



Fertifa<sup>+</sup>

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# The Gap Report: 20 Statistics from the New Women's Health Strategy That Should Be on Every HR Agenda

## Introduction

# Why this matters now

On 15 April 2026, the UK Government published the Renewed Women's Health Strategy for England. It is the most significant statement of intent on women's health in a generation, and it lands at a moment when HR and benefits leaders are thinking harder than ever about how to support a diverse workforce across every stage of life.

The strategy is 90 pages long. Most HR leaders will not read it. But within it is a set of numbers that paint a stark picture of the UK's women's health landscape - a picture that directly shapes the health, productivity and retention of your workforce.

The statistics tell a consistent story. Women wait longer. They are listened to less. Their pain is under-treated. Their conditions are diagnosed later. And the gaps between what the NHS can offer and what good clinical care looks like are widening.

These are not abstract policy concerns. They are the lived experience of your employees - the software engineer whose endometriosis has been dismissed for eight years, the senior leader whose perimenopausal symptoms are being managed as anxiety, the new parent struggling to access postnatal mental health support.

At Fertifa, we see every day what happens in the gap between what people need and what the NHS can provide - and we built our clinical offering specifically to help fill that gap for employers and their people.

This report is designed to be read in under five minutes. Use it to inform your benefits strategy, your business case, and the conversations you need to have internally about reproductive, menstrual, menopause and men's health at work.



**“The Renewed Women’s Health Strategy is a clear-eyed diagnosis of a system that is failing women. But no strategy, however ambitious, will close these gaps in the timeframes employers and their people need. This is where well-designed workplace healthcare has a decisive role to play!”**

**Dr Gidon Lieberman**

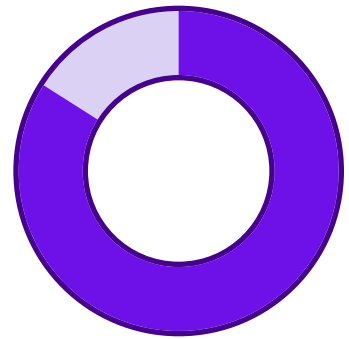
Medical Director, Fertifa

Dr Lieberman is a consultant gynaecologist with over 25 years of experience leading in reproductive medicine, menopause, fertility and women's health. At Fertifa, Gidon leads clinical strategy and oversees the medical standards underpinning every service we deliver.

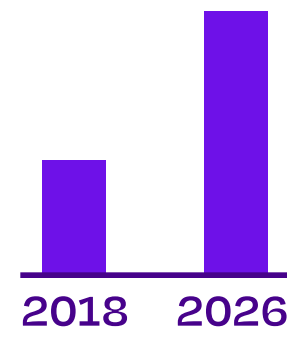
# The 20 statistics that should be on your HR agenda

Each of the statistics below is drawn from the Renewed Women's Health Strategy for England, published in April 2026.

## 1 Access and being heard



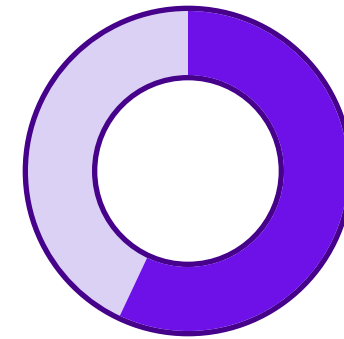
**84% of women report times they were not listened to by healthcare professionals.**



**15 weeks is the average NHS gynaecology wait — up from 6.4 weeks in 2018.**

A nine-week jump in average waits is long enough for treatable conditions to progress and for mental health to deteriorate alongside physical symptoms.

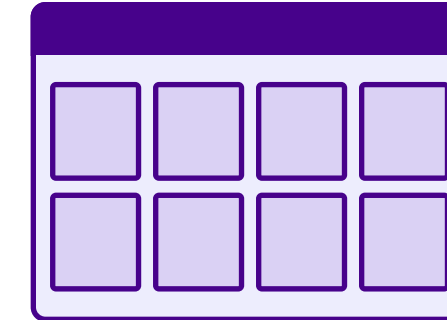
For an employee with heavy bleeding or pelvic pain, fifteen weeks is a full quarter of reduced productivity, sleep and wellbeing.



