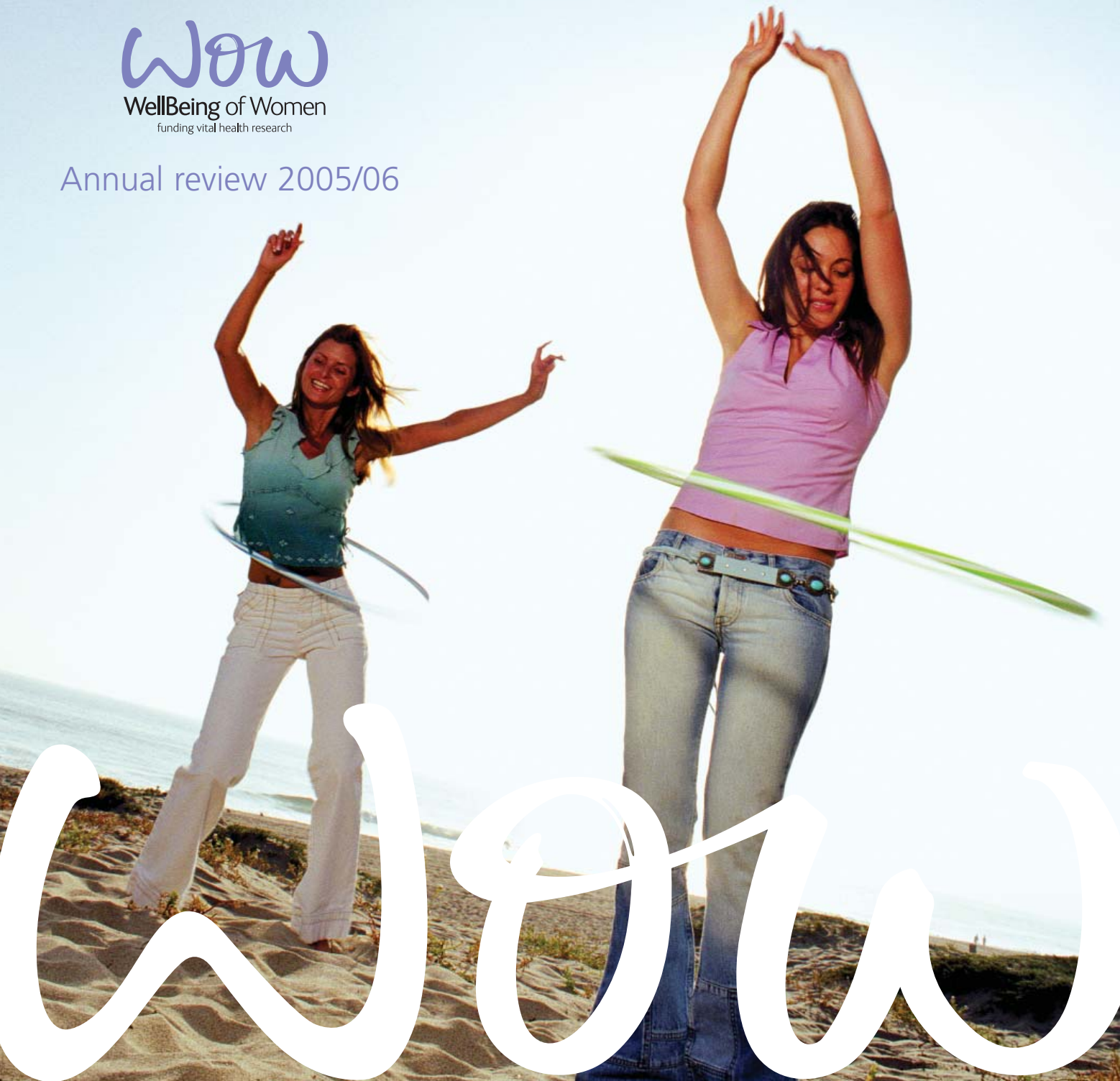


Wow

WellBeing of Women
funding vital health research

Annual review 2005/06



Every woman born since 1964 will have benefited from medical research funded by WellBeing of Women.

WellBeing of Women (WoW) is the only UK charity dedicated to funding vital research and raising awareness of all aspects of women's reproductive health across three key areas:

- **Pregnancy & birth**
including infertility, recurrent miscarriage, premature birth, postnatal depression & healthy eating in pregnancy
- **Quality of life problems**
including menopause, endometriosis, Polycystic Ovary Syndrome (PCOS), incontinence, cystitis, hysterectomy, period problems & chronic pelvic pain
- **Gynaecological cancers**
including ovarian, cervical & endometrial cancers

WellBeing of Women aims to achieve improvements in diagnosis and treatment that could ultimately prevent reproductive health problems. We do this by:

- Educating women through awareness campaigns, help lines, leaflets and editorial advice to understand their reproductive health better
- Engaging, educating and motivating the medical profession to embrace new developments that will bring about greater understanding and better treatments for both themselves and the general public

WellBeing of Women is about life – helping to enable it, sustain it, and make it the best quality.



