Improving pelvic health pathways in primary and community care

Findings & recommendations from the MUTU pilot

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Health Innovation Kent Surrey Sussex
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Contents

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Introduction

This report captures learning from the Medway MUTU pilot, a digital pelvic health and core rehabilitation programme for women. It makes the case for embedding low-cost, preventative pelvic health support into trusted primary and community care pathways.

Context

1. **Women's Health provision**
   Women's health provision is inconsistently funded and rarely funded for long. There is no dedicated recurrent budget, ICB allocations do not reliably reach practices or hubs, and preventative work is routinely asked to evidence a return inside a financial year. As many as one in three women experience pelvic floor dysfunction (Scientific Reports, 2022), and the renewed Women's Health Strategy for England (DHSC, April 2026) finds that urinary incontinence in particular is "normalised", with women "too embarrassed to seek support".

2. **What is MUTU**?
   MUTU is a clinically informed digital pelvic health and core rehabilitation programme for women across the life course, from pregnancy and postpartum through perimenopause and menopause offering structured education, progressive exercise content and self-management support.

3. **Medway Women's Health Hub (Reach Healthcare)**
   The population offered MUTU were postpartum women from the Medway Valley covered by Reach Healthcare, a primary care network. The total population is around 32,000, with a high deprivation score based on the Index of Multiple deprivation (30.82 vs national average of 21.81). The health inequalities facing local women included high depression rates, maternity barriers and dismissal of symptoms according to a report from Healthwatch Medway in 2023. This was the first contract in the NHS for MUTU for early stage pelvic health support offered by GP practice and women's health hub.

4. **Independent evaluation report published April 2024**
   A 2024 evaluation found that MUTU System can reduce the prevalence of pelvic health symptoms for NHS GP patients and those undergoing NHS physio. One of the recommendations from the report was to trial MUTU in a larger study in the NHS, which was achieved through this project.

The 2025 pilot

1. Medway Women's Health Hub, via Reach Healthcare, agreed 50 MUTU licences on 8 January 2025 and contracted on 1 February 2025, live from late February, with a bespoke landing page and associated support for a population where women were experiencing pelvic floor, continence, prolapse, diastasis recti and related wellbeing concerns.

2. MUTU was offered to women postnatally via text message from the practice based on their local patient searches. Sign up was limited initially with several groups never logging into MUTU when offered. Different approaches were used to increase uptake including nudging texts and extending to patients up to 4 years postpartum.

3. 100 women signed up against 50 funded licences, indicating latent demand within a single PCN footprint once eligibility was widened. 96 of them completed a baseline survey. The cohort was closed at 60 active users in November 2025, with everyone above the 50 paid for carried by MUTU at no further cost.

4. Survey baseline responses show strong evidence of need:
    a. 57% of respondents reported urine leakage
    b. 29% said something did not feel right
    c. 18% reported prolapse
    d. 18 % reported diastasis recti

    Only 12% of respondents had ever been offered NHS treatment or physiotherapy, highlighting this as an area of unmet need.

5. Data collection was difficult with limited completion of surveys after the initial baseline. Access to the platform was granted automatically on registration; the baseline survey was then sent to patients by MUTU with up to three reminder emails if it was not completed. Further progress surveys were then sent by MUTU after weeks four and twelve to assess impact. If patients did not complete the survey their membership of the platform was suspended with a link sent to complete the missing survey. This survey requirement reduced participation and after further changes was ultimately dropped. There were not enough survey responses at four or twelve weeks to draw conclusions, however patients described symptoms years after birth, women whose babies were 18 months to 7 years old assuming they were ineligible for help, continence pad use, and prolapse persisting after NHS physiotherapy.

6. There was an issue with patients accessing the platform. Audits data showed 44 of 100 never logged in. On investigation, it was found that when the practice (a trusted source) sent a message there was an uptake in response whereas when the supplier sent a message there was little response. This is because the supplier was unknown to the patient. The key learning is that the trusted clinical sender has to be part of any such pathway, and on investigation it appeared that only 10 of the first 35 had received the welcome email containing login instructions, which significantly diminished impact.

