Submission:

Pae Ora (Healthy Futures) (3 Day Postnatal Stay) Amendment Bill

New Zealand College of Midwives
TE KĀRETI O NGA KAIWHAKAWHANAU KI AOTEAROA

Submission:
Pae Ora (Healthy Futures) (3 Day Postnatal Stay) Amendment Bill

Kaupapa

Te Kāreti O Ngā Kaiwhakawhānau Ki Aotearoa | New Zealand College of Midwives (The College) is the professional organisation for midwifery. Our members are employed and self-employed and collectively represent over 90% of the practising midwives in this country. There are approximately 3,000 midwives who hold an Annual Practising Certificate (APC). These midwives provide maternity care to, on average, 60,000 women and babies each year. Aotearoa New Zealand has a unique and efficient maternity service model which centres care around the needs of the woman and her baby.

Midwives undertake a four-year equivalent undergraduate degree to become registered followed by a first year of practice program that includes full mentoring by senior midwives. The undergraduate curriculum meets all international regulatory and education standards. Midwives are authorised prescribers in relation to their Scope of Practice as determined by the Midwifery Council.

Midwives provide an accessible and primary health care service for women in the community within a continuity of carer model as Lead Maternity Carers. Midwives can also choose to work within secondary and tertiary maternity facilities, providing essential care to women with complex maternity needs.

The College offers information, education and advice to women and their whānau, midwives, Health New Zealand Te Whatu Ora, health and social service agencies, and the Ministry of Health regarding midwifery and maternity issues. Midwives interface with a multitude of other health professionals and agencies to support women to achieve the optimum outcome for their pregnancies, health and wellbeing.

376 Manchester Street, PO Box 21-106, Christchurch 8140 | Phone 03 377 2732 | Email nzcom@nzcom.org.nz

17th February 2025

Committee Secretariat
Health Committee
Parliament Buildings
Wellington

Tēnā koutou

The College welcomes the opportunity to provide a submission on the Pae Ora (Healthy Futures) (3 Day Postnatal Stay) Amendment Bill.

Introduction

The College supports policies and legislation that improve the maternity system for pregnant women and mothers, and we support opportunities to make a positive difference to postnatal care which plays a significant and important role in the transition to motherhood. This transition requires physical, emotional, and social support for the mother to foster early recovery after childbirth and support the initiation of breastfeeding. The creation of a quality-care appropriate environment for mothers and their babies also includes cultural and social support considerations and inclusion of significant others such as fathers, partners and other whānau members to strengthen a comprehensive and integrated support system.

Midwifery care in Aotearoa New Zealand includes postnatal care up to six weeks following the birth. Midwifery care is provided in the maternity facilities by core midwives and care is continued in the community after leaving a maternity facility by lead maternity carer midwives for up to six weeks after the birth. The majority of women in Aotearoa New Zealand already have a trustful relationship with their lead maternity carer midwives who have cared for them throughout pregnancy and childbirth. Midwifery care continues to be critically important in the postnatal period and there is an association between receiving midwife-led continuity of care and increased satisfaction with care through pregnancy, birth, and the postnatal period, which includes an increased duration of breastfeeding. The midwifery relationship may also include support people and whānau as well as the mother. The community based lead maternity carer system needs recognition as an integral part of postnatal care. For the small minority of women who do not have a lead maternity carer midwife a home postnatal midwifery service is still available.

Feedback on the Pae Ora (Healthy Futures) (3 Day Postnatal Stay) Amendment Bill.

1. **93B: 72 hours of inpatient postnatal care to be provided**

1.1 The College strongly supports policies and legislation that improve the maternity system for pregnant women and mothers.

1.2 The College hopes this Bill raises awareness of the significant importance of postnatal

care which has been often treated as a low priority and of less importance than pregnancy and birth care. This has resulted in underfunding, under-resourcing and minimal recognition of the challenges that may be experienced by mothers and their whānau, and the continued midwifery shortages in postnatal maternity facilities. The one-to-one continuity of care postnatal services delivered by midwives during the weeks following childbirth are critically important but have also been undervalued.

1.3 We have been aware of some long-term discontent with the maternity system which requires transfers of new mothers and babies from tertiary to primary facilities within a few hours after birth, usually regardless of the time and weather. There has been no obvious effort on behalf of government or health ministries to address this specific issue which is underpinned by a shortage of bed space in tertiary unit birthing suites and a need to free the space for another labouring/birthing woman.

1.4 Correspondingly there has been a lack of support for primary birthing, and limited access to primary birthing facilities in some areas which has resulted in women who could birth in a low intervention primary care space using tertiary facilities instead. The extra pressure on tertiary units may be a factor that makes the extra postnatal day stay more complicated. Birthing in a tertiary facility increases birth intervention rates which may require the need to stay in that unit and increase the demand for bed availability.

1.5 Maternity is unique in that it has two patients occupying its beds – a mother and a baby. In a system that is facing midwifery staff shortages and bed limitations, where the workload for midwives may be one midwife caring for up to eight women and their babies per shift in a tertiary unit, going home to the postnatal care of one midwife who will visit for up to six weeks to provide one-to-one care may be more supportive for recovery and breastfeeding establishment.

1.6 This may of course not be the case for all women, in particular those recovering from caesarean births. In some situations, women have been discharged post-operatively at a time earlier than optimal. The increased access to inpatient postnatal care could remedy this issue, although it remains important to be aware of the constraints within the maternity system as the issue of understaffed postnatal wards with reduced numbers of midwives and bed shortages will need to be urgently addressed.

