Royal College of Obstetricians & Gynaecologists

Improving early detection and care pathways for uterine fibroids in England

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Executive summary

Although uterine fibroids are medically classified as benign, their effects are often progressive, severe and life-limiting for thousands of women. Up to two-thirds of UK women develop at least one fibroid at some point in their lives[1], and international estimates suggesting 70–80% of women will have fibroids by age 50[2]. They are among the most common benign gynaecological conditions, but their unpredictability of growth and symptom progression can significantly compromise quality of life. Severe bleeding, chronic anaemia, debilitating pelvic pain, infertility and pregnancy complications such as miscarriage, pre-term labour and haemorrhage, lead to significant physical and psychological harm — affecting education, careers, family life and mobility[3]. Women often describe feeling as though they are "carrying a weight no one else can see" — an invisible but life-limiting disease.

Yet because these tumours are categorised as benign, the urgency they demand is frequently diminished. Women are advised to "manage" or "wait," until their symptoms escalate to crisis, contributing to emergency admissions, blood transfusions, and life-altering hysterectomy — outcomes which may have been avoidable with earlier diagnosis and management.

Despite this, the burden is consistently underestimated and under-prioritised. Early diagnosis remains rare, with thousands enduring debilitating disease for years before receiving help resulting in greater intervention, a higher risk of complications and significant system costs. The current model of care is reactive. Together with the lack of consistent pathways and an inability to effectively triage all women presenting with symptoms, means resources are not directed efficiently to those with the most significant symptoms or risk.

The economic impact is substantial. Fibroids cost the NHS an estimated £86 million in direct healthcare expenditure annually, with wider economic losses due to sickness absence and reduced productivity reaching up to £1.7 billion each year[4].

There is strong evidence that shifting care earlier — through improved symptom recognition, standardised diagnostic pathways, and community-based treatment options — would reduce this burden, improve outcomes, and long term NHS system sustainability.

Inequities are pronounced. Black women experience earlier onset**,** more severe disease, and longer delays in diagnosis and treatment. They are also more likely to be offered fertility-limiting surgery as a first option[5]. These disparities reflect systemic inequalities in access, awareness, and clinical practice and are inconsistent with the commitments set out in the Women's Health Strategy for England[6] and the Government's ambition to reduce health inequalities through prevention and early intervention.

This paper provides a clear, actionable roadmap to transform fibroid care from reactive crisis-driven care to prevention-focused, personalised, and equitable support that ensures every womans' symptoms are recognised and managed with dignity and clinical excellence. It proposes:

- **National early recognition and risk-based identification in primary care**
  Direct access to community ultrasound
  Standardised pathways
  Regional specialist networks for complex cases
  New data systems to monitor outcomes and inequalities

These recommendations directly support delivery of the Women's Health Strategy, the NHS commitment to prevention and digital innovation[7], and the Government's wider aims to improve reproductive health across the life course.

Fibroids should not be the quiet catastrophe of women's health.

Improved fibroid care provides a measurable and timely opportunity to demonstrate progress in women's health: improving quality of life, preserving fertility, reducing inequalities, and enabling more efficient use of healthcare resources - proving that when we prioritise the conditions women live with every day, rather than only those that threaten life, we strengthen the NHS and the society it serves.

Context and rationale

Epidemiology

Uterine fibroids are the most common benign tumours of the uterine muscle and the leading cause of abnormal uterine bleeding in women and those with a uterus. They affect an estimated 70–80% of women by the age of 50, with markedly higher prevalence and severity among Black women, where lifetime rates exceed 80% and whose symptoms are often more severe and complex to manage.

While some remain asymptomatic, fibroids are a major cause of hospital admission for haemorrhage and anaemia, and one of the most frequent causes of abdominal pain, pressure, and bloating. They are strongly associated with infertility, miscarriage, and adverse pregnancy outcomes including preterm birth and fetal growth restriction.

Despite their prevalence, the underlying causes of fibroid development and progression remain poorly understood. Diagnosis most often occurs via pelvic ultrasound—typically after symptoms have escalated to a level significantly affecting daily life. Early detection is rare, and most women are referred from primary to tertiary care only once symptoms have escalated, by which time fibroids are often large, multiple and more complex to treat. This delay contributes to higher surgical rates, increased complication risk and widening health inequalities.

