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Select Committee Inquiry into Women's Health

Submission by **Australian Physiotherapy Association**
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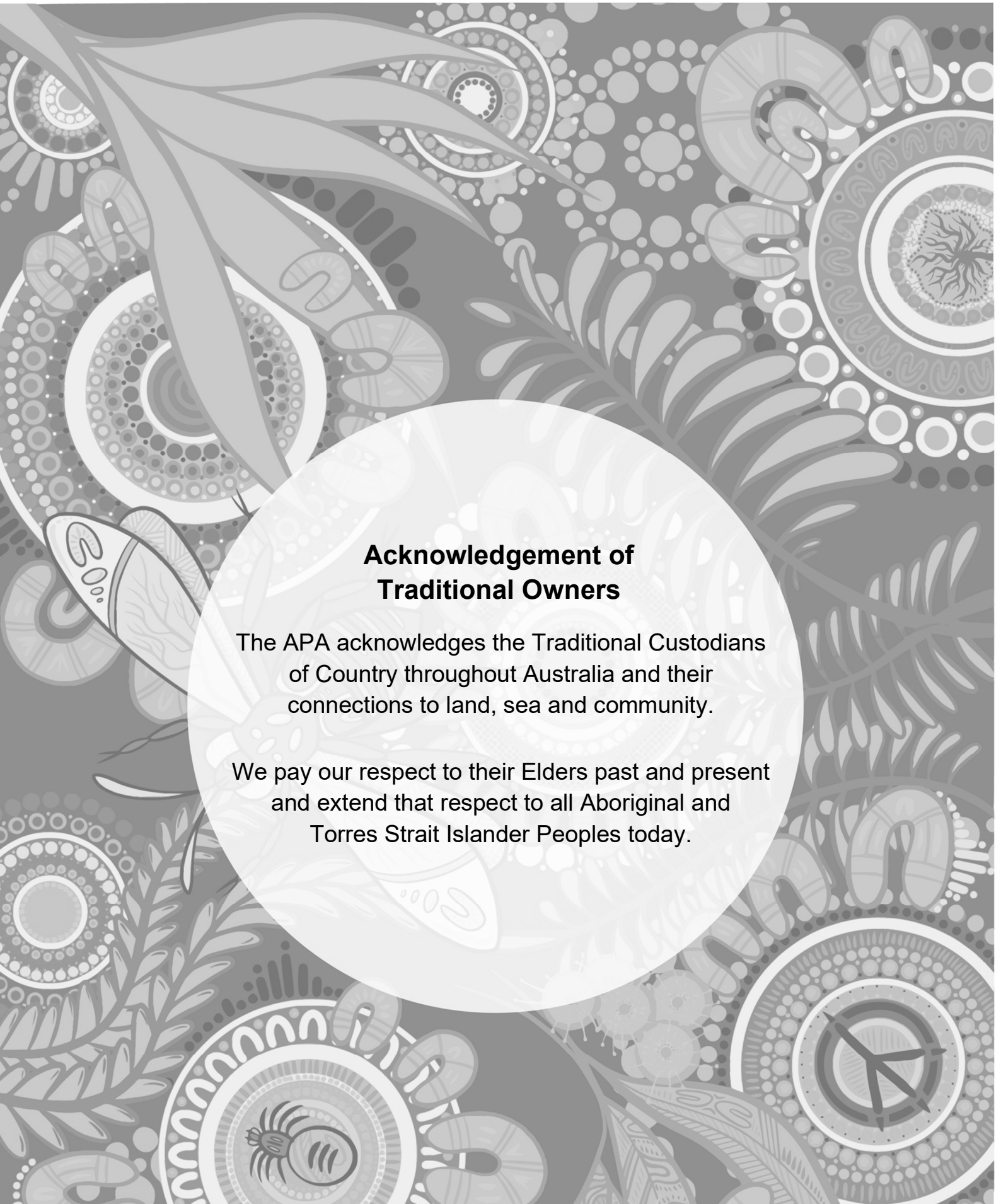
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Acknowledgement of Traditional Owners

The APA acknowledges the Traditional Custodians of Country throughout Australia and their connections to land, sea and community.

We pay our respect to their Elders past and present and extend that respect to all Aboriginal and Torres Strait Islander Peoples today.

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About the Australian Physiotherapy Association

The Australian Physiotherapy Association's vision is that all Australians will have access to quality physiotherapy, when and where required, to optimise health and wellbeing, and that the community recognises the benefit of choosing physiotherapy. The APA is the peak body representing the interests of Australian physiotherapists and their patients. It is a national organisation with state and territory branches and specialty subgroups.

The APA represents more than 37,000 members. The APA corporate structure is one of a company limited by guarantee and is governed by a Board of Directors elected by representatives of all stakeholder groups within the Association. Of the potential nine Directors, seven must be financial members of the APA, and up to two may be external, non-physiotherapist Directors.

We are committed to professional excellence and career success for our members, which translates into better patient outcomes and improved health conditions for all Australians. Through our National Groups we offer advanced training and collegial support from physiotherapists working in similar areas and are committed to embedding cultural safety within the organisation, policy and education programs.

