# RCOG position statement: Poverty, deprivation and women's health

## Introduction

**Understanding and responding to how the wider contexts of women's lives shape their health is crucial to sustainably addressing health inequalities across the life course and supporting reproductive opportunity, choice and outcomes.**

Economic and social policies, the environment in which we live, and the distribution of wealth, power and resources in society can be more important than health care or choices in influencing health outcomes.[1] These factors can lead to health inequalities – avoidable, unfair and systematic differences in health[2] – and play an important part in women's ability to choose to have children or not have children, have a healthy pregnancy, and to parent their children in safe and sustainable communities.[3]

The health system has an important role in tackling health inequalities, but it cannot do this alone. This position statement sets out some of the wider changes needed to support the NHS and to sustainably improve the health of women, girls and other people accessing obstetric and gynaecology services in the UK, with a focus on tackling poverty and deprivation.

**Key recommendations for UK governments:**

- **Action to tackle inequalities in women's health requires coordinated and collective efforts from all parts of government.** All government initiatives to improve women's health, including specific women's health plans and strategies, must make visible and strong connections with all relevant departments to achieve sustainable and long-term improvements to the wider factors shaping women's health.
- **Action to tackle health inequalities and their causes must take an intersectional approach, always considering and responding to the ways in which inequalities intersect to shape health outcomes.** This includes responding to the multiple forms of discrimination and violence in society, including racism and gender-based violence.
- **The UK Government must ensure the social security system works for women throughout their lives, and support equitable access to work, which is secure, safe and pays enough to maintain good health.**
- **Governments must support health at the population level by ensuring public health services are adequately funded** and available to everyone who needs them, and that everyone can easily access healthy food.

## How do poverty and deprivation influence women's health and reproductive options?

Poverty (lacking financial resources to meet needs) and deprivation (lacking many resources, including those that shape our health),[4] can have a significant health impact across women's lives.

In England, the gap in female life expectancy between the most and least deprived areas is around 8.5 years.[5] Regional inequalities are also stark: girls born in the North East, North West and Yorkshire and the Humber can expect to live in good health up to four years below the national average and up to six years less than those born in the South East.[6] Similar inequalities are seen across Scotland, Wales and Northern Ireland, and in some cases these gaps are widening.[7]

Healthy life expectancy for women has declined by around two years over the past decade (2012-14 to 2022-24) to approximately 61 years, reversing previous gains.[8] In the most deprived communities, it falls below 55 years, meaning many women spend a substantial portion of their adult lives in poor health, often before reaching state pension age. Inequalities in healthy life expectancy are also significant: women in the most deprived areas of England experience around 20 fewer years in good health than those in the least deprived areas.[9]

**Poverty and deprivation can affect the health of women and people accessing obstetrics and gynaecology services through many routes, including:**

- ***Making it harder to live healthily*** – our ability to adopt healthy behaviours is influenced by the circumstances in which we live.[10] For example, having the resources to buy healthy food, or access to green, safe and affordable spaces to be physically active in. Poverty can also make adopting healthy behaviours more difficult due to the need to focus on coping in the short-term rather than making decisions that support longer-term health.[11]

- ***Affecting mental health*** – unemployment, unmanageable debt, and insufficient income are associated with poor long-term mental health.[12] People seeking help for issues related to poverty or deprivation may also experience shame or stigma.[13] Deprivation and poverty also increase the risk of perinatal mental illness.[14]

- ***Increasing chronic stress*** – coping with adversity and day-to-day shortages of essentials like food or money can negatively affect mental and physical health, including through the production of the hormone cortisol, which has multiple negative health impacts.[15]

- ***Making access to health care more difficult*** – limited access to affordable and convenient public transport can prevent women living in poverty from attending antenatal appointments, which are important for a healthy pregnancy.[16] Women experiencing poverty are also more likely to balance unpaid caregiving with insecure or low-paid work.[17] These competing demands can delay or prevent access to physical and mental healthcare.

