

Women's health reference guide



SPONSORED BY



THOMPSONS
SOLICITORS

UNISON and Women's Health



UNISON is Britain's largest trade union with over 1.3million members, 2/3 of which are women.

One of UNISON's key objectives is to campaign for improved public services and women in UNISON have a particular concern about the provision of health services, both as users and as providers of those services.

Women throughout the UK deserve the best access to, and the best provision of, health care services regardless of where they live. UNISON will continue to campaign to ensure that this is the case and that the women who are part of providing that service are paid fairly for it.

This guide provides some general information about a range of health matters which affect women. It also provides some guidance about what you and your branch can do to campaign for improvements in health service provision and raise awareness about different health matters.

This guide is not intended as an authoritative statement on health issues but as a general guide with information about where to go for expert advice.

Please remember that if you are worried about a particular health issue you should consult your local GP or phone NHS Direct on 0845 4647.

USEFUL CONTACTS

If you would like to know more about UNISON or want to find out about joining please phone UNISONdirect 0845 355 0845.

Breast Awareness

Breast awareness is knowing your breasts and being aware of what is normal for you at all times in your monthly cycle. When you know how your breasts normally look and feel you will be the first to notice any changes.

Most changes are harmless but should be checked by a doctor. A change is seldom due to cancer but even if it is, early detection may mean simpler and usually more successful treatment.

WHEN SHOULD I CHECK?

This is up to you but you have probably noticed that your breasts change during your monthly cycle. Many women have lumpy, tender breasts just before their period and soft breasts immediately afterwards. Although it may be easier to make comparisons when the breasts are soft, it is wise to be aware of the changes throughout your cycle.

WHAT SHOULD I CHECK FOR?

Remember you are looking for ANY change in your breasts which is unusual FOR YOU.

BREAST SCREENING

If you are between 50 and 70 you are entitled to be screened every three years as part of the National Breast Screening Programme. (The upper age limit has recently been extended from 64 to 70 although it has not yet come into effect in all areas.)

Your name will be taken from your GP's list and you will be sent an invitation to come for a mammogram

(breast x-ray). This may not happen the year you turn 50 but it will within three years of you turning 50.

If you are over 70 (or 65 or over in areas where the new age limit has not yet come into effect) you will not be invited for screening. However, you are still at risk of breast cancer and are entitled to free breast screening every three years on request. All you need to do is ask your GP or practice nurse to arrange an appointment for you, or you can contact the breast screening unit yourself.

You can find out where your local breast-screening unit is by calling **NHS Direct** on **0845 4647** (or the **NHS Health Helpline** on **0800 224488** in Scotland), or by contacting your GP practice.

UNISON AND BREAST SCREENING

Paid time off for breast screening is now available for most women working in the public sector.

Branches should;

- Raise women's awareness of the importance of breast screening
- Ensure that members have relevant information on breast screening and breast care
- Arrange activities during breast cancer awareness month every October

- Campaign with other interested organisations, such as the UK Breast Cancer Coalition, to improve screening, treatment and after care within the NHS
- Lobby the Government for more resources for research and information on the causes, prevention and treatment of breast cancer
- Raise awareness of the increasingly strong link between environmental pollution including chemicals and increased incidents of some breast cancer

BREAST CANCER AND BEST PRACTICE FOR EMPLOYERS

UNISON branches should seek to ensure that occupational health and safety policies make provision for employees diagnosed with cancer. They may require a significant amount of time off work for treatment and recovery.

A good occupational health policy should;

- Ensure confidentiality at all times
- Ensure close contact between you and your employer during your absence so you can keep each other up to date with progress
- Ensure you are informed of vacancies, training opportunities and other relevant information whilst you are away
- Provide for a flexible return to work and/or alternative working duties until they are fully recovered
- The Disability Discrimination Act (DDA) now covers people diagnosed with cancer where the

- ▶ condition leads to an impairment affecting their ability to carry out day to day activities. Where covered by the DDA, the employer will be legally obliged to carry out reasonable adjustments where necessary.

THE CONTRACEPTIVE PILL AND CANCER RISK (information from Cancer Research UK)

Post menopausal women are most at risk of getting breast cancer. Far more women in their late 50s, 60s and 70s get breast cancer than younger women. So if we are looking at anything that might increase the risk of breast cancer, then it is at women in this age group that we need to look.

The contraceptive pill was invented in the 1960s, but it only really became widely used from the middle of the 1970s onwards. So women who first used the pill, who were in their 20s and 30s, are only in their 50s and 60s now. For this reason, we don't yet know whether being on the pill will affect the risk of any woman getting post-menopausal breast cancer.