President:
Professor Allan Templeton

Chairman:
Sir Victor Blank

Vice Chairman:
Ms Eve Pollard

Chairman of Research
Advisory Committee:
Professor Iain Cameron

Secretary:
Ms Helen Moffatt

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Mrs Jackie Gittins
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Mrs Trina Pogmore
Mr Marcus Setchell
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Mr Julian Woolfson
Mrs Rosalind Wythe

Director:
Ms Liz Campbell

Introduction

I am delighted with the progress that WellBeing of Women (WoW) has made in 2005 to serve its joint aims of funding vital research and raising awareness of women's reproductive health issues. This very special work motivates me as much today as it did 17 years ago when I first became involved. We all have a vested interest in securing good health for women, and so enabling them to realise their full potential in our society whether as colleagues in business, mothers, daughters or sisters.



The rich diversity of support reflected in this document speaks volumes about the reasons that WoW is as successful today as it was 42 years ago. I would like to take this opportunity to express my personal thanks to all those who support our activities and to the team in the WoW office who work so hard to ensure that we continue to go from success to success.

2005 was a challenging year for the WoW team with the departure of our Director, Shirley Farmer. Our new Director, Liz Campbell, was appointed in March 2006. Liz brings a fresh perspective to WellBeing of Women with complementary experience in both the public and private sector. Liz has worked for and with a number of charities of different sizes and has a good understanding of the charitable sector. All of the Trustees were delighted to welcome Liz and are confident that, with the able support of Martin Jeffery, Finance Director, and the enthusiastic WoW team, she will lead WoW to great success.

Victor Blank

Sir Victor Blank,
Chairman, WellBeing of Women

The Royal College of Obstetricians and Gynaecologists is proud to work in partnership with WellBeing of Women to improve women's health.

Medical research is critical to the development of future treatments and therapies, which is why WellBeing of Women's work is so important. The charity's support for ground breaking projects and acclaimed scientists since 1964 has enabled promising research to be turned into real health solutions for women across the UK and Internationally.

We congratulate WoW on another very successful year, and look forward to strengthening our partnership in 2006 and beyond.

Allan Templeton

Professor Allan Templeton,
President, Royal College of Obstetricians and Gynaecologists



Professor Allan Templeton



Working in partnership with the RCOG to improve women's health



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10 New research projects including 2 New Research Training Fellowships

£ Highest income from charitable trusts since 2002

8 New corporate supporters: Clearblue, La Senza, Contessa, Alliance and Leicester, Hobbs, Jaeger, Northern Rock and Pout

3rd Successful Ovarian Cancer Awareness campaign

1st Quality of Life campaign to raise awareness of issues that prevent women living life to the full



And...

Best ever fundraising for challenge events such as London Marathon and Great North Run

Publication of essential guide to women's health 'Wellbeing 2005/6' distributed to GP practices and hospitals across the UK

Women's lunch - opening nationwide debate on what women need for good reproductive health

WoW presence at party conferences - increasing the charity's profile amongst the country's decision makers

Roll-out of the WoW survey on women's reproductive health - helping us to grow our evidence base and take action where women lack knowledge of specific conditions

The Future...

The WellBeing of Women team have a simple mission for the future, which is:

- To raise more money
- To fund more research
- To increase awareness and therefore better health

We intend to look at increasing the extent of our Branch network and support from people whose lives have been touched by a reproductive health problem. We are very excited at the prospect of new corporate partnerships which are in the pipeline for 2007 and beyond and our events committees are busier than ever.

You might suffer from a problem yourself or it may be a member of your family or a friend. Either way we are sure that you would like to support us in our ambition to enable all women to live life free of fear of reproductive complaints. Our work has already made a tangible difference to the lives of millions of women - please help us to improve the lives of millions more.

All WellBeing of Women's work aims to bring benefits and improvements to women's reproductive health, whatever their age or stage of life.

In our work we hear both joyful and heart breaking news, so we know what it takes for a woman to be bold and tell the world they have a reproductive health problem.

The stories that Sharon, Caroline & Dawn tell here make us, and we feel everyone reading them, even more determined to find the answers to the problems that still exist.



Sharon Parmiter

Who we do it for

Quality of life

Sharon Parmiter, 34, Suffolk

I started my period when I was 11. From the start they were very irregular and very heavy. When I was 15 I was put on the Pill to help regulate them, but was only on it for a year, as it didn't agree with me.

I got married when I was 18 and within 19 months I was pregnant. After the birth I battled with my weight constantly and after having another child suffered again from erratic periods. I'd have a period and then wouldn't have another one for ages. I had no idea what was happening to my body so I went to see my GP who suggested that I was over eating and that I had an overactive thyroid.

I was finally diagnosed with Polycystic Ovary Syndrome (PCOS) three years ago at the age of 31. This means it took 15 years to finally get a diagnosis.

I was very happy to be a case study for WoW for their Quality of Life campaign to raise awareness of PCOS and other quality of life issues.

Gynaecological Cancer

Caroline Lovell, 19, Essex

I found out I had Ovarian Cancer two years ago, when I was only 17. It's hard to place when the actual symptoms started and which ones were related, but almost two years before being diagnosed, I had the funny, vague complaints. I lost a lot of weight, nearly a stone in a week and another stone subsequently over a short period. My periods also stopped suddenly and completely. By the time I had my treatment, I hadn't had a period for almost two years.

At first doctors thought it was an eating disorder due to the dramatic loss of weight, and my loss of appetite due to the nausea. After being referred to a dietician, given numerous blood tests and an endoscopy, I was referred to the gynaecological department for an ultrasound of my pelvis and abdomen. It was really quite a relief to be told I had an abnormality with my left ovary, as the symptoms had been going on so long it was nice to know I wasn't imagining it!