1. Executive Summary

The Australian Physiotherapy Association (APA) welcomes the opportunity to contribute to the Select Committee inquiry into Women's Health. The inquiry provides a timely opportunity to strengthen women's health policy and embed prevention, early intervention and rehabilitation within accessible, evidence-based models of care.

Targeted reform can improve health outcomes, reduce avoidable long-term healthcare expenditure, support workforce participation and ensure women receive timely, evidence-based care throughout their lives.

Physiotherapy is a first-line, evidence-based intervention for many women's and pelvic health conditions. All women should be able to access timely physiotherapy care, regardless of where they live or their capacity to pay.

An estimated 1.1 million Australian women are living with birth injuries, many of which remain under-recognised and under-treated. The health and economic consequences associated with these injuries are estimated to cost the Australian economy $17.5 billion each year.[1]

Pelvic floor dysfunction, persistent pelvic pain and other birth-related conditions can affect women's physical function, mental wellbeing and capacity to participate in family, work and community life. Yet these conditions are too often normalised or identified late, delaying access to appropriate treatment.

Current funding and referral arrangements remain oriented towards episodic and acute care. This limits access to prevention, early intervention and ongoing, needs-based rehabilitation, despite the potential of these approaches to improve outcomes and reduce avoidable downstream costs.

For conditions such as pelvic floor dysfunction, urinary and faecal incontinence, pelvic organ prolapse, persistent pelvic pain, birth-related trauma and many perinatal musculoskeletal conditions, physiotherapy provides first-line, non-pharmacological and non-surgical care.

However, access to physiotherapy care remains inconsistent across Australia. Geographic, financial and system barriers prevent many women from receiving timely, evidence-based care, with workforce shortages and limited service availability creating particular challenges in rural, regional and remote communities.

Without timely access to appropriate care, women may experience prolonged pain and disability, delayed diagnosis and avoidable escalation to invasive procedures or long-term medication use. These outcomes increase healthcare costs and can limit participation in work, family and community.

Addressing these barriers requires public funding and referral pathways that provide timely and equitable access to physiotherapy and support prevention, early intervention and continuing care based on individual need.

The APA recommends a nationally consistent perinatal care pathway with funded physiotherapy consultations; a dedicated Medicare item for perinatal pelvic health physiotherapy; investment in public-sector services; development of the pelvic health physiotherapy workforce; dedicated women's health research funding; consistent outcomes measurement; and postpartum cardiovascular rehabilitation pathways for women at increased risk.

The APA would welcome the opportunity to provide further evidence, clinical expertise and practical advice to support the Committee's deliberations.

2. Recommendations

Recommendation 1	Establish a National Perinatal Care Pathway that is multidisciplinary, best practice and includes funded perinatal physiotherapy consultations for all perinatal women to improve access to treatment and recovery.
Recommendation 2	Establish a Medicare item number for perinatal pelvic health physiotherapy consultations. Fully fund five or more sessions as required (in person or via telehealth) from pregnancy through to 12 months postpartum, to improve prevention, early identification and treatment of physical birth trauma.
Recommendation 3	Establish sustainable funding and workforce frameworks for pelvic health physiotherapy services within public hospitals and community health settings through cross-jurisdictional collaboration and coordination.
Recommendation 4	Establish and expand targeted scholarships, training subsidies, clinical supervision, mentoring and workforce development programs to strengthen Australia's pelvic health physiotherapy workforce. Investment should support development across the career pathway from professional development through to Titling and Specialisation, with priority given to rural, regional and underserved communities.
Recommendation 5	Establish a dedicated women's health research funding stream to accelerate research that includes non-pharmacological, non-surgical treatments, prevention, diagnosis and rehabilitation across women's health conditions.
Recommendation 6	Invest in a national women's health outcomes framework that defines and captures patient-reported and functional outcomes, multidisciplinary care utilisation, equity indicators and health system impacts to support policy development and service planning.
Recommendation 7	Develop dedicated postpartum cardiovascular rehabilitation pathways for women at increased cardiovascular risk following pregnancy.

3. The role of physiotherapy in women's health

Physiotherapy is an essential component of prevention, early intervention and rehabilitation for birth trauma, pelvic symptoms and pain conditions across the life course, including adolescence, pregnancy, postpartum, menopause and older age.

Physiotherapists are trained to undertake comprehensive, trauma-informed assessments of pelvic symptoms and pain conditions. These assessments inform care tailored to each patient's clinical presentation, goals and circumstances.

Working within a biopsychosocial framework, physiotherapists address neuromusculoskeletal function, pain mechanisms, pelvic organ function and modifiable risk factors that influence pregnancy, childbirth, recovery and long-term health.

Core physiotherapy interventions include:

- Exercise therapy, including supervised pelvic floor muscle training and point-of-care ultrasound biofeedback;
- Pain management approaches, including graded activity, desensitisation, neuromodulation such as transcutaneous electrical nerve stimulation (TENS), and manual therapy where clinically indicated;
- Bladder and bowel retraining, behavioural modification and continence strategies;
- Vaginal pessary fitting, review and follow-up for pelvic organ prolapse, delivered in collaboration with gynaecology services;
- Education, self-management and behaviour change support; and
- Antenatal prevention strategies and postnatal rehabilitation.

Early access to pelvic health physiotherapy can prevent symptoms from worsening, support recovery and improve women's long-term function and quality of life.