- ***Making maintaining basic hygiene difficult*** - a 2023 poll by ActionAid found that more than one in five (21%) women in the UK struggled to afford period products, affecting

their mental health and participation in education and work.[18] Period poverty is higher among women with disabilities and those from lower-income groups.[19]

- ***Greater exposure to the health impacts of climate change and pollution*** – living in poverty or deprivation can make it harder to respond to the impacts of a changing climate. For example, ethnic minorities and people living in the most deprived areas of England are at increased risk of dying due to excess heat.[20] Climate change also threatens food security by reducing crop yields, increasing reliance on fertilisers, and making food systems more vulnerable to shocks.[21] This can drive up prices and make healthy food less affordable.[22]

**Tackling the causes of poverty and deprivation is crucial to addressing persistent inequalities in maternal and perinatal outcomes.** Women and people who are in good health have a better chance of becoming pregnant, having a safe and healthy pregnancy and giving birth to a healthy baby.[23] However, significant inequalities persist. Stillbirth rates for babies born to mothers living in the most deprived areas remain significantly higher than those in least deprived areas.[24] Women in the most deprived areas are also around twice as likely to die during or shortly after pregnancy compared to those in the least deprived areas.[25]

**Poverty and deprivation can influence women's reproductive options, choices and outcomes.** Figures show that abortions in England and Wales have increased by 11% since 2022.[26] A range of factors are likely to be contributing to recent increases in abortion rates, including ongoing socioeconomic pressures,[27] and barriers to accessing contraception.[28] Ensuring equitable access to high-quality contraceptive services and supporting informed choice is therefore essential.

## Recommendations

### 1. Cross-government working to tackle health inequalities

Attention to the wider contexts of women's lives and the 'causes of the causes' of their ill health[29] is an essential part of understanding and sustainably addressing health inequalities. Interventions aiming to change individual behaviour alone will not sustainably improve outcomes or reduce health inequalities.

**Action to tackle inequalities in women's health requires coordinated and collective efforts from all parts of government. All government initiatives to improve women's health must make visible and strong connections with other relevant departments whose policies shape women's health outcomes. Tackling health inequalities is a priority in many Government plans,** including the 10 Year Health Plan,[30] the cervical elimination plan,[31] the renewed Women's Strategy for England,[32] the Women's Health Plan for Wales,[33] and the Women's Health Plan: Phase Two in Scotland.[34]

However, these plans must be supported by sustainable funding and be utilised to drive the coordinated action required across other relevant departments and bodies to ensure targets are achieved. This is key to achieving sustainable and long-term improvements to the wider

factors shaping women's health. Additionally, governments must ensure women's health is considered in all policies – for example, **responses to health threats such as climate change must consider the specific impacts on women's health, particularly reproductive health and health in pregnancy.**

**2. Taking an intersectional approach to tackle discrimination and poor health**

Political and cultural factors, including the social categories someone is or is perceived as being a part of, can also shape the factors that influence our health.[35] Disadvantage that follows the lines of social categories, such as gender, disability, race, ethnicity, sexual orientation, gender identity or religion, is also known as structural inequality.[36] Examples of structural inequality include:

- *Gender* – women in the UK earn less than men across their lifetime (the 'gender pay gap') and are more likely than men to be living in poverty.[37] This is due to a combination of economic and social factors, such as the unequal division of caring responsibilities which means that more women are more likely to work part time.[38]
- *Race* – racial discrimination can profoundly shape people's living and working conditions. A survey by the Fawcett Society found that 75% of women from Black, Asian, and minority ethnic backgrounds had experienced racism at work.[39]

People are members of multiple social categories, and disadvantages and discrimination can intersect and compound throughout their lives**. It is important that UK governments take an intersectional approach to understanding health inequalities, considering how inequalities relating to all aspects of women's identity shape their health.**[40] For example, gendered inequalities intersect with and compound structural racial inequalities in the labour market, and as a result racially minoritised women are overrepresented in lower paid, insecure jobs, and at higher risk of being underemployed.[41]

For good health, people need to live in a safe society where they are not at risk of violence. Gender-based violence is underreported and so statistics can be unreliable, however we know this is still an issue affecting women's lives and health across the UK. For example, in England and Wales around one in four women are thought to experience domestic abuse during their lifetime, and violence and abuse can also begin or escalate during pregnancy, highlighting the importance of identifying and responding to domestic abuse during this period.[42] In addition, Rape Crisis has calculated that that one in four women in England and Wales have been raped or sexually assaulted as an adult.[43]

The UK Government has introduced some measures to address these harms, including embedding domestic abuse specialists within 999 control rooms in five police forces,[44] and the piloting of new Domestic Abuse Protection Orders (DAPOs).[45] Further action is needed from UK governments to address the underlying drivers of violence, including inequality and discrimination.