There has been some work done on the possible risk of using the pill and getting breast cancer at a younger age. But because not as many women get pre-menopausal breast cancer, there is not very much to go on. The research work that has been done suggests there might be a very slight increase in risk with pill use. This small increase in risk is slightly higher if you have always taken the pill continuously rather than going on and off it.

Your risk of disease is given in relation to someone who has not been exposed to the risk factor. In other words, if you have never

taken the pill, assume your risk to be '1'. If you have taken the pill, your risk of pre-menopausal breast cancer relative to that is 1.05. Remember, your risk of pre-menopausal breast cancer is very small anyway.

If you have a family history of breast cancer, you may feel that this increase in risk (however small it is) is not worth taking. But doctors don't think that pill use is likely to change the size of the risk in women who have close relatives with breast cancer. If you have a history of breast problems – benign lumps – you may also feel that you should be extra cautious. We don't really know whether the pill makes any difference to women with a history of lumps.

All the above figures are about the combined pill, with oestrogen and progesterone together. If there is a risk, it is thought that it is the oestrogen that may be responsible. So it is really best to take a brand of pill that has lower oestrogen. In the UK, most women are automatically put onto a low oestrogen combined pill by their doctors.

There is another type of pill that has only progesterone in it. Some research has suggested that this may actually help protect you against breast cancer after you have taken it for a couple of years. But it is early days in the research and this is only a suggestion at the moment.

Cervical cancer

There has been some research indicating that using the pill increases the risk of cancer of the cervix. But the picture is confusing. Other research has linked women's sexual behaviour to increased risk of cervical cancer. It isn't clear whether

the link with pill use is because women on the pill are more sexually active than women who aren't. More sexually active women may be more exposed to other risk factors such as the genital wart virus. Other recent research has suggested that being on the pill may actually protect against cervical cancer. We really don't know at the moment.

Cancer of the ovary

The combined contraceptive pill does protect you against ovarian cancer. This is particularly important if you have ovarian cancer in your family. The protection comes from the pill suppressing hormones that naturally stimulate the ovaries. It seems that the longer you are on the pill, the lower your risk of ovarian cancer. Some research has suggested that being on the pill for five years can cut the risk by half although you get some reduction in risk with only six months pill use.

Cancer of the womb

The combined pill also protects against cancer of the womb. It is probably the progesterone that is helping here, rather than the oestrogen. Research suggests that pill use cuts the risk of womb cancer by half and that this protection lasts for at least 15 years after you stop taking it. *

USEFUL CONTACTS

Breast Cancer Care UK – national organisation offering information and support to those affected by breast cancer. Tel 020 7384 2984, Website www.breastcancercare.org.uk

Breakthrough breast cancer campaigns 4 advocacy network – organisation dedicated to improving breast cancer services through patient advocacy. Tel 020 7557 6590

Cervical Screening

Cervical screening is a way of preventing cancer. The first stage in cervical screening is a smear test.

Under the present Department of Health guidelines women between the ages of 20 and 64 are offered a free cervical smear test every 3-5 years. Women who have had treatment for abnormal cells on the cervix may need a smear test more frequently. Your doctor will discuss this with you.

You will receive a letter from your local health authority or GP asking you to make an appointment for your smear test.

The smear test is a very simple test and takes less than five minutes. It can be slightly uncomfortable but should not be painful.

The smear test is a very simple test and takes less than five minutes. It can be slightly uncomfortable but should not be painful. It is not a test for diagnosing cancer. It is a test to check the health of the cervix.

The current method of taking smears is called the 'Pap' smear test. Once you are lying comfortably on the couch the doctor or nurse will gently insert an instrument called a speculum into the vagina to keep the vagina open. A small disposable spatula is then used to take a sample of cells from the cervix. Sometimes

a small brush is used to collect the cells. The cells are spread onto a glass slide and sent to a laboratory for examination under a microscope.

If the results show that abnormal cells are present, your doctor will contact you and either arrange a second smear test, or refer you to a doctor who specialises in women's health (gynaecologist).

If abnormal cells are present it is important to remember they are not cancerous but if left untreated they can sometimes go on to develop into cancer of the cervix.

A cervical smear can also detect early cancer of the cervix but most women with an abnormal smear have early cell changes and not cancer. Very few women with an abnormal smear actually have cancer of the cervix.

Regular cervical smears every 3-5 years are the best way to detect changes to the cervix.

