Clár Sláinte Náisiúnta do Mhná & do Naíonáin Feidhmeannacht na Seirbhíse Sláinte, An Foirgneamh Brunel, An Ceantar Theas, Baile Átha Cliath D08 X01F T: 076 695 9991

National Women and Infants Health Programme Health Service Executive, The Brunel Building, Heuston South Quarter, Dublin D08 X01F T: 076 695 9991

03/06/2025

Deputy Ward Dáil Éireann, Leinster House Dublin 2

PQ 27646/25: To ask the Minister for Health her views on whether there are adequate prenatal physiotherapy services available within the health system; if she will commit to increasing funding and support in this regard; and if she will make a statement on the matter.

Dear Deputy Ward,

The Health Service Executive has been requested to reply directly to you in the context of the above Parliamentary question which was submitted to the National Women's and Infants Health Programme (NWIHP) for response.

Physiotherapy and physiotherapy education during the prenatal period plays an important role in supporting expecting mother's health, optimising physical function prior to labour and preparing the body for both labour and also postpartum recovery.

While physiotherapy education is generally delivered in a group setting and as part of universally available antenatal education in Ireland, individual physiotherapy assessment and management may be required for women with conditions such as musculoskeletal problems, sciatica, pelvic girdle pain etc.

As noted in the National Maternity Strategy (2016), historically there has been wide variation across maternity hospitals/units in relation to access to the wider multidisciplinary team including physiotherapy. Since then, there has been significant investment within maternity services to increase the availability of women's health physiotherapists. In total, via the HSE's National Women's Health Programme, 43.0 whole-time equivalent senior and specialist physiotherapists have been funded across maternity/gynaecology services nationwide. While a portion of these posts are funded to support the development of specialist gynaecology services, the uplift has generated an overall increase in physiotherapy resources available within maternity/gynaecology services.

Demand for prenatal physiotherapy is influenced by a number of factors including but not limited to national pregnancy rates, service-user's awareness of physiotherapy and its benefits, as well as increased referral rates. As with other public health services, funding and resource requirements are reviewed annually in the context of the annual health Budget and overall spend.

Furthermore, the HSE notes the Programme for Government 2025 and the Government's 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,

MaryJo Biggs, General Manager, National Women and Infants Health Programme

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