Integrating Clinical Specialists/Urogynecologists in Women's Health Study Sections

Pelvic floor disorders (PFDs), including urinary incontinence, accidental bowel leakage, and pelvic organ prolapse negatively impact the quality of life of more than 25 million U.S. individuals each year. While these conditions impact 1 in 4 women 20 years or older, research directed toward understanding these conditions receive disproportionately less funding relative to the number of individuals impacted. A contributing factor to the lack of research is the few providers with clinical expertise in PFDs that participate in funding decisions within NIH. When funding applications are evaluated by reviewers outside of the field of medicine being discussed, the applications are less often successful. The Committee requests that NIH include clinical specialists and urogynecologists in women's health-related study sections to enhance efforts to incorporate pelvic floor disorders into studies designed to improve lifelong wellness. The inclusion of Urogynecologists and other clinical specialists in study sections will allow for more informed, relevant, and impactful funding decisions.

Justification:

Over the past decade, research funding for health conditions that impact millions of Americans has decreased, in favor of rare disease research. Conditions affecting millions of people in the U.S.—such as pelvic floor disorders (PFDs) which affect 25 million individuals annually—receive disproportionately less funding relative to the number of individuals they impact. There are few providers with clinical expertise in PFDs that participate in funding decisions. When funding applications are evaluated by reviewers outside of the field of medicine being discussed, the applications are less often successful. Without PFD experts on women's health research review panels, the widespread burden of PFDs and the urgent need for innovation in this space is overlooked. Given that the direct costs of PFDs are estimated to exceed $35 billion dollars annually, small changes to current processes could have significant economic impact.

It is essential to integrate people with on-the-ground clinical experience in PFDs into funding review panels such as NIH study section reviews. These experts bring firsthand clinical and surgical knowledge of PFDs, allowing for more informed, relevant, and impactful funding decisions. Practical and knowledgeable review panels will drive meaningful scientific progress, leading to improved treatments and outcomes for millions of individuals affected by PFDs. Ensuring that providers who care for patients with PFDs are part of funding decisions will enhance the quality and relevance of federally funded research, ultimately leading to improved health outcomes for millions of Americans affected by PFDs.

Urogynecologic and Pelvic Floor Research Across the Female Lifespan

The Committee requests that NIH dedicate funding to gynecologic research beyond reproduction, including studies on pelvic floor disorders (PFDs) such as accidental bowel leakage, urinary incontinence, and pelvic organ prolapse. Research should explore the cost and quality-of-life implications of untreated conditions, as well as the physiology, biomechanics, and hormonal influences on pelvic floor function. Given that PFDs are complex, multifactorial conditions influenced by anatomical, physiological, genetic, lifestyle, and reproductive factors, research should also examine the role of aging and hormonal changes in disease progression and treatment response.

Further, the Committee urges NIH to support research on the postpartum and postmenopausal periods, recognizing that hormonal processes influence genitourinary and pelvic floor health in unique ways. Emphasis should be placed on understanding the long-term effects of postpartum and menopausal transitions on mental health, genitourinary, and reproductive ecosystems and developing innovative strategies for PFD prevention, treatment, and rehabilitation.

Justification:

AUGS recognizes that while the National Institutes of Health (NIH) allocated approximately $4.6 billion to women's health research in fiscal year 2023, only 11% of the NIH budget is dedicated to women's health, and a minor portion is dedicated to urogynecologic conditions. For example, a September 2024 search via the NIH RePORTER using the terms "Pelvic Floor Disorders," "Prolapse," and "Incontinence" identified only 33 NICHD-funded grants in 2024, totaling $15.8 million. Pelvic floor funding by other NIH institutes is even less. Given that the cost of pelvic floor disorders to society—both in healthcare expenses and patient out-of-pocket costs—amounts to billions of dollars annually, this level of funding is inadequate. This funding disparity has led to significant gaps in research and treatment for conditions that are increasingly prevalent and predominantly affect women, particularly those outside the reproductive years. The recent National Academies of Sciences, Engineering, and Medicine report*: A New Vision for Women's Health Research: Transformative Change at the National Institutes of Health (2025)* recommends a $15.7 billion investment in women's health and sex differences research over the next five years. The NIH plays a pivotal role in ensuring that women's pelvic floor research across the lifespan receives the attention and funding to ensure the health and quality of life of women in our society.

Specifically, the NIH should address urogynecologic and pelvic floor research across the female lifespan by addressing research gaps focused on postpartum and postmenopausal health. Without targeted research in these areas, many women will continue to suffer from preventable PFD complications that significantly impact quality of life. Gaps in research include the effect of lactation on genitourinary ecosystem, including microbiome, immune system, and hormonal influences, particularly as they relate to the menopausal transition. Investigating these factors will help inform prevention, treatment, and rehabilitation strategies for common but under-researched PFDs. Additionally, there is a need to expand the research focus on postpartum maternal health conditions to include the long-term impact of pregnancy and childbirth on pelvic floor disorders. Addressing these issues within the framework of lifelong wellness aligns with existing approaches to rehabilitation in other medical fields, such as orthopedics.

We commend NIH for recognizing perimenopause as a critical research window, but research for postmenopausal health to address conditions uniquely affecting this growing population is lacking. This is especially concerning since post-reproductive and geriatric women are the fastest growing segment of the population. We recommend broadening the scope of research from child outcome-oriented "reproductive aging and impact on reproductive outcomes" to women-oriented “reproductive aging and impact on urogynecologic outcomes" to ensure that research encompasses conditions throughout the lifespan and beyond fertility-related concerns.