I then had a laparoscopy to investigate further and my consultant took samples from my left ovary.

When the samples came back, I was told I had a very rare form of Ovarian Cancer; a juvenile granulosa cell tumour. I was very lucky, as the outlook for this kind of tumour, despite its rarity, was extremely good.

I had a further operation to remove the left ovary and take samples of various surrounding areas. Luckily it had not spread at all, and was contained in the one ovary. I know I was very fortunate, as I avoided chemo or radiotherapy and was able to take my A-Levels the following month.

"If it hadn't been for my mum, I probably would have ignored the vague symptoms, putting them down to tiredness or being run down."

If it hadn't been for my mum, I probably would have ignored the vague symptoms, putting them down to tiredness or being run down so it's good to know that WellBeing of Women are campaigning to raise awareness of the symptoms of Ovarian Cancer.

Pregnancy & Birth

Dawn Sewell, 40, Hertfordshire

Following the birth of my first child, Georgina in 1993 I became pregnant again in 1995. During the early stages of my pregnancy I was very uncomfortable, my abdomen felt heavy, almost as if the baby was pushing down. When I was 23 weeks I had a show and was admitted to hospital. A doctor told me that I was fully dilated, and a vaginal swab showed I had Group B Streptococcal infection. At 24 weeks I gave birth to Jenni weighing just 1lb 4oz. She was perfect in every way. When Jenni was 6 weeks old she had developed Necrotising Enterocolitis (Blood clotting in the small vessels of the bowel causing the tissue to die). Jenni underwent 4 operations on her bowel and an operation to drain excess fluid from her brain. Jenni's tiny body gradually became weaker and she died in my arms when she was 5 months old.

In 1997 I became pregnant, but during my 12 week scan was told that the baby had died.

In 1998 I fell pregnant again. I was happy but terrified of what might happen. At 16 weeks I felt a tear sensation at the top of my bump, shortly afterwards I seemed to be leaking fluid. I continued to lose fluid, not a great amount, but I also had a discharge.

During a check up I was told that it was probably my bladder and that I should exercise my pelvic floor muscle more. At 20 weeks I had a little spotting and was admitted to hospital. I was told that I was fully dilated, I couldn't believe this was happening again. After four days bed rest my obstetrician attempted to put a stitch in my cervix, but unfortunately there was no amniotic fluid left, making it almost impossible for the baby to survive. My medical team decided to induce the labour. During the evening the umbilical cord prolapsed, soon after I was placed on a drip and the contractions began. The following morning Stephanie was stillborn, she weighed exactly 1lb.

I was then referred to Professor Lesley Regan's Recurrent Miscarriage Clinic at St. Mary's Hospital. Prior to this both my husband Nigel and I had blood taken for various tests to be carried out. Our chromosomes were normal, however I was diagnosed with Polycystic Ovary Syndrome, an incompetent cervix, Antiphospholipid Syndrome, and Factor V Leiden gene mutation. I was told that when I became pregnant I would have to have both 75mg of aspirin and a heparin injection daily.

In March 2000 I found out I was pregnant. I was both excited and terrified. I was shown how to administer the heparin injection daily, and each week I had a scan to check the length of my cervix. I also had regular swabs to check for Group B Streptococcal. At 14 weeks a Shirodkar stitch was placed in my cervix. I took one day at a time and in many ways tried not to think about the baby for fear that I would lose it. I was terrified at every ache and pain. I felt relief when passing each milestone, first the 12 week stage, then the 20 and 24 week. At around 28 weeks I began to get strong tightenings, I put this down to Braxton Hicks. However during a check-up at 30 weeks my doctor felt the tightening and decided to admit me. I was having contractions. After a couple of days rest the pains eased and I went home. I was due to have a Caesarean Section at approximately 38/39 weeks.

Following a routine monitor reading I was asked if I had felt the tightenings which had been recorded. I replied that I had, but that they had not been as strong as those prior to being admitted. I was told that my baby did not want to wait, and it was decided that I was to have the Caesarean Section that very day. At 3.53pm on Monday 6th November 2000 Chloe was born weighing 7lb 7oz.

Chloe had to spend a couple of days in the Special Baby Care Unit as she was suffering with respiratory problems. We were told that Chloe was quite poorly, however she made a full recovery and is now a beautiful, and very healthy little girl.



I was very lucky, as the outlook for this kind of tumour, despite its rarity, was extremely good.

Caroline Lovell (pictured)



Dawn Sewell (Centre) with her daughters Chloe (left) and Georgina (right)

How WoW selects projects for funding

WellBeing of Women currently awards the following grants under the three areas of interest, Gynaecological Cancer (GC); Pregnancy and Birth (P&B); and Quality of Life problems (QoL):

- Research Grants
- Research Training Fellowships
- Entry Level Scholarships
- Medical and Midwifery Student Elective bursaries

WellBeing of Women supports on average 30 research projects at any one time. Through a rigorous peer review process, the charity selects research most likely to deliver high quality results that bring direct benefit to patients.

