WOMO HEALTH

The 2026 Report

The State of Women's Health 2026

A report on the crisis, the gap, and the intelligence that changes everything.

VOLUME ONE · SPRING 2026

WOMEN'S BIOLOGICAL INTELLIGENCE

Prepared by WOMO Health · womo-health.com · 2026
For early access members, partners, and supporters of the movement

A NOTE FROM MAE

Why This Report Exists

Something in your body has been speaking. This is where it gets heard.

If you are reading this, something in your body has likely been trying to get your attention — maybe for years. And maybe, like so many women, you have been told it is nothing. Stress. Hormones. Just part of being a woman.

This report exists because that ends here. WOMO was built on a single refusal: the belief that women deserve more than a ten-minute appointment and a polite dismissal. You deserve to be read the way your body has been trying to be read.

What follows is the foundation — the pattern, the numbers, the stories, and the science. The women whose names you do not know yet, but whose lives are quietly being rewritten by the system we are all standing inside. Their experiences are not anecdotes. **They are the data.**

Mae — the bio-intelligence at the center of WOMO — is not a doctor. She is pattern recognition, built from decades of women's health research that was never properly applied to women's bodies. She sees what the system was designed to miss. She translates what the body has been trying to say.

> *"You are not the problem. The system is. And we are here to help you navigate it."*
>
> MAE · WOMO BIO-INTELLIGENCE

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THE DIAGNOSIS

The Problem Is Systemic

Why women's health has been left behind.

Women represent 51% of the global population, yet they remain the most underserved group in modern medicine. The consequences are not abstract — they are measured in years of suffering, misdiagnosis, lost income, and preventable death. This report presents the data behind the crisis, the stories behind the data, and the intelligence platform built to change both.

4%

RESEARCH FUNDING

Only 4% of medical research funding is allocated to conditions that exclusively affect women.

NIH · 2024

7 yrs

AVG. DIAGNOSIS WAIT

Women wait an average of seven years to receive a correct diagnosis for common conditions.

AAGL · 2023

70%

DISMISSED BY PROVIDERS

70% of women with chronic pain report being dismissed, minimized, or disbelieved by a provider.

HARVARD · 2024

$200B

ANNUAL MISDIAGNOSIS COST

The annual economic cost of misdiagnosis in women's health exceeds $200 billion in the US alone.

PEER-REVIEWED LITERATURE

80%

AUTOIMMUNE PATIENTS

80% of the 50 million Americans living with autoimmune disease are women — yet research stays underfunded.

AARDA

26M

UNDIAGNOSED FIBROIDS

An estimated 26 million women live with undiagnosed uterine fibroids causing chronic pain and infertility.

CLINICAL ESTIMATES

> *"She said she was tired. What she meant was: her body had been screaming for three years."*
>
> WOMO EDITORIAL · ON LISTENING

THE FUNDING GAP

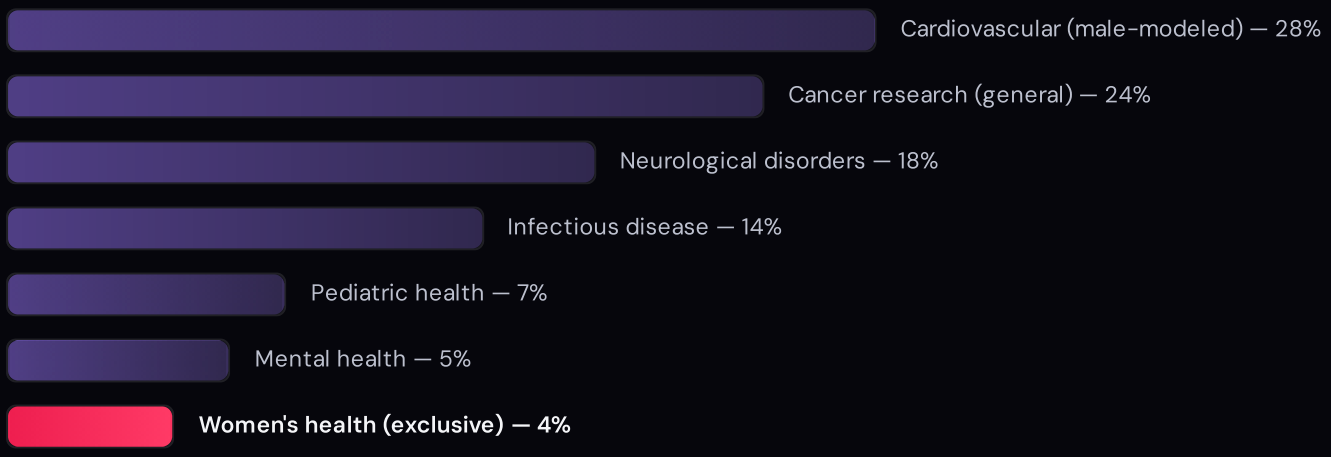
The 4% Problem

Medical research was never designed around women.