Within multidisciplinary pathways, physiotherapists provide conservative, evidence-based care that can reduce avoidable escalation to invasive procedures and long-term medication use.

Systematic reviews and clinical guidelines support supervised pelvic floor muscle training and other physiotherapy interventions as first-line management for urinary incontinence [2,3,4,5] and pelvic organ prolapse[6,7], and as part of evidence-based care for selected physical childbirth injuries[8,9,10], musculoskeletal conditions and pelvic pain.[11,12,13]

Randomised controlled trials and cohort studies demonstrate physiotherapy can reduce symptom severity, improve function and reduce progression to surgery for selected pelvic health conditions.[14,15] Health economic analyses also indicate that early conservative management with physiotherapy is cost-effective compared with later surgical or long-term pharmacological pathways, particularly when delivered through multidisciplinary models.[1]

4. APA responses to the Terms of Reference

a) best-practice approaches to postpartum healthcare, including the delivery of physical and mental health support and services for mothers and their partners including those who have experienced infant loss

Best-practice postpartum care requires a coordinated, multidisciplinary pathway spanning the antenatal, early postnatal and extended recovery periods. It should provide routine screening for pelvic health conditions, timely access to pelvic health physiotherapy and care that is available to all women, responsive to individual need and able to adapt as needs change over time.

Best-practice care should operate as a continuous pathway rather than a single postnatal visit. Core components include supervised pelvic floor muscle training during pregnancy, early physiotherapy assessment following birth, access to rehabilitation throughout the first year and beyond where symptoms persist, and clear referral pathways to medical and mental health services.[3] [10]

Physiotherapists are the health professionals identified to supervise and deliver pelvic floor muscle training and related rehabilitation within this pathway.[3] [10] However, there is currently no government funding for antenatal physiotherapy-led pelvic health assessment and no dedicated Medicare-funded postnatal treatment pathway for physical birth trauma.

Why a longer pathway is needed

Many women's health needs continue well beyond the immediate postnatal period. Pelvic floor dysfunction, incontinence, pelvic pain and prolapse may emerge, persist or worsen months or years after birth. Care and funding arrangements must therefore support assessment, treatment and rehabilitation beyond short-term postpartum service frameworks.

- Four years after a first birth, 29.6 per cent of women in a Melbourne cohort reported urinary incontinence and 7.1 per cent reported faecal incontinence. Earlier moderate or severe urinary symptoms increased the odds of urinary incontinence six- to twelve-fold.[16]
- Third- or fourth-degree perineal tears affect around 3 per cent of vaginal births and 5 per cent of first vaginal births and may result in pain, incontinence, dyspareunia and postnatal anxiety or depression.[17]
- Depressive symptoms were more common at four years postpartum than at any point in the first 12 months.[18]

What the evidence shows

- Antenatal pelvic floor muscle training (PFMT) can reduce the risk of pelvic floor complications. A Cochrane systematic review found that, among women without urinary incontinence, antenatal PFMT reduced the risk of urinary incontinence in late pregnancy by approximately 62 per cent, with benefits continuing for up to

six months postpartum.[5] The Australian clinical care standard also indicates that antenatal PFMT may reduce the risk of severe perineal tears.[10]

- Postpartum PFMT reduces pelvic floor problems. A 2025 meta-analysis suggests that, during the first postpartum year, PFMT reduced the odds of urinary incontinence by 37 per cent and pelvic organ prolapse by 56 per cent.[19]
- The duration, intensity and supervision of PFMT influence outcomes. A 2026 meta-analysis found that more intensive PFMT delivered over 12 weeks appeared to produce greater improvements in postpartum urinary incontinence symptoms.[18] NICE also recommends at least three months of supervised PFMT for women with stress or mixed urinary incontinence, including pregnant and postnatal women with specified risk factors.[3]
- Early, group-based delivery is more efficient. Australian modelling found that antenatal group-based PFMT became more efficient than individual postnatal treatment when at least four women attended each session.[9]
- Pelvic floor dysfunction is also associated with adverse mental health outcomes. Urinary incontinence was associated with 45 per cent higher odds of postpartum depression, and 44 of the 47 studies included in a systematic review reported an association between pelvic floor dysfunction and adverse postnatal mental health outcomes.

Taken together, this evidence supports a nationally consistent postpartum care pathway that embeds physiotherapy from pregnancy through extended recovery, provides timely referral to medical and mental health services, and ensures care remains accessible when symptoms persist beyond the first postnatal year.

b) women's experiences in the postpartum period, including the physical, psychological, emotional and economic impacts of birth

Physical birth trauma can cause long-term pain, incontinence, pelvic organ prolapse and sexual dysfunction. Without timely diagnosis and rehabilitation, these conditions can contribute to poor mental health, reduced workforce participation and significant economic costs. Physiotherapy provides both prevention, through antenatal education and pelvic floor muscle training, and rehabilitation that can reduce symptom progression and improve function.

