearly from women that an integrated and regulated system of fertility supports are needed, including more regional fertility hubs, publicly funded IVF (with the cycle taken from start to finish from stimulation, to egg harvesting, to implantation of all embryos as appropriate) including medication, and the regulation of IVF clinics. It goes without saying that time is of the essence when a woman is referred for fertility treatment and there cannot be lengthy waiting lists to access services.

Throughout our conversations with women on the issue of surrogacy, barriers such as high cost and the need for a central point of access for required tests, medical procedures and medical were highlighted. The absence of a legal framework has also forced many women to travel abroad for surrogacy and they have faced lengthy legal complications when they returned. The lack of trusted and impartial information on surrogacy in Ireland was also cited as a major concern for many women.

- Adequately resource the Sexual Health Strategy and involve women across the lifecourse in its periodic review
- Ensure equality of access to abortion services for women by ensuring national coverage
- Develop a clear pathway of care from GPs for those with fertility concerns, including GP access to diagnostics where appropriate
- Expand publicly funded regional fertility hubs for each province
- Ensure access to specialised supports (including diagnostics) after 2 recurrent miscarriages
- Commit to publicly funded IVF including medication and mental health supports
- Introduce regulation of IVF clinic services
- Urgently enact the Assisted Human Reproduction (AHR) Bill
- Establish a publicly funded one-stop-shop for surrogacy medical testing, including mental health supports
- Expand free of cost STI testing and screening services, including self-sampling where appropriate

3. Pregnancy and Post-Natal Care

Throughout our discussions around pregnancy and post-natal care we heard the importance of listening to women and a woman-centred approach.

Concerns were raised around recruiting and retaining staff – particularly gaps arising due to maternity leave - and old infrastructure not being fit for purpose in a modern republic. We need to ensure that no matter where a woman is living in Ireland, she has access to the best possible maternity and obstetric care. Central to this is the ability to access a single, integrated system of care.

Post-pregnancy, all women should have access to a package of post-natal supports, led by their public health nurse. There should be follow up post-natal appointments as needed to deal with issues such as diastasis recti where there is abdominal separation and pelvic floor issues. These supports should include a minimum of 3 visits at home, 10 free pelvic physiotherapy sessions within 3 months of giving birth, breastfeeding supports, and mental health supports as needed. A separate 6-week check for a new mother would provide time to provide specific care, particularly with regards to maternal mental health.

Women need to be supported to breastfeed their babies should they choose, and Ireland needs to increase its breastfeeding rates which are far behind EU and global averages. The development of further education for healthcare workers including GP and practice nurses in the area of breastfeeding is needed. Every woman should have access to a lactation consultant before being discharged from hospital or within 48 hours following a home birth. It is important that Ireland supports these efforts by incorporating the WHO International Code of Marketing Breastmilk Substitutes across policies to further support mother and infant health up to 36 months.

All women should be able to access dedicated mental health supports as they need it around pregnancy, pregnancy loss and post-natal. We know that 1 in 5 women will have some form of mental health issue around pregnancy. This is especially true in the context of pregnancy loss and bereavement. Hospitals are generally confined to providing support during the acute phase, with funding needed to ensure that similar supports and consistent care can continue to be provided through the public health nurse system.

The provision of reproductive leave for women going through fertility treatment, and bereavement leave for those that have experienced pregnancy loss, needs to be provided on a statutory basis.

With a focus on reducing neonatal mortality in Ireland, a national expert working group should be established to look at preterm births.

Women who experience hypertensive disorders of pregnancy such as pre-eclampsia or gestational hypertension are at increased risk of cardiovascular disease later in life. A focus on helping women to be aware of risks, modify their lifestyle and help prevent heart disease later in life is needed.

Hyperemesis Gravidarium is a debilitating sickness which can impact both baby and mother. Access to informed, trusted information on the condition and inclusion of medication on the Drugs Payment Scheme is needed to ensure women can protect both their and their baby's health during pregnancy.

