



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

Ko wai mātou?

E Tipu E Rea (ETER) is the health/ social health service for Ngāti Pāoa Iwi Trust. We support mātua taiohi (young parents) and their pēpi (babies) during the critical first 2,000 days of life, through comprehensive, wrap around tautoko (support) that includes employment and education/training support, midwifery and Well Child/Tamariki Ora (WCTO) services, childhood immunisations, tūpuna parenting programmes, rongoā (eg. hapūtanga wānanga, mirimiri), nurse practitioner clinics for whānau health, social work, transitional housing and other housing support. We work to the belief that mātua taiohi are to be celebrated not only for who they are now but also for the rangatira they will become for their iwi, hapū, whānau and communities. What differentiates us is a comprehensive approach that combines on-the-ground services with high-level policy and advocacy efforts to address the systemic challenges we encounter in service delivery.

Our Position on the Bill

1. We acknowledge the Government's stance on using evidence to guide decision making on post-natal care within the healthcare system. Our position on this Bill has been formed through current research, lived experiences of whānau in our service, and service insights to help guide the Government in their decision making.
2. We note the stated aim is addressing the needs of women who have just given birth to access their choice of post-natal care for a minimum of 72 hours if desired. This aligns with our kaupapa of fostering mana motuhake and self determination within mātua taiohi and hapū māmā whereby they can make informed decisions about the type of care they receive from our service throughout hapūtanga (pregnancy/post partum).
3. We view this proposed minimum three days post partum care as a step in the right direction. It recognises the importance of allowing necessary time for both physical recovery and emotional support for māmā and pēpi during the critical early days. This position is informed by our experience as a service provider, where we see the negative consequences for whānau when essential health assessments — including comprehensive mental health support, care that addresses social determinants, and breastfeeding assistance — are not sufficiently provided.



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Limitations of Bill

4. We align with the position of other Māori and maternity health providers in that a 72-hour postnatal stay, on its own, will not address the systemic inequities faced by māmā and pēpi.
 - a. Policy should prioritise investment in the first 2,000 days, as this is when we see the most significant and lasting change, beyond the initial 72 hours post-birth. For example, our service continues to witness the immense financial, social, and health benefits from investing in mātua taiohi to move into stable housing, training or higher education, and find meaningful work. We've also seen how exposure to ahurea Māori—like learning te reo Māori or attending hapū wānanga—has significant health benefits. These experiences help strengthen whānau ties, boost confidence within a community that faces ongoing stigma and discrimination, and improve overall wellbeing. When social determinants are addressed and mātua taiohi and tamariki are grounded in their whakapapa, they are more likely to become future rangatira for their whānau and community.
 - b. We draw on the astronomical statistics highlighted by other advocacy rōpū like Hine Ki te Wheiao, whereby wāhine Māori continue to experience the highest rates of maternal mental health challenges and suicide within the perinatal period in Aotearoa, and this urgently needs to be addressed.

Access issues to choice of post partum care

5. We are concerned that this Bill does not adequately address [the many barriers preventing](#) all wāhine Māori from accessing their choice of stay postnatally, particularly given the underfunding and inaccessibility of maternity care services across Aotearoa. This Bill must ensure that equitable, best-practice care is provided to whānau, regardless of birth location—whether at home, on ancestral whenua, in rural or urban areas, or in clinical settings.
 - a. We note the [current protest regarding maternity services at Whakatāne Hospital](#) shifting to primary birthing care and the proposal for high-risk pregnancies to be referred to Tauranga Hospital. We see how in the first 72 hours post birth, this could impact whānau in the Bay of Plenty, especially those who face barriers due to distance and ability to birth on ancestral whenua. We support the notion for policies that ensure equitable access to culturally safe, locally accessible maternity services for all whānau, ensuring they have the choice and support to birth within their own communities without unnecessary travel or compromise to cultural practices.
6. We fully advocate for whānau Māori to have access to quality postpartum care following a home birth or birth on ancestral whenua. Postpartum care should be embedded



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within home birth, which must be a valid and accessible option for wāhine Māori in the maternity care system, provided they are safe and healthy.

a. We have seen how home birthing can provide cultural safety, strengthen whānau connections, and promote better mental and emotional well-being for māmā, pāpā and wider whānau. Kōrero from our colleagues in Māori midwifery suggest home birthing can also support a smoother recovery and reduce stress. While our service is not resourced to provide home birth options, we do have significant feedback from whānau that this is what they would prefer.

b. Well Child Tamariki Ora services delivered at home as they help address barriers like transportation and accessibility, and this is reflected in [current literature](#) showing that in general, women are shown to prefer in home care.

Culturally safe, affirmative care i roto i te hapūtanga

7. We support an inclusion to this Bill that would also allow partners and/or wider whānau to stay with māmā and pēpi in primary and secondary care units for the full 72 hours.

a. Many māmā within our service report choosing to leave hospital early because their partners are not allowed to stay with them. This creates unnecessary isolation and stress at a crucial time for bonding and recovery.

b. Research has shown that having consistent support from partners and whānau during the early postnatal period can positively impact the mental health of māmā and promote the development of the connection between mātua and pēpi.

c. E Tipu E Rea kaiwhakawhanau (midwife), Donae Weller, states: “A few of our māmā are wanting to stay postnatally on the ward after delivery, however many of them choose not to because their partners cannot stay, and with shared rooms, a male is not allowed to stay when in hospital.”