7. The practice ran an audit of patients who had accessed the MUTU programme but not completed the four week survey. Out of 11 patients they found 5 had used MUTU and liked it, 3 hadn't tried it and 3 did not respond to their calls.
   The quotes below are typical of responses, showing patients found the app user friendly, but did not always have time to access it.
   "It was user friendly, helpful to dip in and out of when you got a chance"
   "really good app but time got away from me. I needed reminders then I may have continued using it!"

Findings

1. **There is an unmet need in pelvic health.** Baseline data indicates that many women were living with symptoms without formal support. Out of 102 women 47 had looked to the internet or social media, 27 had done nothing at all, 10 had spoken to an NHS professional and only 12 had ever been offered NHS treatment or physiotherapy.

2. **Pelvic health issues persist into later age.** The strongest Medway impact finding is demand for pelvic health support. Sign up was relatively low for those up to one year postpartum, but when eligibility was opened to up to four years postpartum there was a larger response, highlighting unmet need.

3. **Addressing pelvic health is relevant to health inequalities, prevention and longer term women's health**. Many patients appeared to believe the symptoms they experienced were normal and they just had to put up with issues such as urine leakage. This in turn impacted on other parts of their lives.
   "Fantastic tool to help with recovery post giving birth, help with symptoms, leaking, followed plan and exercises, still use to date." Medway patient

4. **Trusted forms of communication** with the patient are critical, and much more likely to be effective when communication comes via a trusted clinician/ GP practice, than from an innovator/ external provider.

5. **Pelvic health symptoms carry a substantial mental health burden.** 80% of women report that their symptoms make them feel anxious, depressed, unhappy or embarrassed, and 27.7% report this "very often". Among women reporting emotional impact, 74.0% report improvement by three weeks, 83.9% by six weeks and 90.6% by twelve, with 59.9% much or very much improved at twelve weeks (Who Are Our MUTU Members? MUTU System, April 2026; baseline n=15,541; percentages calculated on women reporting that symptom, excluding not-applicable responses).

6. **Getting the pathway right is critical for patient engagement**. In this pilot there was a drop off at first log as patients did not always receive the right instructions. Much of this was related to untrusted communication channels being used or spam filters. The trusted clinician has to be seen to be part of onboarding process, with the supplier handling all the necessary administration and governance.

7. **Supporting innovation in women's health is very reliant on key staff**. There were many delays in the implementation of this work due to the availability of key clinicians able to make the clinical decisions and search criteria for patient groups. Projects like this tend to be driven by personal motivation as an extra to the day job.

Recommendations

1. **Consider how best to integrate low cost proven offers into pelvic health pathways to help support unmet need for digitally enabled women:** examples include home based exercises as demonstrated through Trust or ICB websites or a supported web or app based structured exercise programme such as MUTU. These offers may sit alongside community based physiotherapists and should be built it into a clinically owned pelvic health pathway with referral, onboarding, monitoring and escalation. Make it a long term offer, not a one-off project, based as close to the patient as possible, either through an at home offer or through primary or community care. Make sure it is simple pathway with no barriers to entry and easy for GP practice signposting.

2. **Use GP practice or NHS-branded communication for recruitment and onboarding:** keep the trusted clinical sender involved throughout the support to enable full engagement and evaluation. Recognise that this is an additional workload for practices/ community settings and needs to be resourced, which requires funding.

3. **Define priority cohorts:** consider digitally enabled women up to four years postpartum, women with continence symptoms, mild prolapse symptoms, diastasis recti, low confidence or those waiting for physiotherapy.

4. **Build data capture into routine care:** code offers, uptake and outcomes into the patient record (EPR) and use platform analytics to assess impact, rather than relying primarily on survey completion. Examples of impact include the ability to undertake normal activities without fear of urine leakage when sneezing, laughing or moving. Recognise that funding is required in order to influence coding, otherwise this remains an unseen and unmet need.