- Commit to fully funding the National Maternity Strategy and its successor
- Deliver the new National Maternity Hospital without delay
- Provide for an early pregnancy unit in all 19 maternity units, with specialised staffing cover on a full week basis
- Ensure every woman has full choice of care and delivery options when pregnant, to include midwife led care
- Develop further education for healthcare workers including GP and practice nurses in the area of breastfeeding
- Ensure every woman has immediate access to a lactation consultant before being discharged from hospital or within 48 hours following a home birth
- Upgrade the building and facilities of maternity hospitals and units, including single room occupancy for every woman having a baby
- Ensure that all women have universal access to anomaly scans
- Develop an integrated maternity system including common record keeping to ensure the smooth transfer of data between services
- Ensure all women can access medication for Hyperemesis Gravidarium as needed
- There should be universal follow up post-natal appointments as needed with a GP or consultant, including a specific 6-week check for a new mother to deliver better woman-focused care
- All women should receive a package of post-natal supports, including 10 free pelvic physiotherapy sessions within 3 months of giving birth, breastfeeding and mental health supports as needed, and a minimum of 3 public health visits at home
- Ensure access for every woman to perinatal mental health supports in every maternity hospital and unit
- Create a dedicated mental health support pathway for pregnancy, pregnancy loss and post-natal, including free of cost counselling services as appropriate
- Fully resource maternity bereavement teams for each maternity hospital and unit
- Develop a national strategy for the prevention of perinatal mortality
- Establish a national expert working group to look at preterm births to reduce neonatal mortality rates
- Provide statutory reproductive leave for women going through fertility treatment and bereavement leave for pregnancy loss
- Ensure universal access to a perinatal genetics service for every woman
- Increase awareness around hypertensive disorders in pregnancy and fund research to prevent cardiovascular disease in at risk groups later in life
- Recruit more obstetricians, midwives, GPs and practice nurses and make the healthcare system an attractive place to work

4. Menopause

There are an estimated just over 600,000 women in Ireland aged 45-64 and the average Irish woman will spend over one-third of her life in the aftermath of menopause. Yet, time after time we have heard from women that they felt unheard and not listened to by medical professionals during their menopause, often left to handle symptoms alone. More publicly funded specialist clinics are needed are needed to make sure that women get expert advice and are aware of all their options.

Better initial and CPD training for GPs is also needed to ensure equality of access across the country. Providing a structured care approach through GPs would allow standardisation of care across the country for the majority of women suffering from menopausal symptoms without specialist needs.
The cost of the menopause is an ongoing concern and leaves many women unable to pay for supports. HRT should be free of charge and supply access for HRT needs to be guaranteed through Government intervention.

The time around the menopause can have a significant impact on many women's mental health and wellbeing, work and relationships as well as bringing up past traumas. Access to dedicated counselling supports should be included as part of menopause planning.
Young women with Primary Ovarian Insufficiency (POI) and those plunged into medical menopause due to cancer treatment can often experience a 'cliff edge' menopause and find themselves left without trusted information and immediate supports.

Menopause is under-discussed, and this lack of discussion can leave many mis-diagnosed or feeling they are alone in experiencing common symptoms. Many women told us that they were unsure where to turn to for trusted information about their symptoms and options. Education and research are central to removing taboos around menopause, informing women about a key life change, and recognising it as part of a lifecourse approach to women's health.

Further research is needed on menopause in the Irish context.

- Resource the provision of high quality, up-to-date education on menopause for GPs and menopause consultations in primary care
- Expand the number of specialist menopause clinics to meet demand, and ensure adequate regional coverage and staffing
- Ensure universal access to dedicated menopause counselling supports and screening for cardiovascular and osteoporosis risk factors
- Make HRT free for all and tackle supply chain issues
- Update HSE information to act as a go-to source of trusted information on all menopause options
- Run an on-going public awareness campaign to break the taboo and stigma of speaking about menopause and educating women about where to access trusted information and treatment
- Include menopause education in the SPHE curriculum for all teenage boys and girls
- Work with employers to provide flexible working arrangements and leave when needed for women going through menopause

5. Cancer

Women told us that female cancers are their greatest health worry.

