Women's Health in Denmark

From Biological Insight to Global Impact

Healthcare Denmark

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Foreword

Women's health has not always received the attention, prioritization, or investment it deserves. Despite women representing half of the world's population, persistent gaps remain in data, research and healthcare. These gaps translate into unmet needs across the life course and have consequences that extend beyond individual health outcomes and quality of life.

When women's health is overlooked, it affects families, communities and labor markets, and ultimately slows broader socio-economic progress. In Denmark, we are committed to change this trajectory. Women's health is increasingly being recognized at the political level as a strategic priority - one that aligns closely with our shared ambition for more equitable health outcomes, stronger prevention and healthcare that is closer to people's everyday lives.

Through sustained political prioritization, strong research environments and close collaboration across the health system, academia, industry and civil society, Denmark is strengthening its capacity to deliver better, safer and more coherent pathways for women across the life course.

This publication reflects that commitment. It illustrates how Denmark's overall health system strengths - universal access, high-quality data infrastructures, clinical excellence and way of collaborating cross-sectoral - support innovation that can be responsibly tested, validated and implemented in real-world healthcare settings.

Our ambition is clear: to contribute with knowledge, partnerships and scalable solutions that strengthen women's health in Denmark, while positioning Denmark as a trusted and constructive international partner in advancing women's health globally. The examples and perspectives presented here illustrate how a small country can translate political priorities within women's health combined with cross-sector collaboration into tangible progress with relevance beyond national borders.

At the same time, we recognize that Denmark does not have all the answers and that our perspectives and solutions are shaped by a Danish context.

While no single approach fits all, we hope these experiences can offer useful insights and inspiration. This publication is therefore intended as a starting point for dialogue and partnership - supporting shared learning and joint action among stakeholders seeking to close the remaining gaps in women's health for the benefit of individuals, families, health systems and society alike..

Ida Auken,
Minister for Health and Minister for Ecclesiastical Affairs

Denmark's Strengths in Women's Health: How a small nation has built a global position

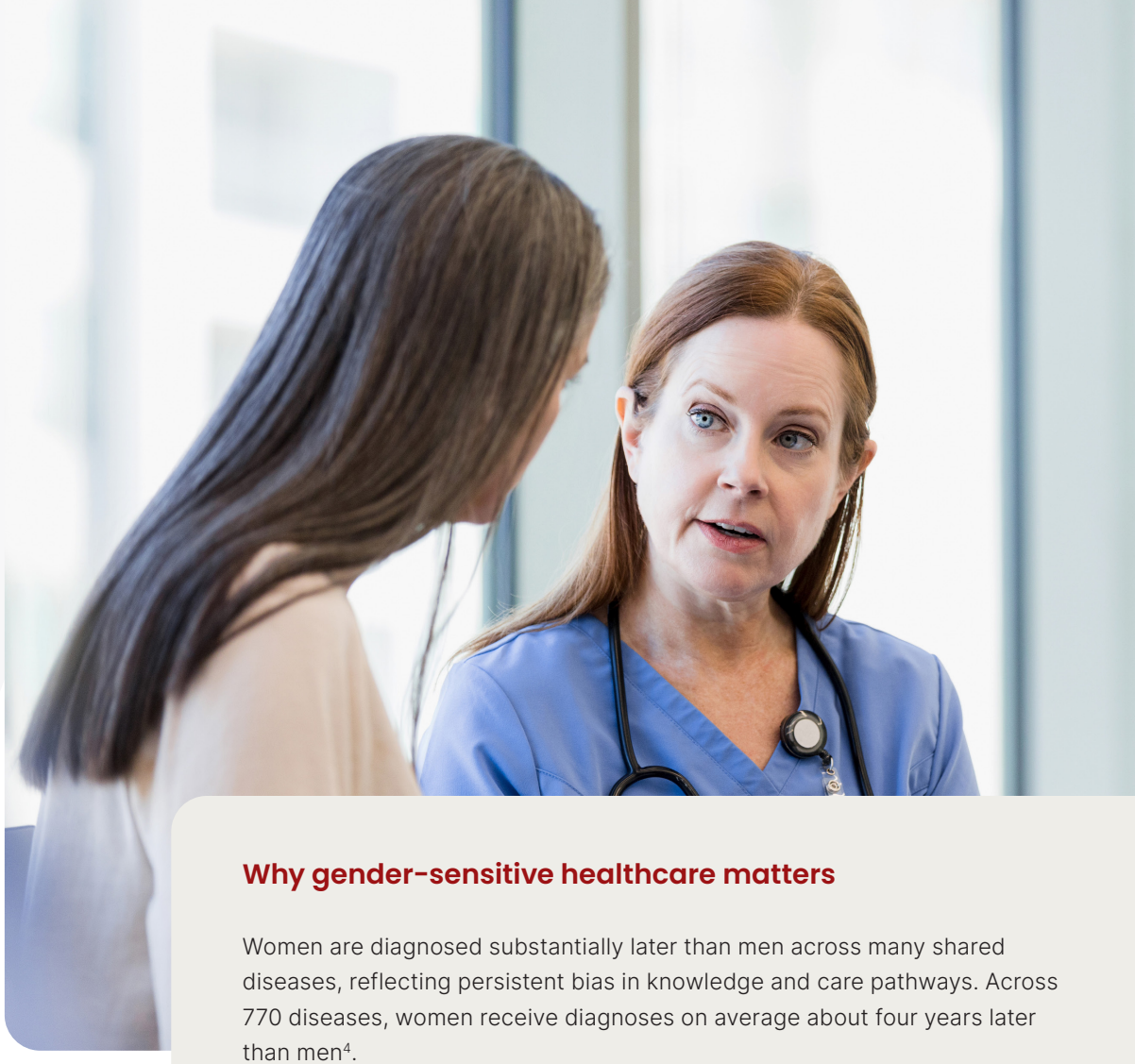
The Women's Health Gap

Global life expectancy has more than doubled over the past two centuries. Yet longer lives have not automatically meant healthier lives for women. Globally, women live longer than men but spend around 25% more of their lives in poor health – referred to as the so-called healthspan gap[1].

This gap is widening on the global level at a time when health systems face growing chronic diseases and risk factor burdens, as well as a rise in healthcare demands, workforce shortages, and declining birth rates[1].

