

Perinatal mental wellbeing

"If the parents are good then the kids are good."

Mokopuna¹

All māmā and mokopuna have a right to accessible and equitable perinatal mental health services. More must be done to provide these services, reduce child poverty, and invest in parenting supports.

Perinatal mental wellbeing,² encompassing both mental and physical health during pregnancy and after childbirth, is a critical determinant of outcomes for parents and their mokopuna (children and young people). Perinatal mental wellbeing directly influences early brain development, emotional resilience, and the parent-child bond. Conversely, unrecognised and untreated perinatal mental health concerns like depression and anxiety can have harmful and lasting impacts for parents, mokopuna, and the whole whānau (family).

Maternal³ mental wellbeing directly influences early brain development, emotional resilience, and the parent-child bond. Getting things right for mokopuna in the first 2000 days is crucial for a strong start in life for all mokopuna, and the connection with maternal mental wellbeing is significant.

Not enough attention is being given to policies and investments focusing on perinatal mental wellbeing in Aotearoa New Zealand. Suicide is the leading cause of death for pregnant women and new mothers. Wāhine Māori (Māori women) are significantly overrepresented in maternal suicide. Pacific women have the highest rates of antenatal depression in Aotearoa New Zealand compared to women from other ethnic groups. Mātua taiohi (young parents), especially those who are care experienced or whaikaha (disabled) are also vulnerable when they are not adequately supported. These situations are preventable.

Addressing perinatal mental health challenges requires a holistic response, including expanding access to culturally responsive mental health services, strengthening whānau-based support, and embedding early intervention across maternity and perinatal care. Targeted interventions, such as kaupapa Māori approaches, Pacific perinatal mental wellbeing support, social support networks, and specialist perinatal mental health services are necessary to improve outcomes for mothers and break cycles of intergenerational disadvantage. It will help ensure that all mokopuna in Aotearoa New Zealand have the strongest start in life.

Our calls to action

We want to see all whānau thriving in Aotearoa New Zealand, equipped to provide the nurturing, supportive environments that all pēpi rightfully deserve. The Government's commitment to improving perinatal mental wellbeing under its Child and Youth Strategy 2025-27 provides a significant opportunity to improve outcomes for mokopuna and their whānau. We want to see this commitment made real.

We support the recommendations of the United Nations Committee on the rights of the Child,⁴ and the advocacy of a range of experts, including mokopuna themselves,⁵ in calling on all of government to:

- **Strengthen investment in perinatal mental health to ensure comprehensive services.** This includes fully funding perinatal services such as rongoā (traditional Māori healing practices), counselling, and other therapies; expanding specialist perinatal mental health teams; providing targeted resourcing to kaupapa Māori perinatal services and Pacific Peoples' perinatal services; and ensuring place-based, whānau-focused wraparound services such as Whānau Ora are supported to meet the needs of their communities.
- **Ensure participation and engagement from young māmā and mātua taiohi** so that their rights, needs, and recommendations from their lived experience are visible and reflected within policy development, planning and funding decisions.
- **Address systemic inequities and equity of access for all birthing parents and whānau.** This includes fully funded care and increasing the numbers of local services in response to identified gaps. It also includes universal screening and other proactive methods to ensure perinatal distress does not go unnoticed and unsupported, ensuring equitable access to education to enable informed decision making around things like parental leave entitlements, available treatment and care, and recognition of the related needs of the whole whānau where needed.
- **Identify and invest in efforts that address the structural drivers of poor perinatal mental health,** such as poverty and discrimination, and barriers to accessing perinatal mental health services. Invest in initiatives that are preventative and strengthen the protective factors enabling perinatal wellbeing, such as whānau connection, parenting support.
- **Normalise kōrero (conversations) around perinatal mental health.** Ensure these efforts are informed and developed alongside the populations most impacted by these drivers, so initiatives are responsive to the needs and experiences of these communities. In particular, engage with Māori and to ensure that Te Tiriti o Waitangi obligations are met across these investments. Alongside this, ensure a strong focus on supporting these conversations and supports are accessible for Pacific mothers and families.
- **Increase early and accessible mental health support for mothers and whānau.** Strengthen early intervention by integrating perinatal mental health screening into routine maternity and postnatal care, ensuring all birthing parents, particularly those at higher risk, receive proactive support. Expand community-based initiatives that provide peer support, parenting programmes, and social connection opportunities.
- **Enhance workforce capacity and training.** Invest in workforce development to build specialist perinatal mental health expertise across the maternity, primary care, and social service sectors. Provide mandatory training in perinatal mental health for midwives, GPs, nurses, and social workers, with a focus on recognising and responding to perinatal distress early.
- **Ensure financial and social supports for families in the first 2,000 days.** Strengthen economic and social policies that reduce factors contributing to poor perinatal mental health, including expanding paid parental leave, increasing income support for low-income families, and ensuring affordable housing and childcare

