Submission to the Health Committee: Pae Ora (Healthy Futures) (3 Day Postnatal Stay) Amendment Bill

As the independent advocate working for and with mokopuna[1] (children and young people), Mana Mokopuna – Children and Young People's Commission (Mana Mokopuna)[2] welcomes the opportunity to submit on the Pae Ora (Healthy Futures) (3 Day Postnatal Stay) Amendment Bill.

Summary of our submission

1. All mokopuna have the right to life, survival and development and the highest attainable standard of health. The Pae Ora (Healthy Futures) (3 Day Postnatal Stay) Amendment Bill (the Bill) is a positive step toward improving perinatal care in Aotearoa New Zealand, which in turn should positively contribute to upholding the right of mokopuna to health.
2. While Mana Mokopuna supports the intent behind this Bill to strengthen perinatal supports, we note that it is only one piece of the continuity of care required to enable a strong start in life for all mokopuna.
3. Mana Mokopuna strongly recommends that further work is done to build on these changes to maternal care. We advocate for further resourcing, funding and services (including culturally-safe services) to improve outcomes for mokopuna in their first 2,000 days.
4. Our submission highlights the State's responsibilities in relation to mokopuna rights and highlights relevant guidance from the UN Committee on the Rights of the Child. It also highlights the inequities that exist for mothers and parents in Aotearoa New Zealand, and shares what we have heard from mokopuna about what matters most in their early years.

Introduction

5. Mana Mokopuna welcomes the opportunity to submit on the Pae Ora (Healthy Futures) (3 Day Postnatal Stay) Amendment Bill (the Bill) and we support the intended changes to:
    - provide access to local post-natal care for a minimum of 72 hours if desired;
    - require the Lead Maternity Carer to let the mother know what they are eligible for;
    - allow for mothers to stay for longer than 72 hours if the need arises.
6. As the independent advocate for all mokopuna in Aotearoa New Zealand, we advocate that each and every mokopuna should have the strongest start in life - safe, nurtured and well in the care of their whānau. Ensuring mokopuna and whānau have what they need during these crucial early years shapes the foundation for lifelong health, learning, and well-being.
7. Extending the minimum entitlement for post-natal care from 48 to 72 hours will help support a strong start in life for mokopuna, as immediate post-natal care is a critical phase in the lives of mātua

[1] At Mana Mokopuna we have adopted the term 'mokopuna' to describe all children and young people we advocate for. 'Mokopuna' brings together 'moko' (imprint or tattoo) and 'puna' (spring of water). Mokopuna describes that we are descendants, and or grandchildren, and how we need to think across generations for a better present and future. We acknowledge the special status held by mokopuna in their families, whānau, hapū and iwi and reflect that in all we do. Referring to children and young people we advocate for as mokopuna draws them closer to us and reminds us that who they are, and where they come from, matters for their identity, belonging and well-being at every stage of their lives.

[2] Mana Mokopuna – Children and Young People's Commission is the independent Crown entity with the statutory responsibility to advocate for the rights, interests, participation and well-being of all children and young people (mokopuna) under 18 years old in Aotearoa New Zealand, including young persons aged over 18 but under 25 years if they are, or have been, in care or custody.

(parents)[3] and newborns. For example, in the days following birth it is extremely important to address any immediate health concerns of both pēpē and mother, monitor newborn health, provide emotional support, foster secure attachment, and promote necessary knowledge or learnings.[4]

8. The first days of life for mokopuna are critical as they shape the child's future health, learning, and success. It is also a key period to monitor newborn health to ensure their mortality, noting that globally the first month of life is the most vulnerable period for child survival, with 2.3 million newborns dying globally in 2022.[5]

9. We acknowledge the inadequate care that many mothers in Aotearoa New Zealand have experienced during their birthing experience and post-natal care.[6] And we recognise that immediate post-natal care presents an opportunity to support mātua, so they can best support their newborn child.