Impact

The impact of fibroids extends beyond gynaecological morbidity. Chronic pain, heavy bleeding, anaemia, and fatigue contribute to significant physical, emotional, and social burden—manifesting in lost productivity, educational disruption, and reduced quality of life. In England, fibroids are among the leading causes of gynaecological surgery, with hysterectomy remaining the most common treatment worldwide. Such surgical interventions, while sometimes necessary, can have long-term reproductive, psychological, and metabolic consequences. For many women, these consequences are life-altering and avoidable with earlier intervention and a broader range of accessible treatment options.

Economically, fibroids represent a substantial cost to the health system and society. Direct healthcare costs in England are estimated at £86 million per year, with indirect losses from absenteeism and reduced productivity exceeding £1.7 billion annually. Earlier diagnosis, patient-centred care, and greater access to non-surgical treatment options could significantly reduce this burden, improving outcomes while generating savings for the NHS.

Current gaps in care

Despite their scale, fibroids remain a neglected area within women's health policy and research. The current system is reactive rather than preventive, with fragmented care pathways and uneven access to expertise. This contributes to delayed diagnosis, inconsistent management, limited treatment choice and significant inequalities in outcomes, particularly for Black women and those in underserved communities.

Key challenges include:

- No nationally agreed clinical pathway beyond *NICE Fibroids Guidance (2023)*.
- Delayed diagnosis and variable access to early investigation and management.
- Inconsistent GP training in fibroid symptom recognition, leading to missed opportunities for early intervention.
- Absence of a national public awareness campaign to help women distinguish between normal and abnormal menstrual symptoms.
- Limited availability of diagnostic imaging, particularly in primary and community settings.

- Inequitable access to non-invasive and uterus-sparing treatments, with women of colour disproportionately offered hysterectomy.
- Higher infertility rates and lower success from assisted reproductive technologies among those with untreated fibroids.

This fragmented approach perpetuates structural inequalities. Black women, in particular, face longer diagnostic delays, more advanced disease at presentation, and higher rates of invasive surgical intervention.

Recent evidence

Findings from the *All-Party Parliamentary Group on Black Health* (October 2025) underscore the urgency for reform. A survey of over 500 women — more than 70% of whom identified as Black British — found that **27% were offered no treatment following fibroid diagnosis, while over half experienced diagnostic delays exceeding two years, and one in four reported living with fibroids for more than a decade before receiving care**[5]. The accompanying report, highlighted in *The Guardian*[8], revealed that Black women are disproportionately offered hysterectomy as a first-line treatment, while uterus-preserving and minimally invasive options remain underutilised.

These findings validate longstanding clinical and patient concerns: that systemic delay, under-recognition of symptoms, and inequitable treatment access are not isolated experiences but structural failings requiring policy attention.

Alignment with national policy goals

The imperative to improve fibroid detection and management aligns closely with the UK Government's major health strategies:

- **10-Year Health Plan for England**[7] – The Plan's focus on *preventive, personalised, and digitally enabled care* provides a clear framework for fibroid reform. A national fibroid screening and detection programme would deliver on these priorities by enabling earlier, community-based diagnosis, integrating digital innovations such as AI-assisted ultrasound triage, and reducing dependence on late-stage hospital intervention.
- **Women's Health Strategy for England (2022)**[6] – This strategy commits to addressing disparities, improving reproductive health outcomes, and ensuring women's voices are heard in system design. Fibroids represent a direct test of these commitments, given their disproportionate impact on Black women and their contribution to wider gender health inequalities. Embedding fibroid screening, early triage, and equitable treatment access within women's health hubs would deliver a visible and measurable demonstration of these goals in action.
- UK Government renewal of the Women's Health Strategy (expected 2026) - the Government has committed to renew the Women's Health Strategy for England to tackle inequalities and improve access to healthcare for women across England.

Together, these strategies create a pivotal opportunity to transform fibroid care from reactive crisis management to proactive, equitable, and evidence-based early detection — preserving fertility, preventing morbidity, and reducing the social and economic burden on women and the health system alike.

RCOG position and key policy recommendations

In September 2025, the RCOG convened the first national roundtable on fibroid care in the UK. This multidisciplinary meeting brought together gynaecologists, reproductive health specialists, GPs, policy leaders, public health representatives, and patient advocates to discuss one of the most pressing yet under-recognised women's health issues in England. The roundtable's aim was clear: to develop a consensus framework for **standardising fibroid detection, diagnosis, and management,** while identifying **priority areas for research, service redesign, and policy reform**. The discussions built on evidence from recent national reviews.

