

GK's View: Women's Health and Maternity Care

November 2026

Foreword



By Steve Brine, GK Strategic Adviser and former Chair of the Health and Social Care Select Committee

I have seen first-hand how women's health has often struggled to command sustained political attention, having served as minister for public health and chair of the cross-party Health and Social Care Select Committee.

For what it's worth, I don't put this down to some grand conspiracy. It's just that too often services have been designed around systems rather than around lived experience. The result has been a fragmented offer across primary care, maternity services, mental and reproductive health. The outcome is that accountability is dispersed and progress is uneven.

The publication of the Women's Health Strategy in May 2022 marked an important shift. For the first time, government said out loud what many women know – that they are frequently unheard, under-diagnosed and underserved.

The renewed focus this year from ministers and the then health secretary Wes Streeting was welcome. However, strategies alone do not improve outcomes. If that were true, Streeting would have been the most successful health secretary. As ever, delivery, workforce capacity and clear lines of accountability remain the real tests of political commitment.

The same is true in maternity care. As one of our sister select committees (Women & Equalities) in the last parliament said: 'Britain should aspire to be the safest place in the world to have a baby'. Yet dogged inequalities in such outcomes, pressures on the maternity workforce and a postcode lottery for women across the country show the fight for political attention has to be won over and over again.

This briefing explores the impact of the renewed women's health strategy, published in April 2026, and provides an overview of what the prime minister, Andy Burnham and health secretary Yvette Cooper's commitment to improve maternity services in England means for women's health.

A renewed agenda for women's health

By GK Adviser, Sadie Singer

Published in April 2026 when Keir Starmer was prime minister and Wes Streeting was health secretary, the Renewed Women's Health Strategy for England sets out 'how women will have voice, choice and power' in their healthcare. The renewed strategy is critical of the previous approach published in 2022 under Boris Johnson's administration, arguing that it was 'set up to fail' by operating within an 'outdated model of care'. The updated strategy seeks to address the shortcomings of previous efforts, including the lack of an implementation plan, and signalled a broader ambition to reform how women interact with the healthcare system.

The renewed strategy builds on the 'three shifts' set out in the 10 Year Health Plan for England: moving care from hospitals into the community; making greater use of digital technologies; and shifting the focus from treatment to prevention and earlier diagnosis. It also proposes a 'new, diverse and devolved operating model' that would give patients greater choice, placing the voices of women and girls at the centre of delivery and implementation.

A key feature of the renewed strategy is the emphasis on redesigning the patient journey, such as streamlining gynaecology pathways; improving access to diagnosis and treatment for conditions such as endometriosis and fibroids; expanding community-based diagnostics; and strengthening prevention and early intervention. This is particularly significant given the strong alignment between neighbourhood-based care detailed in the renewed strategy and the commitment to 'taking power out of Westminster and carrying it into every postcode in the country' under Burnham. Burnham has been a strong advocate for prevention in healthcare and as mayor of Greater Manchester, he argued that public services have been 'trapped in short-term cycles of costly crisis intervention'. This is likely to add momentum to the strategy's shift toward prevention and earlier intervention, driving demand for health providers already delivering community-level care and diagnostic services.

The renewed strategy builds on several developments since 2022. Workforce training has been strengthened through the General Medical Council's Medical Licensing Assessment, which requires incoming doctors to demonstrate competence in areas including endometriosis, fibroids and urinary incontinence. Statutory guidance for Relationships, Sex and Health Education (RSHE) was updated in 2025 to strengthen content on menstrual health and polyendocrine metabolic ovarian syndrome (PMOS). These measures point towards a greater focus on earlier identification whilst strengthening the tools available for women and girls to advocate for their own health.

There has also been progress in reducing pressure on gynaecology services. The strategy reports that the gynaecology waiting list fell 7.1% from its August 2023 peak of 610,000 to 565,000 in January 2026, while the number waiting more than 18 weeks fell by more than 40,000 from its December 2023 peak. However, the backlog remains high. The average wait between referral and treatment for gynaecology was 15 weeks in January 2026, compared with 6.4 weeks in 2018. This highlights that, while

waiting lists are falling, there is still a need to make services more efficient.