**3. Improving health at the population level – supporting public health**

Behaviours which affect health, such as smoking, alcohol consumption, diet and exercise, relate to access to public health services, and the wider contexts in which people live. They are also drivers of health inequalities in the UK.[46] Sustainable improvements require population-level action that supports everyone's health while addressing the root causes of deprivation.

**Supporting people to live healthily requires government policy which recognises and addresses the role played by the wider environment and the private sector in influencing individual behaviour and shaping health.** This includes action to tackle the advertising, promotion, relative expense and availability of healthy and unhealthy food and alcohol and smoking.[47] It should also take targeted action to reduce barriers associated with poverty and deprivation, including higher smoking rates among women from deprived backgrounds[48] and limited access to nutritious food for families on low incomes.[49]

Smoking remains a significant risk to maternal and fetal health and contributes to persistent inequalities in pregnancy outcomes.[50] The RCOG, through the Action on Smoking Health (ASH) coalition, supports the Tobacco and Vapes Act which we hope will improve pregnancy outcomes, reduce health inequalities, and support women's health across the life course.[51] While smoking in pregnancy has declined substantially from 13.6% in 2010/11 to 6.1% in 2024/25,[52] reflecting sustained progress, continued investment in cessation services is essential to maintain and build on these gains.[53] **The UK Government must therefore protect and expand NHS cessation programmes for pregnant women,** which supported over 160,000 people in 2024-2025.[54]

Under-resourced public health services can have impacts on both women's health and their reproductive options, for example through unmet need in sexual and reproductive healthcare (SRH), including post-pregnancy contraception (PPC).[55] Without equitable access to contraception, women may lack the information and support needed to make informed choices about pregnancies, increasing the risk of unplanned or closely spaced pregnancies.[56] While the RCOG welcomes the 2026/27 multi-year public health grant increase,[57] the UK Government must ensure that the public health grant is increased annually in line with inflation so that sexual and reproductive health services and other vital public health provision remain fully accessible to everyone who needs them.[58]

In Scotland, Wales and Northern Ireland, where public health and SRH services are funded through devolved budgets,[59] these governments must prioritise sustained investment in prevention, SRH and post-pregnancy contraception within their spending plans, and the UK Government should work with the devolved administrations to ensure that funding pressures do not undermine equitable access to these services across the UK.[60]

Women's Health Hubs are a proven example of the benefits of bringing together healthcare professionals to provide integrated women's health services in the community,[61] including sexual and reproductive healthcare services, preconception care and cervical screening.[62] Hubs can reduce unnecessary referrals into secondary care, bring down elective waiting lists, and provide care closer to home for women waiting.[63] As outlined in the renewed Women's

Health Strategy for England,[64] where high quality Women's Health Hubs exist, they should continue to play a central role in service delivery. Where they are not yet in place, services should ensure equivalent integrated women's health provision within Neighbourhood Health models, to avoid a postcode lottery in access to essential care closer to home.[65]

**4. A social security system that works for women throughout their lives**

Women rely more than men on the social security system because of their generally lower earnings, longer lives, and greater caring responsibilities.[66] **A strong, reliable social security system that works for women is a vital foundation for good health across women's life course, from their earliest years to pension age.**

Structural inequalities have meant women, and particularly disabled women and women from ethnic minority backgrounds, have been disproportionately affected by changes to social security and public services over the last decade.[67] Women, particularly lone mothers, have the highest gap between income and adequate living standards and are the most likely to be living in food insecure households.[68] The gender gap, combined with other factors results in pension income inequality in older age.[69]

The RCOG has long advocated for the ending of the two-child limit to universal credit,[70] and therefore welcomed its removal.[71] However, poverty and economic disadvantage remain gendered: women lose more from cuts to public services than men (£1,318 vs £1,174 annually), particularly in areas like education that support families and those with caring responsibilities.[72]

**To ensure policies effectively address inequalities, the Government must continue to work in partnership with women experiencing deprivation when designing and delivering support. It is also vital that social security benefits continue to keep up with inflation,** as real terms cuts can be detrimental to women's health, exacerbating inequalities in women's health and pregnancy outcomes.