**57% of gynaecology referrals are seen within the NHS's 18-week standard. The target is 92%.**

Over half of women referred to gynaecology are waiting beyond the threshold at which the NHS considers care timely.

A benefits package that routes around this gap is the baseline expectation for employers supporting women's health.

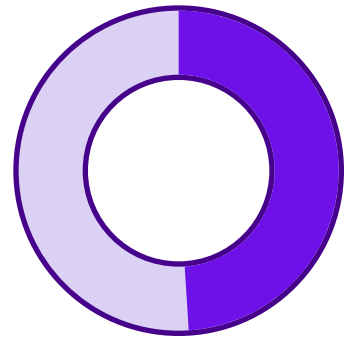


**9 years, 4 months is the average UK wait from first GP visit to an endometriosis diagnosis.**

Most of that delay is avoidable with the right first appointment and the right imaging pathway.

These are employees in their late 20s and 30s, the years you're most invested in retaining them.

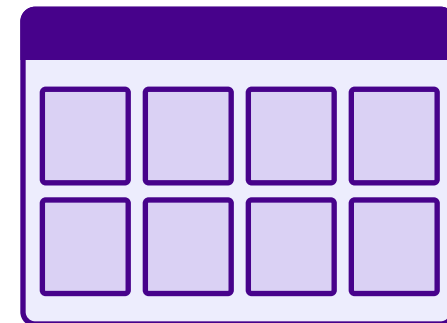
## 2 Reproductive health and fertility



**49% of women report challenges accessing their preferred method of contraception; more than 1 in 10 cannot get an appointment at all.**

When women cannot access the contraception they want, they end up using methods that don't suit them, or no method at all.

Reproductive autonomy is a workforce issue. Unplanned pregnancies and poorly-tolerated contraception drive absence, attrition and career disruption.



**30 years is the average length of time a woman needs access to contraception across her life.**

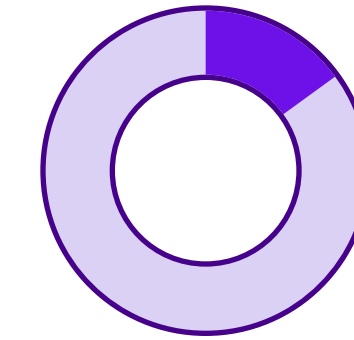
Contraception is not a short-term service. It is three decades of ongoing clinical decisions shaped by age, health and life stage.



**1 in 7 couples experience difficulty conceiving.**

Male factors account for around half of cases, yet investigation still routinely starts with the female partner.

A comprehensive fertility benefit covers both partners, from the first investigation, regardless of gender, sex, sexual orientation, or relationship structure.

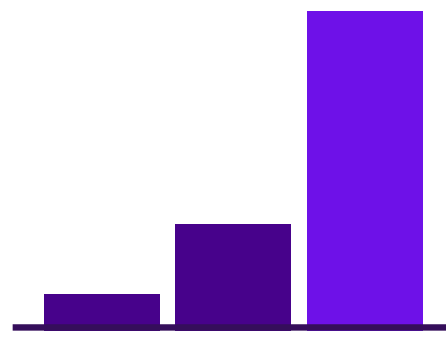


**15% of pregnancies end in pregnancy loss - around 120,000 a year in the UK, possibly up to 250,000 when underreporting is factored in.**

Most employees experiencing pregnancy loss receive little formal clinical support and return to work with no time or space to recover.

From April 2026, protected bereavement leave for pregnancy loss before 24 weeks becomes a statutory right. Employers will need to be ready.

### 3 Maternity, postnatal and mental health



**3x higher maternal mortality rate for Black women compared with White women.**

This gap is not explained by clinical risk factors alone. It is reflective of systemic failures to listen to and provide appropriate care for women from ethnic minority backgrounds.