The following recommendations are grounded in evidence, clinical consensus, and public health need. These proposals aim to drive earlier detection, equitable access to treatment, and improved reproductive and overall wellbeing for all women affected by fibroids.

1. Symptom awareness and early identification

Rationale

Public and professional awareness of fibroids remains alarmingly low, despite their prevalence and significant impact on health, fertility, and quality of life. Many women normalise abnormal symptoms and this delay is compounded by inconsistent GP recognition of fibroid-related symptoms. Embedding early recognition into public health messaging and routine reproductive care would create a proactive system — one that identifies disease earlier, improves health literacy, and mitigates long-term inequalities in women's health outcomes.

Recommendations

National Menstrual Health Awareness Campaign

- Launch a **national public health campaign** led by NHS England and focused on menstrual and uterine health, aimed at helping women distinguish between *"normal" and "abnormal"* symptoms — including heavy menstrual bleeding, pelvic pain, bloating, and urinary pressure.
- Campaign messaging should explicitly include *fibroids*, mirroring successful models in breast and cervical health awareness.

- Targeted outreach in partnership with community organisations and media outlets should be developed for high-prevalence and underserved communities, particularly Black and minority ethnic women, who face the longest diagnostic delays and highest disease burden.

Routine risk assessment and early screening triggers

- NHSE to develop and embed a **standardised risk-assessment tool** to be used within women's health interactions — including cervical screening appointments, contraceptive consultations, and perimenopausal reviews — to flag early symptoms suggestive of fibroids or other uterine pathology.
- This tool should combine symptom-based screening questions with risk markers (e.g., family history, ethnicity, anaemia, and menstrual pattern changes) to support earlier GP referral and equitable access to imaging.
- Primary care providers should be supported with clear guidance and digital prompts to facilitate timely pelvic ultrasound requests where indicated.

Professional training and system integration

- Expand **GP and nurse training** modules on heavy menstrual bleeding, fibroid symptoms, and culturally competent consultation — ensuring all primary care clinicians can confidently identify, discuss, and triage uterine health concerns.
- Consider expanding these modules to include other professionals working in women's health, such as radiologists and sonographers.
- Integrate menstrual health prompts and risk assessments into **NHS Digital systems** and **women's health hubs**, ensuring consistent data capture and early identification across the care pathway.

2. Standardised diagnostic pathway and primary care empowerment

Rationale

Diagnosis of fibroids across England remains inconsistent and fragmented. Empowering **GPs and the wider primary healthcare team** to play a more active role in the early recognition, investigation, and management of fibroids is critical. Currently, GPs face barriers to directly requesting imaging or initiating first-line medical therapies, resulting in unnecessary delays and missed opportunities for early, conservative management. By providing **clear referral criteria**, **direct access to pelvic ultrasound**, and **training on initiating newer non-surgical treatments**, primary care can become the cornerstone of a more proactive, equitable approach to uterine health.

A new **nationally endorsed diagnostic and management pathway** — co-designed by RCOG, NICE, and NHS England — would standardise access to community-based ultrasound, streamline referral to secondary care, and support early, evidence-based interventions. This would improve continuity between general practice, women's health hubs, and specialist services, enabling earlier diagnosis, better symptom control, and reduced reliance on invasive surgery. Moreover, standardised diagnostic and management pathways will ensure equitable access to non-surgical and uterus-preserving treatments, alike.

Recommendations

Primary care empowerment and treatment bridging

- Improve **standardised gynaecology training for health care professionals working in Primary Care** across England, focusing on fibroid recognition, diagnostic thresholds, and referral pathways.
- Authorise GPs and community gynaecologists to **initiate approved medical treatments** (e.g., oral GnRH modulators such as relugolix- and linzagolix-based treatments) while awaiting specialist input, reducing symptom burden and preventing deterioration.
- Provide clear guidance and shared-care protocols between primary and secondary care to ensure safe continuity of treatment and follow-up.
- Facilitate access to **community-based ultrasound and blood investigations** to support evidence-based referrals, reducing hospital dependence for initial diagnosis.
- Embed **community-based ultrasound** services, including within women's health hubs, to enable early and local access to diagnostic imaging, reducing reliance on tertiary referral and hospital- based services.