10. We also note that the leading cause of maternal death in Aotearoa New Zealand is suicide, and more than half of those deaths are wāhine Māori.[7] Access to holistic support for parents and whānau has been identified as the best way to protect perinatal mental health and contribute to wider whānau wellbeing.[8]

11. There is a large amount of evidence, informed by lived experience, about what the range of effective supports for peri and post-natal care could look like in our country. For example, we refer the Committee to 2023/24 Early years community innovation partner insights report.[9]

12. Mana Mokopuna advocates for on-going governmental action to ensure a strong start in life for all mokopuna. We recognise the systemic work being done through initiatives such as Kahu Taurima, which provides mokopuna and their whānau with wrap-around support and seeks to ensure that perinatal care is culturally safe, easy to access, and free from discrimination.[10] It is important that this work is continued and built upon to ensure that mokopuna are set up for lifelong wellbeing.

Implementing children's rights in perinatal care and early childhood

13. One of the three priorities outlined in the Government's Child and Youth Strategy (the Strategy) is supporting children and their families and whānau in the first 2,000 days.[11] Mana Mokopuna strongly welcomes and supports this priority focus, and notes that one of our Commission's key strategic advocacy aspirations is *A strong start in life for all mokopuna.* We note that the Strategy's priority on the first 2,000 days includes supporting maternal mental health, reflecting a growing understanding that supporting mothers during the first 2,000 days of their child's life is essential for nurturing resilient future generations.

14. Guidance from the Committee on the Rights of the Child (UN Committee) has emphasised that mokopuna are holders of all rights set out in the Convention, and early childhood is a crucial time for the fulfilment of these rights.[12]

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[3] Throughout the submission we will refer to mothers, parents and caregivers as mātua.

[4] POSTNATAL CARE OF THE MOTHER AND NEWBORN - Counselling for Maternal and Newborn Health Care - NCBI Bookshelf

[5] Newborn mortality

[6] Social determinants and inequitable maternal and perinatal outcomes in Aotearoa New Zealand - PMC

[7] Holly Walker Āhurutia Te Rito | It takes a village - The Helen Clark Foundation (2022)

[8] Ibid

[9] 2023/24 Early years community innovation partner insights ; See also: Māmā Moving Mountains aims to inspire māmā and whānau to aspire to their dreams ; Whare Manaaki connect whānau with hākui from the community who will take an active interest in the family's wellbeing. Hākui is the Ngāi Tahu term for a respected mother, aunty, taua or grandmother.

[10] Kahu Taurima | Maternity and Early Years – Health New Zealand | Te Whatu Ora

[11] The Child and Youth Strategy 2024-27 - Ministry of Social Development

[12] General comment No. 7 (2005): Implementing Child Rights in Early Childhood | Refworld

15. Mana Mokopuna reminds members of the Health Committee of New Zealand's duties to all mokopuna, as a State's party to the Children's Convention, to uphold the following rights of all mokopuna which are of particular relevance to the Bill and perinatal care:

    - Article 6 - Affirms that all mokopuna have the **right to life, survival and development** and the State has a duty to ensure this by providing healthcare, services, and support for a child to reach their full potential.
    - Article 19 – Mokopuna have the **right to be protected from all forms of violence, abuse, neglect, or maltreatment.** Post-natal care plays a key role in supporting secure attachment, identifying potential harm and supports parents to build a safe and nurturing environment for their baby.
    - Article 24 and 24(d - Mokopuna have the **right to the highest attainable standard of health**. States are therefore, required to reduce infant and child mortality and provide healthcare services, including pre- and post-natal care.

16. The UN Committee has provided specific advice on the implementation of children's rights in early childhood in its *General Comment No.7,* and has outlined that:

    "States parties are urged to **take all possible measures to improve perinatal care for mothers and babies**, reduce infant and child mortality, and create conditions that promote the well-being of all young children during this critical phase of their lives."[13]

17. A children's rights approach recognises the relationship between parental responsibilities and assistance from State Parties in the fulfilment of these responsibilities. Focusing on the implementation of policies on perinatal care, the UN Committee has noted that:

    "An integrated approach would include interventions that impact indirectly on parents' ability to promote the best interests of children (e.g. taxation and benefits, adequate housing, working hours) as well as those that have more immediate consequences (e.g. perinatal health services for mother and baby, parent education, home visitors)."[14]

18. We would refer the Health Committee to the guidance of the UN Committee on Article 24 regarding early childhood and perinatal care. The UN Committee is clear that:

