

Women's health issues: raising awareness

UNISON is the UK's leading public service trade union for women and we are determined to ensure that working women have all the information they need to be healthy and safe at work.



UNISON believes that employers should be taking women's concerns and issues into account when they are introducing or using sickness absence and health and safety policies. If this doesn't happen then women are not being treated fairly and equally.

Women having control over their own bodies is central to achieving women's equality, and UNISON is committed to campaigning to ensure that women have all the information they need to make choices about their health and well being.

Raising awareness of some of the health issues that women can face among both employers and employees is a crucial step for ensuring that policies such as capability and sickness absence are fair.

What UNISON, the public service union, can do

UNISON reps support members through capability procedures or when they ask for reasonable adjustments to enable them to work. But many managers can be ignorant of or unsympathetic about conditions such as endometriosis or the menopause which make it difficult for women to get the support they need.

At the same time workplace sickness absence policies often use inflexible trigger levels setting off formal procedures that could ultimately lead to an unfair dismissal.

UNISON will speak up on behalf of our women members experiencing such problems in the workplace.

For the employer there is a clear financial benefit in adopting policies and practices that consider the needs of their women employees, as it can help avoid long-term sickness absence and retain valued and experience staff.



UNISON reps should consider the negotiation of the following:

- Sickness absence procedures flexible enough to cater for women's health issues and, in exceptional circumstances, modifying the trigger levels to take account of women's health issues. Women should not be penalised if they need time off for gender-specific health conditions.
- Training for line managers so that they are aware of gender-specific health conditions and what adjustments may be necessary to support women at

work, including the possibility that there are women who are pregnant and may not yet know it, and with a focus on making adjustments.

- Appropriate adjustments such as flexible working hours in order to deal with symptoms, or giving women some control over their working environment such as the temperature in their workplace and toilet breaks.
- Freely available guidance on gender-specific illnesses and conditions, so that everyone knows that the employer has a positive attitude to the issues.
- Opportunities for women employees to speak confidentially about their condition to someone from human resources or from an employee assistance programme, particularly if their line manager is male. This may make it easier for them to raise their concerns.
- Training for those who undertake workplace risk assessments to ensure they are aware and take account of women's health issues.
- Involvement of both women and men in decision-making bodies and in monitoring and reviewing processes.
- Undertaking of equality impact assessments of workplace policies to ensure, for example, they take into consideration women's reproductive health.
- Encouragement of openness on health issues affecting women and discussion among women members.



Further information from UNISON:

Negotiating and bargaining

www.unison.org.uk/bargaining

including guides on

- [Disability leave](#) [PDF]
- [Disability – Proving disability and reasonable adjustments](#)
- [Medical screening leave](#) [PDF]
- [Menopause](#) [PDF]
- [Sickness absence policies](#) [PDF]
- [Sickness Absence benchmarks](#) [PDF]
- [Stress at work](#) [PDF]
- [Women’s reproductive health issues](#) [PDF]

UNISONdirect – the UNISON helpline

If you are a UNISON member experiencing problems at work because of your health, contact UNISONdirect on 0800 0 857 857.

There for You (UNISON Welfare)

There for You offers a unique confidential advice and support service just for members of UNISON and their dependants

www.unison.org.uk/thereforyou

Women members

UNISON resources for women members

www.unison.org.uk/women

Health and safety

including information on

- Risk assessments
- Stress

www.unison.org.uk/get-help/knowledge/health-and-safety/



Only a few of the many health issues affecting women are listed in the following pages.

But reliable information on other conditions and on improving health and wellbeing can be found from:



Information on women's health

Women's health 18-39

www.nhs.uk/Livewell/Women1839/Pages/Women1839home.aspx

Women's health 40-60

www.nhs.uk/Livewell/Women4060/Pages/Women4060home.aspx

Women's health 60 plus

www.nhs.uk/Livewell/women60-plus/pages/women-60-plus.aspx



A charitable organisation that aims to help educate and support women with their healthcare by providing unbiased, accurate information.

Women's Health Concern
Spracklen House, East Wing
Dukes Place
Marlow
Buckinghamshire SL7 2QH
Tel: 01628 890199
www.womens-health-concern.org



Supplying evidence-based information on a wide range of medical and health topics to patients and health professionals.

<https://patient.info/>



Terrence Higgins Trust information for trans women
www.tht.org.uk/sexual-health/Sex,-reproduction-and-gender/Trans-women