National Fibroid Diagnostic Pathway

- Develop a **National Fibroid Diagnostic Pathway**, endorsed by RCOG and NICE, setting out clear clinical criteria for when and how patients should access imaging (ultrasound, MRI) based on symptom profile, risk factors, and reproductive goals.
- The pathway should be designed to reduce regional variation, ensuring women in all parts of England — regardless of ethnicity, socioeconomic status, or postcode — have equitable access to timely diagnosis and management.
- Diagnostic timelines and escalation criteria (e.g., when to refer from GP to specialist care) should be explicitly defined and aligned with women's health hubs and Integrated Care Boards (ICBs) for consistent implementation across systems.

Standardised imaging protocols and reporting

- Encourage the use of **standardised imaging protocols** and **structured reporting templates** for all fibroid-related scans, detailing fibroid **size, number, location, and cavity distortion.**

- This uniformity will enable consistent clinical interpretation, facilitate comparative data analysis across regions, and improve continuity of care between community and hospital settings.
- The RCOG, in partnership with the Royal College of Radiologists and the British Society for Gynaecological Imaging (BSGI), should lead on developing and disseminating these standards.

Digital innovation and AI integration

- NHSE to integrate **AI-enabled ultrasound interpretation tools** and **digital triage platforms** into community diagnostic pathways to support early detection, prioritisation of complex cases, and standardisation of reporting.
- Leverage existing NHS digital infrastructure (e.g., NHS App, GP IT systems) to automate symptom-to-imaging referrals and facilitate data sharing between primary, secondary, and fertility services.

3. Referral pathways and specialist centres

Rationale

Current referral pathways for women with fibroids across England are fragmented, inconsistent, and reactive rather than proactive. Many patients are only referred to secondary care once symptoms have become debilitating, anaemia is established, or fertility has been affected. The absence of clear, risk-stratified thresholds for referral — alongside limited access to multidisciplinary care — contributes to delayed diagnosis, variable treatment quality, infertility and avoidable surgical intervention.

A structured and equitable referral system, supported by regional fibroid specialist centres, would ensure that women with moderate to severe symptoms or fertility implications receive timely, expert-led evaluation. These centres should mirror the successful endometriosis network model, offering coordinated multidisciplinary input from gynaecology, radiology, fertility, pain management, and psychological support. Such networks would also act as referral and education hubs for primary care and community services, ensuring that patients receive the right care at the right level and reducing the need for repeated or inappropriate referrals.

Recommendations

Risk-stratified referral pathways

- Develop and implement **national risk-based referral criteria**, incorporating symptom severity, presence of anaemia, fertility impact, and fibroid size or growth rate.
- Create digital referral templates integrated into NHS systems (e.g., eRS) to guide appropriate triage and ensure consistent thresholds for secondary care access.

- Enable **direct-to-MDT triage** for complex or fertility-related cases, reducing unnecessary waiting times between initial consultation and specialist review.

Regional fibroid specialist networks

- Establish **Fibroid Specialist Centres** in each NHS region, co-located with existing tertiary gynaecology services, offering comprehensive diagnostic, medical, surgical, and fertility-preserving treatments for **complex cases** such as women requiring repeat surgical intervention, co-existing pelvic disease or complex imaging findings.
- Embed **multidisciplinary team (MDT) reviews** for all women referred with symptomatic or complex fibroids, including radiology, fertility, and psychological input where appropriate.
- Ensure equitable referral access across all regions — particularly for underserved communities — through collaboration with women's health hubs and Integrated Care Systems (ICSs).

4. Data, research and innovation

Rationale

Despite the high prevalence and societal cost of uterine fibroids, the UK currently lacks comprehensive national data on diagnosis, treatment, and outcomes. Fibroids remain underrepresented in epidemiological datasets, with incomplete or inconsistent diagnostic coding in NHS records. This data gap impedes service planning, limits the ability to measure health inequalities, and constrains research into prevention, early detection, and treatment outcomes. Without robust data infrastructure, it is impossible to understand how care varies by ethnicity, geography, or socioeconomic status — or to hold systems accountable for closing those gaps.

There is also a critical need to strengthen the research and innovation landscape for fibroids. Current evidence on racial disparities, environmental contributors, and fertility outcomes post-treatment is fragmented. There are no active UK-based longitudinal studies examining how fibroids affect reproductive health across a woman's lifespan, nor are there scalable models for affordable, AI-enhanced imaging to support early diagnosis in community settings. Investing in coordinated, multidisciplinary research — supported by high-quality national data — is essential to transforming fibroid care from reactive to predictive and personalised.