This focus on efficient service delivery is evident through the expansion of women's health hubs, as outlined in the renewed strategy. NHS England expects every Integrated Care Board (ICB) to establish at least one hub, with £25 million invested in their expansion across 2023/24 and 2024/25. The Tower Hamlets Women's Health Hub demonstrates that the move to community-based models can quickly improve access. 12 months after the hub launched, the number of gynaecology referrals needing to be seen in the secondary care service fell from 85% to 25%. Waiting lists fell by 30% over the following months. The success of this localised approach again strengthens opportunities in neighbourhood-based provision in women's health services. For providers, demonstrating how these models deliver measurable improvements in access, waiting times and reduced pressure on secondary care will be important in making the case to ICB commissioners for sustained funding and aligning with their wider NHS priorities.

The change in government leadership is unlikely to result in a fundamental reset of the renewed women's health strategy. The direction of travel set out is closely aligned with the model Burnham has pursued in Greater Manchester, with a focus on greater local decision-making, integration across health and social care, prevention and a shift of care away from hospitals and towards communities. As health devolution develops under Burnham, metro mayors are likely to have a greater role in determining how these national priorities are delivered locally. For women's health, this could mean greater influence over how services such as community diagnostics and prevention are organised around local population needs. Nonetheless, this could also lead to greater variation between regions, as local leaders have greater scope to determine how services are commissioned. When significant regional inequalities already exist across England, metro mayors will need to consider the risk of a growing 'postcode lottery' in women's healthcare and ensure that greater local decision-making does not exacerbate existing inequalities.

> *'I am very pleased to know that such a place exists as a woman, and we are able to have a detailed conversation with a doctor who is able to explain everything in detail. Please keep this available for women.'*
>
> *Patient at Tower Hamlets Women's Health Hub, Feedback to NHS England*

Expanding women's health hubs are well suited to this devolved model, providing a mechanism through which services can be organised around local populations while reducing secondary-care referrals. The opportunity is therefore likely to be strongest for providers that can demonstrate expertise in community diagnostics, digital pathways and early diagnosis that reduce pressure on NHS services.

Under Burnham, there have been no major changes to the renewed strategy to date. On 16 November, the Medicines & Healthcare products Regulatory Agency (MHRA) published its Women's Health Programme 2026-2030, highlighting that medical devices and healthcare technologies do not always adequately reflect women's bodies or meet their specific needs. The programme sets out the regulator's commitment to engaging with women and strengthening the evidence base on

how medicines and health technologies can better improve health outcomes for women. This aligns closely with the objectives of the government's renewed strategy and demonstrates a broader commitment across regulatory bodies to advancing its key priorities.

Should there be a change in government at the next general election, expected in 2029, this could affect priorities for women's health. Based on current polling, Labour may need the support of the Liberal Democrats and/or Green Party to form a government. This group would be likely to maintain the renewed strategy and, if Burnham remained Labour leader, continue to further devolve women's health services. The Liberal Democrats and Greens have also called for improved reproductive healthcare and action on issues such as period poverty, suggesting there would be broad continuity in these areas.

A Reform UK-led government, potentially with Conservative support, would represent a more significant change. Reform UK has positioned itself as seeking to be 'the most pro-family government in British history' and has proposed a Women and Motherhood Protection Act. This would bring together protections including rights for breastfeeding mothers, protections for those undergoing fertility treatment and leave following miscarriage or stillbirth. There is likely to be continuity in community-based provision if Reform UK are supported by the Conservatives, as their 2022 Women's Health Strategy committed to a women's health hub in every ICB. This suggests there is cross-party support for the model and makes a reversal under a Reform UK-led government unlikely.

Burnham and health secretary Yvette Cooper are more likely to reinforce the renewed strategy than materially change its direction, with the next phase likely to focus on scaling community-based models such as women's health hubs and embedding them within the wider neighbourhood health agenda. While a change of government in 2029 could shift the emphasis of women's health policy, the cross-party support for community-based provision suggests the broader direction is likely to continue. For providers, this is likely to create opportunities to support the delivery of community-based, digital services, while increasing the focus on integrated care and prevention.