Physical birth trauma (also referred to as birth-related injury) is injury to the pelvic floor muscles, perineum, connective tissues, nerves or bones sustained during childbirth. These injuries may include perineal tears (including obstetric anal sphincter injuries), levator ani avulsion, nerve injury and musculoskeletal trauma.[1]

Not all physical birth trauma results in long-term dysfunction. In some cases, however, it can lead to chronic symptoms such as pain and impaired mobility, as well as pelvic floor disorders including incontinence, prolapse and sexual dysfunction. Because birth

experiences and their impacts vary, women must be listened to and appropriately diagnosed so that care can be tailored to their individual circumstances.

Without adequate support, physical birth trauma can have long-term and debilitating impacts on almost every aspect of daily life, including intimate relationships, work, exercise and basic household activities. Women who have experienced birth trauma consistently describe profound effects on their physical function, capacity to care for their child, mental health, employment and relationships, with some reporting years of chronic symptoms before receiving appropriate care.

Lived experience of birth trauma

One of the most detailed accounts presented to the NSW Parliamentary Inquiry into Birth Trauma came from a woman who experienced levator ani avulsion, a serious injury to the pelvic floor muscles sustained during childbirth. She described:

- long-term impacts on her quality of life;
- the need for ongoing management and treatment; and
- difficulty accessing diagnosis and specialist care.

She told the inquiry that women need affordable access to allied health services, noting that many women currently rely on women's health physiotherapists to identify and manage these injuries.

Another publicly reported account describes a woman who was unable to walk or carry her baby following a birth injury. She achieved full recovery through postnatal physiotherapy and ongoing pelvic health physiotherapy care and reported that physiotherapy remained critical to managing pelvic health issues in a subsequent pregnancy and to maintaining her physical and mental wellbeing.

These accounts reflect a broader pattern. Many women identify pelvic health physiotherapy as a critical component of their recovery, helping to restore function, reduce symptoms and support participation in family, work and community life. However, respondents to national surveys conducted by Birth Trauma Australia[20] continue to report significant barriers to timely physiotherapy care, including cost, workforce shortages and inadequate referral pathways.

Timely and affordable access to pelvic health physiotherapy is therefore essential to reducing the long-term impacts of physical birth trauma on women, their families and the broader economy.

c) best practice pregnancy and postpartum care models to support long-term maternal physical and mental health

Best-practice pregnancy and postpartum care models should be needs-based, enable straightforward referral to physiotherapy, and integrate with mental health, continence, obstetric, gynaecology and chronic pain services. Funding arrangements must be aligned with these best-practice pathways.

Childbirth-related health conditions are common and often long-lasting, yet women face significant barriers to accessing best-practice postpartum care. Postpartum care in Australia remains fragmented, with no nationally consistent pathway to support women beyond the immediate postnatal period.

Access to multidisciplinary care, including pelvic health physiotherapy, is frequently constrained by out-of-pocket costs, workforce shortages and inadequate referral pathways.

Financial barriers are particularly significant. Private pelvic health physiotherapy and other postpartum services are often concentrated in metropolitan and higher socio-economic areas. As a result, many women in lower socio-economic communities face a service gap: private care is unaffordable, while long waiting lists may prevent public services from providing timely access. Delays in assessment and treatment can lead to poorer long-term outcomes.

These challenges are compounded by the normalisation of symptoms, limited routine screening and poor continuity between maternity, primary care, and allied health services. Consequently, many women do not receive the support they need to achieve optimal recovery and long-term health.

Pelvic health physiotherapy is a valuable and cost-effective alternative to more costly interventions such as surgery. A 2020 health economic analysis undertaken by Nous Group calculated the net benefit of pelvic health physiotherapy treatment for incontinence at $16,814 per patient, per course of treatment, over 12 months.[21] This calculation took into account quality-of-life improvements, the cost of service delivery, patient-time opportunity costs and the avoided costs of alternative or usual treatment, including medications and surgery. The net benefit in current terms would be higher still.

Embedding funded pelvic health physiotherapy within a National Perinatal Care Pathway would address these gaps and deliver better outcomes for women and the health system.

d) the cost and accessibility of postpartum healthcare, including:
iii. physiotherapy services, including pelvic health services

Current programs vary substantially between jurisdictions and leave gaps in ongoing pelvic health rehabilitation. The APA recommends nationally consistent funding for perinatal physiotherapy, including via telehealth, to improve equity and reduce long-term costs.

Table A summarises current public access pathways to pelvic health physiotherapy and the key gaps for common women's health conditions.

Table A: Public access pathways to pelvic health physiotherapy

Condition	Public access pathways	Key gaps and limitations
Endometriosis	• Endometriosis and pelvic pain clinics • GP Chronic Condition Management Plans • State-funded outpatient services	• No dedicated Medicare-funded physiotherapy pathway • Physiotherapy not routinely funded within endometriosis care • Long delays to diagnosis[22] and limited service capacity[23]
Persistent pelvic pain	• Specialist pelvic pain clinics • Women's health services • Hospital outpatient physiotherapy • GP Chronic Condition Management Plans	• Public services frequently oversubscribed • Limited capacity for intensive, multidisciplinary chronic pain management • Access varies by location
Birth trauma and postpartum pelvic floor dysfunction	• Maternity physiotherapy services • Postnatal pelvic health clinics • Women's health outpatient services • Continence and pelvic floor services	• No universal postpartum pelvic floor assessment or rehabilitation pathway • Significant variation between hospitals and jurisdictions • Inequitable access to early intervention
Menopause-related pelvic health conditions	• Continence services • Women's health physiotherapy clinics • Hospital outpatient services • GP Chronic Condition Management Plans	• No dedicated menopause physiotherapy pathway • Access dependent on local service availability • Limited integration of physiotherapy in menopause care models

Most women receive maternity care in the immediate postnatal period. Beyond this, access to ongoing physical rehabilitation and multidisciplinary care is inconsistent. Access to pelvic health physiotherapy is particularly variable, depending on local service availability, workforce capacity and a woman's capacity to pay, and many women cannot obtain timely assessment, rehabilitation and ongoing management through publicly funded services.

