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

A submission by Whānau Āwhina Plunket

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Introduction

Whānau Āwhina Plunket is the largest provider of health and wellbeing support services to tamariki under five and their whānau in Aotearoa New Zealand. We see three-quarters of all new babies across Aotearoa New Zealand, including nearly six out of ten Māori pēpi. We have been supporting pēpi, tamariki and their whānau for 117 years.

This submission is guided by our vision: Setting the path of wellness in our communities for the early years, for generations to come. Our vision is underpinned by our strategic goals: Pae ora (Healthy futures); Mauri ora (Healthy babies and children); Whānau ora (Healthy confident families); Wai ora (Healthy environments and connected communities) and our equity goal (all our services are delivered equitably by 2025).

We welcome the opportunity to engage on the proposed Pae Ora (Healthy Futures) (3 Day Postnatal Stay) Amendment Bill ('the Bill').

Key points

- The first 2000 days has a lifelong impact. It is important to provide appropriate support to all whānau throughout the duration of this period. For some whānau, this support may include a longer postnatal stay.
- We support the Bill; however, we have some concerns regarding the implementation of the Bill in the current stretched maternity system.
- We recommend considering how both infrastructure and workforce capacity can be developed to support successful implementation of the Bill.
- A stocktake of postnatal facilities may be required to help ensure equitable access across the country to postnatal care.
- We use the terms "mother", "women", and "maternal" as these are the terms predominantly used in literature and reports. However, we acknowledge that not all people who are pregnant or give birth identify as female.

Section A: Providing appropriate support for whānau

1. When the Bill was first introduced as a Members Bill in 2022, the context was different. Since 2022 there have been closures of primary birthing units across the country. This has limited the options available for birthing and postnatal care for whānau in some localities. Research shows that low risk women who birth in primary birthing units and their babies have better outcomes than those who birth in secondary or tertiary hospitals (Farry et al., 2019).

2. In New Zealand, hospitals are funded for a 48-hour postnatal stay for a normal vaginal birth, and five days for a caesarean section. Women are usually encouraged to leave within these time frames; however, there is no legal reason a mother and baby could not stay longer if they were experiencing complications or difficulties (Maternity Services Consumer Council, 2025).

3. In 2021, the average length of hospital stay in New Zealand after a birth without complications was 2.1 days. Average stays across OECD countries varied from 1.4 days (Mexico) to 4.4 days (Latvia) (OECD, 2025).

4. In New Zealand, over 90% of women have a midwife as their Lead Maternity Carer (LMC). Midwives provide care to whānau during pregnancy, birth, and until six weeks postnatal (Midwifery Council, 2025). This includes postnatal home visits.

5. Around half of New Zealand's midwives work primarily as core midwives, providing care to mothers and babies in a hospital setting (Midwifery Council, 2024). There is a current shortage of midwives across the country.

6. There is no evidence to support a standard minimum postnatal stay that benefits mother and baby (The World Health Organization, 2022). In absence of this, the World Health Organization ('WHO') recommends that mother and baby stay in the health facility for at least 24 hours after a complication free vaginal birth to allow time for any post birth health interventions (WHO, 2022). However, in New Zealand, postnatal care is delivered up until six weeks by the Lead Maternity Carer, not just in the birthing facility.

7. This is not the first time that there has been action taken to increase the postnatal stay for new mothers in New Zealand. The 2009 Government budget provided extra funding over four years for new mothers to stay in postnatal facilities beyond the standard 48 hours (New Zealand Government, 2009). This funding ended in 2013.

8. The results of the extra postnatal stay funding from 2009 to 2013 varied across the country. Ten of the 20 District Health Boards reported an increase in postnatal hospital stay length, with an average increase of three hours and 24 minutes (Vance, 2013).

9. The first 2000 days is one of the three key priorities in the Child Youth Strategy 2024-2027 (New Zealand Government, 2024). Evidence shows that the first 2000 days of life has permanent impacts and that interventions provided during this period provide a high rate of social investment return.

10. The wellbeing of the pēpi cannot be separated from the wellbeing of the whānau. Adequate support post birth can help new mothers adjust to parenting and establish breastfeeding (James & Sweet, 2020). We acknowledge that the support needed looks different for every whānau and every birth and that there is no one size fits all solution.