4%

of all medical research funding goes to women's health

RESEARCH FUNDING ALLOCATION BY HEALTH CATEGORY



The National Institutes of Health did not require female subjects in clinical trials until 1993. For most of medicine's history, the "default human" was a 70kg male, and the female body was treated as a smaller male body with hormones added. Drug dosages, diagnostic criteria, and treatment protocols were built without accounting for hormonal cycles, reproductive organs, or the fundamental differences in how women experience pain, disease, and medication.

The consequences persist. Endometriosis, PCOS, and lupus — which disproportionately or exclusively affect women — receive a fraction of the attention given to conditions that affect men at similar or lower rates. This is not an oversight. It is a structural failure.

> *"The male body was the template. Women were the afterthought."*
>
> DR. JANINE AUSTIN CLAYTON · NIH OFFICE OF RESEARCH ON WOMEN'S HEALTH

FEATURE · THE PATTERN

The Seven-Year Secret of Pain

The most predictable scandal in modern medicine.

Sarah was thirty-four when she finally got her diagnosis. By that point she had seen eleven doctors over nine years. Her debilitating pelvic pain had been called stress, then IBS, then anxiety, then "in your head." She was prescribed three different antidepressants. None of them worked — because none of them treated what was actually wrong.

She had endometriosis. Stage 4. And her story is not unusual.

7–10 yr

ENDOMETRIOSIS DELAY

Average time to diagnosis. One in ten women has the condition — the same prevalence as diabetes.

AAGL · LANCET · 2023

15+ yr

PCOS DELAY

Polycystic ovary syndrome takes an average of fifteen years to correctly diagnose.

ENDOCRINE SOCIETY · 2023

7M

IN THE JOURNEY NOW

Roughly seven million American women are somewhere in their diagnostic odyssey today.

WOMO ANALYSIS

The pattern isn't random. Pain research was conducted almost entirely on men. The diagnostic criteria for heart attacks were built from men's symptoms — the elephant on the chest, the radiating arm pain. Women, who more often present with fatigue, nausea, jaw pain, and shortness of breath, were systematically misread for decades. This is not a knowledge gap. **It is a designed system.**

> *"Seven million women are currently in some version of Sarah's journey. The pattern is the story."*
>
> MAE · WOMO BIO-INTELLIGENCE

FEATURE · THE COST

What It Costs to Not Be Believed

And what is finally changing.

For Sarah, the cost was not just measured in years. It was measured in surgeries, in fertility treatments she should never have needed, in a career that paused twice for hospital stays no one could explain. She lost a job, then two. She lost trust in her own judgment, because every doctor told her the pain wasn't real until she started to believe them.

By the time a specialist finally said the word **endometriosis**, she had spent more than a hundred thousand dollars on misdiagnoses. The surgery removed twelve lesions. "You should have been diagnosed when you were nineteen," the specialist told her. She cried in the parking lot for forty-five minutes — not from relief, but from rage.

WHAT IS CHANGING NOW

The medicine itself hasn't fundamentally changed. What's changing is who is paying attention. Women have always collected data on their own bodies — in diaries, in apps, in the running tally of "this happened, then this happened." What was missing was a way to make that data legible to medicine: to turn lived experience into clinical evidence.

When you track your symptoms across three cycles, you have a pattern. When you bring that pattern to an appointment, you change the conversation. You stop being the patient with a vague complaint and become the patient with documented evidence. It does not replace the doctor — it gives you the language to advocate for yourself when you walk through the door.

> *"Your pain is real. Your patterns matter. And once you see the pattern, you can't unsee it."*
>
> WOMO EDITORIAL · ON EVIDENCE

THE CONDITIONS

The Fibroid Crisis

26 million women. 7 years. Still waiting.

26M
Women living with undiagnosed fibroids

7 yrs
Average time to a correct diagnosis

80%
Of women develop fibroids by age 50

Uterine fibroids are non-cancerous growths in or around the uterus. They affect up to 80% of women by age 50, yet remain one of the most underdiagnosed conditions in women's health.