    "States parties have a responsibility to implement children's right to health by encouraging education in child health and development, including about the advantages of breastfeeding, nutrition, hygiene and sanitation. Priority should also be given to the provision of appropriate prenatal and post-natal health care for mothers and infants in order to foster healthy family-child relationships, especially between a child and his or her mother (or other primary caregiver)."[15]

19. Considering the guidance from the UN Committee, it is clear that the New Zealand Government needs to do further work to ensure the realisation of children's rights in perinatal care. The Bill takes us a step toward improving outcomes for mokopuna in the first 2,000 days. However, the implementation of these changes will be the true measure of effectiveness.

20. We welcome that the Bill outlines requirements for the Lead Maternity Carer and Te Whatu Ora (Health New Zealand). We recommend that these obligations are reinforced with resourcing, funding and workforce development to ensure all services, regardless of where someone lives, are set up to meet the minimum entitlement proposed by this Bill, and that options for culturally-safe perinatal services are available for all mothers and whānau.

[13] CRC/C/GC/7/ para 10. General comment No. 7 (2005): Implementing Child Rights in Early Childhood | Refworld

[14] CRC/C/GC/7/ para 20 and 20(a). General comment No. 7 (2005): Implementing Child Rights in Early Childhood | Refworld

[15] CRC/C/GC/7/ para 27 and 27(b). General comment No. 7 (2005): Implementing Child Rights in Early Childhood | Refworld

Giving effect to Te Tiriti o Waitangi

21. The maternal-infant healthcare system is failing Māori, as evidenced in the maternal and infant health inequities between Māori and non-Māori.[16,17] This is recognised in the UN Committee's most recent Concluding Observations on New Zealand. The UN Committee expressed deep concern about "the inequitable survival and development outcomes for Māori children including the disproportionate mortality rate for Māori infants."[18]

22. We highlight the following evidence:

    a. Wāhine Māori experience higher rates of pre-term delivery, stillbirth, and neonatal death than non-Māori.[19]

    b. Each year approximately 1,200 pēpē Māori arrive too early.[20]

    c. Pēpē Māori are more likely to be born preterm (8.1 percent, compared to an overall rate of 7.4 percent) and they are more likely to have a preterm death.

    d. When a preterm baby survives, they are more likely to experience illness or disease that may last a lifetime.

23. The evidence shows that maternal inequity is extensive in Aotearoa New Zealand and that there are many barriers for wāhine Māori when accessing perinatal care.[21] For example, according to a study undertaken based on data from *Growing Up in New Zealand* (GUiNZ), when looking at the prevalence of lifetime racial discrimination:

    > "Among mothers, Māori women reported the highest prevalence of experienced racial discrimination across all domains and time periods. Over a quarter (28.7%) of Māori mothers reported ever experiencing a verbal attack because of their ethnicity, and almost 12% reported experiencing verbal attacks in the past year."[22]

24. Article 1 of Te Tiriti o Waitangi outlines the provision of kāwanatanga which means that the Crown holds the responsibility for ensuring equitable healthcare for all citizens, including equitable healthcare and health outcomes for Māori. The current disparities in maternal and infant health outcomes for Māori indicate a failure in health governance. The Crown must ensure the healthcare system is well-resourced, accessible, and culturally-safe to address these inequities, and to support positive intergenerational hauora outcomes for whānau and their mokopuna.

25. Tino Rangatiratanga as outlined in Article 2 of Te Tiriti affirms the right of Māori to self-determination. This means that wāhine Māori have the right to determine their own health decisions, including access to perinatal care which is grounded in mātauranga and te ao Māori. It is apparent that systemic barriers, such as racial discrimination in healthcare, prevent many wāhine Māori from fully exercising this right.[23] The healthcare system must empower wāhine Māori to exercise tino rangatiratanga and mana motuhake by supporting iwi-led health services, and respecting Māori practices and tikanga in maternal healthcare.