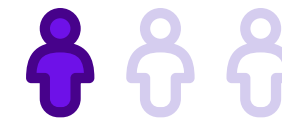
Inclusive maternity and fertility provision is a clinical and ethical priority, not a policy tick-box.



**1 in 7 couples women experience postnatal depression within a year of giving birth.**

Many cases go undiagnosed because routine screening is inconsistent and mothers fear being judged for disclosing symptoms.

**Fertifa fills the gaps between PMI provision and the NHS to offer inclusive health benefits. This includes crucial services for maternity and postpartum such as antenatal care, mental wellbeing support, access to ultrasound scans, blood tests, and routine monitoring.**



**1 in 3 people having a baby experience pelvic floor issues; 50% of women have urinary incontinence in pregnancy.**

Pelvic floor dysfunction is routinely normalised and under-treated, despite being highly responsive to early intervention.

Postnatal pelvic health support is one of the most cost-effective additions to a maternity benefit - and one of the most consistently missing.

**Through the Fertifa Patient app, employees and their partners or spouses get direct access to midwives, clinical specialists (including pelvic floor specialists), paediatric health visitors, and leading obstetricians and gynaecologists.**



**Holly Rowland**

Head of Clinical Services, Fertifa

“What we see at Fertifa, every week, is women who have been passed between services without ever being heard properly. Fertifa support starts with the opposite assumption: that the person in front of us is the expert on their own body, and our job is to listen first and investigate properly.”

Holly is a leading fertility specialist, with over 10 years of clinical experience in fertility and women’s health. At Fertifa, she leads the clinical operations team and is responsible for the standards, pathways and outcomes of every service the team delivers.

## 4 Menopause, long-term and inclusive health



**1 in 4 women live with a common mental health condition, compared with 1 in 7 men.**

Women's mental health is frequently entangled with hormonal, gynaecological and life-course factors that are poorly understood in primary care.

Generic EAP provision does not address the specific mental health needs of women through reproductive years, perimenopause and beyond.

**47**

**is the average age of menopause, but symptoms typically begin in the early 40s - exactly when many women are at career peak.**

Perimenopause is routinely misattributed to stress, anxiety or burnout, delaying effective treatment by years.

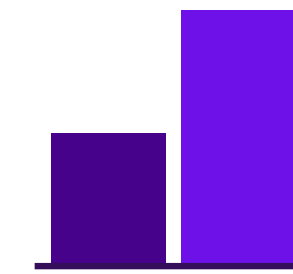
The women most likely to leave your business during perimenopause are often your most experienced and expensive-to-replace leaders.

**2027**

**is the year employers with 250+ staff must publish a menopause action plan under the new strategy.**

A credible action plan requires clinical input, not just policy language, to be meaningful for the employees it affects.

Employers have less time than they think to build something substantive. The window to get this right is now.



**Women are 50% more likely to be misdiagnosed following a heart attack compared with men.**

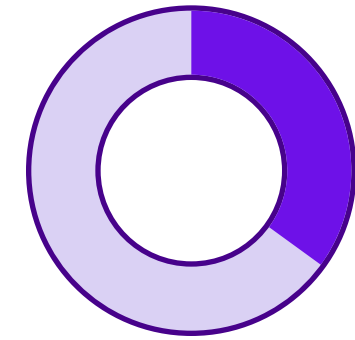
Cardiovascular disease presents differently in women and is systematically under-treated, even though it kills almost twice as many women a year as breast cancer.

## 4 Menopause, long-term and inclusive health



**1 in 3 women will experience an osteoporotic fracture in their lifetime, compared with 1 in 5 men.**

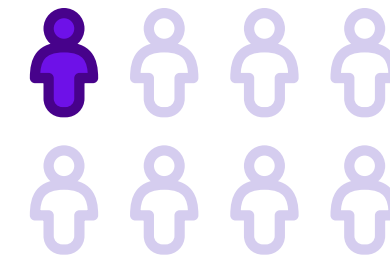
Bone health deteriorates rapidly after menopause, yet osteoporosis is rarely considered until after a fracture has occurred.



