

## **Position Statement on Women's Health July 2021**

### **Key recommendations**

1. Pharmacists and pharmacy teams are uniquely placed to provide expert advice on medicines and healthcare, and to prescribe and supply medicines to women at all stages of their lives. Greater understanding of pharmacists' role among the public and other health professionals is essential.
2. Pharmacists have an important role in advising on the safe use of medicines during conception, pregnancy and breastfeeding. Improved guidance on medication in pregnancy and breastfeeding is needed to ensure consistent, evidence-based, reliable information is available for patients.
3. A campaign is needed to reduce stigma and improve women's awareness of what is normal and what is not, covering issues like excessive menstrual bleeding and incontinence.
4. Mental health support should be better resourced and available for women at all stages of life: pharmacy teams can recognise mental health issues, provide advice and medication, and signpost to other services.
5. All pharmacists should have access to a shared patient record to enable them to provide safe treatment and advice for women (as well as other patients).
6. Medicines are one of the most common interventions in healthcare. Service redesign, policy development and service improvement should include pharmacists from the earliest stage to ensure safe and effective use of medicines. Patient involvement in co-design is also essential.
7. Women's health should be covered in undergraduate training for pharmacists. More research data is needed on how medicines work specifically in women:

currently many trials are conducted in men so impacts on women, particularly of child-bearing age, are less well understood.

8. Women from Black, Asian and Minority Ethnic background, with disabilities or from LGBTQIA+ groups may have additional needs that need to be considered. Women's health services should be culturally aware and appropriate.
9. While we use the terms "women" and "woman" in this position statement, it is vital that any plan for women's health is inclusive and responsive to the individual needs of all. Women's health services should be accessible both to anyone who identifies as a woman and to anyone who no longer identifies as a woman but still has women's health needs.

# Position Statement on Women's Health

## Introduction

In recent years, it has become clear that more can be done to improve the health and wellbeing of women and girls. RPS believes there is a need for greater focus on women's health. Pharmacists and pharmacy teams already provide vital support and advice for women but we believe that with additional collaboration, support and resource, much more is possible.

RPS has held women's health focus groups to hear from pharmacists about the work they already do and how they want to help improve services provided to women. It is clear from these discussions that pharmacists across all settings – including community pharmacy, general practice pharmacy and hospital pharmacy – have much to offer to women at all stages of their lives. It is also clear that there is not enough support or recognition of the role of pharmacists and pharmacy teams.

*“Pharmacists are the missing link in women's care”*

Focus group participant

RPS has also been working closely with pharmacists working in perinatal roles. Their experience, and feedback from colleagues in the multi-professional team, has demonstrated the importance of supporting women with their medication in a timely manner during the perinatal period. We will continue to promote this work, share best practice throughout the profession and campaign for patients to have greater access to perinatal pharmacists' expertise.

## Pharmacists' roles in key areas of women's health

Women at different stages of their life cycle can require access to a wide range of services. However, we are concerned that dividing services into life course stages could limit access to specific services. For example, sexual health is not just for young women: older women should not be disadvantaged because they too require access to sexual health services. Services should be accessible and inclusive.

Pharmacy teams can support women in the following areas:

- Menstrual health and dysfunction
- Contraception and sexual health
- Pregnancy and breastfeeding

- Menopause
- Bladder issues
- Mental health
- Recognising and supporting trauma
- Transgender health

This is not an exhaustive list, and there will be other services and support that pharmacists provide, but these are specific areas in which pharmacists can play a key role. In each area, we believe there are four key stages for pharmacy teams:

- Initiating conversations and brief interventions
- Raising awareness, removing stigma and early detection
- Managing symptoms, giving advice, prescribing and supplying medication
- Signposting, formal referrals and ongoing care

A high-level summary of the roles pharmacists can play in each area are:

#### *Menstrual health and dysfunction*

Supporting discussions about menstruation to enable women to recognise what is normal and what is not. This includes breakthrough bleeding, menstrual syndromes (including depression), pain, endometriosis, infertility, polycystic ovarian syndrome and “red flag” symptoms to improve early detection of cancer. Providing treatment and referral, and reducing stigma around menstruation. Being a trusted source of advice from an early stage of young women’s lives and thereafter.

#### *Contraception and sexual health*

Delivery of a safe and accessible contraceptive and sexual health service by advising, prescribing, supplying and monitoring the use of contraception, including changing between different hormonal contraceptives and antenatal/postnatal advice. Provision of emergency contraception, and advice and treatment of sexually transmitted infections including formal referral pathways into sexual health services (including self-testing kit supplies). Community pharmacies are already the largest provider of emergency hormonal contraception and this should be supported through directly inputting data into shared patient records.

#### *Pregnancy and breastfeeding*

Providing advice about safe use of medicines in pregnancy and breastfeeding, starting with pre-conception consultations about which medicines are appropriate to start (e.g. folic acid) or continue and how to safely stop inappropriate medicines. Promoting breast feeding, managing complications such as mastitis, and providing expert advice on safe medicines use in breastfeeding, noting that incorrectly advising against breastfeeding

leads to poor maternal health and postnatal depression. Providing postnatal support, particularly in relation to postnatal depression.

### *Menopause*

Supporting conversations about menopause and raising awareness of menopausal symptoms including through public health campaigns and self-management advice. Recommending, prescribing, supplying and monitoring hormonal replacement therapy (HRT) based on individual needs, including changing between different types of HRT. Recognising, managing and referral for co-morbidities of menopause, including hypertension and heart disease.

### *Bladder issues*

Raising awareness, normalising conversations, reducing stigma and providing advice about bladder incontinence which is often associated with childbirth and menopause. Giving advice on prevention and self-care of urinary tract infections as well as managing acute symptoms. Providing advice or onward referral where necessary about pelvic floor exercises.