There is no nationally consistent pathway to support women's physical and psychological recovery in the first year after birth. Care is concentrated in the early postpartum weeks, despite evidence that many birth-related injuries and conditions emerge, persist or become more apparent months after childbirth.

Strengthen public-sector pelvic health physiotherapy services and workforce capability

The APA recommends that Commonwealth, state and territory governments work collaboratively to establish sustainable funding and workforce frameworks for pelvic health physiotherapy services within public hospitals and community health settings.

This should include:

- Dedicated, recurrent funding for pelvic health physiotherapy positions, ensuring that service provision is not reliant on temporary funding arrangements or local budget availability.
- Integration of pelvic health physiotherapy capabilities and clinical expertise within public-sector workforce planning, position descriptions, clinical career pathways and professional development frameworks.
- Targeted investment in rural, regional and remote services, including locally based clinicians, telehealth-supported care, outreach services and access to clinical mentoring.
- Integration of physiotherapy into multidisciplinary maternity, gynaecology, continence, pelvic pain and postpartum care pathways.
- Nationally consistent reporting of public-sector pelvic health physiotherapy workforce capacity, service availability, patient access and outcomes to inform future funding decisions.
- These measures would strengthen existing public-sector services, support workforce retention and improve equitable access to evidence-based pelvic health physiotherapy, regardless of geographic location or capacity to pay.

f) research, education and training on pregnancy and postpartum care for healthcare professionals working in maternal care

Education and training

Physiotherapists are registered health professionals regulated by the Physiotherapy Board of Australia through the Australian Health Practitioner Regulation Agency (Ahpra). Physiotherapists develop their knowledge, skills and capabilities in women's and pelvic health throughout their careers through a combination of professional development, clinical experience, supervision and mentoring, postgraduate education and professional recognition.

The APA provides a structured career pathway that supports physiotherapists to progressively develop and demonstrate capability. Within women's and pelvic health, this includes levelled professional development courses, postgraduate education pathways, APA Titling and Australian College of Physiotherapists Specialisation. These pathways serve different purposes and provide opportunities for physiotherapists to progressively develop their knowledge, clinical reasoning and skills, deepen their experience and, where appropriate, pursue formal recognition of their expertise.

The APA's Women's Pelvic Health Level 1 and Level 2 courses form an established part of this pathway. They support the progressive development of clinical knowledge, reasoning and practical skills in the assessment and management of pelvic health conditions, including pelvic floor dysfunction, urinary and bowel symptoms, pelvic organ prolapse and related conditions. The courses combine evidence-informed clinical assessment and intervention with clinical reasoning, informed consent and practical skills relevant to intimate examination and pelvic health practice. The courses also have an established role within the APA's broader women's, men's and pelvic health career pathway. Relevant APA coursework is currently required for entry to the Women's, Men's and Pelvic Health Titling Evidence Portfolio Pathway, with equivalent learning able to be recognised through the APA Exemption Process.

There is no single education pathway for developing capability in pelvic health physiotherapy. Relevant APA professional development, postgraduate university education, supervised clinical experience, Titling and Specialisation each contribute to workforce development at different stages of a physiotherapist's career. Investment across these pathways can both build broader workforce capability and support the development and recognition of expertise within the profession.

Queensland Health's Women's and Girls' Health Improvement Program provides an example of this approach. Through this initiative, Queensland Health has funded scholarships for employed physiotherapists to undertake the APA's Women's Pelvic Health Level 1 and Level 2 courses. The inaugural 2024-2025 cohort included 22 physiotherapists from across Queensland, with further scholarship opportunities planned. The program demonstrates a practical model for government investment in structured

professional development to strengthen workforce capability and access to pelvic health services.

This approach is particularly relevant to rural, regional and remote communities, where access to physiotherapists with pelvic health capabilities may be limited. Investing in the development of existing local clinicians, supported by appropriate clinical supervision, mentoring and referral pathways, offers an opportunity to improve access to timely pelvic health care while building sustainable workforce capacity.

The APA's 2025 Physiotherapy Workforce Census[24] identified women's, men's and pelvic health as one of the lower-remunerated areas of physiotherapy practice. The financial and time commitments associated with additional training may therefore discourage physiotherapists from entering or remaining in this field. These barriers may be particularly significant for clinicians working part-time, managing caring responsibilities or practicing in geographically isolated locations.

As demand continues to grow for services addressing birth trauma, continence, persistent pelvic pain, endometriosis and menopause-related conditions, governments must invest in accessible and sustainable education and workforce development initiatives. Targeted investment can help increase workforce capability and improve equitable access to pelvic health physiotherapy.