Recommendations

National Fibroid Registry

- Establish a **National Fibroid Registry**, led by NHS England with input from RCOG NIHR and other stakeholders, to systematically capture data on diagnosis, management, and outcomes.

- Ensure the registry includes variables stratified by **ethnicity, age, geography, IMD profile, and fertility outcomes**, enabling robust equity analysis and benchmarking.
- Mandate participation for NHS Trusts and encourage data linkage with primary care, fertility, and surgical outcome datasets to provide a holistic view of the patient journey.

Data quality and coding improvement

- Require accurate and standardised **diagnostic coding** for fibroids across NHS datasets, distinguishing fibroid subtype (FIGO staging) and treatment type (medical, surgical, conservative).
- NHS England's Data and Analytics Directorate to create a **national dashboard for fibroid care metrics**, tracking diagnostic waiting times, imaging access, referral patterns, and treatment equity.
- Embed these indicators within the renewal of the Women's Health Strategy for England monitoring framework to inform ongoing evaluation and resource allocation.

Research investment and innovation

- Prioritise targeted research funding into:
    - **Racial and ethnic disparities** in fibroid prevalence, severity, and treatment outcomes.
    - **Environmental, dietary, and endocrine risk factors** influencing fibroid development.
    - **Reproductive outcomes** post-treatment, including fertility, miscarriage, and obstetric complications.
- Support UK-based innovation in **AI and radiomics** to enable early differentiation of benign vs progressive fibroids and to develop low-cost, portable imaging solutions suitable for community and global health settings.
- Encourage cross-sector partnerships between academia, NHS, industry, and patient advocacy groups to accelerate translational research and equitable innovation.

Knowledge dissemination and impact evaluation

- NHSE to establish a **Fibroid Research Collaborative** to coordinate ongoing studies, share best practice, and facilitate rapid translation of findings into clinical guidance.
- Mandate annual publication of fibroid data and outcomes to ensure transparency, accountability, and continuous learning across the system.

5. Patient Voice, Equity & Co-Design

Rationale

Fibroid care in England continues to reflect deep structural inequities, particularly along racial and socioeconomic lines. Evidence from the APPG on Black Health[5] and *The Guardian*'s 2025 investigation[8] highlight that Black women experience some of the longest diagnostic delays, are disproportionately offered hysterectomy as a first-line treatment, and often feel dismissed or unheard during their care journey. These disparities are not only clinical but cultural — rooted in decades of under-representation in research, lack of culturally competent communication, and the absence of patient voice in service design.

Addressing these inequalities requires and improving outcomes demands more than clinical reform; it requires a re-orientation of the system toward meaningful partnership with women who live with fibroids. Patient co-design centred on the lived experience, ensures that pathways, research priorities, and communication strategies reflect the realities of those most affected. A strong, representative patient voice also helps to rebuild trust, challenge stigma, and ensure that reforms deliver equity in access, experience, and outcomes across all communities. Women living with fibroids consistently report that they are rarely included in decision making processes. Incorporating their perspective is critical to designing effective, relevant and patient centred care.

Recommendations

Co-production of patient resources and pathways

- Co-produce NHS **patient-facing educational resources** (leaflets, digital tools, videos) in partnership with women with lived fibroid experience, ensuring accessibility across literacy levels, languages, and cultural contexts.

Equitable outreach and engagement

- Develop targeted **community outreach programmes** for high-risk and under-served groups, particularly Black and minority ethnic women, through collaboration with faith organisations, social networks, and cultural media platforms.
- Establish **peer support and patient advocacy networks** within NHS women's health hubs to provide culturally sensitive information, practical guidance, and emotional support throughout diagnosis and treatment.
- Utilise Women's Health Ambassadors/Champions, or fund **community health ambassador schemes,** to raise awareness of menstrual health and fibroid symptoms, supporting early presentation and trust in healthcare providers.

Next steps: Delivering system change in fibroid detection and care

The Department of Health and Social Care, NHS England, and Integrated Care Systems should work in partnership with professional bodies, patient advocates, and community leaders to implement the recommendations within this report. They are designed to ensure measurable improvements in early detection, equitable access to treatment, and consistent standards of care across England and will make a tangible difference to women's lives. Action should focus on four key areas:

1. Develop a national risk-based referral criteria

Objective: Define clear, evidence-based thresholds for referral from primary to secondary care, based on symptom severity, fibroid characteristics, fertility implications, and patient preference.

