CONCURRENCE IN SENATE AMENDMENTS
AB 1910 (Boerner)
As Amended June 15, 2026
Majority vote

SUMMARY

Requires the State Department of Public Health (DPH) to *include* on its public internet website relating to pregnancy and reproductive health *information advising individuals to discuss any pelvic floor concerns with their health care provider during their postpartum care visit.*

Senate Amendments
Delete the requirement for DPH to post information about pelvic floor therapy resources and instead require DPH to include information advising individuals to discuss any pelvic floor concerns with their health care provider during their postpartum care visit.

COMMENTS

Background on pelvic floor and pelvic floor disorders (PFDs). The pelvic floor is a group of muscles and tissues that support important organs like the bladder, urethra, anus, and internal reproductive organs. These muscles help keep the pelvic organs in place and sustain bladder and bowel control.

PFDs. According to the University of California San Franscico's (UCSF) Department of Surgery's website, PFDs occur when the pelvic muscles and connective tissue in the pelvis weaken or are injured. PFDs may result from pelvic surgery, radiation treatments, and, in some cases, pregnancy or vaginal delivery of a child. University of California (UC) Davis Health's website notes that several medical conditions and factors can increase the risk of PFDs including: age, chronic straining, heavy lifting, chronic coughing, delivery method in childbirth, multiple births, and obesity or overweight. PFDs are common and are frequently experienced in birthing people after pregnancy and delivery. UCSF's website highlighted that an estimated one-third of all U.S. women are affected by one type of pelvic floor disorder in their lifetime.

According to a 2022 paper published in the *Physical Therapy and Rehabilitation Journal* titled "Physical Therapy is an Important Component of Postpartum Care in the Fourth Trimester," PFDs negatively impact quality of life. Impairments associated with PFDs can decrease participation in exercise and social activities, possibly leading to isolation and depression. Women with PFDs experience poor body image and self-esteem. Further, approximately 23% of women with urinary incontinence miss work due to their symptoms.

What is pelvic floor therapy? According to Johns Hopkins Medicine, pelvic floor therapy is a type of physical therapy that helps strengthen or relax pelvic floor muscles to prevent, treat or manage the symptoms of PFDs. Through a combination of exercise and other nonsurgical treatments, pelvic floor therapy can help children and adults improve core stability and control over urination, bowel movements, and sexual function.

According to the 2022 paper referenced above, pelvic floor physical therapy can include power, strength, endurance and relaxation exercises, as well as electrical stimulation, biofeedback training, manual therapy, and behavioral education. The paper also highlights findings from a 2019 Cochrane review that determined that women who received postpartum physical therapy

were five to eight times more likely to eliminate their symptoms of urinary incontinence than women who received general education, lifestyle advice, motivational phone calls, or no interventions.

Pelvic floor physical therapy is usually provided by physical therapists with specialized pelvic floor physical therapy training. The American College of Obstetricians and Gynecologists recommends that obstetricians refer postpartum women to specialized support services, including physical therapy, on an as-needed basis.

According to a 2022 research report published by the *Academy of Pelvic Health Physical Therapy*, titled "The Importance of Information: Prenatal Education Surrounding Birth-Related Pelvic Floor Trauma Mitigates Symptom-Related Distress," research suggests that enhancing understanding during pregnancy of pelvic floor function and the potential for injury in the context of pregnancy and childbirth, as well as the timeline for postpartum rehabilitation, may be an important piece of optimizing health in the fourth trimester (the three-month period following childbirth).

What infrastructure exists within DPH? Within its Center for Family Health, DPH's Maternal, Child and Health Division Programs encourage ongoing education, social support, empowerment, healthy life choices, and mental and physical wellness during pregnancy. DPH's webpage on Maternal/Women's Health includes links to information resources on various topics such as breastfeeding, birth plans, gestational diabetes and postpartum care, maternal mental health, maternal mortality, nutrition and physical activity, opioids and pregnancy, preconception health, pregnancy and reproductive health, and safe pregnancies in extreme heat. This bill requires DPH to *include information advising individuals to discuss any pelvic floor concerns with their health care provider during their postpartum care visit on its website relating to pregnancy and reproductive health.*

According to the Author
One in three people who have given birth will experience a pelvic floor disorder in their lifetime. The author states that there are people every day dealing with functional problems that could have been avoided with preventative postpartum pelvic floor care. The author contends that if California supports new parents before they give birth, California should support them through their healing journey. The author concludes that this bill adds resources to a trusted state website and offers people the ability to access those resources and information to avoid long-term issues with pelvic floor disorders.

Arguments in Support
None on file.

Arguments in Opposition
None on file.

FISCAL COMMENTS

According to the Senate Appropriations Committee, pursuant to Senate Rule 28.8, negligible state costs.

VOTES:

ASM HEALTH: 16-0-0
YES: Bonta, Chen, Addis, Aguiar-Curry, Ahrens, Caloza, Carrillo, Mark González, Johnson, Patel, Patterson, Rogers, Sanchez, Schiavo, Sharp-Collins, Stefani

ASM APPROPRIATIONS: 15-0-0
YES: Wicks, Hoover, Aguiar-Curry, Calderon, Caloza, Dixon, Fong, Mark González, Krell, Pacheco, Pellerin, Sharp-Collins, Solache, Ta, Tangipa

ASSEMBLY FLOOR: 78-0-2
YES: Addis, Aguiar-Curry, Ahrens, Alanis, Alvarez, Arambula, Ávila Farías, Bains, Bauer-Kahan, Bennett, Berman, Boerner, Bonta, Bryan, Calderon, Caloza, Carrillo, Castillo, Chen, Connolly, Davies, DeMaio, Dixon, Elhawary, Ellis, Flora, Fong, Gabriel, Gallagher, Garcia, Gipson, Jeff Gonzalez, Mark González, Hadwick, Haney, Harabedian, Hart, Hoover, Irwin, Jackson, Johnson, Kalra, Krell, Lackey, Lee, Lowenthal, Macedo, McKinnor, Nguyen, Ortega, Pacheco, Papan, Patel, Patterson, Pellerin, Petrie-Norris, Quirk-Silva, Ramos, Ransom, Michelle Rodriguez, Rogers, Blanca Rubio, Sanchez, Schiavo, Schultz, Sharp-Collins, Solache, Soria, Stefani, Ta, Tangipa, Valencia, Wallis, Ward, Wicks, Wilson, Zbur, Rivas
ABS, ABST OR NV: Muratsuchi, Celeste Rodriguez

SENATE FLOOR: 40-0-0
YES: Allen, Alvarado-Gil, Archuleta, Arreguín, Ashby, Becker, Blakespear, Cabaldon, Caballero, Cervantes, Choi, Cortese, Dahle, Durazo, Gonzalez, Grayson, Grove, Hurtado, Jones, Laird, Limón, McGuire, McNerney, Menjivar, Niello, Ochoa Bogh, Padilla, Pérez, Reyes, Richardson, Rubio, Seyarto, Smallwood-Cuevas, Stern, Strickland, Umberg, Valladares, Wahab, Weber Pierson, Wiener

UPDATED

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