Despite the scale of the challenge, only around 5% of global health research and development (R&D) targets women-specific conditions and diseases[2].

Historically, medical research and clinical trials have often underrepresented or excluded women with data primarily generated from male populations and later generalized to women. This has limited the understanding of sex-specific disease manifestations and treatment response, despite well-documented biological differences. As a result, gaps in evidence have contributed to delayed diagnosis and less effective care for many women[3].



Why gender-sensitive healthcare matters

Women are diagnosed substantially later than men across many shared diseases, reflecting persistent bias in knowledge and care pathways. Across 770 diseases, women receive diagnoses on average about four years later than men[4].

At the same time, women's health remains critically underfunded: in 2020 only around 5% of global health R&D was allocated to women's health, with just 1% targeting women-specific conditions and diseases beyond cancer[2]. The result is a large global burden: around 75 million disability-adjusted life years (DALYs) lost each year[5].

Addressing women's health is not a zero-sum agenda. It is a targeted response to well-documented needs across life phases[6].

International organizations such as the World Health Organization (WHO) have highlighted women's health as a critical global priority, emphasizing that health systems must better reflect women's distinct and changing health needs across the life course to achieve equity, resilience and broader societal progress[7].

In addition, these long-standing gaps in research, healthcare and outcomes are increasingly recognized not only as a question of equity, but also as a broader societal and economic challenge. Today, this recognition is driving a growing global momentum around women's health, as evidence shows that these persistent gaps carry significant economic and societal costs. **Analyses from the World Economic Forum and McKinsey Health Institute estimate that closing the women's health gap could unlock up to $1 trillion in annual global GDP by 2040 and add millions of healthy life years for women worldwide[1].**

Denmark is well positioned to contribute to strengthening women's health globally through the development of solutions that are based on universal access, strong data infrastructures, a tradition of cross-sector collaboration, and a life-course approach to women's health.

In Denmark, women's health has moved from the margins to the center of the public agenda. By bringing together policymakers, researchers, civil society and industry, we are helping turn shared commitment into concrete action and building a strong foundation for lasting improvements in women's health and wellbeing – for the benefit of women, families and society as a whole.

Alliance for Women's Health

Lifespan vs. Healthspan (HALE)

Lifespan = total length of life, commonly expressed as life expectancy[8].

Healthspan = years lived in full health, measured by WHO as Healthy Life Expectancy (HALE)[9].

The gap between life expectancy and HALE represents years lived in less than full health, i.e., years lived with illness or disability[10].

As more conditions become chronic, many women live longer with ongoing symptoms that affect everyday functioning rather than survival alone. Conditions such as migraine and autoimmune diseases may not be life-threatening but can significantly shape women's daily lives over decades. As a result, healthspan, quality of life, and the ability to participate in work, family and society become central priorities alongside longevity[1,11].

Women's Health Definition

In this publication, women's health is understood broadly as health, wellbeing and disease across the full life course. It includes diseases and conditions that are specific to women, affect women disproportionately, and affect women differently than men – including sex- and gender-related differences in symptoms, diagnosis, and treatment [5,11]. This life-course framing recognizes women's health as a continuum shaped by both biological and sociocultural factors, and not limited to reproductive health alone[2,12].

Women's health (referring to biological sex) includes:

- Conditions and diseases that are specific to women
- Conditions and diseases that affect women disproportionately
- Conditions and diseases that affect women and men differently (biology, symptoms, outcomes)
- Conditions and diseases where gendered differences in diagnosis, care, or treatment shape outcomes[5,6].

National Framework - Advancing Women's Health in Denmark

The Danish health system provides universal health coverage with free and equal access to healthcare services, financed mainly through taxation and limited co-payments for selected health services[13,14,15].

Healthcare is decentralized across national, regional and municipal levels. With the 2024 health reform, the number of regions will be reduced from five to four, alongside 98 municipalities.

In addition, 17 new health councils are established to strengthen local coordination and bring healthcare closer to citizens[13,14,15].

Health equity is a fundamental political priority in Danish healthcare. This is supported by equal access as a core principle in the Health Act and reinforced through the 2024 Health Reform, which aims to reduce inequalities in health outcomes and bring high-quality care closer to citizens[16,17].

2024 Healthcare Reform

In 2024, the Danish Government launched the most comprehensive healthcare reform in almost two decades. While Denmark already has a strong health system, the reform reflects a clear ambition to continually strengthen and future-proof services, so healthcare remains resilient, sustainable and able to meet changing needs over time[16].

Denmark's **national strategy** for **personalized medicine complements this direction** by aiming to tailor prevention, diagnosis, and treatment to the individual[18]. For women's health, this strengthens the potential for sex-specific patient pathways, earlier detection, and more targeted prevention and treatment - particularly where symptom patterns and disease trajectories differ.

Personalized medicine in Denmark - Timeline

Denmark has developed personalized medicine through a series of national strategies that have progressively expanded the use of biological insight, health data and advanced technologies - laying the foundation for more individualized, sex-sensitive and life-course-oriented care, including in women's health.

2025 – 2027

Strategy: Broadens personalized medicine beyond genomics to support wider use across the health system - covering prevention, early detection, diagnostics, treatment and follow-up, supported by health data and advanced technologies[20].

2021 – 2022

Strategy: Strengthened coordination and continued efforts in genomics, including support for complex and rare/unclear disease pathways[18].

2017 – 2020

Strategy: Established national direction and capacity-building, with a strong focus on genomics and foundations for implementation[19].

Moreover, Denmark has made women's health a political priority through long-term investment. **The Danish Government is allocating DKK 160 million (€ 21.3 million) over four years (2026-2029) to establish a National Center for Research in Women's Health**, which will coordinate national research efforts and generate more research and knowledge about women's health, women-related conditions, and sex-specific disease patterns[21].

This investment builds on growing cross-political momentum, supported by multi-stakeholder platforms such as the Alliance for Women's Health, which has helped align policymakers, researchers, industry and civil society around shared priorities in women's health[22].

Denmark's strengths in women's health are grounded in cultural and societal foundations. High trust in public institutions and a tradition of transparency enable collaboration and data-driven care[23]. Finally, universal welfare structures - including childcare and parental leave - make it easier to participate in work, family and community life across life phases[24,25].