5. **Protect equity:** ensure reasonable alternatives for women who cannot or do not wish to use a digital programme, and consider language, literacy, cultural barriers and digital exclusion.

6. **Measure success through uptake:** tackling unmet needs and moving to prevention cannot easily be measured through conventional data. However, capturing user feedback on pelvic health awareness, symptom changes and impact on quality of life in this study does indicate a significant difference for those who have previously suffered in silence. Longer term there may be an impact on the need for pessaries and other later life consequences from poor pelvic health.

Conclusion

There is a widening gap between patients who can afford to pay for private health interventions and those who can't. Many women are signposted to MUTU postpartum by their GP to purchase privately, however there is a large group of women who are unable to pay for such a treatment privately. The population of Reach Healthcare is below the England average across most public health indicators, and the baseline data shows what that means in practice: of the 100 women who completed a baseline survey, only 12 had ever been offered NHS treatment or physiotherapy, 47 had turned to the internet or social media, and 27 had done nothing at all.

In women's health there is no consistent source of funding and initiatives tend to be sporadic and poorly funded. Data on women's health issues and outcomes is limited, which makes it hard to prove payback through a normal business case route.

Prevention is seen as a way to address longer term healthcare needs, whilst digital and patient education are seen to be effective strategies for improving health outcomes.

It can be hard to make a financial business case for commissioning MUTU despite all the evidence of impact, and learnings of effective ways to implement the programme, given that budgets do not reflect the areas of unmet need some women face. However, if social value is taken into account, addressing health inequalities, plus deterioration whilst waiting and multiple GP consultations, then there is a very strong case to be made.

Many of the specific findings from this intervention in pelvic health mirror those found when testing a new product to support patients experiencing menopause, with lack of data creating a blocker to change. This pilot has only been possible with the support of passionate staff working in the healthcare system who both see the need and the impact of simple interventions. This report seeks to capture their hard work and learnings and make the case for further investment in low cost preventative interventions for women in pelvic health through innovations such as MUTU.

Call to action

1. Take a proactive approach to share the learning from this work. How can we position this paper to help influence other health systems and funding bodies?
2. Write a specific extract of this paper with a focus on equity to influence funding for women with unmet needs where pelvic health issues have a significant impact on their quality of life. How do we make MUTU, and similar low cost support offers available to women who need it?
3. Explore public health funding, and joint ICB /public health funding such as the Better Care Funding, for MUTU. Get an introduction to the Medway public health team via Sarah/ Sati.
4. Explore links with the Regular Attenders work in Surrey, looking at the number of times some patients access GPs with "unrelated" symptoms, which may be all menopause related.

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Appendices

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Appendix 1 - Feedback from those involved in the pilots

GP, Surrey 2023 during first pilot and evaluation

"We found Mutu easy to offer to patients / new Mums through a simple text message, enabling those who were suffering from pelvic health issues to quickly access tailored exercise programmes and information for their needs."

Medway Valley PCN Digital Transformation Lead, Reach Healthcare

“From the women I spoke to (8 women who tried MUTU) – there was a real sense of normalising symptoms. I still don’t think this is discussed/prioritised as part of the 6 week post-natal check and many women feel it is “normal” to leak urine after having a baby – so there is learning for us (in general practice) and us giving a clear message to women that this isn’t something you should accept.

There was a real understanding the app was good and may help but many just didn’t have the time. It’s worth really thinking about when this is offered (especially as many women were on second/third baby so they never get the time!)”

Appendix 2 – Feedback from MUTU on Medway pilot

Commercially MUTU did not scale. One block of 50 licences at £3,700, never repeated: "50 licences for a population of 380,000 women is a powerful illustration of the delivery gap." Wendy Powell, CEO MUTU Health System, 5 May 2026

Demand ran at twice the funded capacity, and MUTU carried every woman above the 50 paid for at no further cost. Further blocks were available at £2,500 per PCN and had been offered to three PCNs; none were bought, because there is no recurrent budget to buy them from. Kent and Medway has a population of approximately 1.9 million, including roughly 380,000 women of childbearing age, so fifty licences represent less than 1% of the potential need. Full population coverage for women who would benefit would cost approximately £500,000 to £750,000 a year, around 0.01% of the ICB’s £4.7 billion budget for 2025/26.