The need to urgently improve maternity services in England

By GK Adviser, Grace Andrews

When Andy Burnham first appointed Yvette Cooper as the health secretary in July 2026, Cooper immediately singled out maternity services as an area in need of urgent improvement. Cooper has already demonstrated her commitment to improving maternity services through a number of measures, including a £4.5 million funding boost for frontline maternity services in Berkshire to address critical infrastructure and safety risks; a 'root-and-branch' reform of standards following a number of maternity scandals; and confirming that England's first maternity commissioner will be given full statutory powers to hold services to account and champion the needs of pregnant women.

Cooper took on the brief amid intense scrutiny following Baroness Amos' independent maternity and neonatal investigation and Donna Ockenden's independent review of maternity services at Nottingham University Hospitals NHS Trust. Both Baroness Amos' and Ockenden's final reports, published in June 2026, exposed serious maternity failings across England. Amos' report, which reviewed 12 NHS trusts, concluded the system is not fit for current or future need, and cited a systemic failure to listen to women and deeply embedded racism. Similarly, Ockenden's final report identified sustained and systemic failures in maternity and neonatal care at Nottingham dating back to at least 2010.

The timing of these reports is significant for Cooper, who become health secretary shortly after the reports were published, placing maternity reform high on her agenda. While Amos identified the systemic problems affecting maternity and neonatal care across England, Ockenden referenced a stark example of the consequences of systemic failure. As health secretary, Cooper will now have to demonstrate that the government has the capabilities to fix the underlying issues facing maternity services.

One of Cooper's first commitments was to reintroduce binding national maternity standards, which had previously been shelved by the Conservative government in 2016. Previous standards, established through Better Births in 2016, set out a five-year vision for improving maternity services and focused on the need for personalised care from a small, consistent team of midwives and safer multidisciplinary working. Amos' review recommended the new framework place greater emphasis on reducing regional variation, tackling racial inequalities and strengthening accountability. For trusts and organisations delivering or supporting maternity services, this means less scope for local variation and a greater need to demonstrate compliance through service design, workforce planning and governance.

National standards are expected to sit alongside growing Integrated Care Board (ICB) authority at local level, in line with Burnham's ambition to devolve health services. Cooper tabled an amendment to the Health Bill in September 2026 to maintain mandated local authority representation on ICBs. While the government has yet to specify how responsibility will be divided between national standards and ICB-level decision-making, the effectiveness of this approach for maternity services will hinge on whether national safeguards can be maintained while allowing local systems discretion over implementation and delivery.

The standards will also place greater emphasis on patient experience, supported by an early warning system designed to identify underperformance before it develops into serious failure. This moves maternity oversight towards routine, ongoing reporting rather than periodic inspection, increasing the demands placed on trusts for data collection and transparency. Alongside this, the national rollout of Martha's Rule, due for full mandatory implementation across all applicable NHS trusts in March 2027, will give families a right to trigger an urgent independent review if concerns about deteriorating care are being dismissed.

While the government has set out clear ambitions for improving maternity safety and strengthening national standards, there is less focus from the government on whether the workforce has the capacity to deliver these commitments. Regulation, national standards and effective commissioning are important. However, maternity services also require adequate staffing, strong leadership across maternity and wider health services, and sufficient resources to implement change.

In her first appearance before the Health and Social Care Committee on 4 November 2026, Cooper acknowledged that improving maternity services requires cultural and systemic change, not simply higher standards. Cooper highlighted the need for stronger leadership and accountability within trusts, arguing that maternity and neonatal services must be given appropriate scrutiny at board level. She also pointed to repeated failures to implement recommendations, confirming that the government is establishing a departmental hub to monitor progress and taking forward regulation around NHS managers.

> *'Do not allow maternity and neonatal services to become a sidecar to the rest of the hospital.'*
>
> *Yvette Cooper, Health and Social Care Committee, 4 November 2026*

However, stronger oversight and accountability cannot compensate for insufficient workforce capacity and resources. Given the well-documented pressures facing midwifery and obstetric services, there is a real risk that ministers will face another cycle of inquiries, recommendations and commitments without addressing the underlying challenges preventing maternity services from delivering lasting improvements.

Cooper's decision to appoint a national maternity and neonatal commissioner, alongside chairing the National Maternity and Neonatal Taskforce, extends this move towards closer national oversight and more direct intervention where trusts are struggling. The commissioner role was first announced under Keir Starmer and is being progressed through the Health Bill, though no appointment has yet been made.