Advancing women's health can improve quality of life and wellbeing across life phases for the individual, strengthen families and communities, and support women's participation in society. It can also help health systems respond to rising chronic disease burdens through earlier, more precise and equitable care – with positive effects for productivity and societal sustainability[38]. Closing the women's health gap can therefore be seen as both a health priority and a societal opportunity and investment[1].

Together, Denmark's policy direction, cultural foundations, high-quality data, and a life science environment built for partnership create strong conditions for developing selected women's health solutions with international relevance based on user needs.

The Danish Model: Data, Collaboration & Innovation

A health ecosystem designed for early action, equity and impact

Denmark's health and life science ecosystem is uniquely structured to turn knowledge into solutions. The Danish model enables innovation to flow from research to real-world implementation through robust data infrastructures, strong public-private collaboration and an innovative environment that continues to evolve [26,27].

This is, among other, supported by the development of three national life science strategies since 2018. Together, these strategies have aimed to strengthen Denmark's role as a European leader in life sciences, highlighting the importance of strong framework conditions for public–private partnerships and close collaboration between public institutions and private actors, particularly hospitals, universities, and industry[26,27,28].

For women's health in particular, the health ecosystem provides a strong foundation for developing solutions that are scalable and equitable. Data-driven approaches ensure that new women's health solutions are built on comprehensive population insight.

Equity also shapes innovation approaches, with a growing focus on ensuring that digital and AI-driven solutions benefit all women across regions, socioeconomic backgrounds and life circumstances.

Collaboration and Governance

Denmark has a long-standing tradition of cross-sector collaboration spanning hospitals, universities, municipalities, industry and civil society. Public–private partnerships (PPPs) are widely used as a national and local method to co-develop new solutions, supported by arm's-length governance and transparent decision-making structures. These collaborative models create shared ownership and facilitate rapid iteration, enabling innovations to be tested and scaled across different parts of the health system[27].

A Data Advantage for Women's Health

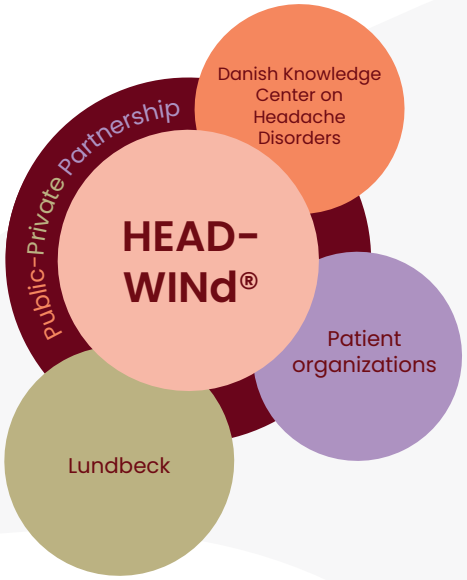
Denmark's strong data environment supports the development of digital and AI-driven women's health solutions. By combining population-scale data with clinical research infrastructure, Denmark can translate insight into better pathways for women across the life course.

Denmark's position as a global leader in data-driven health innovation is underpinned by high-quality national health registries, one of the world's largest biobanks and longitudinal datasets. These resources offer population-level insight and enable both early-phase research and real-world evidence generation[29].

Together, they create a uniquely strong evidence base for understanding sex-specific disease patterns and designing targeted interventions. Examples include **HEAD-WINd®** (see case elaboration), **KISO**, which builds large-scale evidence on menopause and its impact on women's health and daily life[30,31], and **CyclOme**, which advances knowledge of the menstrual cycle as a dynamic biological process central to women's health[32].

Beyond registries and cohort studies, Denmark also strengthens evidence generation through user engagement. In the Region of Southern Denmark, Odense University Hospital (OUH) has a cooperation with the Danish Women's Society, bringing women's lived experience into women's health research through the **women's panel**, supporting relevance and uptake of new knowledge[33].

CASE *HEAD-WINd®*



HEAD-WINd® is a Danish public–private partnership between the Danish Knowledge Center on Headache Disorders and H. Lundbeck A/S, created to strengthen population-based research on migraine and other headache disorders. With migraine disproportionately affecting women and often impacting quality of life, work participation and family life, the partnership supports a women's health agenda by generating better evidence for timely diagnosis and targeted care pathways[34].

HEAD-WINd® combines nationwide survey data, smartphone-based symptom tracking and disease education, and Denmark's health and social registries to capture headache disorders in everyday life - including among people who are not already in specialized care. Danish patient organizations have contributed to the app content, including disease education, supporting relevance and usability.

By establishing a comprehensive population-based cohort of Danish adults, HEAD-WINd® provides a robust platform for understanding disease burden, lived experience and disparities in care.

The results can inform more equitable healthcare planning, improve clinical pathways, and strengthen Denmark's ability to develop data-driven solutions in women's health, particularly within neurology and pain management[30,34].

Denmark's AI supercomputer

Denmark's AI capacity is strengthened by **Gefion, Denmark's AI supercomputer** - a result of a public-private partnership between the Novo Nordisk Foundation and the Export and Investment Fund of Denmark (EIFO)[35,36].

In a collaboration between Amager and Hvidovre Hospital, Technical University of Denmark (DTU), and the Danish Center for AI Innovation (DCAI), researchers are using Gefion to accelerate research in women's health[35,36].

This demonstrates how advanced computing can help turn complex data into actionable insights, for example by building a foundation model of the uterus to improve prevention, diagnosis and treatment[35,36].

Gefion goes live

Gefion, Denmark's AI supercomputer, was officially launched in October 2024 in Copenhagen, symbolically turned on by King Frederik X and NVIDIA's CEO as part of a public-private partnership.

In 2024, Denmark ranked #1 in Europe for clinical trials per capita[37], reflecting strong scientific environments, a strong clinical research framework and well-integrated clinical research infrastructure[38]. This provides a strong foundation for women's health research and for validating women's health solutions from early studies to real-world implementation.