Early detection and treatment can prevent cancer from developing in around 80-90% of cases. Almost half of the women who develop cervical cancer in the UK have never had a smear test. *

USEFUL CONTACTS

Womens Health Information –
<http://www.womens-health.co.uk/smear.htm>

NHS Direct –
Tel 0845 4647
Website
<http://www.nhsdirect.nhs.uk/index.asp>

Endometriosis

Endometrium is the tissue that lines the uterus (the womb). During the menstrual cycle the thickness of the endometrium increases in readiness for the fertilised egg. If pregnancy does not occur the lining is shed as a 'period'.

Endometriosis (pronounced end-oh-mee- tree-oh-sis) is a condition where the cells that are normally found lining the uterus are also found in other areas of the body but usually within the pelvis. Each month this tissue outside of the uterus, under normal hormonal control, is built up and then breaks down and bleeds in the same way as the lining of the uterus. This internal bleeding into the pelvis, unlike a period, has no way of leaving the body. This leads to inflammation, pain and the formation of scar tissue. Endometrial tissue can also be found in the ovary where it can form cysts, called 'chocolate' cysts.

WHY DOES IT OCCUR?

The cause is unknown but several theories have been put forward.

- Retrograde menstruation.
- Lymphatic or circulatory spread
- Genetic predisposition to the condition
- Immune dysfunction
- Environmental causes – such as dioxin exposure

SYMPTOMS OF ENDOMETRIOSIS

The classic symptoms of endometriosis are:

- Painful periods
- Painful sex
- Infertility

However women with the condition also report many other symptoms.

TREATMENTS

There is a range of treatments available to women with endometriosis. Unfortunately, none of the treatments offer a cure for the condition.

The treatments on offer can help

- Relieving pain symptoms
- Shrinking or slowing endometrial growth
- Preserving or restoring fertility
- Prevent/delay recurrence of the disease

HORMONAL TREATMENTS

Hormonal treatment aims to stop ovulation and allow the endometrial deposits to regress and die. They either put the woman into a pseudo-pregnancy or pseudo-menopause. All the hormonal treatments have side effects. These vary from woman to woman.

SURGERY

Conservative surgery seeks to remove and destroy the endometrial growths. This is either done by laparoscopy or by a larger open operation – a *laparotomy*.

Radical surgery may be necessary in women with severe endometriosis. Hysterectomy can be done with or

without removing the ovaries. If the ovaries are left in place then the chance of persistent disease is increased with some women needing a further operation to remove the ovaries at a later date. For radical surgery to offer hope of a cure for endometriosis then hysterectomy, the removal of the ovaries and removal of any endometrial growths should be done. Radical surgery should be the 'last resort' treatment and not contemplated until all other treatments have been tried or ruled out.

COMPLEMENTARY THERAPIES

Options include acupuncture, aromatherapy, Chinese herbs, Western Herbs, homeopathy, nutrition, reflexology, naturopathy, Reiki and osteopathy.

There are no clinical trials based on the efficacy of complementary therapies as treatments for endometriosis. However, many women do have improvement of their symptoms whilst using such therapies. It is probably wise to seek help from a qualified practitioner and not self medicate. *

USEFUL CONTACTS

National Endometriosis Society – is a UK charity which promotes services for the relief of women with endometriosis, advances the education of the general public and promotes study and research work into endometriosis.

Telephone free national helpline.
Tel 0808 808 2227

Website information@endo.org.uk

Hormone Replacement Therapy

Hormone therapy (HT) provides women with the female hormones that decrease as they age. When the hormone oestrogen is given alone, it is usually referred to as "ERT." When the hormone progestin is combined with oestrogen, it is generally called "HT," formerly known as hormone replacement therapy (HRT).

Oestrogen is a female hormone that brings about changes in other organs in the body. Progesterone is a female hormone that prepares the uterus for a pregnancy each month. During the transition to menopause ("perimenopause") these hormone levels start to fluctuate, causing some uncomfortable symptoms. When the ovaries stop producing oestrogen and progesterone, menstrual periods cease and the woman has experienced menopause.

HRT is available in many forms such as tablets, patches and creams, depending on your symptoms and needs. HRT will not, however, suit everyone.

Some of the more unpleasant physical effects of the symptoms of menopause, such as hot flushes, sweats, and disturbed sleep can be helped by hormone replacement therapy

As well as helping with your symptoms, HRT has other beneficial effects:

1. Protection against osteoporosis, where the bone thins and breaks easily.
2. Protecting against heart disease. After the menopause your risk will increase to match men of the same age.
3. It may help protect against colon cancer and dementia.

