

Pelvic Floor Issues Impact 1 in 3 Women – What You Need to Know

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May 12, 2026

STORY AT-A-GLANCE

- › One in three women seen in primary care has at least one pelvic floor disorder, but most have never been diagnosed or treated
- › Aging, excess weight, and chronic straining are major risk factors for pelvic floor issues like urinary leaks, constipation, and pelvic organ prolapse
- › Many women silently live with multiple overlapping pelvic disorders, believing they're just part of getting older or motherhood, which delays proper care
- › Most cases can be managed without surgery through targeted therapy, lifestyle changes, and posture or breathing work to retrain and rebalance pelvic muscles
- › Physical therapists report noticeable improvements within four to six weeks for many women, especially when treatment includes personalized exercises and manual muscle work

Pelvic discomfort, bladder leaks, and chronic constipation are signs your body is asking for help. Yet millions of women brush these symptoms aside, assuming they're just part of aging or the aftermath of childbirth. That silence creates a major gap in care, leaving many to suffer needlessly for years without realizing there's a name for what they're experiencing – and more importantly, that there are effective solutions.

The truth is, pelvic floor dysfunction affects far more women than most realize, but it's rarely discussed openly. Whether you're 25 or 75, these symptoms appear slowly or suddenly, triggered by physical strain, muscle imbalance, or changes in hormones and weight. And once they start interfering with your daily life, the impact is exhausting emotionally, socially, and physically.

You don't have to accept it as your new normal. With the right strategies and support, you can retrain your body, restore function, and feel confident in your own skin again. To get there, you need to understand what's really going on beneath the surface and how the latest research is finally shining a light on just how common and treatable these disorders truly are.

Pelvic Floor Disorders Are Far More Common Than Most Doctors Realize

A study published in *Scientific Reports* examined 25,425 adult women seen in family and internal medicine clinics to determine how many had pelvic floor disorders (PFDs), a group of conditions involving bladder leaks, bowel dysfunction, and organ prolapse.¹ The average woman in the study was middle-aged, with a body mass index (BMI) of 29.4, which falls just under the obesity threshold.

The goal was to see how these issues correlate with age, weight, race, and number of childbirths. Rather than relying on questionnaires or specialist clinics, this study used real-world data from primary care visits to get a clearer picture of how common PFDs are in everyday life.

- **One in three women had a pelvic floor disorder but most had no idea what was causing their symptoms** – In this primary care sample, 32% of women had at least one PFD. Bowel dysfunction affected 24.6%, urinary incontinence 11.1%, and pelvic organ prolapse 4.4%. Even more revealing: 6.5% of women had more than one type of PFD, meaning these conditions often go hand in hand.

- **Older age and higher BMI both dramatically raised the odds of having one or more pelvic disorders** — The older you are, the higher your chances of a PFD. For every 10 years of age, your risk climbs by about 24%. Among women over 65, 29.6% had at least one disorder, compared to just 12.2% of those under 30. BMI also mattered: each one-point increase in BMI raised the odds of urinary issues by 3.8%. These statistics highlight that both age and weight are strong drivers of pelvic floor dysfunction.
- **Women with difficult bowel movements were the largest and most overlooked group in the study** — **Bowel dysfunction**, especially difficulty passing stool, was far more common than prolapse or urinary issues. In all, 15.8% had chronic straining or incomplete emptying, which raises the risk of hemorrhoids, pain, and long-term damage to the rectum. Doctors often ignore or miss these symptoms, especially if women don't bring them up directly.
- **Many women live with multiple pelvic disorders, yet never connect the dots or get referred for help** — In the group studied, 1 in 15 had two or more types of pelvic issues, yet most weren't seeing a specialist. Since family doctors don't always ask about these symptoms, women go undiagnosed for years, especially when they assume things like leaking during exercise or straining to go to the bathroom are "just part of getting older."
- **Most cases of pelvic floor disorders are missed in general practice, even though the signs are easy to spot** — The data shows that women most at risk — those who are older or have a higher BMI — are showing up in primary care with PFD symptoms but often leave without answers. That's a missed opportunity. Screening tools and simple questions about bladder and bowel control could help identify these problems earlier, before they spiral into chronic pain or social withdrawal.

Most Pelvic Disorders Don't Require Surgery, but You Do Need to Speak Up

According to UCLA Health, most women assume these symptoms are part of aging or something they're supposed to tolerate. But that's false. "PFDs are not a normal part of aging," they state directly.² Even though they become more common as women get older, that doesn't mean they're untreatable or something you have to live with forever.