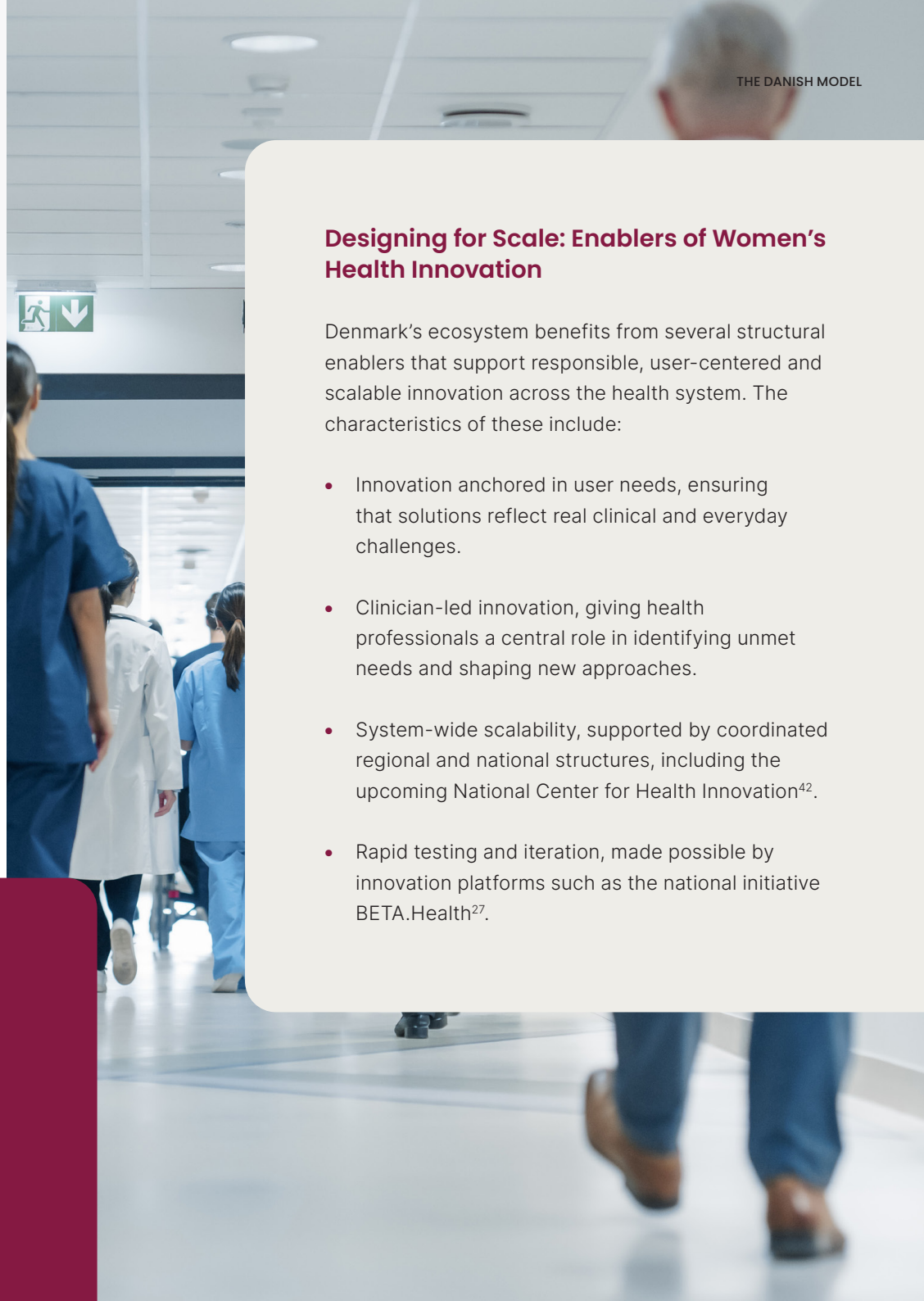
In addition, a joint analysis by the Danish Health Authority and the Danish Medicines Agency finds that sex representation in clinical research generally reflects the sex distribution in the relevant disease populations[39].

At the same time, a national "one point of entry" gateway to health data is currently being established, designed to streamline and facilitate secure and easy access to health data for research and innovation[40,16].

Innovation and Investment Environment

Despite a general lack of investment in sex-specific innovation and health innovation more broadly, Denmark's innovation ecosystem continues to evolve.

BETA.HEALTH is a national initiative funded by the Novo Nordisk Foundation. Through targeted funding and expert support, BETA.HEALTH helps clinical teams move from idea to implementation. Whether the right path is adoption, procurement, integration into practice, or spinout, BETA.HEALTH supports the journey by making healthcare innovation more connected and patient focused from the inside out[41].



Designing for Scale: Enablers of Women's Health Innovation

Denmark's ecosystem benefits from several structural enablers that support responsible, user-centered and scalable innovation across the health system. The characteristics of these include:

- Innovation anchored in user needs, ensuring that solutions reflect real clinical and everyday challenges.
- Clinician-led innovation, giving health professionals a central role in identifying unmet needs and shaping new approaches.
- System-wide scalability, supported by coordinated regional and national structures, including the upcoming National Center for Health Innovation[42].
- Rapid testing and iteration, made possible by innovation platforms such as the national initiative BETA.Health[27].

This development is supported by a network of national hubs, accelerators, and investment environments that enable early-stage development, scale-up, and internationalization of new solutions *(see case elaboration, p. 24)*.

Denmark's innovation landscape also includes global-facing platforms that support women's health solutions in reaching international markets.

Innovation Center Denmark is located in seven innovation regions with the objective of strengthening international partnerships and provide global outreach for Danish life science and digital health companies, including those focused on women's health[43].

Lene Munk, Medical Doctor and Postdoctoral Researcher at Aarhus University, founder of Cobler

THE DANISH MODEL

CASE *From taboo to research – Innovation Fund Denmark supporting new knowledge in women's incontinence*

Urinary incontinence is a widespread but often taboo condition that affects millions of women and has significant consequences for quality of life, dignity, and participation in everyday activities[44].

With support from Innovation Fund Denmark, the Danish startup Cobler is developing a catheter designed for women with severe urinary incontinence.

The catheter is minimally invasive as it has no external components. It can remain in the urethra for up to three months, offering a long-term, sustainable solution that supports everyday management.

Cobler was founded by Lene Munk, medical doctor and postdoctoral researcher at Aarhus University. With a grant from Innovation Fund Denmark, she has been able to dedicate herself full-time to advancing the solution, conducting preclinical testing, and initiating the regulatory process.