### *Mental health*

Providing advice about mental health, and prescribing, supplying and monitoring medicines for mental health conditions including those directly linked to women's health such as menstrual syndromes and menopause, as well as wider mental health conditions including eating disorders and alcohol use.

### *Recognising trauma*

Recognising women and girls who have experienced trauma including rape, sexual assault and domestic violence, which may be identified at the point of accessing emergency contraception. This includes recognising adults and teenagers who are at risk or who are unable to safeguard their own interests. Providing referral to specialist services and providing safe spaces in community pharmacies.

### *Transgender health*

Encouraging individuals to seek advice, providing advice about and supplying hormonal treatment, building trust and providing a safe environment for transgender people to seek health advice.

## **How pharmacists can help reduce inequalities**

### *Access to services*

Pharmacy is the third largest healthcare profession, with pharmacists working in community pharmacies, GP practices, care homes, urgent care, hospitals and specialist

services. Pharmacists can help mitigate health inequalities through the provision of a range of public health services, particularly primary disease prevention and management. Although these are not specific women's health services, all are important for women:

- Vaccination and infection prevention
- Health screening and self-care
- Healthy lifestyle, diet and weight management
- Prevention, management and cessation of substance use
- Management of long-term conditions such as cardiovascular disease, respiratory disease, diabetes and pain
- Supporting mental health and wellbeing.

Community pharmacies are established in communities and understand the needs and challenges of the local population which can help address health inequalities. Greater consideration is needed on how pharmacists can be fully utilised to support people from marginalised communities, such as some minority ethnic groups, people who are homeless or have no permanent address, people in economically deprived and rural communities, some members of the LGBTQIA+ community, and those unlikely to access other healthcare services that require making an appointment (e.g. travellers, asylum seekers).

#### *Period poverty*

Pharmacists can support the work of Government to address period poverty. Community pharmacy and GP practice pharmacy teams are particularly well placed to be able to provide care, support, advice and supplies to those experiencing period poverty. Consideration should be given to how pharmacy could support the provision of sanitary products to those who need them.

#### *Stigma*

Many women's health issues are associated with stigma, which may result in women feeling uncomfortable to openly discuss menstrual bleeding and bladder incontinence. This can lead to women living with abnormal symptoms which reduces quality of life and can result in late cancer detection. Stigma must also be reduced around pregnancy and childbirth for gay women and non-traditional family units. Pharmacists working in all settings can help to reduce stigma by encouraging conversations, being culturally aware, approaching topics in a sensitive manner and providing public awareness campaigns.

#### *Supporting transgender patients*

It is important to recognise the needs of transgender patients when considering women's health services. The differing needs of transitioning or transitioned patients must be a factor in any women's health plan. Pharmacists, along with all other healthcare professionals, must be able to help and support all patients.

### *Pharmacy workforce*

Consideration should be given to the pharmacy workforce, which is predominantly made up of women (women accounted for 62% of General Pharmaceutical Council registrants in December 2019). Pharmacy organisations, contractors and NHS boards need to ensure that they are supporting women's health so that women, transgender and non-binary pharmacists can safely and healthily continue to provide services for patients. For example, organisations should consider adopting a workplace menopause policy.

## **Additional support and information required to deliver improved pharmacy services**

### *Information resources*

An essential required development is to improve the consistency of guidance for healthcare professionals on safe and appropriate use of medicines in pregnancy and breastfeeding. Current information is spread across multiple reference sources which may contradict each other. Although interpretation of resources requires professional judgement especially in complex situations where there is not a single "right" answer, improved consistency across information resources will ensure healthcare professionals are better equipped to answer queries based on the available data and evidence, so will be able to provide consistent reliable information to enable women to make informed decisions about their healthcare.

### *Digital infrastructure*

An improved digital structure is vital. RPS is calling for the development of a single shared electronic patient record with read/write access for all, including pharmacists and patients. This would improve the quality and safety of the services pharmacists provide to all patients. RPS also wants to see better use of data, including using data to make treatment decisions and deliver personalised medicines, and using outcome measures to drive service improvement.

### *Workforce*

Women's health can be a complex area of practice which presents a challenge for health care professionals working in generalist roles, such as community pharmacists and GPs, to maintain up-to-date knowledge and skills. Professionals in generalist roles must be supported by local NHS specialists with clear referral pathways. Pharmacists must be integrated into the multi-disciplinary team from every area of practice to prevent professional isolation and improve access to services for patients. Meaningful workforce planning is essential to identify the needs of the service going forward.

### *Research and evidence*

More research is needed to improve the quality of evidence available on how medicines work specifically in women, and how clinicians speak with and listen to women. Anecdotal

evidence needs to be turned into qualitative data. There are a vast number of studies which explore the under-representation of women in research (including clinical trials) across disease areas and demographical breakdowns (ethnicity, pregnancy, disability, socioeconomic status, care-taking roles), and the phenomenon has long been widely accepted (Bismark, 2015, Kim, 2010, Pilote 2018). This under-representation in research is wider, and more complex, than just women – race, age, deprivation etc also come into it. For example, in terms of post birth pain, women of black origin say their voices are not heard regarding pain relief and they are not treated in the same way as white women.

#### *Education and training*

Pharmacy undergraduate training must include a specific focus on women's health as part of the core curriculum. This should then be built on throughout pharmacists' ongoing professional development, including foundation and advanced pharmacist educational frameworks, and prescribing training. Women access nearly all clinical specialties, and therefore women's health considerations should be built into all specialty training.

**Royal Pharmaceutical Society**  
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