The APA recommends that Commonwealth, state and territory governments establish and expand targeted scholarships, training subsidies, clinical supervision, mentoring and workforce development programs that support development across the pelvic health physiotherapy career pathway, including structured professional development, postgraduate education, clinical supervision and opportunities to progress towards formal professional recognition through Titling and Specialisation.

Research and outcomes

Women's health conditions have historically been under-represented in research, contributing to an inadequate understanding of women's pain and effective treatment pathways.

Targeted investment in women's health research is essential to strengthen the evidence base underpinning pregnancy and postpartum care. Although physiotherapy plays a critical role in multidisciplinary pregnancy and postpartum care, physiotherapy-led interventions remain under-represented in many research funding streams.

The National Health and Medical Research Council (NHMRC) currently funds women's health-specific research through periodic Targeted Calls for Research, which it defines as a "one-time request for grant applications" to address a specific health issue or research gap. There is no permanent, dedicated women's health research funding scheme.

The APA recommends a long-term, dedicated women's health research funding stream to accelerate research into prevention, diagnosis, non-pharmacological and non-surgical treatment, and rehabilitation across women's health conditions. This investment should extend beyond biomedical discovery to explicitly include physiotherapy-led research, health services research, implementation science, workforce models, access and equity, and the economic impacts of women's health conditions.

Further strengthening the physiotherapy evidence base will support best-practice clinical guidelines, inform workforce planning and improve access to effective interventions that reduce disability, enhance quality of life and lower long-term health system costs.

Better outcome measurement is also needed to identify which interventions deliver the greatest benefit. Data collection should capture patient-reported outcomes, multidisciplinary care utilisation and health system impacts, consistent with the National Women's Health Outcomes Framework proposed under term of reference (h).

g) existing Commonwealth, state and territory government policies, programs and healthcare initiatives addressing postpartum care

Existing Commonwealth, state and territory programs provide a foundation for postpartum care, but access to rehabilitation and pelvic health services remains inconsistent. There is an opportunity to align funding across jurisdictions and introduce Medicare items that embed mandatory reporting and outcome measurement.

Postpartum care is currently delivered through a combination of Commonwealth-funded primary care and state and territory maternity, maternal and child health, and community health programs. These include:

- postnatal care through public maternity services;
- general practice;
- maternal and child health nursing programs;
- perinatal mental health services; and
- Medicare-funded health assessments and allied health services.

These programs provide important support for women and families following childbirth. However, access, service availability and models of care vary considerably between jurisdictions, resulting in inconsistent outcomes for women.

Current policies recognise the importance of physical and mental health in the postnatal period but remain disproportionately focused on acute recovery and infant health. Access to services for birth-related injuries, pelvic floor dysfunction, persistent pain, return to physical activity and other common postpartum concerns is often fragmented and dependent on a woman's location, capacity to pay and awareness of available services.

As a result, many women experience delays in assessment and treatment, increasing the risk of ongoing morbidity and reduced quality of life.

The APA recommends strengthening existing initiatives through a nationally consistent, evidence-based postpartum care pathway that supports physical, psychological and functional recovery. This should include:

- greater integration of multidisciplinary services;
- improved access to pelvic health physiotherapy and rehabilitation;
- routine screening for common postpartum conditions; and
- enhanced collection of outcomes data to support continuous improvement.

A more coordinated approach would ensure women receive timely and equitable access to care, regardless of where they live or how they gave birth.

h) data collection, reporting and monitoring processes and allocation of research efforts relating to postpartum healthcare

Australia currently lacks end-to-end postpartum data to identify gaps in existing services and unmet need. The APA recommends that the Australian Government establish a National Women's Health Outcomes Framework that defines and captures:

- patient-reported outcome measures (PROMs);
- functional outcomes;
- multidisciplinary care utilisation;
- equity indicators; and
- health system impacts.

Standardised data collection across jurisdictions would improve transparency, support service planning and continuous improvement, and enable unmet need to be identified and addressed. The framework would also guide the allocation of research effort, complementing the dedicated women's health research funding stream recommended under term of reference (f).

k) barriers to effective pain management, including the range and affordability of available treatments

The APA recommends expanding access to publicly funded physiotherapy for women experiencing persistent pain, given the disproportionate burden of pain experienced by women, longstanding gender inequities in pain assessment and treatment, and significant gaps in access to affordable, evidence-based care.

Women experience a substantial burden of persistent pain, including endometriosis-associated pelvic pain, dysmenorrhoea, vulvodynia, pelvic floor dysfunction and other complex musculoskeletal and chronic pain conditions. Despite this, women's pain has historically been under-recognised, undertreated and frequently dismissed within healthcare settings.

Victoria's Inquiry into Women's Pain, informed by more than 13,000 contributions, identified systemic gender bias, delayed diagnosis, inadequate pain management and significant barriers to accessing appropriate treatment.[25] Sixty-eight per cent of respondents identified cost as a barrier to treatment, often depleting their savings and causing ongoing financial insecurity. Many women cited high gap fees, a lack of bulk billing and the exclusion of a range of allied health services and alternative treatments from Medicare rebates as key barriers.

These findings reinforce the need for investment in accessible, multidisciplinary and gender-responsive pain management services.