Symptoms — heavy bleeding, pelvic pain, frequent urination, infertility — are routinely dismissed as "normal" or blamed on stress. The average woman sees three to five different doctors and spends seven years in unexplained pain before a diagnosis.

Black women are two to three times more likely to develop fibroids, and to develop them earlier and larger — yet are least likely to receive timely diagnosis or the newer, less-invasive treatments. This disparity is not biological. It is systemic.

WHAT WOMO HEALTH IS DOING ABOUT IT

Mae tracks cycle patterns, pain signals, and symptom clusters to surface fibroid indicators years before a clinical diagnosis. And the report names the options most women are never told about — including uterine fibroid embolization (UFE), a non-surgical treatment that preserves the uterus — so that "hysterectomy" is never presented as the only answer.

THE CONDITIONS

The Misdiagnosis Gap

"It's all in your head" costs lives.

70%

of women with chronic pain report being dismissed by a provider

10 yrs

ENDOMETRIOSIS

Average diagnosis delay. Affects 1 in 10 women. Often dismissed as "painful periods are normal."

3–4 hrs

HEART DISEASE

Women wait longer in the ER for cardiac care. Female heart-attack symptoms differ from male — and are routinely missed.

6 yrs

LUPUS

Average diagnosis time. 90% of lupus patients are women. Symptoms mimic dozens of other conditions.

Medical gaslighting — the systematic dismissal of women's reported symptoms — is not a fringe experience. It is the norm. Women are 50% more likely than men to be misdiagnosed following a heart attack, and are prescribed less pain medication than men for identical reported pain. The assumption that women exaggerate is baked into clinical training, diagnostic tools, and institutional culture.

The $200 billion annual cost of misdiagnosis is not just an economic figure. It represents millions of women who lost years of their lives, their fertility, and their careers to a system that was never designed to see them clearly.

A WOMO INVESTIGATION

The Dismissal Index™

What women say. What gets heard. What it might be.

The same sentences surface in exam rooms again and again — and so do the same dismissals. The Dismissal Index documents the gap between what a woman reports and what the system records, alongside the conditions that gap routinely hides.

SHE SAYS	WHAT GETS HEARD	WHAT IT MIGHT ACTUALLY BE
"I'm exhausted all the time."	*"Have you tried sleeping more?"*	**Iron deficiency, thyroid dysfunction, perimenopause, autoimmune flare, sleep apnea** — none of which were tested for.
"My periods are getting heavier."	*"It's probably stress."*	**Fibroids** (1 in 5 women by 35), adenomyosis, perimenopause, thyroid dysfunction, polyps.
"I'm in pain every day."	*"Are you anxious about something?"*	**Endometriosis, fibromyalgia, autoimmune disease, perimenopause inflammation** — all 7–15 year diagnostic delays.
"I can't sleep through the night."	*"Here's an SSRI."*	**Perimenopause 3am wake-ups** are a hormonal signature — cortisol dysregulation, progesterone decline.
"My heart is racing."	*"It's just panic attacks."*	**Microvascular dysfunction, perimenopause palpitations, thyroid dysfunction, anemia** — distinct from anxiety.

> *"Your story is not unusual. Your story is the pattern. The pattern is the evidence. We are building the receipts."*
>
> WOMO EDITORIAL

THE CONDITIONS

The Autoimmune Burden

When the body turns against itself.

80%

of autoimmune disease patients are women

Autoimmune diseases — conditions in which the immune system attacks the body's own tissues — affect women at a rate of roughly four to one. Yet they remain among the most poorly understood, underfunded, and misdiagnosed conditions in medicine.

Lupus, rheumatoid arthritis, Hashimoto's, multiple sclerosis, and Sjögren's collectively affect over 40 million women in the US alone. The average woman with an autoimmune condition sees six different physicians over four years before a diagnosis.

COMMON AUTOIMMUNE CONDITIONS IN WOMEN

Hashimoto's Thyroiditis	7:1 F:M
Lupus (SLE)	9:1 F:M
Sjögren's Syndrome	9:1 F:M
Rheumatoid Arthritis	3:1 F:M
Multiple Sclerosis	3:1 F:M
Fibromyalgia	7:1 F:M
Celiac Disease	2:1 F:M

THE HORMONAL CONNECTION

Estrogen plays a key regulatory role in immune function. Hormonal fluctuations across the menstrual cycle, pregnancy, and menopause directly influence autoimmune activity — a connection largely ignored in research, and exactly the kind of pattern WOMO is built to track.