**35% of women in England have a musculoskeletal condition - 10.4 million people - higher than the rate in men.**

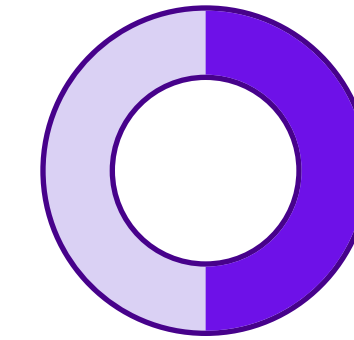
MSK conditions are a leading cause of economic inactivity and long-term sickness absence, and disproportionately affect women.

An inclusive employer health strategy addresses MSK alongside reproductive and mental health, not in a separate silo.



**1 in 8 women in England and Wales experienced domestic abuse, sexual assault or stalking in the year to March 2025.**

The health consequences - mental, physical and reproductive - extend years beyond the abuse itself and frequently present through unexplained symptoms.



**50% of fertility issues involve a male factor, yet men's reproductive health is rarely addressed in workplace benefits.**

Male fertility investigation is faster, cheaper and less invasive than female investigation but is routinely deprioritised.

A fertility benefit that excludes men is not an inclusive benefit. The [new Men's Health Strategy](#) (published in 2025) makes this gap explicit.

**160,000**

**women participated in the 10 Year Health Plan engagement - the largest NHS conversation in history**

The message from that engagement was unambiguous: women want to be listened to, taken seriously, and given real choice. The employers who act on this message now - rather than waiting for policy to catch up - will be the ones who retain their talent.

# Closing the gap

## How Fertifa fills the space between PMI and the NHS

Most private medical insurance policies exclude fertility, menopause, menstrual health investigation, male-factor fertility, pregnancy loss and most long-term reproductive care.

Fertifa is the clinical service that sits between PMI and public healthcare. We were built to give employees fast and easy access to expert-led, evidence-based care in the areas their existing provision leaves uncovered.

### The areas of healthcare we cover

- ✓ **Fertility and family-forming:** Preconception care, fertility testing for both partners, IVF support, fertility preservation, surrogacy and adoption pathways.
- ✓ **Menstrual and gynaecological health:** Specialist-led assessment for heavy periods, pelvic pain, endometriosis, fibroids, PCOS and PMDD.
- ✓ **Menopause and perimenopause:** Structured symptom assessment, HRT prescriptions, lifestyle and long-term health planning from the early 40s onwards.
- ✓ **Pregnancy loss and baby loss:** Clinical and emotional support for pregnancy loss, recurrent loss, stillbirth and neonatal loss.
- ✓ **Maternity and postpartum:** We cover the entire pregnancy and postpartum journey, from breastfeeding support to C-section recovery advice.
- ✓ **Men's health:** Male fertility investigation, sexual health, hormonal health and wider preventive care.
- ✓ **LGBTQ+ family building:** Inclusive pathways for same-sex couples, single parents by choice, and trans and non-binary employees.
- ✓ **Mental wellbeing:** Clinically-led mental health support tailored to life-stage factors that standard or traditional EAPs often miss.
- ✓ **Neurodiversity:** Assessment and support for all neurodiverse conditions, including ADHD, OCD, dyslexia and autism spectrum condition.
- ✓ **Lifestyle health and weight management:** Evidence-based support for nutrition, physical activity, metabolic health, GLP-1 prescriptions and sustainable weight management.
- ✓ **Infant care:** Support for new parents through the first year - feeding, sleep, development and the early postnatal period.

### About Fertifa:

Fertifa is a leading reproductive health and neurodiversity benefits provider, covering all underserved areas of healthcare. Fertifa fills the gaps between PMI provision and general practice healthcare to offer inclusive and comprehensive health benefits for all employees, in one place.

Fertifa presently supports employees in sectors across retail, banking, financial services, technology and media, for clients including Monzo Bank, Morrison Foerster, Fried Frank, Rathbones, lululemon, ClearScore, Sony Music, Aviva, Bain Capital, and H&M.

## Ready to close the gap for your people?

We'd love to show you what clinically-led wraparound care looks like in practice.



[Book a call with our team](#) →