

Helping women thrive in work: making women's and reproductive health a key priority



Summary

One reason the UK economy is underperforming is a lack of attention on the impact of women's and reproductive health on participation in the workforce.

Absenteeism, decreased productivity or dropping out of work altogether are commonplace for women facing health or reproductive challenges, but much can be done to improve support for women in the workplace – increasing their economic activity as well as improving their wellbeing and reducing gender inequality. With supportive employer policies, appropriate healthcare and better societal awareness many of the problems can be tackled, keeping more women in productive work in which they can thrive and progress.

SOM and the CIPD are together calling for:

- 1. Government to launch a review of women's and reproductive health in the workplace** to identify the economic opportunities for strengthening support, guidance and enforcement of current regulations, followed by an action plan;
- 2. A high-profile campaign to motivate and give confidence to employers** to develop working environments that provide understanding, flexibility and occupational health support for women's health issues across the life course; and
- 3. Wider access to occupational health services for those in and out of work** to support people to remain in, or return to, appropriate work in which they can manage their health conditions.

What's the problem?

Economic cost of ignoring women's health

The UK has the largest female health gap in the G20 and the 12th largest globally. The NHS Confederation report, [Women's Health Economics: investing in the 51%](#), highlights the significant economic impact of neglecting women's health. It highlights that inadequate support for conditions like menopause, endometriosis, and severe period pain costs the UK economy nearly £11 billion annually due to absenteeism and reduced productivity.

Women make up nearly half the UK labour market and their economic participation is key to our country's productivity, but their [employment rate](#) is lower than men's. Unemployment due to menopause symptoms alone results in a £1.5 billion annual loss, with around 60,000 women affected.

Careers held back

Most workplaces lack focus on female and reproductive health issues, which has a significant impact on the ability of many women to progress their careers and fulfill their potential. CIPD research finds that:

- **menstruation and menstrual health:** more than two-thirds of working women experience a negative impact at work due to menstruation symptoms with 12% reporting a negative impact on their career. Almost one in 10 have either left or considered leaving their jobs.
- **menopause transition:** almost three-quarters of working women aged 60 to 40 have experienced symptoms, of whom 67% say have had a mostly negative impact on them at work. Employers are losing around one in six people due to a lack of support.
- **fertility challenges or treatment:** just three in 10 employees (30%) said they felt very or quite supported at work by their employer while having fertility challenges, investigations or treatment; one in five said they have considered leaving their job as a result.
- **pregnancy and baby loss:** almost a quarter of employees (24%) have considered leaving their job due to a lack of employer support, while just a quarter (24%) of senior decision-makers surveyed say that their organisation encourages an open and supportive climate where employees can talk about issues like pregnancy loss or fertility treatment.

The gap in workplace support for most women's health issues is borne out by the latest [CIPD Health and wellbeing at work survey report](#) – 46% of organisation's health and wellbeing activity includes provision for menopause transition, but the corresponding level of provision for pregnancy loss is 37%, 26% for fertility

issues and just 18% for menstrual health. There can also be considerable stigma around women's and reproductive health issues, resulting in many people often lacking the confidence to share their experience.

Worsening health inequalities

Disparities in health outcomes extend beyond sexual and reproductive health. A British Heart Foundation study, ['Bias and Biology'](#), found women who have heart attacks receive poorer care than men from diagnosis through treatment and aftercare, a woman is 50% more likely than a man to receive a wrong initial diagnosis.¹

The Commission for Healthier Working Lives: [Towards a Healthier Workforce](#), find a significant proportion of absenteeism arise from musculoskeletal disorders and mental health issues, both of which disproportionately affect women.

Race plays a critical role in the inequality of health outcomes for women. The MBRRACE-UK report, ["Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2020-22,"](#) reveals that Black women are almost four times more likely to die in pregnancy and childbirth compared to White women, while Asian women face nearly twice the risk. Additionally, [disabled women](#) experience more problems accessing healthcare and screening than able-bodied women. The intersectionality of factors contributing to inequality significantly affects health and work outcomes.

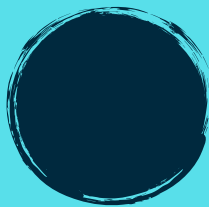
Regional disparities in access to healthcare services and support further compound the situation. The report by Health Equity North: [Women in the North. Inequality, health and work](#), indicates that women in the North of England have lower access to hormone replacement therapy (HRT) and face poorer health outcomes compared to their Southern counterparts.

Gender inequality inside and outside of the workplace can affect women's occupational safety and health, psychologically and physically, compounding the already existing inequalities of health and work outcomes. From the gender pay gap, which persists at 7%, to the disproportionate distribution of domestic responsibilities and unpaid caring roles, to sexual harassment or violence, discrimination of all forms affects women's experience of work. Furthermore, recent [research by the British Occupational Hygiene Society](#) found that women are carrying more of the burden of occupational disease than men and more women are getting ill because of work.