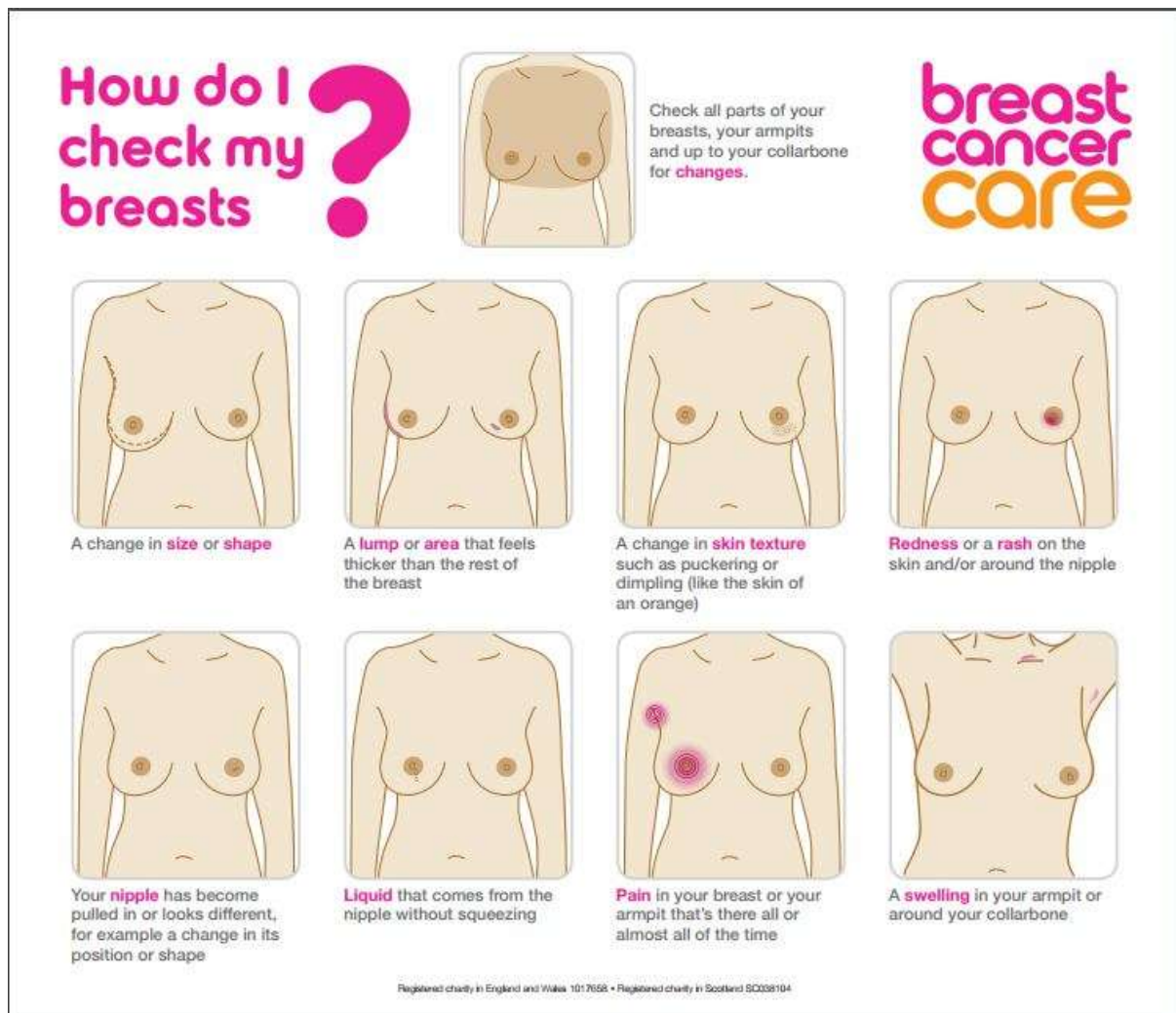


Trans health factsheets prepared by members of the National LGBT&T Partnership in collaboration with cliniQ, Mermaids, TransForum Manchester, with support from Public Health England.

<https://nationallgbtpartnership.org/publications/trans-health-factsheets/>

Breast cancer

About 1 in 8 women are diagnosed with breast cancer during their lifetime but if detected early, there is a good chance of recovery. Therefore it is important for women to check their breasts regularly for any changes and always get any changes examined by their GP. The first noticeable symptom is usually a lump or area of thickened breast tissue.



As the risk of breast cancer increases with age, all women who are 50 to 70 years old are invited for breast cancer screening (mammographic screening or mammograms) every three years. If cancer is detected at an early stage, it can be treated (with surgery, radiotherapy and chemotherapy) before it spreads to nearby parts of the body.

Key to the continuing campaign for a breast cancer free future for all girls and women, is the improvement of the treatment of cancer patients, including improving services for people with lymphoedema.

It is important for women, whether they are ultimately diagnosed with breast cancer or not, that the time spent waiting for an appointment or results is as short as possible and that when they choose to make their conditions known they are supported in the workplace.

Further information:



Dedicated to achieving the primary prevention of breast cancer by campaigning to reduce our exposure to the carcinogenic and hazardous chemicals in our environment and everyday products.

Breast Cancer UK
BM Box 7767
London WC1N 3XX
Tel: 0845 680 1322
www.breastcanceruk.org.uk



The only UK wide charity providing care, information and support to people affected by breast cancer.

Breast Cancer Care
Chester House
1–3 Brixton Road
London SW9 6DE
Email: info@breastcancercare.org.uk
Tel: 0345 092 0800
Breast health enquiries: 0808 800 6000
www.breastcancercare.org.uk



The UK's largest breast cancer charity (formed from the merger of Breakthrough Breast Cancer and Breast Cancer Campaign) dedicated to funding research into this devastating disease.