Short-term side effects: Some women report side effects from taking Hormone Therapy, including unusual vaginal discharge and bleeding, headaches, nausea, fluid retention and swollen breasts.

HRT is available in many forms such as tablets, patches and creams, depending on your symptoms and needs. HRT will not, however, suit everyone. There are other medications to treat the specific symptoms of the menopause so if you are still suffering from these you should seek medical advice from your GP. *

Osteoporosis

Osteoporosis literally means porous bones.

The bones in our skeleton are made of a thick outer shell and a strong inner mesh filled with collagen (protein), calcium salts and other minerals. The inside looks like honeycomb, with blood vessels and bone marrow in the spaces between bone. Osteoporosis occurs when the holes between bone become bigger, making it fragile and liable to break easily. Osteoporosis usually affects the whole skeleton but it most

DO I HAVE OSTEOPOROSIS?

Because you cannot see or feel your bone getting thinner you will probably be quite unaware of any problems with your bone health. Osteoporosis is a silent disease and for most people, the first sign that something is wrong can be when they break a bone, often in the wrist or spine after a minor incident, although not all fractures are due to osteoporosis.

your diet is rich in calcium. The best sources of calcium are milk and dairy products such as cheese and yoghurt. Non-dairy sources of calcium include green leafy vegetables, baked beans, boney fish and dried fruit.

Like muscles and other parts of the body, bones suffer if they are not used. They need regular weight-bearing exercise that exerts a loading impact and stretches and contracts the muscles, stimulating bone to strengthen. Good bone building exercises include running, skipping, aerobics, tennis, even brisk walking. Try to exercise at least three times a week for a minimum for 20 minutes. If you haven't exercised for a while, start gently and check with your doctor if you have another health problem and are worried about exercising. *

HRT is available in many forms such as tablets, patches and creams, depending on your symptoms and needs. HRT will not, however, suit everyone.

commonly causes breaks (fractures) to bone in the wrist, spine and hip.

We are all potentially at risk of osteoporosis because of the bone loss that occurs as we get older, particularly as we are living longer as a population, but there are also many other factors, which can increase your risk of osteoporosis:

- a lack of oestrogen, caused by
- early menopause (before age 45)
- early hysterectomy (before the age of 45), particularly when both ovaries are removed (oophorectomy)
- missing periods for six months or more (excluding pregnancy) as a result of over-exercising or over-dieting
- heavy drinking
- smoking

CAN I BE TESTED FOR OSTEOPOROSIS?

A normal x-ray of bone cannot reliably measure bone density but is useful to identify spinal fractures, explain back pain, height loss or kyphosis.

A bone density scan, called a dual energy x-ray absorptiometry (DXA) scan, is used to measure the density of bones and compare this to a normal range. This test is currently the most accurate and reliable means of assessing the strength of your bones and your risk of fracture.

FOLLOW A 'BONE-FRIENDLY' DIET

Healthy bones need a well-balanced diet, incorporating minerals and vitamins from different food groups. You especially need to ensure that

USEFUL CONTACTS

National Osteoporosis Society – national charity dedicated to improving the diagnosis, prevention and treatment of this fragile bone disease.

Tel 01761 471 771, Website <http://www.nos.org.uk/>.

Sickle Cell Anaemia

As workers, people with Sickle Cell will have special health concerns which need to be understood by colleagues and employers. Women with Sickle Cell will face difficult decisions about having children and the stress and pressure this may create can impact upon the workplace.

WHAT IS SICKLE CELL ANAEMIA?

Sickle Cell Anaemia is an inherited condition passed on by both parents. It affects the red blood cells

Our blood carries oxygen from the lungs to every part of our bodies in the haemoglobin. The haemoglobin is part of the red blood cells. When there is not enough oxygen in the blood we become anaemic.

Sickle Cell Anaemia is a disorder of the haemoglobin. When the red blood cells become short of oxygen they become sickle shaped. This is known as sickling. Sickle Cell Anaemia is not contagious or infectious.

sickle cells sometimes get stuck in the small blood vessels and prevent normal blood flow. These blockages can cause pain in the arms, legs, back and stomach. The pain can be mild to severe. Sickle Cell Anaemia may also cause swelling of the hands and feet or stiff and painful joints.