2. 93C: Requirement to provide information regarding the 72 hour minimum.

2.1 Lead maternity carer midwives already practice within a fully embedded informed consent model and are committed to providing factual and up to date information to women and their whānau.

2.2 Incorporating information to women and their families about the possibility of a longer stay in a maternity facility can be effortlessly included by midwives. The College considers that creating a legal mandate for this is excessive and unnecessary.

2.3 After providing information about the 72 hour minimum stay there may be situations where it is not possible for all women who wish to stay to be accommodated. This means that midwives, core and LMC, will also have to tailor their expanded information about longer stays dependent on the bed situation at the time of the postnatal care of client women. The systematic, chronic, and on-going constraints on maternity care need to be recognised.

3 93D: Obligation to ensure 72 hours of inpatient postnatal care available

3.1The obligation placed on Health New Zealand to ensure that sufficient maternity facilities are available in each locality to provide 72 hours of inpatient postnatal care will take some time to achieve.

3.2 Alongside the availability of maternity facility beds is the issue of safe and appropriate staffing. A quality maternity service requires the ability of midwives to meet their professional standards for best practice. Workforce shortages, and lack of attention to initiatives to recruit and retain midwifery staff must be addressed urgently.

Key points and further comments

1. The 72 hour minimum stay will not result in the positive outcomes that the Bill is hoping to facilitate while there are understaffed postnatal wards with reduced numbers of midwives, fixed bed capacity, and limited access to primary birthing facilities.

2. This Bill does not acknowledge the support that occurs in other parts of the system. Home based postnatal care is provided for up to six weeks by midwives.

3. There are systemic factors that contribute to ongoing maternal heath inequities which can be measured by outcomes, and women's experiences. Te Tiriti o Waitangi is a foundational document that holds the health system accountable for ensuring whānau Māori experience equitable and culturally safe health outcomes. How to ensure wāhine Māori have maternity care that enables them to uphold their tikanga or cultural practice needs to be respected regardless of the length of postnatal stay.

4. A recent study noted that the number of wāhine Māori giving birth by caesarean is rising and that mothers who require tertiary level care which is available at only six healthcare providers in Aotearoa New Zealand may have to give birth at a geographical distance from their whānau leaving them without whānau support.[1]

5. The pressure to leave a maternity facility early, as described in the Bill, does not always come from the facility staff as mothers may also request to leave a facility early for

[1] Lawrie, F.A., Mitchell, Y.A., Barrett-Young, A., & Clifford, A.E. (2024). Birth by emergency caesarean delivery: Perspectives of Wāhine Māori in Aotearoa New Zealand. *Journal of Health Psychology*, 29(12),1307-1320. doi:10.1177/13591053231218667

various reasons such as being unable to sleep or rest in the hospital, being unable to get the support they need due to staffing issues and wishing to be home with their partners, other children and whānau.

6. Some negative experiences of postnatal wards have been reported in surveys of maternity system users. Staff having insufficient time to offer support to mothers due to time pressures and staff shortages, may result in limited support for getting mothering and breastfeeding off to a good start. The one-to-one continuity of care from a known midwife at home may better support the "loving attachment" the General Policy Statement describes in the Bill.

7. The General Policy Statement also states that giving "mothers this extra time and extra flexibility will result in positive outcomes for mother, baby and family from 2-3 days in a supportive environment and dedicated facility". The College considers this to be a misleading comment that is not evidence-based, and which omits to take other stressors outside of postnatal care that impact on mothers and families into account. We would like an extra day to result in positive outcomes, but this statement is in the category of magical thinking.

8. Recognition of, and action on, other initiatives to improve the postnatal care and experiences of women as well as an extra day stay is recommended. Women are often going home to limited family support and in some situations no family support. An example of a meaningful initiative that supported new mothers was the availability of free home help. This has been offered in the past to mothers going home with a new baby who met certain criteria and midwives were able to make referrals.

9. The assumption that all mothers will have family and other people to help them or take care of them once they are out of the hospital setting is not always correct. Lack of home support may be a valid reason for a new mother to stay an extra day in a facility but due to bed shortages this may cause some difficulties.

10. An unintended consequence of this Bill may be that some women who need longer than three days in a facility may be discharged home in order to make bed space for women who have requested an extra day but may not clinically require this day. A shifting of resources from other parts of the system to accommodate these changes may cause other parts of the system to struggle.

Conclusion

While the College welcomes initiatives to improve the maternity system and we support the sincere intention of this Bill to contribute to this aim, we have concerns that this Bill will give the impression that an extra day's postnatal stay will somehow fix the myriad issues experienced by new mothers. Giving the impression that outcomes will improve due to this extra day may may result in less attention being given to the pressing issues that are straining our maternity facilities and contributing to less than optimal experiences for birthing women. The cornerstone of maternity care in Aotearoa New Zealand is that each pregnant woman can

choose a Lead Maternity Carer (LMC) who will be responsible for provision of continuity of primary maternity care throughout her maternity experience. Support for this optimal model of care will contribute to better outcomes for mothers and their babies.

Ngā mihi

Alison Eddy
Chief Executive
New Zealand College of Midwives | Te Kāreti o ngā Kaiwhakawhānau ki Aotearoa