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[16] Mā te wāhine, mā te whenua, ka ngaro te tangata Wāhine and whānau experiences informing the maternal infant health care system. Stevenson (2018). Social determinants and inequitable maternal and perinatal outcomes in Aotearoa New Zealand - PMC

[17] Sixteenth Annual Report of the Perinatal and Maternal Mortality Review Committee | Te Pūrongo ā-Tau Tekau mā Ono o te Komiti Arotake Mate Pēpi, Mate Whaea Hoki | Te Tāhū Hauora Health Quality & Safety Commission

[18] CRC/C/NZL/CO/6 para 39. The UN's Concluding Observations to Aotearoa New Zealand | Mana Mokopuna

[19] He Tamariki Kokoti Tau-Tackling Preterm: a data-linkage methodology to explore the clinical care pathway in preterm deliveries - PMC

[20] Ibid

[21] Barriers to equitable maternal health in Aotearoa New Zealand: an integrative review

[22] The association between maternal and partner experienced racial discrimination and prenatal perceived stress, prenatal and postnatal depression: findings from the growing up in New Zealand cohort study

[23] WAI2575 Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry

26. The provision of ngā tikanga katoa rite tahi in Article 3 of Te Tiriti is expressed as equitable outcomes and the Crown has an obligation to ensure that equity is achieved for Māori, including in perinatal care. The Crown must address disparities in maternal care by eliminating discrimination and improving access to culturally-safe care.

27. Article 4 of Te Tiriti emphasises the provision of freedom of Māori spiritual practices and religion. Therefore, spiritual practices of wāhine Māori must be respected within the healthcare system. This includes supporting rongoa Māori and ensuring healthcare settings allow for the involvement of whānau and the practice of tikanga Māori during pregnancy and childbirth. Wāhine Māori should have access to services that align with their spiritual beliefs, and Māori-led providers should be well-resourced to ensure wāhine Māori have access to their choice of perinatal care.

When mātua thrive, so do mokopuna

> *"If the parents are good then the kids are good."*
>
> (Mokopuna, *Understanding the life-course journey*, 2024)[24]

28. Whether welcoming the first pēpē or adding to a growing whānau, this time is marked by transformation and often requires additional support. The way we support mātua and whānau during these formative years lays the foundation for a lifetime of flourishing. We particularly highlight the additional layers of holistic, wraparound support that is often beneficial for mātua taiohi (young parents).

29. Research shows that maternal mental health disorders are prevalent in Aotearoa New Zealand, and it is estimated that 12–18% of New Zealand women will develop depression, anxiety or other mental health issues during the perinatal period.[25] The effects on children can be profound, leading to emotional and behavioural challenges that may persist into adulthood.[26]

30. Analysis of GUiNZ data has found strong associations between lifetime and past year experiences of racial discrimination on mother's mental health. Māori, Pacific, and Asian women who had experienced unfair treatment by a health professional in their lifetime were **66% more likely to suffer from postnatal depression**, compared to women who did not report these experiences.[27] This study also highlighted that mothers of Pacific descent had the highest rates of prenatal and postnatal depression, and the highest levels of prenatal stress.[28]

31. Inequities in maternal health are systemically ingrained in our system, for instance, there is a significantly higher maternal mortality rate among wāhine Māori (26.3/100,000 maternities) and Pacific women (23.8/100,000 maternities) compared to New Zealand European women (13.5/100,000 maternities).[29]

32. Post-pregnancy, poor mental health can disrupt the nurturing bonds between parents and pēpē, and in some cases, increase the risk of whānau violence. Infants who have a parent with depression are more likely to have poor developmental, health and educational outcomes, and develop long-term behavioural problems.[30]

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[24] Ibid

[25] Maternal Mental Health Service Provision in New Zealand: Stocktake of district health board services

[26] How Maternal Nutritional and Mental Health Affects Child Health During Pregnancy: A Narrative Review - PMC

[27] The association between maternal and partner experienced racial discrimination and prenatal perceived stress, prenatal and postnatal depression: findings from the growing up in New Zealand cohort study

[28] Ibid, refer to Table 1, page 5.