The Research Advisory Committee is made up of specialists nominated by the Royal College of Obstetricians and Gynaecologists, whose skills are representative of the charity's areas of interest. The awards made are dependent on applications reaching the required standards set out by the charity's robust peer review process. These applications are assessed by both Committee members and external UK and overseas assessors who are given rigid assessment criteria to ensure the research meets WellBeing of Women's high standards with regard to quality, value and scientific validity. This process is periodically reviewed to ensure that these standards are maintained.

The charity encourages applications from basic science to clinical and/or translational ('bench-to-bedside') research, and welcome projects using qualitative, quantitative and epidemiological research methodology.

2005 Awards

In 2005, the charity awarded research grants totalling £864,000. A selection of these projects has been described in greater detail to demonstrate the wide range of research we support.

RESEARCH GRANTS:

The development of stem cell therapy inside the womb to treat babies with muscular dystrophy

Professor Nicholas Fisk and Dr Jennifer Morgan, Imperial College London
Intrauterine transplantation of fetal mesenchymal stem cells to correct muscular dystrophy.
£99,497 over 2 years (P&B)

The role of minimally invasive procedures in unborn babies with congenital bladder obstruction

Professor Mark Kilby, Dr David Somerset, Professor Khalid Khan, Birmingham Women's Hospital
A multi-centre randomised controlled trial comparing intra-uterine vesico-amniotic shunting vs. not shunting in the treatment of congenital bladder outflow obstruction.
£99,526 over 3 years [National Birthday Trust Fund] (P&B)

How do the combinations of maternal and paternal immune genes influence the risk of recurrent miscarriage?

Dr Ashley Moffett and Professor Lesley Regan, University of Cambridge and St Mary's Hospital London
Combinations of maternal KIR and fetal HLA-C genes in recurrent miscarriage.
£90,284 over 2 years (P&B)

Does MEK (mitogen-activated protein kinase kinase) enhance or reduce brain injury in the periods shortly before and after birth?

Dr Gennadij Raivich and Dr Donald Peebles, University College London
Role of mitogen-activated protein kinase kinase (MEK) and its inhibition in neonatal brain damage.
£99,966 over 2 years (P&B)

An international collaboration of ovarian cancer case-control studies for use in genetic-associated studies.

Dr Paul Pharoah, University of Cambridge
£71,931 over 2 years (GC)

A study looking at cells and antibodies that could attack the skin in the vulval diseases lichen sclerosis and lichen planus

Professor Fenella Wojnarowska, Dr Graham Ogg and Dr Mark Charnock, Oxford Radcliffe Hospitals and Weatherall Institute of Molecular Medicine, Oxford
The vulval interface dermatoses
£6,710 over 9 months (QoL)

lichen planus and lichen sclerosis: does autoimmunity to collagen XVII contribute to the pathogenesis of these diseases.
£47,209 over 2 years (QoL/GC)

Views of street-based female sex workers and healthcare providers on the barriers to appropriate use of healthcare services by female street-based sex workers: a qualitative study.

Dr Nikki Jeal and Professor Chris Salisbury, Cardiff University and University of Bristol
£6,710 over 9 months (QoL)



Identifying the best treatment for women with abnormal bile flow in pregnancy using genetic approaches

Dr Catherine Williamson, Professor Malcolm Parker, Professor Elwyn Elias, Imperial College London and University of Birmingham

The role of the nuclear receptor PXR and the sulphotransferase SULT2A1 in the aetiology and treatment of obstetric cholestasis.

£99,227 over 2 years [part-funded by the National Birthday Trust Fund] (P&B)

Dr Williamson, Senior Lecturer in Obstetrics is based in the Institute of Reproductive and Developmental Biology at Imperial College London. The funds awarded will help support a postdoctoral scientist who will perform the molecular studies required for this project, as well as additional laboratory costs.

Obstetric cholestasis complicates 1 in 200 pregnancies in the UK. It causes the mother to have itching and liver impairment and is associated with problems for the unborn baby including prematurity and fetal distress. It can also lead to stillbirth very late in pregnancy. The condition can run in families, which is why it is thought that genetic factors play a role.

The aims of this project are to investigate underlying biological mechanisms behind the disease; establish if genetic variation in particular genes play a role in the disease process; and determine if this genetic information can be used to establish the most appropriate treatment.

It is expected that the results of this project will allow the development of an appropriate treatment for this condition, thus reducing the number of cases of prematurity and stillbirth.

RESEARCH TRAINING FELLOWSHIPS – INVESTING IN THE FUTURE:

Research Training Fellowship are to further the training of a medical graduate embarking upon a career in obstetrics and gynaecology. Applications must be for training in basic science or clinical research techniques and methodology, in one of the following three areas: gynaecological cancers; pregnancy and birth; quality of life issues.

Improving virus gene therapy for ovarian cancer

Dr Joanne Morrison, John Radcliffe Hospital, Oxford
Targeting adenoviral suicide gene therapy to intraperitoneal ovarian cancer.
£118,878 over 2 years (GC)

Defining the skill, training and assessment of instrumental delivery

Dr Rachna Bahl, St Michael's Hospital, Bristol
£124,389 over 27 months (QoL)



Prior to receiving the WellBeing of Women Research Training Fellowship, Dr Bahl was already actively involved in research alongside her clinical commitments as a full time specialist registrar. The award of this Fellowship will enable Dr Bahl to pursue her interest in complications of childbirth and the practice of instrumental delivery, whilst working towards a

PhD. After Dr Bahl completes her Research Training Fellowship she hopes to pursue a career in academic medicine, with particular focus on the reduction of harm in obstetrics through the development of new methods of training for junior doctors.

