Fifty per cent of women experience this health condition. Why has nobody warned them?

Sarah Berry August 27, 2026 — 3:36pm

The memory is etched in Monique Vogt's mind. It was 2022, and she was being wheeled down the corridor of the hospital, looking up at the fluorescent lights above. A nurse walked next to the bed and shook her, "Monique, stay with me, stay with me". As everyone around her panicked, and the new mother haemorrhaged, she felt a wave of acceptance.

Minutes earlier, her first child had been born, dragged into the world by forceps.

"I remember this thought going, 'OK, well, we didn't know the sex of the baby and I got to find out I had a son and I got to give him his name. Mitch [her husband] is going to be a great dad without me, it's going to be OK if I die'."

When Monique Vogt was diagnosed with pelvic organ prolapse, she had never heard of the condition. STEVEN SIEWERT

Vogt, 33 at the time, was wheeled into the theatre where an anaesthetist squeezed her hand tightly. He said, “Monique, I’m going to save you.” And then she was unconscious.

When she woke up in intensive care two days later, her obstetrician explained she suffered a third-degree tear, where the vagina is torn down to the muscles of the anal sphincter, as her son, Levi, was being pulled out with the forceps.

She would later find out that her pelvic floor had been partially ripped from the bone, and she had a pelvic organ prolapse, which is when the bladder, uterus or bowel loses some of its support and moves downwards through the vagina.

The school teacher, now 37, recalls thinking, “I have no f---ing idea what this means. I’ve never even heard of this.”

About 50 per cent of women experience a pelvic organ prolapse (POP) at some point in their lives, with about 20 per cent experiencing symptoms.

“This is a public health issue,” says Professor Anna Rosamilia, head of the pelvic floor unit at Monash Health. “Something like 22,000 Australian women per year have some form of prolapse surgery.”

Independent Tasmanian senator Jacqui Lambie is one of those women.

Last week, in an impassioned speech to parliament, Lambie told the Senate she suffered a prolapse six months ago, linked to an injury she sustained in 1997 while carrying a 40-kilogram backpack during army infantry training.

“My vagina was collapsing, and three months later, it was taking my bladder with it.”

The independent senator delivered a scathing address to parliament on Wednesday and demanded the prime minister drop the government's cap on allied health spending for veterans.

Rather than wait years to find someone willing to operate for the “low rates” provided by Department of Veterans’ Affairs claims, and having heard nothing back from the department after putting in her claim, Lambie paid $7000 out of her own pocket to pay for surgery to treat the injury.

She begged the government to abandon planned caps on allied health services for veterans: “What would they do if their penis was hanging by a thread? … Would they say ‘OK no worries, I don’t really need my penis?’ I don’t think so.”

Birth Trauma Australia chief executive Amy Dawes says she sees women who are suicidal as a result of POP. “They are forever changed, they are shamed … It’s still too often I hear women say, ‘Nobody told me that this could happen to my body’.”

What causes POP?

While vaginal childbirth is the main cause of POP, it can also be caused by repetitive heavy lifting, as Lambie experienced, being an elite athlete, having a chronic cough, asthma, obesity or chronic constipation.

“Women from all walks of life experience the condition,” says Dawes.
Some people experience prolapse immediately after giving birth, but more often it develops over time. In one large US study, doctors performing routine pap smears could see that the vaginal wall had weakened and moved in about half of the women, yet few had symptoms.
“It is very common that women going through menopause will start to experience incontinence and wonder what on earth’s going on,” says Margaret Wilson, a nurse continence specialist at Continence Health Australia, a not-for-profit operating a free helpline.

“But incontinence associated with birth injuries sometimes doesn’t show up until the hormones start changing. There is less collagen and elastin, so that’s when prolapse or incontinence symptoms start to show.”

Vaginal childbirth is the main cause of pelvic organ prolapse, but not the only one. GETTY IMAGES

Impacts that go beyond the injury

According to a new report by Birth Trauma Australia, the impact of birth injuries, including POP, is costing the economy $17.5 billion annually, which includes health system, workforce, wellbeing and health costs.

There are also consequences on a woman's self-confidence, body image and sexuality, says Rosamilia: "It has a profound effect."

For two years after her diagnosis, Vogt grieved the person she once was.

"Everything that I knew about myself was changed," reflects Vogt, now a mother of two.

That included her ability to move – "I haven't run since the birth of my son" – and work. A teacher, she had to get her classes moved to be close to a toilet.
One in three Australian women experiences incontinence, and in about 60 per cent of those instances it is because of prolapse. "It's a huge issue across the country, and we're not talking about it," says Continence Health Australia chief executive Jim Cooper.

Treating and preventing prolapse

"If women adequately do their pelvic floors [exercises] in pregnancy, you get a 30 per cent reduction in risk of like a longer-term urinary incontinence," says Angela James, national chair of the Australian Physiotherapy Australia's Women's and Men's Pelvic Health Group.

But, James adds: "It's not just a random bunch of Kegels." It's about learning which muscles to engage and how to engage them safely. That applies to all women, pregnant or not.

Pelvic floor-safe exercises require bracing the pelvic floor before lifting weights or being in a sitting position.

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“It’s not about not lifting weights – it’s about being taught to engage your pelvic-floor muscles before lifting and doing it safely,” says Wilson.

Physio prehab and rehab ought to be a standard part of pregnancy care, says James as should informing women about potential outcomes, including the use of forceps, which involve a significant increase in the risk of prolapse.

Surgery can help some but not all women. Pessaries – a silicon ring that a woman can fold in half and self-manage – are another management option, but don’t repair the damage.

The research of Monash University’s associate professor Shayanti Mukherjee is focused on transforming how pelvic-floor injury and prolapse are prevented and treated. That includes hydrogels to prevent or heal prolapse, biodegradable and

tissue-engineered implants in place of mesh, stem-cell therapy and earlier detection models.

Vogt, who feels like she is finally emerging from the trauma, wishes there were more options, more support and more conversation.

“A lot of my friends, when they had kids, and I was like, ‘Oh yeah, prolapse’, were like, ‘What’s that?’. It’s important that I feel the message is out there, that prolapse can happen to anyone.”

Well, half the population.

When Rosamilia is asked if she believes prolapse would have been solved by now if it affected the other half of the population, she laughs.

“I think there’d be a lot more money thrown at it, that’s for sure.”

https://www.theage.com.au/lifestyle/health-and-wellness/fifty-per-cent-of-women-experience-this-health-condition-why-has-nobody-warned-them-20260826-p60rpd.html