Cancer continues to be Ireland's biggest killer and COVID-19 has seen a delay in cancer screening and diagnoses. The National Cancer Strategy has a key role to play in ensuring that targets are assigned and delivered, and concrete deliverables around female cancer screening, treatment and prevention should be in place.

The survival rates for cancers differ. The disproportionate rates of mortality and morbidity for Travellers and other minority ethnic groups are unacceptable. We need to ensure that there is a focus on the detection and treatment of female cancers at as early a stage as possible as we build back our cancer screening and treatment programmes after the pandemic.

Women should not have to use their maternity leave when receiving treatment for cancer. Thankfully more of us are cancer survivors which brings its own challenges, especially around continued healthcare access, the long-term impact of medication and inflammation, cost and mental health supports.

Greater awareness around prevention and education on the issue of lymphoedema (particularly secondary lymphoedema) following treatment is needed, as is timely access to treatment. An incurable progressive disease, this is particularly an issue for women recovering from breast cancer and cervical cancer.

We need to enhance existing cancer screening programmes by offering self-sampling to the estimated 1 in 5 women who do not accept HPV screening through CervicalCheck, as well as to explore widening the age for BreastCheck and for bowel cancer screening.

- Accelerate the roll out of the National Cancer Strategy through dedicated KPIs to support the earlier detection of cancers, treatment and post-treatment care
- Introduce a dedicated cancer pathway, especially for access to surgery
- Ensure that universal access to wraparound supports including counselling, physiotherapy, nutrition, menopause advice is available to each woman before, during and after cancer treatment
- Reduce the 2-year waiting list for cancer genetic screening
- Enhance cancer screening programmes by offering self-sampling for HPV screening through CervicalCheck and explore widening the age for BreastCheck and for bowel cancer screening
- Provide catch up for all age groups who missed the HPV vaccine due to the pandemic
- Fix the anomaly in the legislation so that women can defer their maternity leave while undergoing cancer treatment or any serious illness
- End the use of debt collectors by the HSE for in-patient charges for cancer patients
- Ringfence specific funding for research into female cancer trials

6. Body Image and Eating Disorders

Eating disorders have the highest mortality and morbidity risk of all the mental health concerns, with women disproportionately represented in cases.

We know that it is a complex mental health issue which will impact an estimated 188,895 Irish people at some point in their lives – both men and women. People are presenting at increasingly younger ages.

We have heard how the pandemic has seen a nearly doubling of attendance at services as people's structure and routine was impacted, alongside their ability to rely on usual coping mechanisms. It is positive that ringfenced funding and programme planning is back on track, however this needs to be protected through an annual ringfenced allocation which is provided on a biennial basis to allow for advance planning. Access to local specialist eating disorder teams are crucial.

For young women in secondary school and in third level education, there can be a lengthy waiting list to receive treatment. A whole of campus approach to link up health, wellbeing and mental health supports is needed. Disordered eating can also result in overweight, obesity and bariatric issues which should be supported.

Many women have told us that they feel health services operate an anti-fat bias, with weight judged as a sole predictor for health and illnesses left untreated as a result. Better GP training is needed around how to provide inclusive care for all patients, including how to support and educate parents on children's weight.

Girls and young women are bombarded with images of idealised perfection from a young age, especially online. The reporting – and resolution – of online bullying is a key aspect in tackling online abuse including around body image, particularly for younger women. We need stronger and more effective take down and resolution from social media companies.

All body types should be included in school curricula to promote positive body image. Healthy nutrition should also be taught.