Dr Bahl's project will be carried out under the supervision of Dr Bryony Strachan at St Michael's Hospital, Bristol, in collaboration with Dr Deidre Murphy at Ninewells Hospital, Dundee.

The aims of this project are to define the technical and non-technical skills involved in instrumental delivery; devise an assessment tool that offers an objective assessment of an obstetrician's skill using Cognitive Task Analysis, a technique originally devised to train pilots; identify the training needs of junior obstetricians; and devise a suitable training programme.

Approximately 11% of women give birth by instrumental delivery with the aid of ventouse or forceps (around 70,000 women per year). Instrumental deliveries can be associated with risk of trauma to mother and baby. Although significant physical injury is rare, these deliveries can also lead to psychological trauma. Many of these women may choose not to have any more children because of fear of childbirth, and some opt to undergo caesarean section in subsequent pregnancies, which carries greater risks as a method of delivery.

It is expected that the training programme developed by Dr Bahl during her Fellowship may be implemented across the South West region with a view to implementation across the UK. It is anticipated it will lead to a significant reduction in harm to women requiring instrumental deliveries and their babies, and the adoption of CTA method for analysis of skill in other technical obstetric procedures.

WellBeing of Women/ RCOG Research Advisory Committee:

2003-2007
Professor Iain Cameron FRCOG (Chairman) Southampton

Term of office completed May 05

2002-2005
Professor David Edwards Imperial, London Neonatal
Dr Elizabeth Linton Oxford
Professor Andrés Lopez-Bernal Bristol Uterus
Professor Ian Jacobs MRCOG UCL, London Ovarian Cancer

Term of office commenced May 05

2005-2008
Professor Mark Kilby Birmingham Maternal & Fetal Medicine
Professor TC Li Sheffield Reproductive Med & Surgery
Dr N Siddiqui Glasgow Gynaec. Oncology
Dr N Robertson London Neonatology

2003-2006
Professor Zarko Alfirevic MRCOG Liverpool Obstetrics
Professor John Morrison MRCOG Galway Pre-term Labour
Dr Joan Morris QMUL, London Statistics
Mr Abdul Sultan MRCOG Croydon Pelvic floor
Professor Jane Sandall Kings, London Midwifery
Professor Ian Greer FRCOG Glasgow Obs., Maternal Medicine
Professor Ian Sargent Oxford Pre-eclampsia
Professor Angus Clarke Cardiff Genetics (pre-eclampsia)

2004-2007
Professor Andrew Shennan London Fetal Medicine
Professor Neil McClure Belfast Reproductive Medicine
Dr Siobhan Quenby Liverpool Recurrent miscarriage
Professor Henry Leese York Embryology

STUDENT ELECTIVE BURSARIES:

Emma Bryden, Oxford University
Alice Fuller, King's College London (Midwifery Elective)
Rachel Guest, Imperial College School of Medicine, London
Anna Rawlinson, King's College London (Midwifery Elective)
Claire Rimmer, University of Leeds (The Ruth Epstein Elective Bursary)
Ajay Sanghvi, University of Bristol

From 2006, WellBeing of Women will be inviting applications for **Entry-Level Research Scholarships**, which will provide 'pump-priming' funds to enable trainees to be exposed to a research environment, or to obtain pilot data for bids for definitive funding. Applications are therefore requested from individuals who have not previously been involved in substantial research projects and may be held in basic science or clinical research.

WellBeing of Women works tirelessly to raise awareness of women's reproductive health issues, some of which are considered taboo subjects such as incontinence and painful periods.

One of WellBeing of Women's aims is to enable women to live life to the full. We want to encourage women not to struggle on but to seek medical help as it is possible they can be treated effectively and their quality of life greatly improved.

One of the ways we do this is by running awareness campaigns, linked to fundraising. In 2005 we ran two successful awareness campaigns:

- **Ovarian Cancer Awareness Campaign**
- **Quality of Life Campaign**

Ovarian Cancer Awareness Campaign 2005

Breaking the Silence

March 2005

For too long Ovarian Cancer has called 'the silent killer' as it is so difficult to detect and treat, but new research is finally showing that, even in the early stages, most women do experience some persistent symptoms.

If ovarian cancer is caught in the early stages, up to 90% of women will survive.

Therefore, for the third Ovarian Cancer Awareness Campaign, WellBeing of Women decided it was time to **'Break the Silence'** and encourage women and their doctors to notice any persistent symptoms and to take action as soon as possible, as it is known that if caught in early stages, up to 90% of women survive.



Ovarian Cancer pin badge

Thanks to our corporate supporters, sparkly, pale-blue pin badges were available from various retail outlets for a donation of £1 (For further information about corporate supporters, please see pages 16-17)

The campaign was featured in consumer magazines, national newspapers, television, radio and on various websites.

With the funds raised WellBeing of Women was able to award a Research Training Fellowship to Dr Joanne Morrison at the University of Oxford. Dr MORRISON's research will look into improving virus gene therapy for ovarian cancer, ultimately resulting in a better survival rate amongst sufferers.