- **You have options; surgery is not your only path to healing** — Women often fear that the only fix for pelvic issues is surgery. But UCLA Health outlines several non-surgical treatments that work, depending on your symptoms and preferences. These include pelvic floor physical therapy, medications, nerve stimulation (including tibial nerve therapy), and medical devices like pessaries that support your organs from within the vaginal canal.
- **Strengthening your pelvic floor muscles could help prevent or reverse symptoms** — Strengthening exercises like Kegels are one of the most effective tools to use on your own. These exercises target the muscles that control [urination](#) and bowel movements, and improve both control and comfort. UCLA Health encourages this kind of self-care, as these strategies often help delay or avoid more invasive treatments, especially when caught early.
- **Lifestyle changes matter; your weight, diet, and bathroom habits all play a role** — Simple adjustments in daily life dramatically lower your risk of developing or worsening pelvic disorders. If your gut is healthy, eat a [high-fiber diet](#) to avoid constipation, cut back on caffeine and alcohol to reduce bladder irritation, and [maintain a healthy weight](#) to reduce pressure on pelvic organs. Avoiding heavy lifting and managing how often you go to the bathroom also make a difference.
- **Doctors don't always bring this up, so you'll need to advocate for yourself** — Many women don't get asked about their pelvic symptoms during routine checkups. And because PFDs aren't life-threatening, they often get pushed aside. But ignoring them only leads to more disruption down the road. UCLA Health recommends asking for a referral to a urogynecologist, an expert who focuses solely on these issues, to guide you through your best options.

Pelvic floor treatment often works best when different experts work together. Your primary care provider might team up with a gynecologist, urologist, or pelvic floor physical therapist to get a complete picture of what's going on. This team-based model allows you to stay in control while exploring the least invasive options first.

- **Many women wait years to seek help, but the earlier you act, the better your outcome** — While mild prolapse is often monitored without immediate treatment, some cases of incontinence, or bowel control issues don't improve on their own. Doing nothing often allows the problem to worsen. That's why it's important to seek early evaluation and tailored intervention before symptoms become too disruptive or irreversible.

Most Women Have No Idea Their Symptoms Are Treatable with the Right Therapy

In an interview by KTAL News, physical therapist Mary Watts Lazarone explained how pelvic floor issues are often hidden in plain sight.³ She shared that women routinely dismiss signs like bladder leaks during laughter, pelvic pressure, pain with intimacy, or difficulty going to the bathroom as “just part of being a woman.” But those symptoms often point to deeper problems, and they're treatable with targeted therapy.

- **The pelvic floor isn't just one muscle; it's an entire support system for your body's core** — Your pelvic floor is made up of a group of muscles that support your bladder, bowel, and reproductive organs. These muscles are essential for stability, bladder control, and sexual function. When they're too weak or too tight, you start to experience problems like leaking urine, painful intercourse, or constipation.
- **Pelvic floor therapy isn't just about doing Kegels; it's highly personalized and often hands-on** — One of the biggest myths is the idea that pelvic floor issues are fixed with Kegel exercises alone.

“People think it’s just about doing Kegels,” Lazarone said, “but in many cases, the issue is actually too much tension.” Instead, pelvic floor therapy often includes manual therapy (hands-on muscle work), biofeedback, breathing exercises, **posture correction**, and core strengthening. Sessions are customized, one-on-one and designed around your body’s specific needs.

- **Results usually come fast; many women notice a difference in just a few weeks** — According to Lazarone, patients tend to improve within four to six weeks. “These are small muscles,” she explained. “Once we get the coordination back, we usually see results pretty quickly.” This kind of progress helps you rebuild confidence, reduce pain, and regain control over your bladder or bowels without medications or surgery.
- **Postpartum recovery is one of the most overlooked aspects of pelvic health** — For women who’ve recently had a baby, especially after a **C-section** or with abdominal separation known as diastasis recti — pelvic floor therapy plays a key role in recovery. Therapists guide patients through restoring strength, balance, and coordination across the core, hips, and back. This helps reduce long-term pain and improves posture, bladder control, and sexual comfort after birth.

How to Start Fixing the Root Cause

If you’re dealing with leaks when you laugh, pelvic pressure when you stand or **digestive issues** that don’t seem to resolve, it’s time to look at what’s actually causing the problem. Pelvic floor dysfunction doesn’t happen randomly; it’s the result of muscle imbalance, pressure overload, poor coordination, or in some cases, past trauma like childbirth or surgery.