Women seeking asylum or without official immigration status miss out on mainstream benefits and face a fragmented system of support, as the RCOG has highlighted previously in its position statement on equitable access to maternity care for refugee, asylum seeking and undocumented migrant women.[73] **UK governments must ensure that additional efforts are taken to ensure that women without official immigration status are supported to maintain good health**.[74]

**5. Access to good quality work, childcare and parental leave**

Women should have access to work which is secure, safe and pays enough to maintain good health. However, the current labour market does not consistently meet women's needs, contributing to poverty, deprivation and poorer health outcomes.

For example:

- *Cost and accessibility of maternity leave and childcare* - existing maternity pay and leave provisions do not work for many women and their families. In a survey by Maternity Action, 65% of women worried 'a lot' about money during maternity leave,

and 57% cut their leave short to return to work.[75] Research by Pregnant Then Screwed found that almost half (45.9%) of parents have gone into debt or used savings to pay for childcare,[76] a 30% increase since 2023.[77] Limited access to affordable childcare increases financial pressure and can influence decisions about whether to have or continue a pregnancy.[78]

- *Maternity discrimination* – evidence shows that pregnancy and maternity discrimination in the workplace remains a significant problem in the UK.[79] A 2026 survey by UNISON found that one in five pregnant workers did not receive a required workplace health and safety risk assessment, and 22% reported mistreatment due to their pregnancy, including harassment, bullying, loss of opportunities, and inadequate accommodation of health needs.[80]

- *Insecure work* – [81] Improving employment protections is key to reducing economic and health inequalities for women. Insecure contracts, common in female-dominated sectors such as social care, education, and retail, leave workers without predictable hours or income and can limit access to statutory maternity pay, sick pay, and the ability to attend medical appointments.[82] The Employment Rights Act 2025 strengthens safeguards for pregnant women and new mothers,[83] requires employers to publish equality action plans addressing menopause support and the gender pay gap,[84] and improves access to sick pay - measures that directly benefit women in low-paid and insecure work.[85] However, it is essential that the Act is delivered and enforced in full, particularly given concerns about insecure hours in female-dominated sectors.[86]

The RCOG welcomes recent measures introduced by the UK Government, including day-one parental leave,[87] free breakfast clubs in all primary schools in England,[88] and the parental leave and pay review.[89] However, implementation concerns remain.[90] The UK Government must ensure that any expansion of childcare provision is affordable and accessible to both providers and families, supporting women's health, wellbeing, and economic security.

**6. Improving health at the population level – access to affordable, nutritious food**

Eating a healthy diet is important for good health throughout our lives. Although the causes of poor diet are multiple and complex, having the money available to buy healthy food is fundamental. Food insecurity rose sharply during the cost-of-living crisis in 2022 and remains persistently high.[91] According to The Food Foundation, the poorest fifth of UK households would need to spend around 45% of their disposable income on food to meet the government-recommended healthy diet - rising to around 70% for households with children.[92] Access to healthy food is important for a healthy pregnancy. Having a balanced diet before and during pregnancy helps ensure the fetus gets the nutrients needed to grow properly, while overweight or obese can increase the risk of pregnancy complications.[93] In pregnancy, deprivation is associated with diets poor in specific nutrients, and poor diet appears to contribute to inequalities in pregnancy outcome.[94] **UK Government efforts to address inequalities in women's health or pregnancy outcomes must recognise and respond to the need for women to have sufficient income or support to be able to eat a healthy diet.**