11. Plunket acknowledges breastfeeding as the optimal nutrition for infants, and promotes breastfeeding for all whānau. This is in line with the WHO's recommendation of exclusive breastfeeding until six months, and continued breastfeeding to two years and beyond (WHO, 2025).

Section B: Our feedback on the Bill

We support the Bill but have concerns regarding having the workforce required for implementation

12. Our maternity system is under strain, and resources are finite. Some new mothers have a clinical need for inpatient postnatal care, and it is important that scarce resources are prioritised to mothers with the greatest clinical need to ensure they receive adequate care.

13. We are concerned about having sufficient midwifery workforce capacity to support the implementation of the Bill. As of 2024 there was a midwifery shortage across the sector equivalent to 680 FTE (Health New Zealand, 2024).

14. Initiatives to increase retention of trainee midwives must be continued. New Zealand has a high attrition rate, and due to the unique midwifery care and training model here, it is difficult for overseas midwives to practice in New Zealand (Health New Zealand, 2024). Therefore, the focus must be on continuing to grow our own midwifery workforce.

15. Like the health workforce in general, the midwifery workforce is not representative of the growing diversity of the New Zealand population. Having a health workforce that is representative of the population can help address biases in health service delivery that can lead to inequitable outcomes (Crampton et al., 2023).

16. Initiatives to increase Māori, Pacific and Asian midwives must be continued. Māori and Asian people are the fastest growing ethnic groups, each making up 17% of the population (Stats NZ, 2023). However, only 9% of midwives are Māori, and 5% are Asian (Midwifery Council, 2024). There is a similar imbalance of Pacific midwives, with 9% of the population Pacific people; however, only 2% of midwives are Pacific midwives.

17. The imbalance of Māori midwives and the Māori population must be viewed in the context of te Tiriti o Waitangi. While we need more midwives in general, there must be specific effort to retain and grow the Māori midwifery workforce, with a goal to improve care for whānau Māori, and to work towards achieving equitable health outcomes.

Information must be appropriate for all whānau

18. We recommend offering information in a variety of languages and mediums to meet the needs of a diverse population (de Bonnaire et al., 2023).

19. Resources should be developed in partnership with whānau to ensure they are suitable. The Maternity Satisfaction Report (2023) recommends that all information provided to whānau is fit for purpose in content, form, channel, and look and feel.

We are concerned about having the infrastructure to support the implementation of the Bill

20. We are concerned about having adequate maternity facilities across all localities as required in the Bill. Not all whānau have access to primary birthing units in their locality for birthing and/or postnatal stay, and the number of postnatal beds in hospitals varies.

21. We recommend undertaking a 'stocktake' of maternity facilities across the country. This would help identify localities that may not meet the requirements of maternity facilities under the Bill and provide opportunity to take steps to ensure that whānau have equitable access to postnatal facilities, including primary birthing units, across all localities.

We recommend considering the Bill in the context of the wider maternity and early years system

22. We support a continued focus on the first 2000 days as specified as a priority in the Child and Youth Strategy 2024-2027 (New Zealand Government, 2024). However, we are concerned that the large amount of change in the health system will mean that achieving the vision of a more aligned and efficient maternity and early years system may be delayed or not achieved.

23. We recommend considering how the breastfeeding support provided can be improved after the immediate postnatal period. Provision of ongoing support post discharge is important for breastfeeding establishment and sustainability (James & Sweet, 2020). Approximately 80% of babies are exclusively breastfed at discharge from postnatal stay; however, by six weeks this rate has dropped to approximately 50% (National Infant Feeding Alliance, 2024).

24. The Bill presents an opportunity to consider how Well Child and maternity services could work in a more integrated way to provide earlier engagement from Well Child with whānau who need greater support.

Conclusion

Whānau Āwhina Plunket welcomes the opportunity to provide a submission on the Pae Ora (Healthy Futures) (3 Day Postnatal Stay) Amendment Bill. We support the Bill. The first 2000 days has a lifelong impact, and we welcome initiatives that provide more support to new whānau.

We do have some concerns regarding the implementation of the Bill in the current stretched maternity system. We recommend considering how infrastructure and workforce can be developed to support successful implementation of the Bill.

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