The charity has also awarded nearly £72,000 to Dr Paul PHAROAH at the University of Cambridge, to establish and co-ordinate an international collaboration of investigators carrying out genetic association studies in ovarian cancer.



Ovarian cancer THE FACTS

- 1 Ovarian cancer kills more women in the UK than all other gynaecological cancers combined.
- 2 It is the fourth most common female cancer, mainly affecting women over the age of fifty, often in the prime of their lives.
- 3 Nearly 7,000 women are newly diagnosed each year, compared with 3,000 new cases of cervical cancer⁽¹⁾.

Ovarian cancer SYMPTOMS CAN INCLUDE

- Increased abdominal size
- Feeling full/bloated
- Increased urinary urgency
- Indigestion or nausea
- Unexplained back or abdominal pain
- Irregular vaginal bleeding
- Change in bowel habits
- Excessive and ongoing fatigue
- Unexplained weight loss or weight gain

Quality of Life Campaign 2005

Live Life. PERIOD

July 2005

In July WellBeing of Women launched a new annual campaign. Each year the Quality of Life campaign will focus on a different condition that has a negative effect on women's everyday quality of life.

Most women will have periods for 40 years of their life – that's over 450 menstrual cycles.

The focus of the first campaign was heavy and/or painful periods. Period problems may lack the urgency and emotion of more life-threatening conditions but need tackling if women are to live their lives to the full

every day. Don't forget that most women will have periods for 40 years of their life – that's over 450 menstrual cycles. Excessively painful periods affect 30-50% of menstruating women and one in 20 women in the UK aged 30-49 consult their GP each year because they can no longer cope with their heavy periods.

During July and August 2005 WellBeing of Women encouraged women to **Live Life. PERIOD** and not struggle on but to seek medical help.

Thanks to our corporate supporter, shiny silver WoW pin badges were available for a donation of £1 (For further information about corporate supporters, please see pages 16-17)

The funds raised will be used to support researchers to develop new, less invasive treatments, which will enable women to live life to the full.



WoW pin badge



One in 20 women in the UK aged 30-49 consult their GP each year because they can no longer cope with their heavy periods.

The WoW Reproductive Health Survey

When the charity relaunched as WellBeing of Women we commissioned a consumer survey of 1,500 women in order to determine the extent of knowledge of reproductive health and women's feelings about the common problems they experienced.

Consumer Research

Areas of investigation

- Incidence of conditions and levels of GP consultations
- Reasons why GPs not consulted
- Feelings about the women's health problems they experienced
- Potential health problems
- Views on priority areas for research funding

Key findings

- More research into gynaecological cancers topped the list of outcomes from future women's health research that participants hoped to see
- Liberation from the discomfort of menstruation disorders and a menopause without distressing symptoms coming a close second
- Younger women with worries about their fertility, miscarriage and having a premature baby was the third priority
- Under 40% made sure they attended for their cervical smear test
- 50% experienced period, PMS and menstrual cycle problems
- Freedom from period problems. On average women felt under par for 3.4 days a month, some women in the 'prime of life' between 46-55 of age suffered for up to 10 days a month
- 1 in 10 women suffered three or more reproductive conditions
- 33% said their condition made them emotional or depressed
- A significantly higher proportion of women in full time employment included common reproductive problems on their list of concerns
- Most women attempted to 'soldier on'. Others, feeling familiar with what their problem was, ignored symptoms
- Only 1% of all women were concerned that their past sex life may impact on their reproductive health
- Only 22% identified correctly four or more potential consequences of sexually transmitted infections
- Almost one in three women chose not to answer questions on their reproductive health – Is embarrassment putting their health at risk?

Interviews conducted by TNS Healthcare using CAPI technology
 RSGB Omnibus – Summer 2004: 1597 GB women aged 16-65

Elements of these points also shows in WellBeing of Women's Tickbox surveys during Ovarian Cancer Awareness Campaigns: March 2003 and 2004, and in enquiries from women for information across all areas of reproductive health.

In 2005, we wanted to utilise the WoW survey at our events, to enable us to further develop our evidence base and help inform future strategy.

'Where next in Women's Health'
 9th March 2005

The first opportunity to do so came in March. In a week when both Mother's Day and International Women's Day were celebrated, WoW held a lunch presentation and debate entitled 'Where next in women's health?' at the Royal College of Obstetricians and Gynaecologists. WoW was delighted to welcome HRH The Countess of Wessex to the event, who joined an audience of influential women from business, media, finance and the public sector. Four distinguished women professors gave a series of presentations on common reproductive health problems affecting women today:

Professor Valerie Beral – advances in reproductive health since WellBeing of Women was founded in 1964

Professor Alison Fiander – human papilloma virus and cervical health

Professor Lesley Regan – recurrent miscarriage

Professor Hilary Critchley – menstruation through the ages



From left: Moira Elms, UK Board Member at PWC, Sir Victor Blank and HRH The Countess of Wessex

Guests were then invited to complete the WoW survey and our Vice Chairman **Eve Pollard** did a brilliant job in facilitating the lively debate that followed.

Many thanks to all of our expert speakers and to PriceWaterhouseCoopers, who generously sponsored this event.