- Infection – someone with Sickle Cell Anaemia is more prone to coughs, colds, sore throats and fever and to other more serious infectious illnesses, such as pneumonia.
- Anaemia – because the red blood cells of people with Sickle Cell Anaemia do not last as long as usual blood cells, they can be

People with Sickle Cell Anaemia can be symptom free for years. The effects of Sickle Cell Anaemia vary widely from person to person

WHO DOES IT AFFECT?

In the UK it is most common amongst people of African and Caribbean descent but can occur in people from India, Pakistan, the Middle East and the Eastern Mediterranean.

anaemic (short of oxygen in the blood) and feel weak and lethargic.

- Jaundice – When red blood cells are destroyed more quickly than usual, the skin and eyes can sometimes look yellow.

WILL THERE BE ANY SYMPTOMS?

People with Sickle Cell Anaemia can be symptom free for years. The effects of Sickle Cell Anaemia vary widely from person to person, but they can include the following

- Pain – because of their shape,

WHAT IS SICKLE CELL TRAIT?

Sickle Cell Trait is not to be confused with Sickle Cell Anaemia. It occurs when a person inherits the usual haemoglobin from one parent and sickle haemoglobin from the other. Sickle Cell Trait cannot change to

- ▶ Sickle Cell Anaemia. It is not contagious or infectious. It is not an illness. The Trait itself rarely causes health problems, though it may occasionally cause blood to appear in urine and special care is required when having an operation or needing an anaesthetic.

An important point is that if two people with Sickle Cell Trait have a baby, there is a one in four chance of the child being born with Sickle Cell Anaemia. There is a one in two chance that the child could inherit the Trait. There is a one in four chance of having a baby who is not affected by Sickle Cell Trait or Anaemia.

A pregnant woman with Sickle Cell Anaemia will need frequent visits to the antenatal clinic to make sure all is going well.

PREGNANCY

A pregnant woman with Sickle Cell Anaemia will need frequent visits to the antenatal clinic to make sure all is going well. Some hospitals ask women to come every two weeks for blood tests, checking for infection (especially urinary infections) and measuring the growth of the baby. An obstetrician and a haematologist (blood specialist) will most likely work together to provide care.

All pregnant workers are entitled to paid time off during working hours for ante natal care. Employers cannot unreasonably refuse time off. An employer can request proof of the appointments and a certificate stating you are pregnant.

WHAT UNISON BRANCHES CAN DO?

UNISON needs to tackle the workplace issues such as paid time off and the discrimination workers with these conditions suffer in employment and promotion.

Branches should

- Raise awareness and make sure employers know about sickle cell and its effects
- Raise awareness about racism and its impact on access to health care for black workers
- Negotiate paid time off for screening. Make paid time off a major negotiating demand including paid time off for counselling and clinic appointments
- Negotiate for extra maternity leave – Sickle Cell disease can cause serious problems with anaemia and tiredness during pregnancy.
- Use the Disability Discrimination Act (DDA) to ensure workers are not discriminated against and that employers know that these conditions come under the definition of a disability within the DDA
- Ensure that there is no discrimination in hiring or promotion. Make sure screening is not used as an excuse not to employ workers with sickle cell. *

USEFUL CONTACTS

Sickle Cell Society –
54 Station Road, Harlesden,
London NW10 4UA

Tel 020 8961 7795,
Fax 020 8961 8346
info@sicklecellsociety.org

Smoking

More women than men smoke, most of them young women and women are less likely to give up smoking than men are.

Giving up smoking or, better still, not starting in the first place, makes sense. Around 100 people die every day from lung cancer. Half of all heavy smokers will never reach 70 years of age. Even light smokers only have a 60% chance of survival until the age of 70. There are now four times as many non-smokers as smokers so you can do it if you really put your mind to it.

As a woman, smoking may affect your fertility, may contribute to increased risk of cancer of the cervix and for women who smoke and use the contraceptive pill, there is an increased risk of both heart attacks and strokes.

Giving up smoking is not easy but once you do, your health will improve and so will the health of those around you.

So why then do women smoke!

There are a variety of reasons which include:

- It's grown up – it's significant that many women start smoking between the ages of 16-20.
- It gives me confidence – women sometimes use cigarettes to feel more confident socially
- It helps me cope – women often say smoking helps them cope with stress
- It helps me lose weight – some

women prefer to smoke and put their health at risk rather than suffer possible short term weight gain

Giving up smoking is not easy but once you do, your health will improve and so will the health of those around you.

When you stop smoking you are withdrawing from nicotine and from a powerful habit. It takes time to clear the drug from your body and break the habit.