Endometriosis illustrates the scale of unmet need. Approximately one in seven Australian women born in 1973-78 had been diagnosed with endometriosis by age 44–49, and diagnostic delays commonly extend from six to eight years.[26] Delayed diagnosis and treatment can contribute to prolonged pain, functional limitations, psychological distress and reduced participation in education, employment and everyday activities. Women should not be required to obtain a definitive diagnosis before accessing appropriate pain management and rehabilitation.

Physiotherapy is an important component of evidence-based, multidisciplinary pain management, providing non-pharmacological interventions including therapeutic exercise, pelvic floor assessment and rehabilitation where clinically indicated, pain education, graded activity, pacing and supported self-management. These interventions address the complex interaction between pain, physical function, mobility, participation and quality of life.

Evidence supports physiotherapy for women's persistent pelvic pain.[27] Physiotherapy should therefore be an accessible and integral component of multidisciplinary women's pain management services, rather than a treatment available only after other interventions have failed.

Improving access to funded physiotherapy can also reduce avoidable reliance on opioid medications. Physiotherapy has been shown to reduce long-term opioid use for musculoskeletal pain by 10 per cent,[28] and early physiotherapy intervention can reduce opioid use in the treatment of back pain.[29]

Despite the evidence, access to physiotherapy remains constrained by out-of-pocket costs, limited publicly funded services, insufficient treatment funding and geographic inequities. Existing Medicare arrangements do not adequately accommodate the complexity, duration and frequency of treatment required for persistent pain conditions.

These barriers disproportionately affect women experiencing financial disadvantage, women in rural and regional communities, and women with complex or longstanding pain.

The APA recommends the establishment of a Medicare item number for perinatal pelvic health physiotherapy consultations that fully funds five or more sessions as required (in person or via telehealth) from pregnancy through to 12 months postpartum, to improve prevention, early identification and treatment of physical birth trauma.

Funding models must support individualised, ongoing care of appropriate duration and frequency, rather than imposing arbitrary limits that may compromise outcomes.

This approach is consistent with the findings of Victoria's Inquiry into Women's Pain, which recommended expanding physiotherapy across public hospitals, women's health clinics, pain clinics and maternity services, and with contemporary clinical guidance supporting integrated, multidisciplinary management of women's persistent pain.

Investing in funded physiotherapy has the potential to improve pain management, physical function, independence and quality of life, while supporting women's participation in employment, education, caring responsibilities and community life. It would also reduce the overreliance on pharmacological and surgical care that persists where access to allied health services is limited.

n) the regulation of medical devices used in women's healthcare treatments, including risk assessments, monitoring and reporting

The APA supports medical technologies as potential adjuncts to physiotherapy where their safety, effectiveness and clinical utility are established. However, innovation must not be used to justify replacing evidence-based, individualised physiotherapy with devices that have not demonstrated comparable clinical outcomes.

The increasing availability and direct-to-consumer marketing of therapeutic devices raise important concerns about the strength of supporting clinical evidence, the accuracy of therapeutic claims and the potential for consumers to substitute devices for clinically indicated physiotherapy.

The APA maintains that all medical devices must be supported by robust clinical evidence appropriate to their intended purpose, with regulatory oversight proportionate to the risks associated with their use and the claims made about their effectiveness.

The Therapeutic Goods Administration (TGA) is responsible for ensuring that devices supplied in Australia meet applicable safety and performance requirements and that their marketing does not misrepresent their therapeutic benefits, overstate the evidence or encourage consumers to delay or forgo appropriate healthcare.

Under the *Therapeutic Goods Act 1989* and *Therapeutic Goods (Medical Devices) Regulations 2002*, manufacturers must hold clinical evidence appropriate to a device's intended use and risk classification. The TGA's Essential Principles require evidence that a device achieves its intended purpose and that its benefits outweigh its risks.[30] However, inclusion in the Australian Register of Therapeutic Goods (ARTG) should not be taken by consumers as proof that a device is clinically superior or equivalent to established treatments, including physiotherapy.

The APA is particularly concerned about devices marketed as alternatives to physiotherapy or as providing comparable outcomes without professional assessment, clinical supervision or individualised treatment. Such representations risk misleading consumers about the comparative effectiveness of interventions and disregard the clinical reasoning, diagnostic assessment, functional rehabilitation and ongoing monitoring that physiotherapists provide.

Claims that a medical device can replace physiotherapy must be supported by credible, clinically relevant comparative evidence demonstrating equivalent or superior outcomes for the specific condition and patient population. Evidence of symptomatic relief or effectiveness against a placebo does not, in itself, establish that it is an appropriate substitute for physiotherapy or multidisciplinary care.

The TGA's Therapeutic Goods Advertising Code already requires advertising to be accurate, balanced, substantiated and consistent with a device's intended purpose. It also prohibits representations that discourage appropriate medical attention or misleadingly suggest that established healthcare services are ineffective.[31] These requirements warrant stronger and more proactive enforcement, particularly in digital advertising, social media and direct-to-consumer marketing, where exaggerated therapeutic claims may influence healthcare decisions.

The consequences of misleading marketing extend beyond consumer protection. Patients may incur substantial out-of-pocket costs for devices of uncertain clinical benefit, delay access to effective treatment or experience deterioration in pain, mobility and physical function. These risks are particularly significant for women with persistent pain, complex musculoskeletal conditions, pelvic health disorders and other conditions requiring individualised clinical assessment and management.