[29] Barriers to equitable maternal health in Aotearoa New Zealand: an integrative review

[30] Maternal Mental Health Service Provision in New Zealand: Stocktake of district health board services

33. It is also important to consider mātua taiohi and the intersectional impacts for young mātua Māori, who are navigating stereotypes of being both young and Māori.[31] We heard from some mātua taiohi that cycles of abuse and poverty were part of their upbringing. They talked about wanting to break away from these cycles but often found it hard.[32]

34. Mana Mokopuna, therefore, advocates for equitable maternity outcomes and experiences which are whānau-centred, culturally responsive, community-based and accessible, so we can pave the way for generations of mokopuna to grow into their fullest potential – grounded in nurturing and care, belonging and connection, and the strength of their whakapapa.kopuna have told us about the importance of getting help early.

> *"You need to get in early, as soon as you see people struggling."*
>
> (Mokopuna, *Understanding the life-course journey*, 2024)[33]

35. In 2024, Mana Mokopuna engaged with mokopuna across the motu to understand what matters most to them across different ages and stages of their lives. This included understanding from mokopuna what they think is important and most needed so that mokopuna thrive in their first 2,000 days. Throughout our engagements, mokopuna emphasised the need for more accessible support and services for struggling families as early as possible, including help to develop parenting skills, and more support with finances, mental health issues, violence, and addiction.

36. Mokopuna overwhelmingly talked about the importance of love, care, and attention from parents and caregivers and a supportive, safe environment to grow up in, especially when reflecting on the needs and priorities of 0–4-year-olds.[34]

37. They recognised that learning starts with babies in terms of their physical growth and development and also highlighted the importance of loving, caring and supportive environments to help them thrive, particularly during the early years.[35]

38. They also recognise that their whānau unit needs to be well in order for the children to be well. Many mokopuna talked about the stress and pressures their parents are under, and how they want parents to be able to be the best parents they can be.[36]

39. Mokopuna recognised the particular age and stage of babies and toddlers, and the inherent vulnerabilities involved in this stage of childhood. Mokopuna highlighted this is the case especially if mokopuna are being raised by mātua and others who may not have the ability or skills to understand them and help them develop. They emphasised the need for more accessible support and services for struggling families as early as possible, including more support with finances, mental health issues, violence, and addiction. [37]

> *"I believe that parents that struggle with stress, relationship and money problems should get more support financially and more guidance. Reason being parents struggle with financial emotional and relationship problems eventually generate an unhealthy environment for any child within the environment."*
>
> (Mokopuna, *Understanding the life-course journey*, 2024)[38]

[31] Ware, F., Breheny, M., & Forster, M. MANA MĀTUA.

[32] What Makes a Good Life for Young Parents? | Mana Mokopuna

[33] You need to get in early - voices report | Mana Mokopuna

[34] Ibid

[35] Ibid

[36] What makes a good life?

[37] Ibid

[38] You need to get in early - voices report | Mana Mokopuna

Conclusion and recommendations

40. Mana Mokopuna supports the intent behind the Bill and considers that the option for 72 hours of post-natal care will contribute to a strong start in life for some families and whānau.

41. In addition, we strongly recommend that a comprehensive approach is taken to ensuring all whānau and mātua can access birthing and perinatal supports that work for them and that there is continuity of care and support. This will contribute to upholding children's rights under the Children's Convention and Te Tiriti o Waitangi.

42. We recommend prioritising the provision of appropriate perinatal care for mothers and infants in order for the State of New Zealand to meet its commitments under the Children's Convention, and foster healthy family-child relationships, especially between a child and their mother. In addition to the proposed legislative change in the Bill, further Government commitment and investment is needed to ensure, based on current clinical evidence of birthing experiences and outcomes, that wherever a pēpē is born, they and their whānau experience:

    a. an integrated, children's-rights based approach that includes interventions that impact directly and indirectly on a parents' ability to support their baby to thrive

    b. adequately resourced and funded prenatal and post-natal maternal care services, including workforce development

    c. equitable maternity outcomes and experiences, through the provision of perinatal services which are whānau-centred, culturally responsive, community-based and accessible

    d. for mokopuna Māori, iwi-led health and maternal services that are grounded in mātauranga Māori, and respect Māori practices and tikanga in maternal healthcare.

43. To continue to strengthen mokopuna well-being in the first 2,000 days, we advocate for increased supports for mokopuna, their whānau and their communities in early childhood to address inequities and ensure the foundations for lifelong development are further established and built on.