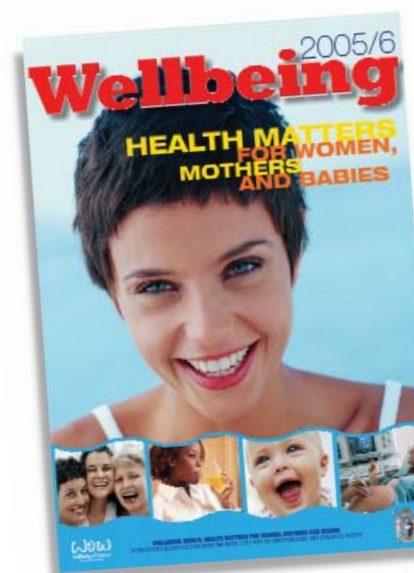
WoW Trusts Fundraising Manager Gemma Hobson (left) with Deputy Minister for Women's Equality Meg Munn

In the autumn, WoW was invited to participate in 'The Health Hotel' at the Labour, Conservative and Liberal Democrat party conferences. This was a fantastic opportunity for the charity to present itself and its key messages to the nation's decision makers.

The Health Hotel is a bespoke venue at all three party conferences bringing together member charities to promote the Health Sector. As well as being the venue in which health fringe events took place, the Health Hotel housed a 'Health Zone' where delegates could undertake a variety of health checks, as well as visiting the WoW stand to complete men's and women's versions of our reproductive health survey.

The delegates' version of the survey presented some interesting results – and there was much the different parties agreed on! The majority of female delegates across all three surveys said they did not plan their diaries to take account of their menstrual cycle, while the majority of male delegates felt that their partner's menstrual cycle would affect theirs and their partners lives. Delegates also felt strongly that the best way to raise awareness would be to liaise with schools to improve reproductive health education.

Aside from further developing our evidence base via the WoW survey, the Health Hotel provided the charity with a useful networking opportunity. Links were forged with delegates representing other charities, member organisations and companies that will be assisting with WoW's campaigns in 2006 and beyond.



Consumer information

As part of WellBeing of Women's commitment to raising awareness of reproductive health issues, the charity provides consumer information leaflets which cover a wide range of these issues. The leaflets are written with advice from experts at the Royal College of Obstetricians & Gynaecologists so women can rest assured that the information is factual and up-to-date.

In 2005, WellBeing of Women, in partnership with the Royal College of Obstetricians and Gynaecologists, produced a new annual publication, Wellbeing 2005/6. Presented in a magazine style, it provides expert advice and information on a wide range of important health issues that women may encounter through the different stages

of their lives. This easy to read publication is available from GP practices and hospitals across the UK.

Written by leading obstetricians and gynaecologists, midwives and dieticians, Wellbeing 2005/6 includes important health tips and 'Your doctor recommends' facts, designed to help women prepare for a doctor's appointment. Alongside are useful health hints from WellBeing of Women celebrity supporters, Carol Vorderman, Cilla Black, Diana Moran and Nancy Sorrell.

To request a copy, please send a self addressed envelope with a minimum donation of £5 to:
WellBeing of Women, 27 Sussex Place, Regent's Park, London NW1 4SP

In 2005, our branch network generously devoted their time and energy to raise funds for vital research – raising over £121,000

Branch network



Rory Bremner, Trina Pogmore and Sir David Frost

In May, Sir David Frost and Rory Bremner entertained 400 guests at a 40th Anniversary Gala Fundraising Dinner held at the Hilton Birmingham Metropole Hotel.

“Birmingham business, hospital staff, family and friends joined together in support of WoW, raising £34,000 and enjoying a most memorable night out.”

Trina Pogmore, Chairman Birmingham & Midlands volunteer branch



We are happy to announce that we now have a new branch in **Leeds**, chaired by Liz Stephenson, (left) who is full of energy and enthusiasm for joining WoW.

Liz gave birth to her first child last July, baby Max!

Many congratulations!



In July, the **Sheffield** branch organised a charity bike ride with a difference – a tandem for 25 people! The 25 riders (including our former Fundraising Manager, Shayne Simpson) rode the bicycle built for 25 around the city of Sheffield blowing horns and whistles and attracting lots of attention. **“It was a such a great day. I have never seen so many smiling faces when we rode past!”**

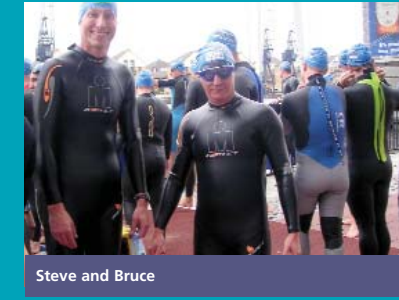
Shayne Simpson, former WoW Fundraising Manager.



In July, a small branch reunion was held in **Cornwall** with six women rowing from Falmouth to Cadgwith to raise money for WoW. The reunion was to commemorate the loss of Nicky Jose's baby son Ross, 21 years ago. At the time Nicky formed a lively branch for the charity and organised a sponsored row. Nicky searched for her original crew and found to her delight that five of them were able to take part again. Her daughter, Liane also joined the crew. **“I was so pleased that 5 of the original crew could join me. We even beat our original time! It was a lovely way to remember Ross.”** Nicky Jose

In October the **Northern Ireland** branch organised an Aga demonstration with the Aga company Haldane Fisher. The event was very successful and captivated the interest of 500 women who helped raise £24,000.