Breast Cancer Now
5th Floor Ibex House
42 - 47 Minories
London EC3N 1DY
Tel: 0333 20 70 300
www.breastcancernow.org

Scotland office:
222 Leith Walk, Edinburgh EH6 5EQ



A leaflet to explain to women how to be aware of changes in their breasts.
Available in 18 languages and large print.
www.gov.uk/government/publications/nhs-breast-screening-awareness-leaflet



A membership organisation, registered charity and the UK's national patient support organisation for lymphoedema.

Lymphoedema Support Network
St. Luke's Crypt
Sydney Street
London SW3 6NH
Tel: 020 7351 0990
Information and support: 020 7351 4480
Email: admin@lsn.org.uk
www.lymphoedema.org

Cervical cancer

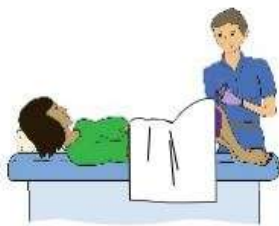
Cervical cancer (or cancer of the cervix at the entrance to the womb from the vagina) remains the most common cancer in women under the age of 35 and yet cervical cancer screening can prevent up to 80% of cases of the disease. Up to 3,000 women are diagnosed each year and up to 1,000 women die per year in spite of screening being available.

Recent studies have found that more Black women do not attend a screening appointment compared to white British women, perhaps due to lack of knowledge about the process and the benefits in preventing cancer.

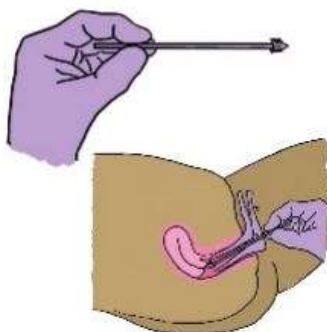
Black women are also more likely to develop cervical cancer and to die from it, perhaps as a consequence of less access to screening and follow-up health care, as well as a lower level of awareness of symptoms.

Cervical cancer often has no symptoms in its early stages, so screening (commonly referred to as a smear test) is very important in order to detect it at an early stage or before it develops.

Cervical smear test

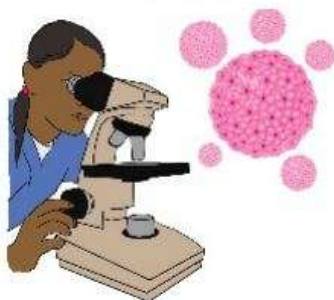


A smear test is sometimes called cervical screening. Here we will always call it a **smear test**.



A **smear test** is when a small brush is put inside your **vagina** by a nurse or doctor to take a sample of cells from your **cervix**.

This is then tested to see if you have any changes in your cervix.



If you have changes you may also have a check to see if you have a dangerous type of HPV that can cause cancer.

Cervical cancer is not thought to be hereditary. In 99.7% of cases, cervical cancers are caused by persistent infections with a virus called high-risk human papillomavirus (HPV). HPV is a very common virus transmitted through skin to skin contact in the genital area. Around four out of five sexually active adults (80%) will be infected with some type of HPV in their lives. However, for the majority of women this will not result in cervical cancer. While HPV infection is common, cervical cancer is rare.

Further information:



The only UK charity dedicated to women and their families affected by cervical cancer and cervical abnormalities. They offer a range of information and support and raise awareness about how cervical cancer can be prevented and campaign for best care and treatment.

Jo's Cervical Cancer Trust
CAN Mezzanine
7-14 Great Dover Street
London
SE1 4YR
Tel: 020 3096 8100
Helpline: 0808 802 8000
Email: info@jostrust.org.uk
www.jostrust.org.uk

Dementia

Dementia is not a disease itself but rather a collection of symptoms that result from damage to the brain caused by different diseases, such as Alzheimer's. These symptoms vary according to the part of the brain that is damaged.

According to the Alzheimer's Society, women are disproportionately affected by dementia:

- Over 500,000 people with dementia – 61% – are women
- Women in their 60s are almost twice as likely to develop Alzheimer's disease over the rest of their lives as they are to develop breast cancer
- Dementia is the leading cause of death for women in the UK, accounting for 12% of women's deaths in 2013
- Between 60 and 70% of all unpaid dementia carers are women, and women are more than twice as likely to provide intensive, 24-hour care than men
- Female carers report feeling less supported than their male counterparts.

For those with early onset dementia – more than 40,000 people aged under 65 in the UK – the situation is particularly complex, particularly as many of them will wish to continue to work after diagnosis.

Further information:



The UK's leading dementia support and research charity, for anyone affected by any form of dementia in England, Wales and Northern Ireland.

Alzheimer's Society

43-44 Crutched Friars

London EC3N 2AE

Tel: 0330 3330 804

Email: enquiries@alzheimers.org.uk

National Dementia Helpline: 0300 222 11 22

www.alzheimers.org.uk



The leading dementia organisation in Scotland, campaigning for the rights of people with dementia and their families and providing an extensive range of innovative and personalised support services.

Alzheimer Scotland
160 Dundee Street
Edinburgh EH11 1DQ
Tel: 0131 243 1453
Email: info@alzscot.org
Dementia Helpline: 0808 808 3000
www.alzscot.org



A charity providing specialist dementia support for families through their Admiral Nurse service.