options. Provide targeted funding and parenting support for young mothers, sole parents, and those facing multiple disadvantages.

What mokopuna say

Mokopuna overwhelmingly identify parent and whānau wellbeing as intrinsic to their own. Throughout our engagements with mokopuna in recent years, mokopuna have stressed the importance of feeling loved, nurtured, and supported by their whānau.

"[What matters most is] parents and a safe environment, love, care, nurturing, feeling loved."

Mokopuna⁶

"What matters most to me is my family."

Mokopuna⁷

"Babies need caring and supporting environments to grow up in."

Mokopuna⁸

"Family safety and protecting children, because I value the safety of my siblings and family."

Mokopuna⁹

Mokopuna have described the harmful impacts when problems within their whānau persist, sharing their experiences of parents struggling with addiction and poor mental health.

"How my family operates – instead of confronting problems and trying new ways, they bottle things up and rely on drugs and alcohol. I didn't want that in my life."

Mātua taiohi¹⁰

"Support for families /parents who are struggling with mental health and drugs."

Mokopuna¹¹

Mokopuna have been quick to identify structural barriers such as poverty and discrimination as exacerbating these problems.

"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."

Mokopuna¹²

Mātua taiohi (young parents) highlight the interdependency of having the essentials, such as a warm healthy home, alongside access to the perinatal health and parenting services.

"My mum's friend let me stay at her place with my baby until I was old enough to get accommodation. It was good being in a healthy space, clean and warm. It modelled what life might be like and woke me up as to how things could be better."

Mātua taiohi¹³

"Had 2-3 post-partum visits and then they just dropped off. Lucky I've got friends, but that lack of support was the biggest struggle."

Mātua taiohi¹⁴

Endnotes

¹ Mana Mokopuna (2024). ["You need to get in early as soon as you see people struggling": Understanding the life course journey.](#)

engagement for the child and youth strategy review.

² Perinatal health refers to the physical, mental, and emotional wellbeing of individuals during pregnancy and approximately a year after childbirth (See [PADA - Perinatal Anxiety & Depression Aotearoa](#) for more information about this).

³ While this paper is focused on maternal mental health – i.e. the main caregiver and birthing and breast-feeding parent, we mean this label to be inclusive of all primary caregivers including non-binary and trans people and non-birthing primary caregivers where it is relevant.

⁴ [General comment No. 7 \(2005\): Implementing Child Rights in Early Childhood](#) (para 10, 20 and 27)

⁵ [Āhurutia Te Rito | It takes a village: project outcomes - The Helen Clark Foundation](#); ["You need to get in early, as soon as you see people struggling" Understanding the life-course journey.](#) Mana Mokopuna November 2024 engagement for the child and youth strategy review.

⁶ Mana Mokopuna (2024). ["You need to get in early as soon as you see people struggling": Understanding the life course journey.](#)

⁷ ibid

⁸ ibid

⁹ ibid

¹⁰ Kōrero with māmā taiohi during engagements for Mana Mokopuna (2024). ["You need to get in early as soon as you see people struggling": Understanding the life course journey.](#)

¹¹ Mana Mokopuna (2024). ["You need to get in early as soon as you see people struggling": Understanding the life course journey.](#)

¹² ibid

¹³ Kōrero with māmā taiohi during engagements for Mana Mokopuna (2024). ["You need to get in early as soon as you see people struggling": Understanding the life course journey.](#)

¹⁴ ibid