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Gender inequalities and *women's health* through the lens of *perinatal care*

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In France, suicide is the leading cause of maternal death in the year following childbirth. This observation reveals a paradox: despite enhanced medical monitoring during pregnancy, which allows physiological health issues to be taken into account, women's mental health is often ignored. Women are subject to extremely strong societal pressures, according to which the perinatal period is necessarily a happy one: these pressures not only prevent them from speaking out about their distress, but also mask disorders that are much more serious than the 'baby blues'.

The perinatal period reveals gender inequalities in health, not only between women and men, but also between women themselves..

Firstly, **medicine, historically designed by and for men, still neglects women's specificities,** leading to late diagnoses and inappropriate treatment. Cardiovascular disease, the leading cause of death among women, illustrates this discrepancy: its symptoms, which differ from those in men, are less easily identified and delay emergency care.

There is currently **insufficient research into the different effects on women and men of environmental degradation and exposure to toxic substances throughout an individual's life**, from conception in utero to death. Pregnancy and the early years of life are recognised as periods of high sensitivity to environmental factors.

The world of work is riddled with persistent inequalities: 20% of female manual workers or service employees lose or leave their jobs during pregnancy (Senate Report, 2023), and 27% of women report having experienced discrimination related to motherhood.

Finally, the **widespread closure of maternity wards** is exacerbating regional inequalities: 40% of women live more than 45 minutes away from a maternity ward, increasing the risk of infant mortality. France, once a model country in this area, now ranks 23rd in Europe, with 2,700 deaths of children under one year of age each year (INED, 2025) .

All these inequalities are exacerbated by women's specific circumstances (origin, precariousness, disability, obesity, etc.). Women in precarious situations or with disabilities suffer a double penalty: homeless women forego healthcare, while only 58% of women with disabilities receive regular gynaecological care, due to physical barriers or medical violence.

16,7%

are affected by postpartum depression within two months of giving birth.

(Santé Publique France)

100%

of pregnant women are exposed to pesticides

(Santé Publique France)

ESEC recommendations

Four areas of focus to reduce inequalities and improve women's health

OPINION

1 PREVENT: STRENGTHEN MATERNAL AND CHILD PROTECTION SERVICES (PMI)

→ **How?**
• By increasing the budgets and staffing levels of PMI centres so that they can provide local medical, social and psychological support accessible to all, particularly women in precarious situations, homeless women or victims of violence throughout mainland France and its overseas territories. By systematically including an assessment of social and environmental risks (exposure to pesticides, precariousness, violence) during prenatal consultations.

→ **Why?** Child Protection Services are on the front line when it comes to identifying risks (depression, violence, precariousness), but they are sorely lacking in resources. Their prevention work is undermined by underfunding, even though they play a key role in breaking down health inequalities from the perinatal period onwards.

2 INFORM: BREAKING TABOOS AROUND PERINATAL MENTAL HEALTH

→ **How?**
• By **launching national information campaigns** on mental health issues during the perinatal period and reimbursing **100% of the cost of early postnatal consultations** (currently 70%).

→ **Why?** To empower women to speak up and enable healthcare professionals to detect signs of distress in more women, including those in specific situations.

3 BALANCING: DISTRIBUTING THE LOAD FAIRLY BETWEEN PARENTS

→ **How?**
• By introducing the concept of **equal responsibility between parents in addition to equal rights,** reforming paternity and parental leave, and guaranteeing parents incentive compensation conditions..

→ **Why?** Motherhood and the societal representations associated with it remain the main obstacles to professional equality. Current parental leave arrangements perpetuate inequalities between mothers and fathers/co-parents (28 days for fathers/co-parents compared to 16 weeks for mothers).

4 SUPPORT: STRUCTURING THE POLICY FOR THE FIRST 1,000 DAYS

→ **How?** By protecting funding and improving interministerial governance. This policy will enable the deployment of **health mediators and mobile clinics** in remote areas. It is also necessary to look beyond **the threshold of 300 births per year** as the sole criterion for closing maternity wards.

→ **Why?** The 1,000 Days Policy is a window of opportunity to influence the future health of children and the well-being of mothers. However, due to a lack of visibility, resources and coordination, this policy is failing to reach those who need it most.

THE RAPPORTEURS

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