Thanks also to **Kelso, Lincoln, South Hampshire, Basingstoke, Brighton, Nottingham, and Wealdon** and all our other branches for organising wonderful events



Steve and Bruce



Simon Wright

Challenge events

2005 was the 25th Anniversary for the **London Marathon**, and saw WellBeing of Women represented by 7 runners. Our thanks go to **Makarand Oak, Simon Vigar, Becs Hurwitz, Ian Murray, Anthony Brooke, Rosalind Wythe** (a trustee of the charity) and especially to **Andrew Wessels** who took on his 'Race for Millions' challenge with such enthusiasm.

The **Michelob Ultra London Triathlon** is the largest triathlon in the world with 8,500 competitors taking part over two days. **Steve** and **Bruce** are pictured above before the swimming leg of the event at Excel London.

Simon Wright took on the challenge of his life when he decided to ride the **Etape du Tour**. This is a mass participation cycle ride held over the exact route of one of the mountain stages of the Tour de France. Simon raised over £7,500 for the charity – and survived to tell the tale!

Thanks are also due to **Rob Llewellyn** who ran the **Paris Marathon**, **Ros Langdon** who took part in the **pilgrimage** to Santiago de Compostela in northwest Spain, **Victoria License** who **parachuted** on our behalf and to all those who raised money for WellBeing of Women by doing amazing things!

23rd WellBeing of Women City Christmas Fair

Thanks to **Jane Jones** and her dedicated committee for organising the 23rd WellBeing of Women City Christmas Fair, which was a tremendous success. With over 50 companies selling a fantastic range of gifts under one roof. In total over £38,000 was raised, an increase of 12% from last year.

Celebrity Cricket Day

Hosted by **Sir Victor Blank**, chairman of WellBeing of Women, the 17th annual celebrity cricket day in July proved to be a great success once again. The event was held in the wonderful grounds of Sir Victor and Lady Sylvia Blank's home and raised in excess of £269,000 for WellBeing of Women.

Guests included famous international cricketers **Michael Atherton, Mark Nicholas, Chris Adams** and **Matt Prior**.

Tee anyone?

£5,000 was raised at a fabulous golf day in October at The Royal Mid-Surrey Golf course, thanks to **Derek Hannam** and his committee.

Join us!

If you are interested in joining our fantastic Branch Network and/or participating in the exciting activities that are planned, please contact WellBeing of Women on

020 7772 6400

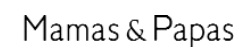
or at

wellbeingofwomen@rcog.org.uk

We look forward to seeing you there!

Productive Partnerships

Championing the need for more funding in women's health in the public arena.



We would like to thank all our corporate partners for helping us in our quest to provide information and raise awareness of the benefits of being pro-active about good reproductive health, whilst championing the need for more funding in women's health in the public arena.

To date **Diamond Insurance**, the specialist car insurers for women, have donated £50,000 to support our work. A variety of fundraising tools have been utilised including direct marketing, corporate donations and staff initiatives.

A corporate partner since 1997, **Vitabiotics** continues to support WoW through Pregnacare, its vitamin and mineral supplement, by featuring our logo on all the packs, generating income from each purchase.

Mamas & Papas have continued their support of WellBeing of Women via donations made to the charity from funds raised through catalogue sales.

Ovarian Cancer Awareness Campaign

Our corporate partners raised £65,000 during March to fund vital research into ovarian cancer. **Bhs** demonstrated their support for our work into ovarian cancer for the second successive year by selling our sparkly enamel pale blue pin badges in their stores nationwide, whilst **Diamond** made a donation. New partnerships with **La Senza, Contessa, Hobbs, Jaeger, Pout** and **Northern Rock** were key to this success.

New Initiatives – Quality of Life Campaign

In July, **Clearblue** worked in partnership with us via an on pack promotion to demonstrate support for our work and fund research into improving the quality of women's lives. WoW's logo appeared on two of their new products, which were widely distributed throughout the country – Clearblue Digital Ovulation Testing Kit and Clearblue Digital Pregnancy Testing Kit.

Alliance & Leicester also supported the campaign by selling our WoW badges in their UK branches.

The year ahead

In 2006 we plan to increase our income from corporate partnerships. We aim to build on this growth in subsequent years, so we can expand the range and reach of our services and campaigning activities.

And Finally...

We are extremely grateful to all the organisations and individuals who have given up their time to support the charity in 2005. Without your generous support we would not be able to advance our cause. A special thanks goes to

- PWC for the lunch presentation and debate in March
- All our corporate supporters
- The WoW Network
- Charitable Trusts and Foundations
- Our courageous case studies
- Jane Jones and the Christmas fair committee





What do these three women have in common?

All of them will suffer the pain of a reproductive health problem during their lifetime.

WellBeing of Women (WoW) is the only UK charity dedicated to funding vital research and raising awareness of all aspects of women's reproductive health. Women are the motivating factor for us and our mission is for women everywhere to be free of fear and suffering from reproductive problems

WellBeing of Women (WoW) is the only UK charity dedicated to funding vital research and raising awareness of all aspects of women's reproductive health across three key areas: Pregnancy & birth, Gynaecological cancers and Quality of Life problems such as endometriosis, period problems and the menopause.

Support WellBeing of Women with a gift of £15 by calling 0207 772 6400 or by visiting our website www.wellbeingofwomen.org.uk