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Health Committee
Parliament Buildings
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Submission on *Pae Ora (Healthy Futures) 3 Day Post Natal Stay*

Tuia te rangi e tū nei
Tuia te papa e takoto nei
Tuia i te here tāngata
Tihei mauri ora

He hōnore, he korōria ki te atua ki te runga rawa
He whakaaro maha ki a rātou kua haere ki te wāhi ngaro
Rau rangatira mā, anei ngā whakaaro me ngā kōrero nā Te Tūāpapa
Hauora Hinengaro

Tēnā koe

Thank you for the opportunity to comment on the Pae Ora (Healthy Futures) (3 Day Post Natal Stay) Amendment Bill.

The Mental Health Foundation of New Zealand (the MHF) is a leading mental health and wellbeing charity striving for a society where all people flourish. Our mission is to build an Aotearoa free from discrimination, where everyone can experience mauri ora or positive mental health and wellbeing.

The MHF supports this Bill and its intention to create positive outcomes for mothers (and birthing parents), babies and their whānau/family. Women and birthing parents who are actively informed about, and choose to access, postnatal care options will be more likely to engage with health professionals and formal supports and should have more time to rest, recover and build attachment with their babies.

We recommend the Bill be expanded so the three days of postnatal stay will also apply to mothers and birthing parents who experience late pregnancy loss and still birth. This would provide an opportunity for parents who experience this profound loss to access trauma-informed and targeted specialist supports.

We are pleased to see that Health New Zealand / Te Whatu Ora will be legally required to provide the infrastructure to support this law change; however, we are concerned that the intentions of the law change will not be achieved given current workforce pressures in the maternity sector and inadequate investment in infrastructure. It is vital that postnatal care does not result in women and birthing parents feeling alienated, disconnected and unsupported due to lack of equitable, easy to access and culturally safe postnatal support. To that effect, investment is needed to ensure postnatal care in hospitals and birthing care facilities are equitably available across the motu/country and the workforce supported to deliver culturally safe support and care (PMMRC, 2020). Increased options for care that include beds and facilities to warmly welcome and accommodate whānau and key support people to stay with the mother/birthing parents and baby should be available to maintain whānau connection and bonding and reduce isolation. Ideally, postnatal care services and support should be co-designed and/or informed through consultation with women/birthing parents and whānau/family that are more likely to experience inequitable outcomes.

Postnatal care must also address the inequitable mental health needs of mothers and birthing parents. Twelve–eighteen percent of mothers in Aotearoa New Zealand and 10 percent of fathers will experience mental distress during the perinatal period, including depression, anxiety and/or other mental health issues

(Ministry of Health, 2021). Wāhine Māori, Pasifika and women of Asian descent being most at risk. Maternal suicide is the leading cause of death for new mothers with wāhine Māori being disproportionately represented in these suicide statistics. Mental health challenges during the postpartum period can have significant generational impacts both short and long term, on the health outcomes of mothers, birthing parents, their babies and their wider whānau and community.

The MHF strongly encourages the Government to implement the recommendations of the Perinatal and Maternal Mortality Review Committee (PMMRC). In particular we note the recommendation in the Fifteenth Annual Report to strengthen maternal mental health services based on the findings of [Maternal Mental Health Service Provision in New Zealand: Stocktake of district health board services](#) (2021). This stocktake report acknowledged that having a baby comes with immense changes for whānau, family and their wider community, that this can be a time of vulnerability for mothers and birthing parents, and that timely, culturally appropriate and accessible support and care is vital. The stocktake report recommended that kaupapa Māori models of mental health care be provided, which will address and improve the inequitable gaps and unmet needs in current service delivery. Much was made of the potential for the Oranga [Hinengaro System and Service Framework](#) to deliver on the stocktake report findings, but tangible progress has not so far been forthcoming.

Greater investment is also needed in the number and capacity of mother and baby units that meet the needs of new mothers and birthing parents who experience significant mental distress after birth. We've heard of women experiencing postpartum depression or psychosis who have been separated from their newborn babies under a compulsory treatment order (because there was no voluntary care option) and placed into mixed-gender wards, which they say was traumatic, unsafe, and unsupportive. The Royal Australian and New Zealand College of Psychiatrists recommends a minimum of one eight-bedded mother-baby unit for every 15,000 deliveries to provide adequate perinatal mental health services (PMMRC, 2020).

Lastly, we note the report's statement that preventing suicide in women and birthing parents is not solely based on interventions that focus on the individual but rather requires a response that addresses the system as a whole including the "structural

determinants of health – these include poverty, housing, employment and institutional racism” (PMMRC, 2020, p. 11).

Thank you for the opportunity to contribute to the draft guidelines. The Mental Health Foundation is happy to provide further support and advice as required.

Mauri tū, mauri ora,

Shaun Robinson

Chief Executive

References

Ministry of Health. (2021) *Maternal Mental Health Service Provision in New Zealand: Stocktake of district health board services*. Wellington: Ministry of Health.

https://www.health.govt.nz/system/files/2021-11/maternal_mental_health_service_provision_in_new_zealand-19_nov.pdf

Perinatal and Maternal Mortality Review Committee. (2020). *Fifteenth Annual Report of the Perinatal and Maternal Mortality: Reporting Mortality and Morbidity 2020 | Te Tāhū Hauora*. Wellington: Health Quality & Safety Commission.

<https://www.hqsc.govt.nz/assets/Our-work/Mortality-review-committee/PMMRC/Publications-resources/15thPMMRC-report-final.pdf>