During this time your system is suffering withdrawal symptom which can include hunger, disturbed sleep, depression, light-headedness, irritation and cravings. These symptoms, however will go, usually in about a month or so. By three months you can start to feel like a non smoker.

HELP IN GIVING UP SMOKING
Using nicotine replacement therapy products will double your chance of successfully quitting. Nicotine patches, gum, inhalers and so on can now be prescribed by your GP, or bought over the counter in pharmacies and in some supermarkets. A new non-nicotine drug, Zyban, can also help smokers to quit. Ask your GP if this drug is suitable for you.

Alternative therapies can be helpful to some people. The two most popular forms are hypnotherapy and acupuncture. If you decide to try alternative therapy it is important to find a registered



- ▶ practitioner. For further information contact the Institute of Complementary Medicine , ICM, PO Box 194, London SE16 7QZ Tel 020 7237 5165, Fax 020 7237 5175 Email info@icmedicine.co.uk

There are also a variety of non nicotine replacement therapies such as scented inhalers, dummy cigarettes, tobacco flavoured chewing gum and herbal cigarettes. Generally there is not enough firm evidence to say how effective they are so be wary of claims of high success rates.

Employers have a legal duty to protect the health of employees and provide a healthy and safe working environment

right to consultation. The HSE recognises that full in-depth consultation with employees and their representatives is highly desirable for the smooth implementation of smoking policies

- Smoke free work areas with good ventilation
- Non-smoking rest rooms
- Where appropriate, decent and well ventilated smoking rooms – with a separate ventilation system so that smoke is not re-circulated into the rest of the building
- Stress free work so that smokers are not driven to smoke
- Help for smokers who wish to cut down or give up – this could include paid time off and the cost of attending sessions which help smokers to give up, and payments for nicotine patches. *

SMOKING IN THE WORKPLACE

Employers have a legal duty to protect the health of employees and provide a healthy and safe working environment (see Section 2 of the Health and Safety at Work Act 1974).

WHAT UNISON WANTS FROM EMPLOYERS

- Sensible no smoking policies – an employer recently attempted to increase the working week for employees who took smoking breaks by requiring them to work an extra half hour each day. Directly attacking employees conditions of services is not a helpful approach and is one which UNISON will continue to oppose
- Consultation with safety representatives and branches over the introduction and content of such policies – since this is a health and safety issue there is a

USEFUL CONTACTS

NHS Smoking Helpline –

Tel 0800 169 0 169

Lines are open seven days a week from 7am to 11pm. Specialist advisors are available from 10am to 11pm.

QUIT – Is the independent charity whose aim is to save lives by helping smokers to stop. Quitline has helped over 2 million smokers.

Tel 0800 00 22 00,

Website www.quit.org.uk

Thalassaemia

As workers, people with Thalassaemia Major (TM) will have special health concerns which need to be understood by colleagues and employers.

Women with Thalassaemia Major will face difficult decisions about having children and the stress and pressure this may create can impact upon the workplace.

WHAT IS THALASSAEMIA?

Thalassaemia Major is a serious form of anaemia which is inherited from both parents.

can prevent or reduce complications. Treatment with drugs is also necessary to reduce the dangerous levels of iron which can build up which can affect the liver and heart. This treatment is successful but very unpleasant.

The only cure for TM is bone marrow transplant but this is not widely

People with Thalassaemia Major cannot produce enough haemoglobin within their blood cells. When there is not enough oxygen in the blood we become anaemic.

Blood carries oxygen from the lungs to every part of our bodies. Oxygen is carried in the haemoglobin which is part of the red blood cells. People with Thalassaemia Major cannot produce enough haemoglobin within their blood cells. When there is not enough oxygen in the blood we become anaemic. Thalassaemia is not contagious or infectious.

WHO DOES IT AFFECT?

It is most common amongst people of Mediterranean descent, including people from Cyprus, Italy, Spain, Portugal, as well as North Africa, India, Pakistan, Bangladesh, the Middle East and the Far East.

HOW DOES THALASSAEMIA AFFECT YOU?

TM causes severe anaemia. People who have TM are treated with regular blood transfusions which

available and can be dangerous.

The combined use of blood transfusions and an iron removing drug enables many people with TM to live a fully active life.

WHAT IS THALASSAEMIA TRAIT (TT)?

People with TT are perfectly healthy and do not require special medical treatment. TT can not turn into TM.

However if two people with TT have children then there is a one in four chance that the child could inherit TM, a one in two chance that the child could inherit TT and a one in four chance that the baby would have normal haemoglobin.