The grant makes it possible to bridge the gap between research and entrepreneurship and translate new knowledge into action for the benefit of female patients.

THE DANISH MODEL

Key actors in the innovation ecosystem:

- **BioInnovation Institute (BII),** with a dedicated focus on women's health and strong support for early-stage ventures[45].
- **Health Tech Hub Copenhagen (HTHC),** advancing digital health solutions and international scale-up enabling new start-ups within women's health to flourish[46].
- **Innovation District Copenhagen (IDC),** serving as a flagship innovation cluster across life science, tech and healthcare including women's health[47].
- **Nordic Women's Health Hub (NWHH)[48] and Medicon Valley Alliance (MVA)[49],** supporting cross-border research and industry collaboration with a special focus on women's health.
- **Innovation Fund Denmark (IFD)[50] and EIFO[51],** enabling long-term investment in health innovation.

These environments help ensure that women's health innovations can grow from concept and strong scientific grounding to market-ready solutions.

CASE *Health Tech Hub Copenhagen: Accelerating women's health*

Health Tech Hub Copenhagen (HTHC) is a non-profit organization founded in 2019 to accelerate health innovation by bringing together entrepreneurs, healthcare professionals, industry, and policymakers.

The hub has supported more than 100 startups and scaleups on their journey from early business development to global deployment, providing guidance on funding, regulatory approval, and market-entry to help digital and MedTech solutions scale across healthcare systems.

A core part of Health Tech Hub Copenhagen is also to support women's health-specific startups by helping them secure investment, navigate regulatory processes, and scale solutions that address all stages of the female life course.

Through hands-on advisory activities and platforms such as regulatory-support programs, the hub fosters synergies across the ecosystem and contributes to policy initiatives including the cross-political Alliance for Women's Health.

In the coming years, HTHC aims to empower even more women's health innovators by accelerating regulatory approval, expanding funding pathways, and supporting global scaling - ultimately improving outcomes and quality of life for women worldwide[46].

CASE *Conceivio: Digital fertility support addressing the clinical burden placed on women*

Conceivio is one example of a member of Health Tech Hub Copenhagen within the women's health ecosystem. The company offers a tech-enabled support platform for individuals and couples seeking to conceive, whether naturally, through fertility treatment, or as part of fertility preservation[52].

Traditionally, fertility care has focused primarily on women, placing a clinical burden on them. Conceivio supports women and men equally throughout the fertility journey. The platform aims to improve the likelihood of conception through lifestyle optimization and to address a question frequently raised by patients: What can we do ourselves to optimize fertility?

Through Conceivio, users gain access to a personalized AI fertility coach that builds a personal, evidence-based program covering lifestyle topics such as nutrition, exercise, stress management, sleep, and more.

The platform connects users with fertility clinics and specialists and provides access to curated fertility-related products and services, creating an integrated pathway that combines digital support, education, and access to care[52].

Health Tech Hub Copenhagen sees a strong pipeline of women's health tech products and Femtech solutions among its members, including Uvisa, Prenaital, Cacto Health and many more.

- **UVISA:** A light-based device that quickly relieves symptoms of common vaginal infections[53].
- **PRENAITAL:** AI-based software to analyze prenatal ultrasound data and detect high-risk pregnancies earlier than standard clinical care[54].
- **CACTO HEALTH:** A user-friendly digital device that measures fluid levels in the arms, enabling early detection and prevention of lymphedema before it develops[55].
- **NEOCARE NORDIC:** CareFold is a clinical support surface for premature infants that enables early, uninterrupted mother–baby contact, strengthening women's recovery and wellbeing[56].

Life's Milestones: Supporting Women through Fertility, Pregnancy, and early Parenthood

Reproductive health is an area where Denmark combines strong clinical frameworks, digital capabilities and international collaboration - supported by public access to fertility treatment and robust data infrastructures.

Fertility and Early Reproductive Health

Infertility is a public health challenge affecting millions of people worldwide. It is not only a woman's issue; male infertility is equally common and under-researched. Around one in six people experience infertility at some stage in their reproductive life phase[57].

Denmark has a long-standing legislation ensuring access to comprehensive family planning and reproductive healthcare, including fertility treatment[58,59]. IVF was integrated into the publicly funded healthcare system in the late 1980s, following a national recommendation from the Danish Health Authority in 1986 to offer IVF as a hospital treatment[60]. This made Denmark an early country to offer tax-supported fertility care[61].

Denmark is also among the European countries with the highest number of ART/IVF treatments per capita[62,60]. This is supported by national fertility and IVF registries that provide long-standing, population-level data for continuous improvement of care and research[61].

Access is inclusive across life situations making the majority of Danes — subject to defined medical and age-related criteria — eligible for receiving fertility treatment free of charge in the public healthcare system[63] for both the first and second child.

Overall, Denmark's approach reflects a deep commitment to equality and the right to build a family – regardless of life situation. IVF is not only a medical service, but part of a wider welfare model that supports inclusive family-building[59].

In 2024, Denmark expanded publicly funded services **from three to six treatment attempts for a first child[64,65].** In January 2026, Denmark further expanded publicly funded IVF-treatments from three to **up to six attempts for a second child[66].**

Denmark is also advancing knowledge on pregnancy loss that ends one out of four pregnancies through large-scale initiatives such as the **Copenhagen Pregnancy Loss Cohort (COPL).** Conducted across Hvidovre Hospital, Nordsjællands Hospital, Herlev Hospital, and Odense University Hospital (OUH), COPL is a nationwide research project with a cohort that has enrolled more than 3,000 pregnancy loss trios (fetus, father and mother) diagnosed with a pregnancy loss before gestational week 22.

By combining detailed clinical information with advanced biological data (including electronic health records, ultrasound imaging and deep multiomic and biochemical data) and linkage to national health registries, the project will strengthen the evidence base for earlier detection and improved care pathways for pregnancy loss by identifying risk factors, underlying causes, and potential treatments[67,68].

Due to its scale and depth, COPL also generates valuable insight to other common women's health conditions and diseases represented in the cohort, including endometriosis and adenomyosis, infertility, polycystic ovary syndrome (PCOS) and autoimmune diseases – illustrating how targeted research can create broader value across women's health.