- Ensure that ringfenced funding for eating disorder treatment remains in place to continue the rollout of specialist Eating Disorder Teams across all CHOs and the provision of specialist Eating Disorder Adult Beds as per the clinical programme
- Ensure universal access to mental health supports such as psychotherapy for women dealing with an eating disorder
- Ensure that specialist eating disorder services teams are fully staffed – including CAMHS inpatient registered facilities – and are in place to meet needs across the country
- Educate healthcare workers – especially GPs – on how best to provide weight-inclusive care to all and provide supports for more resources such as shorter mental health waiting times, more specialist services for referrial, and more time for initial GP consultation
- Make it easier to report online bullying and harassment to online service providers with quicker take-down measures
- Roll out positive body image and anti-bullying training as part of RSE and SPHE school curriculum

7. Mental Health

Every woman has the right to access timely and adequate mental health services where and when she needs it.

We have heard clearly how access to suitable mental healthcare is one of the major concerns for many women. Many have told us that in their experience they have not been taken seriously, been listened to or referred for treatment without facing lengthy waiting lists.

Women's mental health is a distinct area and requires a special focus in healthcare planning. The provision of quality mental health services for women is a core part of healthcare provision and should be on a par with physical health in policy planning.

As with all aspects of health, prevention is important. We need to prioritise the promotion of positive mental health and wellbeing for women at all stages of life, as well as to empower and support women to stay healthy. Education and early intervention are key to achieving this.

Access to appropriate services without delay is crucial to achieving best outcomes, as is effective coordination of services and continuity of care within the community.

We have heard how cost is a particular barrier to accessing supports in this area. Many State funded services (e.g. counselling within primary care) are only accessible to those with a full medical card, resulting in limited options for private patients or those possessing a doctor visit card who are unable to afford private counselling services.

An estimated 20% of all women will require mental health support during pregnancy, birth and post-pregnancy and there is a particular urgency in resourcing this need following the pandemic. For a small number of women, they will experience severe mental health illness around this time and will require an inpatient stay at a specialist unit. These mothers still need to bond with and care for their babies and currently there is no specialist facility to support this.

The lengthy waiting times for counselling for students in third level needs to be addressed and resourced on a ringfenced basis.

- Deliver Ireland's first in-patient mental health Mother and Baby Unit without delay
- Continue to fund the successful Perinatal Mental Health Network which is fully implemented across all 19 maternity hospitals
- Ensure access to gender-sensitive appropriate mental services for women without delay and prioritise early intervention
- Fund the promotion of positive mental health and wellbeing for women at all stages throughout the lifecourse, with a focus on prevention through psychosocial supports and mindfulness classes
- Ensure that all healthcare workers in mental health services receive gender-specific training
- Ensure timely access to mental health supports for students in further and higher education, in particular counselling services

8. Sexual Assault and Domestic Violence

There is a clear need for a cultural shift around violence against women. Continuous public education campaigns raising awareness of the issue as well as how to seek supports from the health service is urgently needed. It is important that we educate young people around respect and health relationships at an early age and help to promote that cultural shift.

Many women come into contact with the health service as a result of violence perpetrated against them. Our services need to be adequately resourced to deal with this and to provide women with the care they need.

We know how insidious gender-based violence can be, and health services need to be freely available and without lengthy waiting lists so that women are not left coping on their own. Wraparound health supports – in particular mental health supports - are a core part of this.

Women tell us of missed opportunities to disclose incidences of domestic violence and assault in healthcare settings. Further training of all healthcare personnel is needed to make sure that all staff are confident and supported in the early detection of abuse and coercive control.

The health impact from domestic violence and sexual assault can last a lifetime. Dedicated supports are needed to ensure that women – and their children – are supported to recover physically and emotionally.

- Tackle waiting lists for gender-based violence recovery, including physical and mental health supports
- Resource Sexual Assault Treatment Units according to need and ensure access across the country
- Ensure all healthcare workers are trained to identify incidences of violence against women, and to confidently support women to make disclosures including domestic abuse and coercive control
- Ensure all GPs and practice nurses are be trained to recognise signs of domestic violence and critical situations as part of a structured women's health lifecourse programme in general practice
- Fund universal access to the FGM Treatment Service including wraparound supports including mental health services, sexual and reproductive care and counselling
- Ensure the availability of timely access for domestic violence supports for women through their GP
- Fund an on-going public education campaign raising awareness of violence against women and how to seek support from the health service
- Ensure the education curriculum tackles the issue of violence against women and provides sex education - including consent - in a clear and factual manner at all ages

9. Prevention: Keeping Women Healthy

Across many of the areas we have discussed with women, the lack of dedicated research and disaggregated data around women's health was raised. Simply, without knowing the scale of an issue and hearing women's lived experience we cannot know how best to solve it.