Dementia UK
Second Floor, 356 Holloway Road
London
N7 6PA
Tel: 0207 697 4160
E-mail: info@dementiauk.org
www.dementiauk.org

Endometriosis and Adenomyosis

Endometriosis and adenomyosis are chronic and painful conditions where cells from the lining of the womb (the uterus) are deposited in other parts of the body instead of being lost during menstruation.

These cells continue to change in size and bleed in response to a woman's normal menstrual cycle. This can affect bowel, bladder and kidney function, and cause pain in joints and bleeding from the sites where cells are. The impact is more than gynaecological, particularly if other organs are affected.

The classic endometriosis symptoms include:

- Painful, heavy, or irregular periods
- Pain during or after sex
- Infertility
- Painful bowel movements
- Fatigue.

Women with endometriosis also report the following symptoms:

Pain symptoms	Bleeding symptoms	Bowel and bladder symptoms	Other symptoms
Painful periods	Heavy periods with or without clots	Painful bowel movements	Tiredness/lack of energy
Pain on ovulation	Prolonged bleeding	Bleeding from the bowel	Depression
Pain during an internal examination	'Spotting' or bleeding between periods	Symptoms of irritable bowel (diarrhoea, constipation, bloating - particularly during your period)	Back pain
Pain during or after sex	Irregular periods	Pain when passing urine	Leg pain
Pelvic pain	Loss of 'old' or 'dark blood' before period	Pain before or after passing urine or opening bowel	

Endometriosis is the second most common gynaecological condition in the UK. It affects more than 1.5 million women in the UK beyond puberty, regardless of age, ethnicity and reproductive history.

It's important to remember that:

- Endometriosis is not an infection
- Endometriosis is not contagious
- Endometriosis is not cancer.

However endometriosis is a condition to which there is no cure, only treatment. It can have a massive impact on a woman's life including difficulty in fulfilling work and social commitments. Yet it is a condition of which many people are unaware and many women can find it hard to talk about and to get support.

Adenomyosis is a similar condition to endometriosis where endometrial tissue grows within the wall of the uterus and responds to the hormonal changes each month causing severe pain. Prevalence is not known as diagnosis is difficult and symptoms are usually managed by hormonal treatments.

Further information:



Working to improve the lives of people affected by endometriosis and to decrease the impact it has on those with the condition and their families and friends.

Endometriosis UK
Suites 1 & 2,
46 Manchester Street,
London W1U 7LS
Helpline: 0808 808 2227
Tel: 020 7222 2781
www.endometriosis-uk.org

Fibroids

Fibroids are small benign tumours that grow on the walls of the womb, inside and out, and can range from a single growth to multiple. For most women they give no cause for concern and grow unnoticed. But, for others, the genetic disorder can mean heavy and painful periods and lead to fatigue and anaemia. In the worst cases, it can make conceiving more complicated, cause infertility and increase the risk of miscarriage. Common indications are pain, heavy menstrual bleeding, pressure on adjacent organs such as the bladder.

Black women suffer disproportionately from fibroids and are three to five times more likely to develop them than white women. Black women also tend to have larger, more numerous fibroids at diagnosis. Fibroids seem to occur at a younger age and grow more quickly in Black women as well.

Those who are overweight, started puberty early, or have not had children, are also more likely to have fibroids. The most common form of treatment for fibroids is a hysterectomy, the removal of the womb. Fibroids are the reason behind 30% of hysterectomies in white women and over 50% of hysterectomies in Black women.

For women still hoping to conceive, they can undergo a myomectomy which removes the fibroids, but leaves the womb untouched. However, myomectomies have a high recurrence rate of about 75% meaning a life spent in and out of hospital.

Fibroid embolisations – an alternative treatment – involves injecting grain-sized particles into the womb using small needles that cause the fibroids to dry up and shrink by 60%. The recovery period is two weeks and although there are a few side effects, including abdominal pain and passing big blood clots, the treatment has almost permanent results without the need for a full operation.

Although the procedure is available on the NHS, GPs rarely recommend it or present it to patients as one of their options.

Further information:



UK based voluntary not-for-profit organisation which is run by volunteers. It provides balanced information, independent of health care provider's interests.

www.britishfibroidtrust.org.uk

Fibromyalgia

Fibromyalgia, also called fibromyalgia syndrome (FMS), is a long-term condition that causes pain all over the body.

As well as widespread pain, people with fibromyalgia may also have:

- increased sensitivity to pain
- fatigue (extreme tiredness)
- muscle stiffness
- difficulty sleeping
- problems with mental processes (known as "fibro-fog") – such as problems with memory and concentration
- headaches
- irritable bowel symptom (IBS) – a digestive condition that causes stomach pain and bloating.

The exact cause of fibromyalgia is unknown. In many cases, the condition appears to be triggered by a physically or emotionally stressful event. It affects around 7 times as many women as men.

The condition typically develops between the ages of 30 and 50, but can occur in people of any age, including children and the elderly. Some estimates suggest nearly 1 in 20 people may be affected by fibromyalgia to some degree.