Lack of access to occupational health support

Fewer than 50% of employees in the UK have access to professional occupational health services, which can provide critical advice on work adjustments necessary to help people stay in work with health conditions

¹ The study found that in using a more sensitive test it established a new threshold for women and could double the diagnosis rate.



throughout the life cycle. In particular, workers working for small or medium-sized employers are far less likely to have access to occupational health.

Women who have dropped out of work due to health or reproductive issues and would like to return to the workplace but need advice and support in this process rarely have access to occupational health professionals, as this is not offered by the NHS.

What's the solution?

Good people management and employment policies

Employers have a key role to play in improving workplace support regarding women's health and reproductive issues. The numbers of people of working age affected by women's and reproductive health issues means that there are unlikely to be many workplaces that are not affected.

There are already encouraging signs that more organisations are looking to provide support for women's and reproductive health issues moving forward. For example, nearly a fifth of employers (19%) report their organisation plans to introduce a policy on menstrual health and 29% on menopause transition.

There are many examples of organisations that recognise the need to provide supportive people policies for employees, such as Co-op's policy to support employees who have been impacted by pregnancy and baby loss. If many others could follow suit, the quality of working life and health for millions of women could be improved, as could the country's productivity growth.

Opening up work and opportunities for women is good for business. Those organisations that offer health and wellbeing-focused policies – such as support for life transitions like menopause – act as an enabler for women's participation and progression.

In terms of individual impact, it's clear that practical people management and occupational health support, as well as compassion, can make a considerable difference to how someone balances the demands of their job with the potential physical, mental and emotional impacts of health challenges.

Employers are urged to conduct gender-sensitive risk assessments and adapt workplace designs to include appropriate facilities, such as private areas for breastfeeding and ergonomically suitable workstations.

Access to occupational health services

Occupational health professionals are qualified doctors, nurses and allied health professionals who are specifically trained in how health conditions impact on someone's ability to work, and how work may impact on health. They offer independent advice and support to both employees and employers on appropriate adjustments in the workplace, which can keep people in work.

Many women among the 50% of employees who have access to occupational health services have benefited from this professional medical advice. A 2022 YouGov poll found that 71% of women felt occupational health services are or would be useful.

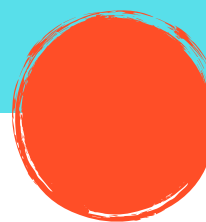
Employers are encouraged to offer access to these services to their employees, as it not only helps the individuals receiving the support but also provides a return on investment through lower absenteeism, higher productivity and maintaining personnel.

Ambitious change to public policy

Women's and reproductive health aligns with the government's priority of creating good and fair work, and is an integral part of the gender equality agenda. The Make Work Pay plan includes regulatory action to address gender equality, including supporting employees through the menopause and hopefully an amendment to the Employment Rights Bill that will introduce a new right to statutory bereavement leave for those who miscarry in pregnancy before 24 weeks.

Supporting employees experiencing health and reproductive issues will lead to improvements in productivity and keep women in work for longer, reducing sickness absence and staff turnover. This will contribute to a growing economy in which women can thrive in work.

The new Government has an opportunity to go further than any Government has been before in supporting women's health in the workplace. SOM and the CIPD are together calling on Government to:



1. Launch a review of women's and reproductive health in the workplace

A comprehensive review of the impact of women's and reproductive health on work will help identify where action can be taken which will both empower women in the workplace and yield economic benefits. This should include a review of the factors which can make it difficult for women to thrive in the workplace at each stage of the life cycle; the impact of occupational diseases on women; enforcement levels of current health and safety regulations; and an analysis of the economic and social costs of women being under-represented in the workforce. The review must be followed by an action plan to implement the findings.

2. Develop a high-profile campaign to motivate and give confidence to employers

A campaign targeted towards employers to highlight the valuable role they can play in helping women thrive in the workplace by providing working environments with the necessary understanding, flexibility and occupational health support could yield significant results. This would build on the great progress that has been made on creating more menopause-friendly workplaces, which has proven how increased parliamentary and media focus on the issue can quickly lead to sustained action and strong collaboration. Six years ago, CIPD research showed that less than one in 10 organisations had any kind of support for menopause transition and now nearly half do.

3. Wider access to occupational health services for those in and out of work

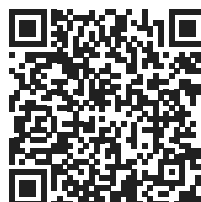
Occupational health services can support employees including women to remain in, or return to, appropriate work in which they can manage health issues or conditions. By taking steps to expand access to occupational health services for workers in the UK, through incentives for businesses, fit note reform and a localised NHS offer for those seeking to return to work, Government could help reduce the growing numbers of economically inactive people, including many women.

Working together to inspire change in workplaces

The CIPD and SOM are working together to help bridge the gap in workplace support for women's and reproductive health. We will achieve this by building on the practical and expert guidance we have developed to help people professionals, occupational health specialists and line managers put effective support in place. We are also keen to work with the many expert organisations and partners who are committed to this agenda.

To get in touch please contact:
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Scan here for more information



Menstrual health report



Menopause report

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