But the good news is this: most of the time, you don’t need pills or surgery to fix it. You need to retrain the muscles, reduce the triggers, and start supporting your body in smarter ways. Here are five things I recommend you start doing right away if you want to begin healing from the inside out:

- 1. Rebuild pelvic coordination with a personalized therapy plan** — If you're leaking urine, having trouble with bowel movements or feeling pressure in your pelvis, it's a sign that the muscles in your core are out of sync.

Kegels are useful but won't cut it alone. What you actually need is a tailored pelvic floor therapy program that targets both weakness and tension. Manual therapy, biofeedback, and coordination training will help you relearn how to engage your pelvic muscles properly. Most women feel real progress in as little as four to six weeks.

- 2. Take pressure off your pelvic floor by managing your weight** — If you're overweight, you're putting extra downward pressure on your bladder, bowel, and reproductive organs every single day. That weight weakens muscle support and accelerates prolapse and leakage. Start small by walking daily, reducing processed foods and eliminating **vegetable oils** that damage metabolic health. **Lowering excess body weight** is one of the most effective ways to reduce the strain on your pelvic floor.
- 3. Stop straining and fix your bathroom posture** — If you're pushing hard to poop or feel like you never fully empty your bowels, you're likely aggravating the very muscles that should be helping you. Sit with your knees above your hips using a **squat stool**, breathe slowly to relax your core and give your body time.
- 4. Protect your pelvic muscles from tension overload** — High-impact exercise, chronic stress, or even overdoing "core" workouts like crunches create excessive pelvic tension. If you're always clenching your glutes or sucking in your stomach, you could be forcing your pelvic floor to overwork. Try switching to restorative movement like deep squats, **slow breathing**, and walking in nature. Letting go of constant muscle bracing is a powerful way to break the pain-tightness cycle.
- 5. Know when to get real support; don't wait years like many women do** — If you've had a baby, experienced pelvic trauma or simply feel like "things aren't right down there," don't brush it off. Pelvic therapists see women from ages 15 to 80 and design treatments just for you. In many places, you don't need a referral.

Book an evaluation, even if it's just to ask questions. Getting assessed by someone who specializes in holistic pelvic health is one of the fastest ways to understand what's going wrong and exactly how to fix it.

FAQs About Pelvic Floor Issues

Q: What are PFDs, and how common are they?

A: PFDs include bladder leaks, bowel control problems, and pelvic organ prolapse — when organs like the bladder or uterus shift out of place. According to research, 1 in 3 women seen in primary care has at least one of these conditions, with bowel dysfunction being the most common.⁴

Q: What causes pelvic floor dysfunction?

A: The most common drivers are aging, excess body weight, and vaginal childbirth. Other factors include chronic straining, past surgeries, hormonal shifts like menopause and even overactive pelvic muscles. These issues disrupt how your pelvic muscles contract, relax, and coordinate, leading to symptoms like leaking, pressure, or pain.

Q: Do I need surgery to fix a pelvic floor problem?

A: No. In most cases, surgery isn't the first or best step. Non-surgical options including pelvic floor therapy, medications, nerve stimulation, and supportive devices like pessaries. Many women get significant relief with the right therapy plan and lifestyle changes.

Q: How do I know if I need pelvic floor therapy?

A: If you're leaking urine during activities, feeling heaviness or bulging in your pelvic area, having trouble with bowel movements or experiencing pelvic pain, especially during sex, you could benefit from therapy. Pelvic floor physical therapy is tailored to your needs and leads to results within four to six weeks.

Q: What are the best things to do at home to start healing?

A: Start by addressing the root causes of pelvic floor dysfunction. Use a squat stool when using the bathroom to reduce strain during bowel movements. Avoid high-impact exercise if it seems to trigger or worsen your symptoms. Begin incorporating breathing and posture work into your daily routine to help relax overactive or tense pelvic muscles.

Walking each day is also a simple way to reduce inflammation and ease the downward pressure on your pelvic organs. Finally, consider seeking out a pelvic floor specialist. These steps support long-term recovery and help restore pelvic function without needing medications or surgery.

Sources and References

- [1, 4 Scientific Reports 2022 Jun 14;12:9878](#)
- [2 UCLA Health, Pelvic Floor Disorders](#)
- [3 KTAL News May 14, 2025](#)