We need more granular data, for example around gender, age, ethnicity, disability, socio-economic status, experience of growing up in State care. It is important that we understand differences in health outcomes between groups of women as well as overall differences between women and men. At a minimum, all statutory research and surveys and those funded by public funds should collect gender disaggregated health data right across the lifecourse. Ireland should also lead in implementing gender and age diversity in clinical trials and placing enhanced gender education on the medical school curricula.

Pelvic health is an issue that impacts all women, with up to one-third of all women aged 24-85 suffering incontinence at any time. Many women told us of the shame and embarrassment they have felt around this and the impact on their mental health. From other countries, we know that pelvic training and physiotherapy can cure over two-thirds of these cases. Depending on the location, some areas in Ireland do not allow for a referral to specialized pelvic floor physiotherapy from a GP and have lengthy waiting lists. Awareness of early prevention and medical intervention options are needed. Resources are also urgently needed for dealing with the backlog in number of women waiting for life-changing incontinence surgery.

At a minimum, a programme of 10 post-natal pelvic physiotherapy sessions should be provided. Government investment is also needed to ensure adequate numbers of pelvic physiotherapists are trained and stay working in the Irish health force.

Osteoporosis remains a highly preventable disease, yet only 19% are actually diagnosed. Some women lose up to 30% of their overall bone whilst going through the menopause. Some 1 in 3 women over 50 will break bones due to osteoporosis. Better information regarding awareness and prevention will help to prevent women being left at high risk for multiple fractures, pain, disability, loss of independence and premature death, and for an early action plan to be put in place for this silent disease.

Heart health is the leading cause of death for women worldwide. However, there is a common misconception that cardiovascular disease remains a male condition. Better education around heart disease, risk factors and prevention are needed for women. Women can be diagnosed with heart disease at a later stage than men. We need earlier diagnosis and intervention, as well as an understanding of the different presentation of symptoms of heart attacks for women. A new national cardiovascular health policy – and associated public consultation process – is needed to help address health inequalities in the area, and to focus on prevention, early diagnosis and high-quality patient-centred care.

- Resource a specific research programme on women's health
- Require the collection of gender disaggregated health data in all research and Government surveys including age, ethnic minority and disability
- Conduct an intersectional analysis of healthcare provision across ethnicity, socio-economic background, nationality, disability and gender to ensure that the healthcare we provide fits its purpose and need
- Increase evidence-based policy planning around women's health by supporting clinical, academic, and applied research
- Support diversified clinical trials including the effect on women, and the inclusion of gender health concerns on medical school curricula
- Raise public awareness of pelvic floor dysfunction, including early prevention
- Offer universal access to pessary fitting for pelvic organ prolapse through GPs
- Include 10 pelvic physiotherapies as a package of supports for all post-natal women
- Fund services for specialized pelvic floor physiotherapy following a referral from a GP
- Fund additional continence clinics, including tackling the wait list for surgery through specialised small units and general access to pelvic physiotherapy as needed
- Resource dedicated peer health keyworkers in communities to ensure equality of information and access for vulnerable and marginalised women
- Develop a new national cardiovascular health policy and address inequalities, particularly gender health inequalities in cardiac care
- Fund a public awareness campaign round cardiovascular disease in women, including prevention and symptom presentation

Acknowledgements

Sincere thanks go to all who generously provided their time to the development of this policy, and in doing so helped us to shape it around the voice, expertise and lived experience of women.

In particular, we would like to thank all the women who responded to our public surveys around women's health and the menopause in early 2021 which offered us valuable insight into their personal experiences of accessing healthcare.