Further information:



Working with all groups and all charities to provide an independent overview for Britain's Fibromyalgia community, to raise awareness with the British government of the Fibromyalgia condition, encourage NHS and private funding to invest in new research projects and regional Fibromyalgia multidisciplinary clinics set-up, and to provide accurate information on Fibromyalgia through their magazine and social media accounts.

UK Fibromyalgia
7 Ashbourne Road
Bournemouth
BH5 2JS

Email: info@ukfibromyalgia.com

<http://ukfibromyalgia.com>



Fibromyalgia Action UK
Fighting For Freedom From Fibromyalgia

Providing a focal point for support and awareness. It helps support groups all over the UK and provides information, posters and literature to sufferers and medical professionals.

General Fibromyalgia Helpline 0300 999 3333

www.fmauk.org

Group B Strep

Group B streptococcus (GBS) also known as group B strep, is one of many different bacteria that live inside a body. About a third of us have GBS in our gut without even knowing it.

About a quarter of women also have GBS in their vagina although there will not be any obvious symptoms. GBS bacteria can also be passed from a woman to her baby during labour and this doesn't usually cause problems. Most women who carry GBS bacteria have healthy babies. Only in rare cases does GBS cause serious illness and even more rarely, death of the baby. However even a low risk can be avoided through one simple test and countries who use the test have seen the incidence of death in babies due to GBS infection fall by 71-86%.

There is currently no routine testing for Group B Strep during pregnancy within the NHS. If it is known that the expectant mother is a carrier of Group B Strep simple precautions can be taken that reduce the mortality rate.

Further information:



The only UK charity dedicated to eradicating group B Strep infections, including meningitis, in babies.

Group B Strep Support
P O Box 203
Haywards Heath
RH16 1GF
Tel: 01444 416 176
Email: info@gbss.org.uk
www.gbss.org.uk

Infertility

Around one in seven couples may have difficulty conceiving. This is approximately 3.5 million people in the UK. Infertility is only usually diagnosed when a couple haven't managed to conceive after a year of trying.

There are many possible causes of infertility and fertility problems can affect either the man or the woman. But in a quarter of cases it isn't possible to identify the cause.

Common causes of infertility in women include lack of regular ovulation (the monthly release of an egg), blocked or damaged fallopian tubes and endometriosis.

Types of fertility treatment available include: medical treatment for lack of regular ovulation; surgical procedures – such as treatment for endometriosis; assisted conception – which may be intrauterine insemination (IUI) or in-vitro fertilisation (IVF). Some types of infertility treatment can cause complications, including side effects of medication, increased risk of ectopic pregnancy, multiple pregnancy and stress.

Further information:



This charity provides free and impartial support, advice, information and understanding for anyone affected by fertility issues.

Fertility Network UK
20 Egerton Drive
Greenwich
SE10 8JS



Email info@fertilitynetworkuk.org



Email: support@fertilitynetworkuk.org

<http://fertilitynetworkuk.org/>

Menopause

The menopause is a natural stage in a woman's life, usually happening between the ages of 45 and 55, marked by changes in the hormones and the ending of menstruation.

Symptoms can include hot flushes, palpitations, headaches, night sweats and sleep disturbance, fatigue, poor concentration, irritability, mood disturbance, skin irritation and dryness. Women can also experience urinary problems with recurrent infections or a need to pass urine more often, heavy, irregular periods for a time and vaginal discomfort.

Most women will experience menopausal symptoms. Some of these can be quite severe and have a significant impact on their everyday activities.

Further information:



An award winning, independent website providing up-to-date, accurate information about the menopause, menopausal symptoms and treatment options.

<https://menopausematters.co.uk/>



A not for profit organisation aiming to provide up to date advice about post reproductive health to help you make decisions about your future healthcare.

www.managemymenopause.co.uk



Giving independent advice about the menopause, midlife and post-menopausal health. They send out a free quarterly newsletter with useful impartial help and support.

The Menopause Exchange
PO Box 205
Bushey
Herts WD23 1ZS
Tel: 020 8420 7245
Email: info@menopause-exchange.co.uk
www.menopause-exchange.co.uk



A women's advice and support service aiming to improve understanding of menopausal symptoms; empower women with better information while influencing policy and practices in the workplace.

Simply Hormones
P O Box 218
Uckfield TN22 3YT
Tel: 01825 582010
Email: enquiries@simplyhormones.com
<http://simplyhormones.com/>

Menstrual disorders

Premenstrual Syndrome (PMS)

PMS is a chronic condition experienced by menstruating women that is characterised by distressing physical, behavioural and psychological symptoms that regularly recur during the luteal phase of the menstrual cycle (from ovulation to the onset of a period) and that disappear or significantly diminish by the end of the period (menstruation).

Common psychological and behavioural symptoms are: mood swings, depression, tiredness, fatigue or lethargy, anxiety, feeling out of control, irritability, aggression, anger, sleep disorder, food cravings. Common physical symptoms are: breast tenderness, bloating, weight gain, clumsiness, headaches.

Other menstrual disorders

For the majority of women menstruation is a natural process that doesn't present difficulties. However, the menstrual cycle can be affected by a number of conditions that may cause discomfort or concerns for female employees.