"Women's health – including infertility and gynecological conditions – is a complex and dynamic research field that has historically been underexplored since the dynamics related to menstruation, pregnancy and menopause traditionally has been considered noise in research. In Denmark, we are building strong conditions to address this by bringing together clinical expertise, long-standing health data and advanced technologies such as AI. Initiatives like the National Research Center for Women's Health and the supercomputer Gefion strengthen our ability to build knowledge and translate it into better prevention, diagnosis and treatment for women across the life course."

Henriette Svarre Nielsen, Chief Physician,
Professor of Obstetrics and Gynecology & Entrepreneur

CASE *Personalized dosing in fertility treatment*

Ferring has developed a fertility treatment that introduces a more personalized approach to ovarian stimulation in IVF. Instead of using a standard dose for all patients, the treatment tailors the dosage to each individual woman based on two simple and clinically relevant factors: ovarian reserve and body weight, to achieve a predictable ovarian response balancing efficacy and safety.

This is the only prospectively validated dosing regimen across multiple countries, regions, and ethnicities. All global randomized controlled trials included in the development program of the treatment were designed and conducted from Denmark.

Using a validated dosing algorithm, the physician enters these parameters via a digital tool, which calculates a fixed, individual dose that remains consistent throughout the treatment cycle. This allows clinicians to determine the right dose from the first cycle, without the need for ongoing adjustments.

The personalized approach improves treatment safety by reducing the risk of overstimulation and serious side effects, while maintaining effective fertility outcomes and lower hormone consumption. At the same time, it simplifies clinical decision-making and supports a more predictable treatment pathway.

Pregnancy and Birth

Denmark is among the safest countries in which to give birth, with very low maternal and neonatal mortality by international standards. Since 1996, national evidence-based guidelines and improved prenatal screening – including two routine ultrasounds since 2004 – have standardized maternity care across Denmark[69,70,71].

Denmark's maternity pathways are nationally framed through professional guidelines and implemented across regions, combining general practitioner-based antenatal care with midwife-led continuity and hospital-based specialist support. All pregnant women have free access to a general practitioner and midwives at the hospital throughout pregnancy[72,73].

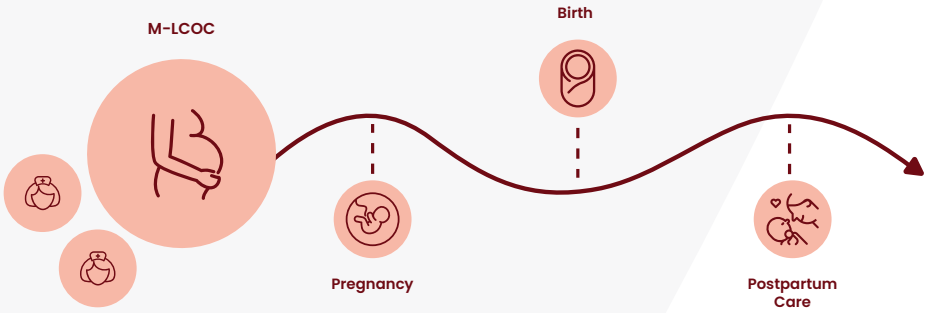
Research excellence is supported by national infrastructures such as the Danish Fetal Medicine Database and population-wide prenatal screening programs, enabling continuous quality improvement and high-impact research with international relevance[74,75].

CASE *Midwife-led continuity of care across Danish regions*

Hospitals in the Central Denmark Region, the Capital Region of Denmark, Region Zealand, and the Region of Southern Denmark offer **"midwife-led continuity of care" (M-LCOC)** where pregnant women are followed by a dedicated team of midwives throughout pregnancy, birth, and postpartum care. Current evidence suggests that continuity-of-care models may enhance women's health throughout pregnancy by fostering trust, improving communication, and supporting consistent clinical oversight[76].

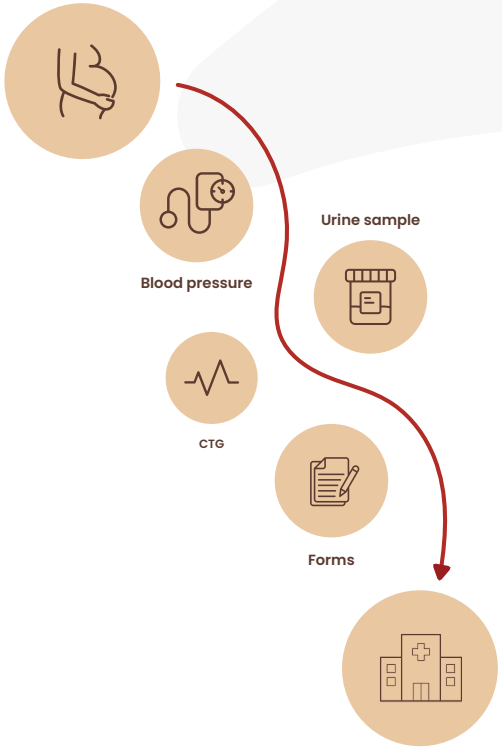
Continuous contact with known midwives enhances emotional safety, reduces stress, and supports better identification of individual needs, particularly for women with complex or vulnerable pregnancies. Early evaluations show higher satisfaction and more coordinated care pathways.

As an extension of the "midwife-led continuity of care" (M-LCOC), Region Zealand operates an organized **"home birth scheme"** for low-risk pregnancies, providing safe, midwife-led childbirth in the home environment. This model reinforces continuity, family-centered care, and positive childbirth experiences[77,78].



CASE *Remote monitoring for pregnant women with complications*

With The Health Innovation Centre of Southern Denmark as the project leader, the five Danish regions have completed a cross-regional tender which have secured a telemedicine solution for pregnant women with complications.



This innovative approach ensures not only increased security and flexibility but also better management of the pregnancy directly from home.

By introducing remote monitoring, pregnant women can now monitor both their own condition and the condition of their fetus and send measurements directly to the hospital, reducing the need for repeated visits to the midwife. This arrangement has already shown positive results and is currently in use in maternity wards across Denmark.

The vision with the remote monitoring is clear: to promote independence and empowerment among pregnant women and to optimize staff resources so they can focus more on personal care and support.