If you are concerned that you may have TT you can ask your doctor to refer you to the local hospital for a test. ▶

PREGNANCY

People who are considered to be at risk of having Thalassaemia are normally screened before an operation, anaesthetic and during pregnancy. It is a good idea to be tested before planning a pregnancy because it can be a shock to learn that you have the trait. Dealing with this as well as being pregnant can be very stressful.

Testing can be done when a woman is pregnant to see if the baby she is carrying will have Thalassaemia.

Testing can be done when a woman is pregnant to see if the baby she is carrying will have Thalassaemia.

A pregnant woman with Thalassaemia will need frequent visits to the antenatal clinic to make sure all is going well. An obstetrician and a haematologist (blood specialist) will most likely work together to provide care.

All pregnant workers are entitled to paid time off during working hours for ante natal care. Employers cannot unreasonably refuse time off. An employer can request proof of the appointments and a certificate stating you are pregnant.

WHAT UNISON BRANCHES CAN DO?

UNISON needs to tackle the workplace issues such as paid time off and the discrimination workers with these conditions suffer in employment and promotion.

Branches should

- Raise awareness and make sure members and employers know

about Thalassaemia and its effects

- Negotiate paid time off for screening. Make paid time off a major negotiating demand including paid time off for counselling and clinic appointments
- Negotiate for extra maternity leave – Thalassaemia can cause serious problems with anaemia and tiredness during pregnancy.
- Use the Disability Discrimination Act to ensure workers are not discriminated against and that employers know that these conditions come under the definition of a disability within the DDA *

USEFUL CONTACTS

Thalassaemia Society – was formed in 1976 by parents of children suffering from Thalassaemia.

The Aims & Objectives of the Society

- The relief of persons suffering from Thalassaemia.
- The promotion and co-ordination of research in connection with Thalassaemia.
- To educate people on the problems of Thalassaemia.
- To offer counselling to sufferers and carriers.
- To bring together patients, families and well-wishers to exchange ideas and information.

Tel 020 8882 0011,

Website <http://www.ukts.org/>

Toxic Shock Syndrome

Toxic shock syndrome (TSS) is caused when *Staphylococcus Aureus*, a normally harmless bacteria, produces large amounts of the toxin TSSTI. This toxin then infects the blood and can overwhelm the immune system. When a body has little immunity, vital organs such as the liver, kidneys and lungs cease to function.

The results can be fatal and there appears to be a greater threat to young women.

Staphylococcus Aureus is a common bacteria. It is in our bodies all the time, particularly in the nose, on the skin, in the vagina and in festering sores. In order to multiply the bacteria requires warmth, moisture, food and oxygen. It is thought that the presence of a tampon in the vagina provides just such an environment.

SYMPTOMS OF TAMPON RELATED TSS

Usually symptoms will begin after the start of a period.

One or more of the following may occur, but they may not occur in sequence, nor all at once nor may they all persist.

- Headache
- Sudden high fever
- Sore throat
- Rash
- Aching muscles
- Confusion
- Vomiting
- Dizziness
- Watery diarrhoea
- Low blood pressure
- High temperature
- Pressure

WHAT TO DO?

If you suspect your symptoms may be caused by TSS you should do the following

1. Remove the tampon
2. Seek medical attention as a matter of urgency
3. Advise the doctor that menstruation and tampon-use are involved

MINIMISING THE RISKS

The only sure way to cut out all risk of tampon related TSS is to use other methods of sanitary protection.

However if you still wish to use tampons there are actions which can reduce the risks.

- Change tampons every 4-6 hours
- Use the lowest absorbency possible at each stage of your period
- Use a towel at night
- Use a towel at the end of your period
- Do not use tampons if you have any unusual vaginal discharge
- Wash hands before and after use
- Never use a tampon when you are not having your period
- Avoid tampons containing perfumes or deodorisers and those bleached by chlorine
- Do not use tampons if the individual wrapping has been damaged

INCIDENCE OF TAMPON RELATED TSS

Taking into account the millions of tampons that are used in the UK each month the disease is considered rare, however it can strike any woman without warning and can act so rapidly that all women must be alert to the possible dangers.

WHAT YOU CAN DO IN YOUR WORKPLACES AND BRANCHES

- Circulate information about TSS to your members
- Ensure that there are tampon and sanitary pad machines in the workplace toilet facilities with different absorbencies
- Ensure women are allowed regular breaks to enable them to change their tampons *

USEFUL CONTACTS

Alice Kilvert Tampon Alert –

It aims to raise awareness of the possibility of developing Toxic Shock Syndrome during tampon use and to offer support to women who have survived and to bereaved families.