Problems include amenorrhea (absent menstrual periods), menorrhagia (heavy menstrual periods), dysmenorrhea (painful menstrual periods).

Further information:



A charity supporting individual PMS sufferers and promoting a greater awareness of PMS and of its treatment.

National Association for Premenstrual Syndrome
41 Old Road
East Peckham
Kent
TN12 5AP
Tel: 0844 8157311
Email: contact@pms.org.uk
www.pms.org.uk

Mental health problems

Anxiety disorders

Anxiety is a word we use to describe feelings of unease, worry and fear. It incorporates both the emotions and the physical sensations we might experience when we are worried or nervous about something.

Because anxiety is a normal human experience, it's sometimes hard to know when it's becoming a problem for you – but if your feelings of anxiety are very strong, or last for a long time, it can be overwhelming.

A panic attack is an exaggeration of your body's normal response to fear, stress or excitement. It is the rapid build-up of overwhelming physical sensations, such as:

- a pounding heartbeat
- feeling faint
- feeling unable to breathe
- shaky limbs, or feeling like your legs are turning to jelly.

Women are twice as likely to experience anxiety disorders as men. About 60% of the people with phobias or obsessive compulsive disorder are women. Phobias affect about 22 in 1,000 women in the UK, compared with 13 in 1,000 men.

Depression

Depression is a low mood that lasts for a long time, and affects your everyday life.

In its mildest form, depression can mean just being in low spirits. It doesn't stop you leading your normal life but makes everything harder to do and seem less worthwhile. At its most severe, depression can be life-threatening because it can make you feel suicidal or simply give up the will to live.

More women than men experience depression. One in four women will require treatment for depression at some time, compared with one in 10 men.

Eating disorders

An eating disorder is a medical diagnosis based on your eating patterns, and medical tests on your weight, blood and body mass index (BMI). Common ones are bulimia nervosa and anorexia nervosa.

If you experience bulimia, you may find that you eat large amounts of food in one go because you feel upset or worried (binging). You may then feel guilty or ashamed after binging and want to get rid of the food you have eaten (purging).

If you get an anorexia diagnosis, this is because you are not eating enough food to get the energy you need to stay healthy. At its core anorexia is often connected to very low self-esteem, negative self-image and feelings of intense distress.

An eating problem is any relationship with food that you find difficult. This can be just as hard to live with as a diagnosed eating disorder.

Eating disorders are more common in women than men, with young women most likely to develop one. 1.9% of women and 0.2% of men experience anorexia in any year. Between 0.5% and 1% of young women experience bulimia at any one time.

Pre- and postnatal depression

Having a baby is a big life event, and it's natural to experience a range of emotions and reactions during and after your pregnancy. But if they start to have a big impact on how you live your life, you might be experiencing a mental health problem.

The 'baby blues' is a brief period of feeling emotional and tearful around three to 10 days after giving birth, which affects many new mothers. It's natural to feel emotional and overwhelmed after experiencing childbirth and becoming a parent, especially as you're likely to be coping with a lot of new demands on your time and attention, as well as getting little sleep.

However, around 10–15 per cent of new mothers develop a much deeper and longer-term depression known as postnatal depression. It usually develops within six weeks of giving birth and can come on gradually or all of a sudden. It can range from being relatively mild to very severe. Many women experience this severe depression without recognising it or realising that it is a treatable illness.

Many people are aware of postnatal depression but it's less commonly known that you can experience depression during pregnancy as well.

Post-traumatic stress disorder (PTSD)

Post-traumatic stress disorder (PTSD) is a type of anxiety disorder which you may develop after being involved in, or witnessing, traumatic events. The condition was first recognised in war veterans and has been known by a variety of names, such as 'shell shock'. But it's not only diagnosed in soldiers – a wide range of traumatic experiences can cause PTSD such as:

- being violently attacked
- being raped or sexually assaulted
- being abused, harassed or bullied
- traumatic childbirth either as a mother or a partner witnessing a traumatic birth
- seeing other people hurt or killed
- any event in which you fear for your life.

Worldwide, more women are affected by PTSD than men, largely because women are exposed to more sexual violence. The risk of developing PTSD after any traumatic event is 20.4% for women and 8.1% for men.

Self-harm

Self-harm is when you hurt yourself as a way of dealing with very difficult feelings, painful memories or overwhelming situations and experiences. After self-harming you may feel a short-term sense of release, but the cause of your distress is unlikely to have gone away. Self-harm can also bring up very difficult emotions and could make you feel worse, and self-harming does carry risks.

Many more girls than boys self-harm. Research suggests that between one in 12 and one in 15 young people self-harm in the UK.

Work-related stress

The Health and Safety Executive's (HSE) definition of stress is: "The reaction people have to excessive demands or pressures, arising when people try to cope with tasks, responsibilities or other types of pressure connected with their job, but find difficulty, strain or worry in doing so."

The issue of work-related stress continues to be a major concern. It is one of the biggest causes of health problems in the workplace.

UNISON's research has shown that some of the major causes of work-related stress are being set unrealistic deadlines, lack of control and conflicting demands, repetitive work, boredom and lack of job satisfaction, job insecurity, low pay, working alone, bullying and harassment.