Appendix 3 – Uptake from Medway project

Measure	Value
Total sign-ups	100
Completed baseline	96
Completed week 4 survey	5
Completed Module 1	10
Completed Module 2	2
Logged in, last 7 days	2
Logged in, last 30 days	7
Logged in, last 90 days	38
Never logged in	44
Active members (access retained via surveys)	5

Measure	Value
Sign-ups audited	35
Completed baseline	34
Received the welcome email	**10 of 35**
Logged in at least once	21
Never logged in	14
Logged in more than twice	7
Completed week 4 survey	3

Appendix 4 – Patient audit

Audit by Sarah Leng, Reach Healthcare, of patients who accessed the programme but did not complete the four week survey (July 2026)

Did you use it?	Did you like it?	Symptoms	Did it help with any symptoms?	Use MUTU comments/quotes
Y	Y	Y bit weakness	Needed more time, so her compliance the issue.	"Wish I had used it more, this should be available to women – good idea."
Y	Y	Y urine leaking	Y	Did help with symptoms, leaking, followed plan and exercises, still use to date. All symptoms now gone. "Fantastic tool to help with recovery post giving birth"
Y	Y	N	N/A	User friendly. Fourth baby. Stiches. Some C/S. No symptoms, No routinely using much from the app apart from the stop start – when going to the loo. "It was user friendly, helpful to dip in and out of when you got a chance"
N	N/A			Looked at website, didn't download app
N		No symptoms		No answer x 2
Y	Y good app	N – weak bladder straight after birth but ok now	N/A	Started but life got busy. "really good app but time got away from her. She needed reminders then she may have continued using it!"
Y	Y	Y – weak bladder recommended through Physio – which made her more keen to use it	Y	The exercises did help, but didn't keep them up. Feel pelvic floor not great again – considering re-looking. Time a big factor.
N			Weak bladder	Reminder would have been helpful after a few months, life very busy with new baby.

3 other patients did not answer the phone after two attempts

Appendix 5 – Links to maternal mental health (MUTU)

New research this year confirmed something we have known from our own real-world data for some time: pelvic floor rehabilitation improves maternal mental health, not only physical recovery. The link between the two is now well evidenced. A 2024 systematic review and meta-analysis in the American Journal of Obstetrics & Gynaecology, pooling 11 studies and 92,974 women, found that postnatal urinary incontinence significantly raises the risk of postnatal depression, with the strongest studies putting that increase at over 60%, and the original research on this link finding the risk close to doubled. A randomised controlled trial published this year in Frontiers in Global Women's Health (Zhong W et al., 2026; DOI 10.3389/fgwh.2026.1837604) found that women recovering from postpartum pelvic organ prolapse who received early pelvic floor muscle rehabilitation had significantly lower depression and anxiety scores at three months, alongside better muscle function, compared with usual care. It's a single-centre study with a small sample, but the direction matches something far larger.

The same pattern shows in MUTU's own longitudinal dataset (n=15,541, with follow-up at 3, 6 and 12 weeks): 91% of women report improved emotional wellbeing by week 12, rising week on week alongside the physical improvements. The leaking and the low mood have too often been sent to separate clinics as separate problems. The evidence increasingly says they should be treated together.

This sits directly inside the renewed Women's Health Strategy's three shifts, from hospital to community, analogue to digital, and treatment to prevention. First-line pelvic floor rehabilitation is low-cost, self-directed and safe, and it reaches women who never present to a service at all. Independent economic modelling of the MUTU programme (Unity Insights, commissioned by Health Innovation Kent Surrey Sussex) returned a benefit-cost ratio of 1.5:1, calculated on only two of six-plus symptom pathways.