Obesity (having a BMI of 30 or over) increases the risk of other health conditions, such as type 2 diabetes and heart disease,[95] and is also linked to some types of cancer. For example, it is estimated that around a third of womb cancer – the most common gynaecological cancer – diagnoses are caused by overweight and obesity.[96] Forty-one per cent of women in the most deprived groups in England live with obesity, compared with 23% in the least deprived groups.[97]

As a member of the Obesity Health Alliance, the RCOG welcomes the 2026 bans on television advertising of less healthy foods before 9 pm and on paid-for online advertising,[98] measures that support healthier generations and tackle inequalities.[99]

In England, Wales and Northern Ireland, the Healthy Start scheme provides pregnant women and families with pre-school aged children from low-income households with a weekly payment to spend on healthy food and milk, and to access vitamins.[100] However, the scheme has failed to keep up with inflation, and many women and families are missing out on vouchers, particularly in more deprived areas.[101] Although the scheme has seen a 10% funding increase in 2026,[102] the first rise since 2021, it does not fully restore the vouchers' real terms value given rising inflation.[103]

## Further reading

- RCOG, Scientific Impact Paper No. 67: Understanding the relationship between social determinants of health and maternal mortality (2021)
- RCOG, RCOG Position Statement: Equitable access to maternity care for refugee, asylum seeking and undocumented migrant women (2022)
- RCOG and RCM, Royal College of Midwives and Royal College of Obstetricians and Gynaecologists joint policy statement on domestic abuse (2020)

### A note on language

Within this document we use the terms woman and women's health. However, it is important to acknowledge that it is not only women for whom it is necessary to access women's health and reproductive services in order to maintain their gynaecological health and reproductive wellbeing. Gynaecological and obstetric services and delivery of care must therefore be appropriate, inclusive and sensitive to the needs of those individuals whose gender identity does not align with the sex they were assigned at birth.

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[1] WHO, Social determinants of health; Marmot M et al, Health Equity in England: The Marmot Review 10 Years On (2020); Institute of Health Equity, Action on the Social Determinants of Health; The King's Fund, What is a population health approach? (2022); WHO Europe, Fact sheets on sustainable development goals: health targets – Migration and Health (2017); OHID, Health disparities and health inequalities: applying All Our Health (2022); The King's Fund, What is a population health approach? (2022)

[2] The King's Fund, What are health inequalities? (2022)

[3] These are the principles of reproductive justice, set out by SisterSong, Reproductive Justice

[4] The Index of Multiple Deprivation (IMD) domains are income, employment, health deprivation and disability, education skills and training, crime, barriers to housing and services, and living environment. People may be considered to be living in poverty if they lack the financial resources to meet their needs, whereas people can be regarded as deprived if they lack any kind of resources, not just income. Office for National Statistics, English indices of deprivation 2025 (2025)
[5] House of Commons Library, Inequalities in life expectancy (2025)
[6] Health Equity North, Woman of the North: inequality, health and work (2024)
[7] House of Commons Library, Inequalities in life expectancy (2025)
[8] Health Foundation, Healthy life expectancy trends in the UK: a watershed moment (2026)
[9] UK Government, Health trends in England
[10] Health Foundation, Addressing the leading risk factors for ill health (2022); OHID, Health disparities and health inequalities: applying All Our Health (2022)
[11] Joseph Rowntree Foundation, Health and poverty (2026)
[12] Mental Health Foundation, Poverty of Ambition (2025)
[13] Mental Health Foundation, Experiences of poverty stigma and mental health in the UK (2024)
[14] Maternal Mental Health Alliance, More families struggling with poverty and poor mental health, says iHV (2024)
[15] National Library of Medicine, Food insecurity, poor diet, and metabolic measures: The roles of stress and cortisol (2024)
[16] Maternal Mental Health Alliance, Transport and maternal mental health (2023)
[17] LSE Public Policy Review: Barriers to Women in Accessing Healthcare in the UK – A Review (2025)
[18] ActionAid, Cost of living: UK period poverty rose from 12% to 21% in a year in 2023 (2025)
[19] Irise International, The Red Report (2026)
[20] BMJ Public Health: Social determinants of heat-related mortality in England: a time-stratified case-crossover study using primary care records (2025)
[21] Green Alliance, The impact of nature loss and climate change on the cost of living (2025)
[22] Green Alliance, The impact of nature loss and climate change on the cost of living (2025)
[23] King's College London, New study reveals changes in preconception health indicators in the UK (2024)
[24] MBRACE-UK, Saving Lives, Improving Mothers' Care (2025)
[25] MBRACE-UK, Saving Lives, Improving Mothers' Care (2025)
[26] UK Government, Abortion statistics commentary, England and Wales: 2023 (2026)
[27] The Guardian, Abortions at record high in England and Wales 'driven by cost of living' (2026)
[28] BPAS, Cost of living factor (2024)
[29] Marmot M et al, Fair Society, Healthy Lives (The Marmot Review) (2010)
[30] UK Government, 10 Year Health Plan for England (2025)
[31] NHS England, Cervical cancer elimination by 2040 – plan for England (2025)
[32] UK Government, Renewed Women's Health Strategy for England (2026)
[33] NHS Wales, The Women's Health Plan for Wales (2024)
[34] Scottish Government, Women's Health Plan: Phase Two (2026 - 2029) (2026)
[35] UCL, Cost of living crisis report calls for intersectional approach to policymaking (2023)
[36] Scottish Government, Using intersectionality to understand structural inequality in Scotland: evidence synthesis (2022)
[37] ONS, Gender pay gap in the UK: 2025 (2025)
[38] TUC, Women 7 times more likely than men to be out of work due to caring commitments (2023)
[39] Fawcett Society, Landmark report reveals 75% of women of colour have experienced racism at work (2022)
[40] TUC, TUC equality briefing: BME women and work (2020)