Actions:

- Convene a working group of clinicians, commissioners and patient representatives to draft criteria.
- Pilot risk-based referral models within selected women's health hubs and ICBs.
- Integrate digital referral templates into NHS e-referral systems to support standardised triage and equitable access.
- Align referral thresholds with NICE (2023) Heavy Menstrual Bleeding and Fibroids Guidance to ensure coherence across the NHS.

2. Create a nationally endorsed diagnostic and management pathway

Objective: Deliver a unified, patient-centred pathway for fibroid detection, diagnosis, and treatment — applicable across community, secondary, and specialist services.

Actions:

- Collaborate with **NICE, NHS England, RCOG and the Royal College of General Practitioners** to co-produce a national pathway integrating early detection, medical therapy, and fertility-preserving management.
- Include provisions for **community-based ultrasound access**, GP-initiated medical therapies, and digital triage tools (AI-assisted imaging, structured reporting).
- Ensure integration with the Women's Health Strategy and local commissioning frameworks.
- Disseminate through women's health hubs, ICBs, and professional training modules for primary care.

3. Establish a National Fibroid Registry

Objective: Build a robust data infrastructure to track fibroid incidence, diagnostic timelines, treatment outcomes, and inequities across England.

Actions:

- Develop the registry in partnership with NHS England, NIHR, and the RCOG
- Capture data across primary, secondary, and fertility care, stratified by ethnicity, age, geography, and treatment modality.
- Align with NHS digital standards to ensure interoperability and facilitate research into fibroid pathophysiology, treatment outcomes, and health inequalities.
- Publish annual outcome reports to monitor progress against equity, access, and quality benchmarks.

4. Towards designation of Specialist Fibroid Centres of Excellence

Objective: Improve access to multidisciplinary, high-quality care for complex and symptomatic fibroid cases.

Actions:

- Define criteria for designation of Regional Fibroid Specialist Centres, modelled on the national endometriosis network.
- Ensure each centre provides comprehensive diagnostic services, fertility-preserving surgery, radiological interventions (e.g., uterine artery embolisation, MRI guided focused ultrasound), and psychological support.
- Develop referral and education networks between women's health hubs and Specialist Centres to enhance local capacity and consistency of care.
- Work with the RCOG and other stakeholders to design a system of accreditation.

Alongside these actions for the DHSC and NHS England, the RCOG will scope the development of a new Green Top Guideline on the diagnosis and management of uterine fibroids. This would set the national standard for fibroid care, from symptom recognition to advanced surgical and fertility management.

Conclusion: A national opportunity for change

Uterine fibroids represent one of the most prevalent yet persistently overlooked conditions in women’s health — a silent epidemic that has too often been accepted as inevitable rather than preventable.

The consequences of this neglect are now impossible to ignore: widespread diagnostic delay, avoidable surgery, impaired fertility, and disproportionate harm to Black and minority ethnic women. These are not isolated clinical shortcomings but systemic inequities that reflect broader failures in how the health system listens to, values and responds to women’s experiences.

The time for incremental change has passed. A national, coordinated approach to fibroid detection, diagnosis, and management — underpinned by prevention, early intervention, and equity — is essential.

Implementing the recommendations outlined in this paper would mark a decisive shift from reactive to proactive care:

- empowering primary care to recognise and manage fibroids earlier;
- integrating AI and digital innovation to standardise diagnosis;
- embedding multidisciplinary networks that offer personalised, fertility-preserving treatment;
- ensuring data transparency and research that drives continuous improvement; and
- centring the voices of women with lived experience in every stage of design and delivery.

Such reform would not only improve outcomes for millions of women but also strengthen the NHS’s commitment to fairness, efficiency, and prevention-led healthcare. Early detection and equitable management of fibroids will reduce hospital admissions, preserve reproductive potential, and restore quality of life — benefits that extend beyond individual wellbeing to the economic and social fabric of our society.

Together, we can ensure that fibroid care becomes a measure of progress — a tangible sign that women’s health in England is finally being placed where it belongs: at the centre of national health policy, ensuring that all women, regardless of background or postcode, have access to timely, compassionate, and effective care.

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