This solution represents the future of prenatal care, where quality, comfort, and cost-effectiveness come together to support pregnant women through their unique health journeys.

CASE *Safe Delivery App – Supporting healthcare professionals in ensuring safer births*

Maternity Foundation is a Denmark-based global NGO behind the Safe Delivery App. A free, evidence-based digital tool developed in collaboration with the University of Copenhagen and the University of Southern Denmark to support midwives and frontline health workers in managing childbirth complications.

Used in 70+ countries and reaching around 500,000 professionals, it showcases Denmark's ability to scale research-driven digital solutions that improve women's and newborn's health worldwide[79,80].

Wavecare sensory solution in Sygehus Sønderjylland

CASE *Sensory Delivery Room to reduce stress and enhance birth experience*

Several hospitals across Denmark and globally have implemented Wavecare's sensory solution in their birthing rooms. The system combines ambient lighting, calming sounds, and tailored audiovisual effects to create a peaceful, homelike environment that supports women throughout labor.

The sensory setting can be adjusted allowing the atmosphere to change e.g. during the different phases of labor where needs evolve thereby supporting women in feeling calm, present and more in control during birth.

Furthermore, the system supports bodily presence during birth, which research describes as "a constant exercise of being present"[81]. Research also documents that calming, sensory-supportive environments can lower anxiety and reduce the risk of emergency caesarean sections and contribute to safer, more positive birth outcomes[82].

Wavecare's user-friendly interface enables midwives to adjust the atmosphere to meet each woman's immediate needs, promoting individualized, patient-centered maternity care. The calming setting also improves working conditions for healthcare staff, particularly during night shifts.

The solution illustrates how modern technology can advance women's health by integrating holistic support into clinical maternity settings.

Postpartum care

Postpartum care in Denmark combines clear national breastfeeding guidance with early, universal family support. The Danish Health Authority recommends exclusive breastfeeding for around six months, followed by continued partial breastfeeding through the child's first year or longer when possible[83,84].

To strengthen the quality and consistency of breastfeeding counselling, Denmark draws on national knowledge structures such as the **National Resource Center for Breastfeeding**, anchored in the Danish Committee for Health Education. Together, they support evidence-based guidance and training for health professionals and parents across sectors[85].

All new families are offered free home visits from health visitors (specialized public health nurses) shortly after birth and during the first year. These visits provide early support for infant wellbeing, feeding and parenting, and help identify any need for additional care at an early stage[83]. **The health visiting program has a 99% coverage rate among families during the child's first year of life, which helps to reduce inequality in health[86].**

Postpartum is a pivotal period for the mother's physical recovery and mental wellbeing, alongside infant health. Municipal support models, such as Copenhagen Municipality **post-partum clinics**, illustrate this shift by offering targeted rehabilitation and counselling for mothers with birth-related and postpartum complications, ensuring that maternal recovery is addressed as an integrated part of postnatal care[87].

When Biology is not Equal: Rethinking Care for the Female Body

Women are affected differently from men by many diseases in prevalence, symptoms and treatment outcomes. These differences have historically been under-recognized, contributing to delayed diagnoses and poorer health for many women.

Denmark's life science sector and strong clinical environments are advancing gender-sensitive research and solutions across women's life course and drawing more systematically on sex-specific evidence in selected areas to support more timely and tailored care across life stages.

Gender-Specific Disease Patterns

Women's health is increasingly shaped by evidence showing that many chronic and neurological conditions differ between sexes in terms of risk, symptoms, underlying pathophysiology, and treatment response. These differences are influenced by biological factors and, in some cases, driven by hormonal changes across different life stages, including puberty, pregnancy and menopause[88].

Disabling neurological disorders

Migraine is one of the world's most common and disabling neurological disorders[89]. Women carry the largest share of the total disease burden and typically experience more frequent and more severe attacks than men. Hormonal variation across the menstrual cycle, pregnancy and menopause plays a major role in these differences[90].

Denmark offers a strong example of how cross-sector collaboration can translate scientific excellence into tangible societal and health outcomes. Within this ecosystem, leading clinical centers, such as the Danish Headache Center, work alongside universities, patient organizations, and industry partners to generate integrated knowledge that informs policy and practice.

H. Lundbeck A/S contributes by connecting clinical insight with health economic perspectives and by supporting the transformation of data into policy-relevant evidence.

Through sustained collaboration with clinical leaders and meaningful engagement with patient communities, this partnership has helped elevate the burden of migraine - particularly among women of working age and those employed in female-dominated welfare professions[91,92].

The cross-sector collaboration has strengthened the understanding of migraine as a women's health issue with consequences that reach beyond the clinic and into daily life, employment and wellbeing. It has also supported growing attention to sex specific research, including how hormonal factors shape symptom patterns and treatment needs.

Together, these efforts show how public-private partnerships in Denmark operate in practice with shared data, aligned priorities, transparency, and coordinated action.

This approach elevates a major women's health condition and support more consistent and earlier intervention for the women who are most affected.

Sex-specific disease patterns are also critical in cardiometabolic health. Cardiovascular disease remains the leading cause of death among women globally, yet women are underrepresented in clinical trials[93]. However, at an international level, there are increasing research efforts focusing on improving understanding of the association between women's cardiovascular risk and menopause, including opportunities for earlier detection and prevention.

Researching cardiovascular risk and menopause: SHE-HEALS

The SHE-HEALS project brings together leading research environments to study the impact of menopause on heart disease risk and how risk identification and preventive strategies can be strengthened. Danish research groups from the University of Copenhagen and Rigshospitalet contribute to the collaboration, reflecting Denmark's engagement in global women's heart health research[94].

Obesity and midlife weight gain are major drivers of women's long-term cardiometabolic health, increasing the likelihood of type 2 diabetes and cardiovascular disease. The menopausal transition is a key turning point, as many women shift toward abdominal/visceral fat accumulation during midlife[95,96,97,98].

Postmenopausal overweight is also associated with increased risk of hormone-related cancers such as breast cancer, underscoring weight management as an important prevention lever for midlife women[99,100].

Given the scale of menopause-related cardiometabolic risk, scalable obesity, cardiovascular, and diabetes-focused solutions are directly relevant to women's health. Denmark contributes through strong life science companies, including Novo Nordisk's global leadership in obesity, cardiovascular, and diabetes care, with solutions that are relevant to midlife women.