[41] TUC, Women 7 times more likely than men to be out of work due to caring commitments (2023) TUC, BME women far more likely to be on zero-hours contracts (2023)
[42] Refuge, Facts and Statistics
[43] Refuge, The Facts; Rape Crisis England & Wales, Rape and sexual assault statistics (2023)
[44] UK Government, First domestic abuse specialists embedded in 999 control rooms (2025)
[45] UK Government, New VAWG strategy will leave offenders with nowhere to hide (2025)
[46] The King's Fund, What are health inequalities? (2025)
[47] The Health Foundation, Addressing the leading risk factors for ill health (2022)
[48] UCL, Middle-aged women from deprived backgrounds struggle to quit smoking (2026)
[49] The Food Foundation, Families cutting back on healthy food risks widening health inequalities (2024)
[50] ASH, Smoking, Pregnancy and Fertility (2021)
[51] RCOG, Creating a smokefree generation
[52] UK Government, Smoking in England
[53] ASH, Unprecedented progress in tackling smoking during pregnancy threatened by NHS cuts, experts warn (2025)
[54] ASH, Hospital Stop Smoking Service cuts 'abandoning' vulnerable patients to a deadly addiction, health leaders warn (2025)
[55] CoSRH, Beyond barriers: Reimagining access to post-pregnancy contraception (2025)
[56] CoSRH, Beyond barriers: Reimagining access to post-pregnancy contraception (2025)
[57] UK Parliament, Local Authority Public Health Grant Allocation (2026)
[58] King's Fund, Measuring a moving target: the complex story of public health and prevention spending in local government (2026)
[59] Institute for Government, Barnett formula (2020)
[60] British Association for Sexual Health and HIV, Improving Scotland's Sexual and Reproductive Healthcare (2026), Fair Treatment for the Women of Wales, Women's Health Wales Coalition Manifesto 2026-2030 (2026), RCOG, Waiting for a way forward (2024)
[61] RCOG, RCOG responds to reports that central support for women's health hubs will end (2025)
[62] UK Government, Women's health hubs: core specification (2024)
[63] UK Government, 10 Year Health Plan for England (2025)
[64] UK Government, Renewed Women's Health Strategy for England (2026)
[65] RCOG, RCOG welcomes renewed Women's Health Strategy but calls for investment and delivery to match ambition (2026)
[66] Women's Budget Group, Where do we go from here? An intersectional analysis of women's living standards since 2010 (2024)
[67] Women's Budget Group, Where do we go from here? An intersectional analysis of women's living standards since 2010 (2024)
[68] Tomson K et al, Socioeconomic inequalities and adverse pregnancy outcomes in the UK and Republic of Ireland: a systematic review and meta-analysis (2021)
[69] House of Commons Library, Research Briefing: The Gender Pensions Gap (2024); IFS, The gender gap in pension saving (2024)
[70] UK Parliament, Written evidence submitted by the Royal College of Obstetricians and Gynaecologists [RCW0013] (2023)
[71] UK Government, Two-child limit scrapped as historic Bill to lift 450,000 children out of poverty becomes law (2026)
[72] Women's Budget Group, Where do we go from here? An intersectional analysis of women's living standards since 2010 (2024)