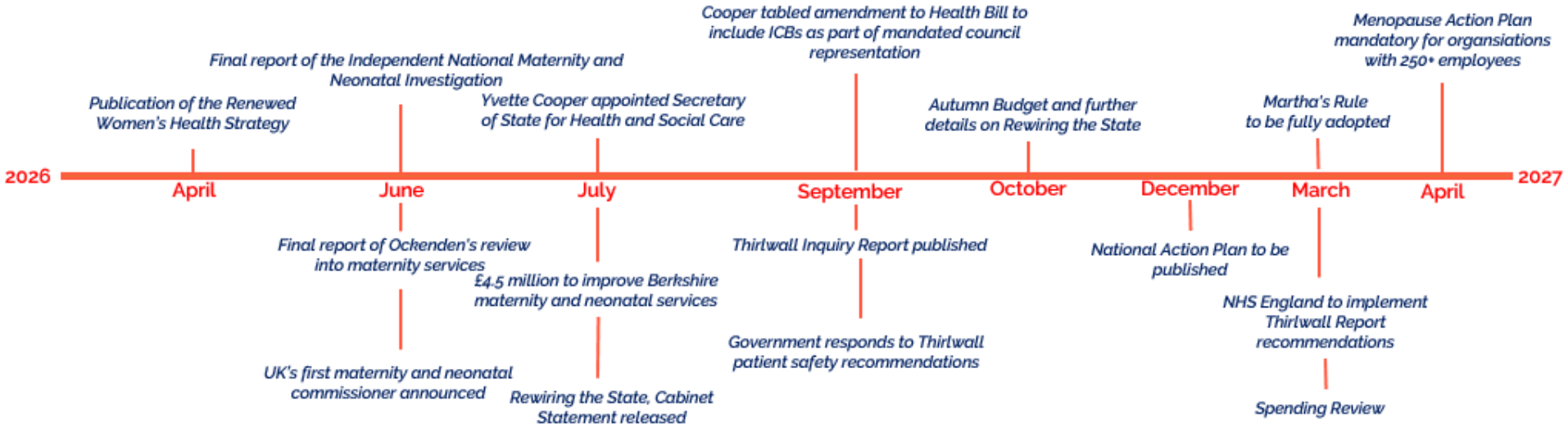
Opposition parties have unsurprisingly criticised the government over systemic failings in NHS maternity care. The Liberal Democrats have framed the ongoing maternity crisis as a 'national scandal', having set out its own plan to drastically improve maternity care earlier this year. The Conservative party has criticised the lack of funding for maternal safety and access to mental health services for new mothers. Notably, both parties have made calls for a new maternity commissioner which demonstrates cross party support for this reform.

Several developments are expected over the coming months. This includes a National Action Plan in December 2026, which will bring together the findings of Ockenden's review and Baroness Amos' national investigation and the creation of the UK's first statutory national maternity and neonatal commissioner. Such actions will demonstrate how committed Cooper is to make urgent improvements to maternity care.

The government has not yet formally responded to Ockenden's review and has only partially responded to the eight

recommendations made by Baroness Amos. Providers should monitor the government's response to these reviews, which will give further clarification as to the government's next steps with respect to maternity care. Providers are likely to see a robust appointment process take place for the new commissioner as well as opportunities for the sector to engage with those supporting the government to ensure the voices of women are always heard by those at the heart of the system.

Key milestones in women's health and maternity and neonatal care: April 2026 – April 2027



Key political players in women's health and maternity care



Baroness Merron, Parliamentary Under-Secretary of State for Women's Health and Maternity

Baroness Merron's reappointment as parliamentary under-secretary of state at the Department of Health and Social Care (DHSC) in July 2026 is particularly significant for maternity services given the brief now sits under her remit.

Baroness Merron's portfolio connects maternity reform with wider women's-health priorities, including sexual and reproductive health. The appointment therefore not only represents an opportunity for sustained ministerial focus on women's health but is also a crucial test of the government's ability to translate repeated investigations into tangible improvements in safety, equality and accountability. services.



Theo Clarke, former Conservative MP for Stafford and author of `Breaking the Taboo: Why we need to talk about birth trauma'

Theo Clarke served as a Conservative MP for Stafford from December 2019 to May 2024. In a speech to parliament in 2023, Clarke revealed her own difficult experience with childbirth, having been rushed to emergency surgery. Following this, she called on the government to do more for women who have experienced birth trauma.