Supporting women's health through menopause can also help women to improve their quality of life, to stay active in the workforce and to pursue career ambitions, ultimately benefiting employers and broader society.

According to the scientific research, there is a clear relation between overweight and the development of menopause related breast cancer. The newest research indicates that a planned and sustained weight loss in post-menopausal women can reduce the risk of developing breast and cervical cancer[99]

The Danish Cancer Society

Pelvic health, intimate health and bowel care

Pelvic health, intimate health and bowel care, covering bladder, bowel and pelvic floor function across the life course, is a central women's health priority and a global area of high unmet need. Because pelvic floor disorders often affect urinary, bowel, back and sexual function simultaneously, many women experience combined symptoms, especially around childbirth and menopause[101,102,103,104,105].

In addition, many of these conditions and symptoms are personal and can be difficult to discuss – both for women themselves and for healthcare professionals – which may further contribute to delayed recognition and care.

Taken together, this underlines the need for integrated approaches across life stages that recognize how these intimate health challenges affect women's confidence, dignity and ability to participate fully in daily life.

Denmark's efforts to strengthen clinical knowledge environments and competencies play an important role in enabling earlier conversations and clearer treatment and care pathways.

National registries, including the Danish Urogynecological Database (DugaBase)[106], support real-world quality monitoring and research, and specialized clinical environments translate this knowledge into more consistent care pathways[107]. Professional guideline environments in urogynecology and obstetrics further support national professional guidelines[108,109].

In parallel, Danish companies turn women-centered needs into scalable continence and bowel care solutions informed by women's lived experiences and everyday life considerations.

CASE *Advancing innovation in gender-sensitive catheter care*

Urinary retention means the bladder cannot empty naturally, requiring intermittent catheterization several times a day - at home, at work, or when out and about. For those living with urinary retention, leaving home requires careful planning to find appropriate spaces to perform their medical routine.

While urinary retention affects both men and women, women face a 43% higher risk of urinary tract infections (UTIs) than men[110], and these infections are linked to poorer quality of life[111]. In addition, 53% of women worry about incomplete bladder emptying and the risk of UTIs[110].

Historically, catheters were made longer than necessary for women and were not customized to fit the female urethra, which is only 2.5-4 cm long[112]. Recognizing this need, Coloplast introduced the first compact female catheter in 2004. Today, Luja™ female advances that innovation with Micro-hole Zone Technology, enabling complete bladder emptying in one free flow[113], reducing the risk of UTIs[114] with a discreet design that blends into everyday life. Developed with both user and clinician input, Luja female exemplifies Denmark's strength in user-centered health innovation, giving women the confidence to live the life they desire rather than being defined by their condition.

CASE *Improving quality of life through tailored care*

Urinary incontinence is a widespread and often underreported condition that affects women across different life stages. Around one third of women experience incontinence after childbirth, and between 25 and 45% of women in the general population report some degree of incontinence, with prevalence increasing with age, affecting up to 50% of women aged 65 years and older[115].

Beyond the physical symptoms, urinary incontinence has a substantial impact on women's psychological wellbeing, social participation and daily functioning, and is often associated with a diminished quality of life[116].

To reduce postpartum complications and support long-term quality of life, evidence indicates that women benefit from receiving an individual and structured assessment of their level and type of incontinence. Such assessments form the basis for identifying appropriate and targeted continence care, and for preventing secondary complications, such as skin irritation (IAD – incontinence associated dermatitis) and discomfort[116].

ABENA supports this approach through a comprehensive portfolio of incontinence solutions designed to address different levels and types of incontinence. The products enable women and healthcare professionals to match solutions to individual needs, supporting comfort, skin health, dignity, and independence in everyday life, and thereby contributing to improved quality of life for women.

The Next Frontier for Women's Health

As women's health rises on international policy and research agendas, Denmark's recent experiences highlight emerging directions that may be relevant for international partners.

Building the evidence base through national and regional investment

A key direction is sustained investment in research and knowledge-building. In Denmark, national funding has been allocated to establish a National Research Center for Women's Health (€ 21.3 million over four years) to generate more research and knowledge on women's health and women-related conditions and diseases, as well as conditions that manifest differently in women than in men. The initiative builds on an existing landscape of strong Danish research environments, where universities, university hospitals and other knowledge institutions already contribute substantial research across key areas of women's health, including fertility, pregnancy loss, and endometriosis. It is also intended to have a national, coordinating role across research environments and across the wider healthcare sector. This includes facilitating collaboration across disciplines and ensuring translation of research findings into the healthcare sector. The initiative is expected to engage a broad range of stakeholders, including universities, clinical research units, institutions with research capacity, and other relevant actors[117].

Regional initiatives are also emerging. All regions have allocated funding to women's health priorities, including the North Denmark Region funding for specialized endometriosis initiative (DKK 2 million, increasing to DKK 3 million in 2027)[118,119,120,121,122,123].

> Women's health requires more timely, holistic and coordinated solutions. Across Denmark, the regions are strengthening their efforts within women's health through dedicated investment in both care and research. This includes targeted funding for conditions such as endometriosis. These priorities are important steps toward improving women's everyday lives and ensuring that the health system responds better to conditions that have too often been overlooked.
>
> **Anders Kühnau, Chairman of Danish Regions**

THE NEXT FRONTIER

Precision and data-driven pathways across the life course

Looking ahead, women's health is likely to be shaped by more precise, personalized and data-driven approaches, strengthening targeted prevention and treatment, earlier detection, and more coherent pathways across conditions and life stages.

This direction aligns with European priorities to improve equity in health outcomes and ensure that research and innovation better reflect sex-specific differences[124].

Opportunities for international collaboration

As women's health gains momentum globally, there are growing opportunities for cross-border research partnerships, public–private collaboration on the development and implementation of women's health solutions, shared evidence generation and knowledge exchange.

Denmark's trajectory – combining political prioritization, regional initiatives and a focus on life-course pathways – positions Danish stakeholders across healthcare, research and industry as constructive partners who can both contribute and learn in international collaborations for the benefit of women, families, health systems and society as a whole.

References & credits

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Women's Health in Denmark - March 2026
A publication in the Triple-I paper series: Denmark Informs - Inspires - Invites

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