Tel 0161-748-3123,

Website

<http://www.tamponalert.org.uk/>

Toxic Shock Syndrome Information Service – (TSSIS)

provides both members of the public and medical professionals with factual and balanced information on TSS.

Tel 020 7617 8040, Website

<http://www.toxicshock.com/>

A Woman's Right To Choose

UNISON supports a woman's right to choose whether or not to have a child. Only when women can control their own fertility can we achieve equality.

The decision whether or not to have an abortion is often difficult and traumatic.

Once your pregnancy has been confirmed, there are people you can talk to if you are unsure of what you

- A GP (if you think your own GP may not be sympathetic you can go to another doctor).
- Some family planning or young people's clinics.
- Some genito-urinary medicine (GUM)/sexual health clinics.

Legally in England, Wales and Scotland, you can have an abortion up to the 24th week of your pregnancy, with the agreement of two doctors.

want to do or are considering an abortion. The following organisations may be able to help you

- Call the national fpa helpline
Ph 0845 310 1334 (UK)
Ph 0141 576 5088 (Scotland)
Ph or 028 71 260 016 (Northern Ireland)
- fpa Northern Ireland provides an unplanned pregnancy counselling service, which you can visit to discuss your options or telephone on 028 9032 5488.
- Young people's clinics such as Brook usually have counsellors at the clinic or centre. Phone 0800 0185 023 for details of the nearest Brook clinic offering confidential advice for young people or visit www.Brook.org.uk.
- Your practice nurse or GP may also be able to offer advice.

If you decide you would like to go ahead with an abortion via the NHS you need a referral from two doctors. Referrals can be obtained from:

There are time limits to abortion, so the sooner you get advice the better. Legally in England, Wales and Scotland, you can have an abortion up to the 24th week of your pregnancy, with the agreement of two doctors. Abortion in Northern Ireland is available only in very restricted circumstances. There is no equivalent in Northern Ireland of the 1967 Abortion Act, which protects doctors in the rest of the UK from prosecution if they follow the procedures laid down. The law in Northern Ireland still rests on the Offences against the Person Act 1861, which makes it a crime to procure a miscarriage. For more information contact fpaNI on 028 9032 5488.

Within mainland Britain access to NHS abortion varies considerably according to where an individual lives. In some health authority areas less than two thirds of all abortions are NHS funded whilst in others ▶

- ▶ almost all are. The current law on abortion is out of date and current provisions results in a lottery, with access to services dependant on where you live, the attitudes of your doctors and your level of income.

In the first nine weeks of pregnancy the abortion pill may be used. This is also called an early medical abortion.

UNISON supports a Voice for Choice, lobbying for amendments to the 1967 Abortion Act to provide access to safe, legal abortions. The law should

- allow abortion on request up to 14 weeks of pregnancy
- make abortion available with one doctors approval from 15-24 weeks
- extend the act to Northern Ireland
- place a duty on the NHS to provide sufficient services to cover local needs

ABORTION PILL RU486

In the first nine weeks of pregnancy the abortion pill may be used. This is also called an early medical abortion. This actually involves taking two drugs 48 hours apart.

The first drug (mifepristone, also known as RU486) blocks the action of the hormone that makes the lining of the womb suitable for the fertilised egg. After this part of the process, women normally go home, returning 48 hours later for stage 2 of the process.

The second drug (prostaglandin) is given 48 hours later and causes the womb to cramp and contract. The

lining of the womb breaks down and is lost along with the embryo through bleeding from the vagina. This part of the process can be painful although pain-killing medication can be given.

The drugs used in this process can make some women feel sick and in some cases they may vomit or have diarrhoea.

SAFE SEX

For detailed information on avoiding an unwanted pregnancy and practising safe sex see the following link from Brook Advisory Service.

http://www.brook.org.uk/content/M2_I_Contraception.asp *

USEFUL CONTACTS

National Abortion Campaign – campaigns for a women's right to choose and for changes in abortion laws. Tel 020 7923 4976, Website <http://nac.gn.apc.org/>

Voice for Choice – is a national campaign by the Pro-Choice Alliance, a coalition of organisations calling for long overdue reform of the 1967 Abortion Act. The campaign seeks to end the widespread discrimination and inequalities of access that occur in the National Health Service abortion provision, and to secure for all women in the United Kingdom the genuine right to decide for themselves whether or not to continue an unwanted pregnancy.

Tel 020 7837 4792, Website <http://www.vfc.mailbox.co.uk/>