After exiting Parliament and prompted by the response to her own experience, Clarke published her first book in 2025 titled 'Breaking the Taboo', which presents the experiences of mothers and fathers from different backgrounds that show the truth about birth trauma. The support she received from the public on women's birth rights ensures her credibility as an advocate for services related to the health of new mothers.



Gill Furniss, Labour MP for Sheffield Brightside and Hillsborough and Chair of the All-Party Parliamentary Group (APPG) on Women's Health

Gill Furniss has been a Labour MP for Sheffield Brightside and Hillsborough since May 2016 and held a number of posts while in opposition. Furniss currently serves as Chair of the Women's Health APPG, a cross party forum which works to raise awareness of conditions affecting only women or women disproportionately,

Furniss provides the sector with a platform to raise concerns, present evidence and build cross-party political support.

With the government working to deliver its women's health agenda and respond to major findings on maternity safety, the APPG will help to ensure that women's health issues remain a key area of political focus.



Michelle Welsh, Labour MP for Sherwood Forest and National Maternity Adviser

Michelle Welsh was appointed as the government's first National Maternity Adviser in May 2026, under the then prime minister Keir Starmer. As the National Maternity Adviser, Welsh works directly with families, the government, the NHS and key maternity organisations to push for better, safer care for mothers, babies and families. Welsh also meets regularly with health ministers to share evidence and advice on actions to improve maternity services.

Welsh brings both personal and professional experience to the role. As a mother who has lived through failures in maternity care, and as Chair of the All-Party Parliamentary Group for Maternity, Welsh has long been a strong advocate for safer maternity services. Welsh's appointment therefore creates a strong link between the maternity sector, families, and the government at a time where the sector is due to undergo significant reform.



Dame Caroline Dinenage, Conservative MP for Gosport and former health minister

Dame Caroline Dinenage has been a Conservative MP for Gosport since May 2010. Dame Caroline was previously appointed Minister of State for Care at the Department for Health & Social Care (Jan 2018 – Feb 2020) under then prime minister Boris Johnson. During her tenure, she helped to launch the initial work of England's inaugural Women's Health Strategy, published in July 2022.

Dame Caroline currently serves as Officer of the Women's Health APPG, having actively campaigned to end the 'postcode lottery' of IVF treatment.



Professor Baroness Nargund, Labour peer and women's health expert

Professor Baroness Nargund has been a Labour peer since January 2026 with extensive experience in women's health. Nargund is the founder of CREATE Fertility and ABC IVF, an IVF and egg freezing clinic. Before being elected peer, Nargund served as a senior consultant gynaecologist and lead consultant for reproductive medicine services at St George's Hospital.

Alongside her role as peer, Nargund works as an Honorary Professor of Women's Health at City St George's, University of London.

About Right to a Good Birth (RTGB)



By RTGB Co – founders Louise Allen (GK Strategy), Emma Petela (GK Strategy) and Sara Bristow (PLMR)

GK Strategy first launched the 'Right to a Good Birth' (RTGB) campaign in 2025, a pro bono initiative jointly led by GK Strategy, a leading political advisory firm and PLMR, a public affairs, PR and digital marketing agency.

The campaign was established in response to the experiences of parents who felt their rights in maternity care were too often overlooked, leading to poor experiences, birth trauma or a lack of confidence in maternity services.

At its heart, the campaign believes that everyone giving birth has the right to:

- **Information: Everyone should receive clear, timely and evidence-based information to make informed decisions about their care.**
- **Choice: Everyone should be offered genuine choices about how and where they give birth, without those choices being limited unnecessarily by local resources or practice.**
- **Respect: Everyone should be treated with dignity and respect at every stage, with consent sought before any intervention, and personalised care that recognises them as individuals.**

The campaign is rooted in personal testimony, professional insight and collaborative policy development. It is supported by a growing group of parliamentarians, clinicians, advocates and women's health organisations, united by a mission to ensure a consistently high quality of care during the whole of the birth experience for future generations.

Join us as we work to improve birth experiences through advocacy, education and awareness and please sign up as a supporter of the campaign. You can find more details on our website here: Right to A Good Birth.

Contact information

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