All of these factors are particularly predominant in the female workforce, with low paid, Black, disabled and LGBT women more vulnerable to many of these situations. Young women too are especially under pressure as they are new to the world of work, often experience the lowest levels of pay, and can experience high levels of bullying and harassment.

Women may additionally be juggling caring commitments for children and older relatives with their work; facing physical health problems and potentially be in financial difficulty as a result of lifelong low pay, loss of a partner or relationship breakdown.

UNISON reps report that they are seeing increasing numbers of women seeking advice and support for stress-related issues, often presenting as increased sickness absence, poor timekeeping or poor performance, but frequently and worryingly also reporting depression and suicidal thoughts.

Further information:



Providing advice and support to empower anyone experiencing a mental health problem. They campaign to improve services, raise awareness and promote understanding.

www.mind.org.uk

Mind
15-19 Broadway
Stratford
London E15 4BQ
Tel: 020 8519 2122
Email: supporterservices@mind.org.uk

Mind Cymru
3rd Floor, Castlebridge 4
Castlebridge
5-19 Cowbridge Road East,
Cardiff CF11 9AB
Tel: 029 2039 5123
Email: supporterservices@mind.org.uk



SAMH, the Scottish Association for Mental Health, is Scotland's leading mental health charity.

SAMH
Brunswick House
51 Wilson Street
Glasgow G1 1UZ
Tel: 0141 530 1000
Email: enquire@samh.org.uk
www.samh.org.uk



Inspire (the new name for Niamh, the Northern Ireland Association for Mental Health), focuses on promoting wellbeing for all through our mental health, intellectual/learning disability and professional wellbeing services.

Inspire
Central Office
Lombard House
10-20 Lombard Street
Belfast BT1 1RD
Tel: 028 9032 8474
NI/UK: hello@inspirewellbeing.org
Ireland: dundalk@inspirewellbeing.ie
www.inspirewellbeing.org



Aiming to help support and advise any parent who is experiencing a perinatal mental illness. They are also there to inform and guide family members, carers, friends and employers as to how they can support someone who is suffering.

PANDAS Foundation,
The Fort, Artillery Business Park
Park Hill
Oswestry SY11 4AD
Office: 01691 664275
Email: contact@pandasfoundation.org.uk
www.pandasfoundation.org.uk/

Miscarriage

A miscarriage is the loss of a pregnancy during the first 23 weeks. A miscarriage can be an emotionally and physically draining experience. Women can take anything from a few days to a few weeks to recover physically from a miscarriage. The main sign of a miscarriage is vaginal bleeding, which may be followed by cramping and pain in your lower abdomen. It is believed that one in five pregnancies ends in miscarriage. The majority of miscarriages cannot be prevented and are mostly a one-off event. Most women go on to have a successful pregnancy in the future.

There are probably many reasons why a miscarriage may happen, although the cause isn't usually identified. The majority aren't caused by anything the mother has done. It's thought most miscarriages are caused by abnormal chromosomes in the baby.

On rare occasions, miscarriages happen because the pregnancy develops outside the womb, known as an ectopic pregnancy. This is potentially serious as there is a risk the woman could experience internal bleeding.

Further information:



Providing support and information to anyone affected by miscarriage, ectopic pregnancy or molar pregnancy.

The Miscarriage Association
17 Wentworth Terrace
Wakefield
WF1 3QW
Helpline: [01924 200799](tel:01924200799) Mon-Fri, 9am-4pm
Office: [01924 200795](tel:01924200795)
Email: info@miscarriageassociation.org.uk
www.miscarriageassociation.org.uk

Ovarian cancer

Ovarian cancer was once known as a 'silent' disease in that the symptoms can be vague, but evidence now shows that any of the following three symptoms, if they occur on most days, can suggest ovarian cancer:

- Persistent pelvic and abdominal pain
- Increased abdominal size/persistent bloating – not bloating that comes and goes
- Difficulty eating and feeling full quickly.

Ovarian cancer symptoms



Occasionally there can be other symptoms:

- Changes in bowel habit (eg diarrhoea or constipation)
- Extreme fatigue (feeling very tired)
- Unexplained weight loss

Any bleeding after the menopause should always be investigated by a GP.

Ovarian cancer symptoms are:

- frequent – they usually happen more than 12 times a month
- persistent – they don't go away
- new – they are not normal for you



Worried about your symptoms?

If you regularly experience any one or more of these symptoms, which are not normal for you, it is important that you see your GP. It is unlikely that your symptoms are caused by a serious problem, but it is important to be checked out.

Prepare for your GP appointment

- Track your symptoms using our free ovarian cancer Symptoms Diary (available in print or as an app). Find it at targetovariancancer.org.uk/symptomsdiary
- Find out about your family history. Tell your GP if two or more relatives in your close family have had ovarian or breast cancer



What tests might your GP do?

- If your symptoms are frequent and persistent your GP should order a CA125 blood test
- They may also order ultrasound scans of your tummy and ovaries

What next?