The APA recommends that the Australian Government and the TGA strengthen regulatory oversight through:

- rigorous clinical evidence requirements proportionate to device risk and therapeutic claims;
- stronger advertising regulation and proactive enforcement, including in digital and social media marketing;
- transparent information for consumers;
- ongoing post-market surveillance; and

- the inclusion of clinical expertise, including physiotherapy, in regulatory processes.

o) the role of relevant regulators and other agencies in responding to complaints regarding medical devices

The APA considers that the TGA is the appropriate authority to assess the safety, performance and use of medical devices in healthcare practice. Complaints about medical devices should therefore be referred to, and managed by, the TGA. Complaints about a practitioner's use of a device should be referred to Ahpra or the relevant state or territory health complaints body.

p) related matters.

Rural, regional and remote barriers

The APA also draws the Committee's attention to the significant inequities faced by women living in rural, regional and remote Australia, and to gaps in the recognition and management of women's cardiovascular health.

Women in rural, regional and remote Australia face significant barriers to accessing timely and ongoing care to prevent, treat and manage common conditions such as birth trauma, endometriosis and pelvic pain. Travelling long distances for pelvic pain care imposes financial and emotional costs on rural women and disrupts continuity of care.

Pelvic health physiotherapy services are often unavailable in rural and remote Australia, resulting in significant and well-documented unmet need. Many women experience symptoms for more than a year before accessing services, highlighting the difficulty of obtaining timely care.[32]

Women in remote and outback regions report heightened isolation and a lack of local treatment services, which are largely concentrated in metropolitan centres.[33]

Unresolved symptoms of incontinence and pelvic organ prolapse can lead to costly and invasive downstream treatments including surgery and, in many cases, repeat surgeries. While postnatal physiotherapy is available through hospital outpatient clinics, it is often not feasible for women outside metropolitan areas, who may need to travel long distances soon after childbirth to access services.

As noted under term of reference (k), diagnostic delays for endometriosis commonly extend from six to eight years, prolonging pain and delaying treatment.[34] [35] These challenges are often exacerbated in rural and regional areas, where workforce shortages, travel requirements and limited access to specialist services create additional barriers to timely diagnosis and care.[36]

Access to pelvic health physiotherapy remains limited in many rural and remote communities, where population size may not support a permanent dedicated pelvic health physiotherapy workforce. Targeted outreach models, including regular visits by pelvic health physiotherapists, would improve access to care in underserved regions.

While telehealth can effectively support education, follow-up and some aspects of ongoing management, it cannot fully replace the in-person physical assessment and treatment required for many pelvic health conditions. A blended model of outreach and telehealth is therefore needed to ensure equitable access to best-practice care, regardless of location.

The APA recommends a new Medicare-funded or blended funding model to address unmet need across antenatal, postnatal and ongoing care for women in rural, regional and remote Australia.

Cardiovascular disease

The APA urges the Committee to examine women's cardiovascular health, including the significant cardiovascular risks associated with pregnancy. The Committee should consider dedicated postpartum cardiovascular rehabilitation pathways integrated with physiotherapy and multidisciplinary care.

Cardiovascular disease is a leading cause of illness and death among Australian women, yet women's cardiovascular risk remains largely under-recognised.[37] The longstanding perception of heart disease as a men's disease has been accompanied by persistent gaps in awareness and disparities in women's diagnosis, treatment, care and health outcomes.[39] Women are also disproportionately affected by conditions such as spontaneous coronary artery dissection and coronary microvascular dysfunction.[38]

Women's cardiovascular risk changes across the life course and increases around menopause, while pregnancy complications such as pre-eclampsia, gestational hypertension, gestational diabetes, pre-term birth and having a low-birthweight baby are associated with increased cardiovascular risk later in life.[39]

Gestational diabetes and hypertensive disorders of pregnancy are strong independent predictors of future cardiovascular disease, yet awareness of this association remains limited among women and clinicians.[40] Pregnancy and the postpartum period therefore provide important opportunities for early risk identification, education and preventive care.

Physiotherapy is an essential, evidence-based component of cardiovascular disease prevention, treatment and long-term management.[41]

Women are less likely than men to access and fully participate in cardiac rehabilitation and are disproportionately affected by barriers including caregiving responsibilities, transport difficulties, financial constraints and programs that are not designed to meet their needs.[42] Flexible delivery models, systematic referral, coordinated multidisciplinary care and targeted patient navigation may improve women's access to cardiac rehabilitation.[42]

The APA recommends clear referral pathways between maternity, primary care, cardiology and rehabilitation services, with timely access to physiotherapists with relevant cardiorespiratory expertise and services responsive to women's postpartum, cultural, geographical and financial circumstances.

5. Conclusion

The evidence in this submission shows that effective physiotherapy care for pelvic health conditions, persistent pain and postpartum complications is available, but remains out of reach for too many women.

The APA urges the Committee to adopt the recommendations in this submission as an integrated package of reform, so that women can access coordinated, multidisciplinary care that extends well beyond the immediate postnatal period.

The APA welcomes the opportunity to appear before the Committee at a public hearing to discuss these recommendations.

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