[73] RCOG, Equitable access to maternity care for refugee, asylum seeking and undocumented migrant women (2022)
[74] Maternity Action, Unheard London: migrant and asylum seeking mothers and the cost of living crisis (2022)
[75] Maternity Action, Pushed into Poverty: The Cost of Living on Maternity Leave 2025 (2025)
[76] Pregnant Then Screwed, Shocking new stats about the cost of parenting (2024)
[77] Pregnant Then Screwed, State of the Nation 2023 (2023)
[78] Pregnant Then Screwed, Shocking new stats about the cost of parenting (2024)
[79] Equality and Human Rights Commission, Pregnancy and maternity discrimination research findings (2015)
[80] UNISON, Pregnant women feel unsafe at work despite legal protection (2026)
[81] TUC, Guide to: Zero hours contracts ; TUC, BME women twice as likely to be on zero-hours contracts as white men (2022)
[82] TUC, Women are "bearing the brunt" of exploitative zero-hours contracts (2025), Young Women's Trust, Swept under the rug: Young women's experiences of reporting unfair treatment at work (2025)
[83] Fawcett Society, Fawcett celebrates publication of Employment Rights Bill (2024)
[84] UK Government, Government launches landmark gender pay gap and menopause action plans to help women thrive at work (2026)
[85] TUC, Millions of low-paid women set to benefit from stronger sick pay as new rights come into force (2026)
[86] The Guardian, Big retailers say UK jobs at risk from guaranteed hours reforms (2026) TUC, Millions of low-paid women set to benefit from stronger sick pay as new rights come into force (2026)
[87] UK Government, Stronger parental leave rights to give millions of working families the "security they deserve" (2026)
[88] UK Government, Free breakfast club roll out: everything you need to know (2026) Institute for Fiscal Studies, Free breakfast clubs in schools: what Labour's plans would mean for pupils and families (2024)
[89] UK Government, Parental leave and pay review (2025)
[90] The Guardian, 'Poorly thought out': expanded England childcare scheme results in higher fees for some families (2025)
[91] The Food Foundation, Survey results show families face multiple barriers to feeding under-5s a healthy diet (2026)
[92] The Food Foundation, The Broken Plate 2025 (2025)
[93] NHS England, Have a healthy diet in pregnancy; RCOG, Healthy eating and vitamin supplements in pregnancy patient information leaflet (2022); RCOG, Being overweight in pregnancy and after birth patient information leaflet (2022)
[94] The Food Foundation, Briefing: Strengthening the Healthy Start Scheme to protect children's health (2025)
[95] NHS England, Obesity (2023)
[96] Cancer Research UK, New study identifies how obesity may increase the risk of developing womb cancer (2022)
[97] NHS England, Health Survey for England, 2024 (2026)
[98] UK Government, Restricting advertising of less healthy food or drink on TV and online: products in scope (2026)
[99] Obesity Health Alliance, Open Letter to Secretaries of State Urges Tougher Junk Food Advertising Rules to Protect Children (2026)
[100] NHS England, Healthy Start scheme

[101] Sustain, Healthy Start map: Estimated loss to families in 2023 (2023)
[102] UK Parliament, Nutrition: Children, Question for Department of Health and Social Care (2026)
[103] Bevan Foundation, Low-income parents to get an increase in Healthy Start's value (2025)