- Ask your GP what the next steps are
- Be persistent! Return to the GP or seek a second opinion within a couple of weeks if your symptoms don't go away

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Ovarian cancer is the fifth most common cancer in women in the UK, affecting around 6,800 women. It is the highest gynaecological killer of women in the UK and

the fourth most common cause of death from cancer in women, with two out of every three cases of ovarian cancer being diagnosed when the disease has spread, thus limiting the treatment options.

Further information:



The UK's ovarian cancer research charity. They fund research to save lives.

Ovarian Cancer Action
8-12 Camden High Street
London NW1 0JH
Tel: 0207 380 1730
Email: info@ovarian.org.uk
www.ovarian.org.uk



The UK's leading ovarian cancer charity, working to improve early diagnosis, fund life-saving research and provide much-needed support to women with ovarian cancer.

Target Ovarian Cancer
2 Angel Gate
London EC1V 2PT
Tel: 020 7923 5470
Email: info@targetovariancancer.org.uk
Support Line: 020 7923 5475 support@targetovariancancer.org.uk
www.targetovariancancer.org.uk

Sickle Cell

Sickle cell disease is the name for a group of inherited blood disorder that affect the red blood cells. The most serious type is called sickle cell anaemia.

Sickle cell is more commonly associated with people with an African or Caribbean family background in the UK, but awareness needs to be raised about how sickle cell disease also affects people of nationalities such as South American, Middle Eastern, Eastern Mediterranean and Asian origin.

Whilst most people will have heard of sickle cell disease, the majority will not really understand the disease and how it impacts on the lives of those with the disease. Women with sickle cell need to be considered as being at high risk during pregnancy. Being pregnant can result in a worsening of their chronic illness and the sickle cell illness can exacerbate complications during pregnancy and in extreme cases this can lead to loss of the foetus and/or the mother. Women with sickle cell are also more prone to pain episodes during pregnancy, especially in the last few months of pregnancy.

Caring for children with sickle cell can put a strain on all the family but because women still bear most of the responsibility for family caring, this will have a disproportionate impact on the working life of the mother, especially considering that one or more children in one family might have sickle cell and need care during painful episodes.

Further information:



Supporting and representing people affected by sickle cell disease to improve their overall quality of life.

Sickle Cell Society
54 Station Road
London NW10 4UA
Tel: 020 8961 7795
and 020 8961 8346
Email: info@sicklecellsociety.org
www.sicklecellsociety.org

Five steps to wellbeing

The New Economics Foundation has pinpointed five essential steps to improving wellbeing on a daily basis. They are promoted on the mental health charity, Mind's website as a great way to start thinking about how you can improve your daily working life:

1. **Connect**

There is strong evidence that indicates that feeling close to, and valued by, other people is a fundamental human need and one that contributes to functioning well in the world. It's clear that social relationships are critical for promoting wellbeing and for acting as a buffer against mental ill health for people of all ages.

With this in mind, try to do something different today and make a connection.

- Talk to someone instead of sending an email
- Speak to someone new
- Ask how someone's weekend was and really listen when they tell you
- Put five minutes aside to find out how someone really is
- Give a colleague a lift to work or share the journey home with them.

2. **Be active**

Regular physical activity is associated with lower rates of depression and anxiety across all age groups.

Exercise is essential for slowing age-related cognitive decline and for promoting well-being.

But it doesn't need to be particularly intense for you to feel good - slower-paced activities, such as walking, can have the benefit of encouraging social interactions as well providing some level of exercise.

Today, why not get physical? Here are a few ideas:

- Take the stairs not the lift
- Go for a walk at lunchtime
- Walk into work - perhaps with a colleague – so you can 'connect' as well
- Get off the bus one stop earlier than usual and walk the final part of your journey to work
- Organise a work sporting activity
- Have a kick-about in a local park
- Do some 'easy exercise', like stretching, before you leave for work in the morning
- Walk to someone's desk instead of calling or emailing.

3. **Take notice**

Reminding yourself to 'take notice' can strengthen and broaden awareness. Studies have shown that being aware of what is taking place in the present directly enhances your well-being and savouring 'the moment' can help to reaffirm your life priorities.

Heightened awareness also enhances your self-understanding and allows you to make positive choices based on your own values and motivations.

Take some time to enjoy the moment and the environment around you. Here are a few ideas:

- Get a plant for your workspace
- Have a 'clear the clutter' day
- Take notice of how your colleagues are feeling or acting
- Take a different route on your journey to or from work
- Visit a new place for lunch.

4. **Learn**

Continued learning through life enhances self-esteem and encourages social interaction and a more active life.

Anecdotal evidence suggests that the opportunity to engage in work or educational activities particularly helps to lift older people out of depression. The practice of setting goals, which is related to adult learning in particular, has been strongly associated with higher levels of wellbeing.

Why not learn something new today? Here are a few more ideas:

- Find out something about your colleagues
- Sign up for a class
- Read the news or a book
- Set up a book club
- Do a crossword or Sudoku
- Research something you've always wondered about
- Learn a new word.

5. **Give**

Participation in social and community life has attracted a lot of attention in the field of wellbeing research. Individuals who report a greater interest in helping others are more likely to rate themselves as happy.

Research into actions for promoting happiness has shown that committing an act of kindness once a week over a six-week period is associated with an increase in wellbeing.





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