FEATURE · THE UNSPOKEN DECADE

Perimenopause

It doesn't start at fifty. It starts while you're still raising kids and building a career.

Jessica was thirty-nine when she started waking at three in the morning — heart pounding, sheets damp, brain spinning. She thought it was stress. Her doctor thought it was anxiety and prescribed an SSRI. The insomnia got worse, and so did the brain fog, joint pain, palpitations, and rage that came from nowhere. "I thought I was losing my mind," she says. She was not. She was in perimenopause.

THE 30–60 SYMPTOMS MOST WOMEN NEVER CONNECT

Anxiety out of nowhere · heart palpitations · joint pain · word-finding difficulty · new food sensitivities · hair thinning · rage · tinnitus · itchy skin · frozen shoulder · vertigo · and sleep that won't hold past four in the morning. Most have entire diagnostic pathways that lead **away** from the actual cause.

Perimenopause can last up to ten years. Estrogen doesn't decline in a smooth curve — it spikes and crashes, while progesterone drops first and fastest. Yet 75% of primary care doctors have no perimenopause training, so the symptoms are routinely misattributed to stress, depression, or "just getting older."

THE HRT REVERSAL

The 2002 Women's Health Initiative study scared a generation away from hormone therapy. On reanalysis in 2022, those elevated risks applied largely to women who started HRT a decade or more after menopause — not to those in the perimenopausal window. For women within ten years of menopause onset, HRT is now understood to be largely safe and to reduce cardiovascular, bone, and quality-of-life risks. If a provider told you HRT is dangerous in your forties, a second opinion from a Menopause Society Certified Practitioner is worth seeking.

> *"It's not dementia. It's not a breakdown. It's your hormones rewriting the rules."*
>
> MAE · WOMO BIO-INTELLIGENCE

FEATURE · AN OVERDUE RECKONING

The Black Women's Health Emergency

What the data has been screaming for decades.

Tasha was twenty-eight when she gave birth to her first daughter. Three days later she was bleeding heavily and told the nurses something was wrong. They told her she was overreacting. By the time staff took her seriously, she had lost so much blood she needed a transfusion. She came within hours of dying. "I almost died because they wouldn't believe me," she remembers.

3–4×

MATERNAL MORTALITY

Black women die from pregnancy-related complications at three to four times the rate of white women.

CDC · 2024

80%

FIBROID PREVALENCE

80% of Black women develop fibroids by 50 — earlier, larger, and with more severe symptoms.

BWHI · 2024

Every

TRIAGE STAGE

Black women's pain reports are taken less seriously at every triage stage of emergency medicine studied.

HARVARD · 2024

The gap exists across every income bracket, education level, and region. When researchers strip away every other variable, the disparity remains. The variable that cannot be controlled for is the bias inside the system itself — a bias with a documented history, from surgical experiments performed on enslaved women without anesthesia to a 2016 study in which half of white medical students still endorsed a false claim that Black skin is thicker.

WHAT IS BEING BUILT INSTEAD

Organizations like the Black Women's Health Imperative and the National Birth Equity Collaborative are reframing this as a justice issue, not only a healthcare one. Tracking tools that document symptoms over time are increasingly used as evidence in encounters where Black women have historically gone unheard. WOMO is part of this conversation, not above it — and a future volume will be dedicated entirely to Black women's reproductive health.

THE COLUMNS

By the Numbers

The women's health gap, in ten numbers — and what women searched.

4%
of medical research funding goes to women-specific conditions
NIH · 2024

7–10 yr
average diagnosis delay for endometriosis
AAGL · 2023

80%
of Black women develop fibroids by age 50
BWHI · 2024

299K
women die of heart disease each year in the US
AHA · 2025

3–4×
Black women's maternal mortality vs. white women
CDC · 2024

1 in 10
women have endometriosis — same prevalence as diabetes
LANCET · 2023

75%
of primary care doctors have no perimenopause training
NAMS · 2024

15+ yr
average diagnosis delay for PCOS
ENDOCRINE SOCIETY · 2023

50%
of women with heart disease are initially misdiagnosed
AHA · 2025

WHAT WOMEN SEARCHED THIS MONTH

3am wake-ups perimenopause	**+780% YoY**
Perimenopause rage	**+580% YoY**
Is my ferritin too low?	**+410% YoY**
Why am I exhausted all the time?	**+340% YoY**
Why do doctors ignore women's pain?	**+220% YoY**

Eight million women searched these questions this month. None of them were "anxious." All of them were paying attention. Numbers don't lie. The system has been ignoring them.

