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Deputy Rice,
Dáil Éireann,
Leinster House
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19/05/2025

PQ 33066/25: To ask the Minister for Health if any research has been conducted to assess the prevalence of pelvic organ prolapse following birth in Ireland; the steps being taken to ensure that there is a comprehensive and coordinated system of postnatal care for this condition, both in the community and acute settings; and if she will make a statement on the matter.

Dear Deputy Rice,

The Health Service Executive has been requested to reply directly to you in the context of the above Parliamentary Question, which you submitted to the Minister for Health for response. I have examined the matter and the following outlines the position.

Pelvic organ prolapse (POP) is a relatively common condition. While pelvic organ prolapse can cause many symptoms which can potentially and significantly reduce a woman's quality of life, many cases of POP are asymptomatic and therefore, can go undiagnosed. Because of this, it is hard to estimate how many women are affected.

Further to diagnosis, there are both lifestyle interventions, surgical and non-surgical treatments available. Lifestyle interventions include smoking cessation and weight loss if relevant. Non-surgical treatments can sometimes be used to help women with less severe cases of POP.

Physiotherapy for the pelvic floor and as instructed by a specialist in this area can also help.

There are many types of surgery available to treat pelvic organ prolapse. The type of surgery offered to a woman will depend on the type of prolapse that she has. A Gynaecologist will explain which type of surgery is best for the woman's prolapse and will help her come to a decision for her care. It is estimated that women have a lifetime risk of 12 – 13% of undergoing surgery for the treatment of POP.

In 2023, the HSE published a National Guideline on the Diagnosis and Management of Pelvic Organ Prolapse, which sets out clear evidence-based recommendations for best care. This Guideline, along with a Plain Language Summary is available online on the HSE website at: <https://www.hse.ie/eng/about/who/acute-hospitals-division/woman-infants/clinical-guidelines/>

Women with suspected POP may be seen by their GP and from there, an onward referral to secondary level gynaecology services may be made, with all secondary level services being positioned to manage this condition appropriately. As a result of significant recent investments in gynaecology services, the time to access services further to referral has greatly reduced. Since the commencement of this funding programme in 2020, the number of women waiting for a gynaecology appointment over six months has decreased by 65%, and those waiting over 12 months has reduced by 89%.

From a postnatal perspective, the HSE recognise the importance of early identification and intervention for women requiring support postnatally. The concept of postnatal hubs has been developed to address the needs of women post-birth in a more comprehensive and holistic manner.

Postnatal hubs are designed to provide accessible, multidisciplinary care to women and their babies in accessible, community-based locations. These hubs are at various stages of development across the country as hospital services endeavour to identify and secure the appropriate facilities and locations, with many of these projects involving a level of design, refurbishment and equipping.

As hubs develop and deploy, it is planned that a range of services such as perinatal mental health, lactation support, postnatal education and specialist pelvic floor physiotherapy services will be made available. This earlier physiotherapy input can support women accessing education and clinical care in the area of pelvic health earlier in their postnatal journey and potentially reduce or avoid long term challenges in this area. The development of the services, also enables and facilitates earlier referral to more specialist services if that is deemed clinically appropriate.

In tandem to the on-going development and implementation of postnatal hubs, the HSE has invested significantly in the area of women's health physiotherapy services across both maternity and gynaecology services nationwide. This investment in conjunction with newly developed physiotherapy-led pathways contribute to ensuring that women can readily avail of this clinical expertise as required and as part of a multi-disciplinary episode of care.

The HSE note the inclusion in the Programme for Government (2025) of the commitment to examine the introduction of free pelvic floor physical therapy sessions for women after childbirth. The HSE would wholly welcome developments in this regard.

I trust this clarifies the matter.

Yours sincerely,

Mary-Jo Biggs, General Manager, National Women and Infants Health Programme