We are immensely grateful to the wide range of individuals and organisations who met with us to discuss women's health and provided their input to earlier drafts of this policy:

- Age Action
- Bodywhys
- Disability Federation of Ireland
- Economic and Social Research Institute
- Endometriosis Association of Ireland
- European Institute of Women's Health
- Family Carers Ireland
- Féileacáin
- Institute of Obstetricians and Gynaecologists
- Intuitive Eating Ireland
- Irish Cancer Society
- Irish College of General Practitioners
- Irish Families Through Surrogacy
- Irish Heart Foundation
- Irish Osteoporosis Society
- National Traveller Women's Forum
- National Women's Council of Ireland
- Pavee Point
- Ruhama
- Safe Ireland
- Union of Students in Ireland
- Women's Aid
- SVP - Society of St Vincent de Paul
- Norah Casey, Businesswoman, Publisher and Broadcaster
- Rosanna Davison, Author, Model, Nutritionist
- Laura Hackett, Fertility Nurse Specialist, The Fertility Hack
- Dr Rhona Mahony, Consultant Obstetrician and Gynaecologist, Former Master of National Maternity Hospital
- Dr. Aoibhinn Ní Shúilleabháin, Academic, Broadcaster, Breastfeeding Advocate
- Professor Keelin O'Donoghue, Consultant Obstetrician & MFM Sub-Specialist, Cork University Maternity Hospital
- Catherine O'Keeffe, Wellness Warrior

We are also grateful to our colleagues within the Fianna Fáil parliamentary party and our councillors for their input and participation throughout the whole process.

In April 2022, Senator Lisa Chambers hosted a Women's Health Conference to look at key health areas affecting women throughout their lifecourse. The event brought together practitioners, advocates and women with lived experience on the issues, and it focused on how best we can deliver on a top-class health service for women in Ireland. Thanks go to all of our panellists for their time and valued input.

28 April 2022 Women's Health Conference: Reaching for Equality

Panel 1: Good Menstrual Health and a Positive Menopause
Speakers:
Norah Casey, Businesswoman, Publisher and Broadcaster
Catherine O'Keeffe, The Wellness Warrior
Shampa Lahiri, Irish Cancer Society Patient Advocate
Dr Ciara McCarthy, GP Clinical Lead for Women's Health, Irish College of General Practitioners
Dr Fayqa Zia, Medical Doctor, Expert in Women's Health
Moderator: Alison O'Connor, Journalist, Broadcaster and Commentator

Panel 2: The Fertility Journey: Pregnancy, Miscarriage, IVF and Surrogacy
Speakers:
Rosanna Davison, Author, Model, Nutritionist
Laura Hackett, Fertility Nurse Specialist, The Fertility Hack
Sinéad Lucey, Fianna Fáil Disability Network
Senator Catherine Ardagh
Professor Mary Higgins, Academic, Consultant Obstetrician and Gynaecologist
Moderator: Dr. Aoibhinn Ní Shúilleabháin, Academic, Broadcaster, Breastfeeding Advocate

Panel 3: Eating Disorders and Body Image
Speakers:
Minister for Mental Health and Older People Mary Butler TD
Harriet Parsons, Bodywhys
Dr Tara Logan Buckley, Clinical Psychologist
Kate Nwana, Nurse and Health Promotion Professional
Moderator: Stefanie Preissner, Writer, Author, Actor, Activist

Panel 4: The Future of Women's Healthcare - Where to next?
Speakers:
Minister for Health Stephen Donnelly TD
Mary Brigid Collins, Pavee Point
Dr Rhona Mahony, Consultant Obstetrician and Gynaecologist, Former Master of the National Maternity Hospital
Dr Lisa Cunningham, Consultant in Emergency Medicine, Prehospital Doctor, Doctor to Mayo Ladies Gaelic Football Team
Dr Anne Nolan, Associate Research Professor, ESRI
Moderator: Dr Ciara Kelly, Radio Presenter, Columnist and Former GP

Notes:

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