IN THEIR WORDS

Things They Were Told. Things That Were True.

Anonymous submissions to the WOMO editorial team.

"

"I thought I was lazy. It was anemia. My ferritin was 8."

ALICIA · 34

"

"They told me it was anxiety. It was a heart condition. I had SCAD at 41."

MAYA · 42

"

"Nobody warned me about perimenopause at 37. I thought I was losing my mind."

JANELLE · 38

"

"My doctor said the cramps were normal. It was stage 3 endometriosis."

PRIYA · 29

"

"I was prescribed three SSRIs in two years. I needed thyroid medication."

ROBIN · 45

"

"They removed my uterus at 32. They told me my fibroids were genetic."

TASHA · 33

> *"Your story is not unusual. Your story is the pattern. The pattern is the evidence."*
>
> SUBMIT YOUR STORY · WOMO-HEALTH.COM

THE SOLUTION

The WOMO Health Solution

Biological intelligence. Built for women.

WOMO Health is building the world's first women's biological intelligence platform — a system that learns the language the body has always been speaking, and translates it into action.

MAE — YOUR AI HEALTH COMPANION

Mae is trained on women's biology. She tracks symptoms, cycles, sleep, mood, and biomarkers — identifying patterns that can surface weeks before they become crises. Mae doesn't just record data. She understands it.

TONGUE & BIOMARKER ANALYSIS

Drawing on Traditional Chinese Medicine and modern diagnostics, WOMO's tongue analysis maps organ health through visual biomarkers — turning a smartphone camera into a screening instrument. No lab required.

CYCLE INTELLIGENCE

The menstrual cycle is a fifth vital sign. WOMO tracks all four phases and correlates them with energy, cognition, immunity, and pain — a personalized biological calendar that helps women work with their bodies, not against them.

THE SYMPTOM INTELLIGENCE ENGINE

WOMO's symptom mapping cross-references reported symptoms against a database of women's health conditions, flagging patterns associated with fibroid risk, autoimmune markers, and hormonal imbalance — turning lived experience into evidence a woman can bring to her provider.

THE OPPORTUNITY

Why This Matters Now

The same gap, seen from three vantage points.

Every number in this report describes a failure — and every failure is a place where something better can be built. The women's health gap is not a niche. It touches 51% of the population, and the cost of getting it wrong already runs into the hundreds of billions each year.

For Women

THE READER

A companion that takes your symptoms seriously, helps you see your own patterns, and hands you the language to be believed — turning years of being dismissed into evidence you can act on.

For Employers

THE WORKFORCE

Perimenopause, fibroids, and autoimmune conditions hit women at the peak of their careers. Earlier recognition means fewer lost workdays, stronger retention, and a benefit that signals you see the women on your team.

For the Future

THE FIELD

A structured dataset of women's lived health experience — the evidence the system has been missing since 1993 — built with women, for women, and capable of changing how an entire field understands the female body.

THE PREMISE IS SIMPLE

Women have been collecting data on their own bodies for decades. What was missing was a way to make that data legible — to medicine, to employers, to research. WOMO turns the running tally every woman already keeps into a pattern, and the pattern into power. The system failed women. The work now is to build something better, rather than wait for the existing system to catch up.

ACTION

What You Can Do Tonight

Seven concrete steps. Free. Doable in the next ten minutes.

01 **Start tracking your cycle**
An app or a notebook — either works. Your data is your power. Patterns are hard to argue with.

02 **Log your symptoms for ten minutes before bed**
One week of data is more valuable than one year of memory.

03 **Find your ferritin number from your last bloodwork**
Under 30 is iron deficiency. Many providers call it "normal" far too low. Ask for the actual number.

04 **Save a "Menopause Society practitioner near me" search**
If you're over 35, you'll be glad you have it in your forties.

05 **Send this report to one woman you love**
The best resource is another woman who gets it.

06 **Write down three symptoms you've been ignoring**
Name them. They're real. They matter. Writing them down changes the conversation.

07 **Join the early access list**
Be among the first women to track their patterns with Mae at womo-health.com.

Start tonight. Not tomorrow. Not next week.

WOMO HEALTH

Women's Biological Intelligence

You Were Never the Problem.

The system was.

WOMO Health exists because your body has always been intelligent. It has always been sending signals. It has always known. We built the tools to finally hear it.

JOIN THE EARLY ACCESS LIST

Be among the first women to access Mae

womo-health.com

BUILT BY	POWERED BY	DESIGNED FOR
Women	Intelligence	Your Biology