8. We support the notion that, if this Bill is passed, our practices should not merely be accommodated, but centred and celebrated in all care options during the first 72 hours. Many māmā in our service report feeling uncomfortable or whakamā in clinical environments



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that do not respect or accommodate our unique cultural values during hapūtanga. This means developing policy that sustains self-determination and mana motuhake within our whānau, such as upskilling staff in Māori cultural practices like oriori, karakia, waiata, and whānau involvement into postnatal care.

- a. Both tūpuna birthing and parenting, should be seen as normal, and indented within the maternal health care as an option for māmā Māori, to continue to uphold their mana and wairua.
- b. Midwife, Donae Weller, states: “A māmā in my care had her pēpi in hospital, and even though she was offered a room, she wanted to go home straight after giving birth, as she felt she was not respected culturally and felt whakamā to bring her traditional birthing practices into the clinical environment”.

Expanding Access to Kaupapa Māori Postnatal Care spaces

9. There is an urgent need to increase access to Kaupapa Māori postnatal care facilities, especially for those who prefer non-hospital environments. This would require government funding to ensure that birthing centres can accommodate postnatal stay for all māmā, not just those who birthed there. Many whānau report preferring non-clinical environments for postnatal recovery, but lack of funding and restrictions on eligibility limit their options.

- a. Midwife Donae Weller, states, “some of my māmā do not like the hospital environment, so prefer to go home as there is no other option. For instance, Nga Hau birthing centre is not open for postnatal stays unless the māmā herself has birthed there, they do not receive government funding so 99% of the time wāhine cannot go to Nga Hau postnatally.”
- b. Returning birthing to marae has been shown to offer whānau Māori a supportive, culturally affirming space to birth. For example, in the heart of Manurewa, based at Manurera marae, Hine Ki Te Wheiao member and Māori midwife Aroha Harris, [has established a whare kōhanga](#) (birthing space) for māmā Māori and their whānau to birth their pēpi, and stay for as long as they desire within their postnatal care. With the support of qualified Māori midwives, whānau are taken care of not only for the birth of their pēpi, but they are able to cook kai, sleep, tamariki are able to play outside in a fully fenced, secure backyard, and be in a space where they can have their traditional birthing practices welcomed. This inviting space is open as soon as the māmā begins her hapūtanga journey. Aroha has expressed how “safe and secure māmā, their tāne, and extended whānau feel once they step into the whare and are able to be Māori, and birth how their tūpuna once did”.



Māori Maternal Mental Health care post- birth

10. Given the severe mental health inequities faced by Māori mothers and birthing parents, the proposed 72-hour post-birth care period coupled with the standard 6 week midwifery care would be insufficient to address their needs. We draw on the recommendations from the recent publication *Whāia te iti Kahurangi: Seeking perinatal mental health equity—Māori offer solutions for the health system* (Meredith, McKerchar, Haitana, & Pitama, 2024), which highlights key actions to address maternal mental health inequities. According to Māori mothers and birthing parents, these focus on access to services and treatment, workforce, communication, and education.

11. Māori maternal mental health collective, Hine ki te Wheiao are addressing the needs of māmā Māori through hearing their lived experiences, and working alongside researchers, Māori midwives, and other clinical professionals to front the systemic cultural misconduct within the healthcare system and to inform tangata whaiora of their rights when seeking care for maternal mental health tautoko.

12. This kaupapa was also formed as the 16th annual perinatal and maternal mortality review committee report revealed more staggering statistics about the inequities Māori mothers face within the health system. Some of the key findings of the recent report show that:

- a. [Māori and Pacific peoples have over twice the rate of maternal mortality compared to the group with the lowest rate \(European\).](#)
- b. Ethnicity, deprivation and age inequities persist across perinatal and maternal mortality - there are worse outcomes for babies with Indian, Māori and Pacific mothers compared with Pākehā mothers;
- c. The overall annual perinatal mortality rate has not significantly decreased from 2007-2021

13. We recommend that the Pae Ora Bill includes provisions for the inclusion of Māori-led advocacy groups like Hine Ki te Wheiao in the development and implementation of postnatal care services. Their expertise, grounded in lived experience of māmā Māori, would help ensure that Māori mothers' mental health needs are better prioritised in the first 72 hours, with a focus on addressing the [systemic inequities that contribute to the disproportionately high rates of maternal mental health distress](#) and suicide among wāhine Māori.



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Conclusion

14. This submission draws attention to some of our experiences working with hapū māmā and mātua taiohi and acknowledging their own experiences within the current post-natal care system that is available.

15. E Tipu E Rea advocates for more culturally inclusive maternal healthcare and breaking down the barriers that whānau Māori face in accessing appropriate care during hapūtanga, so that they do feel comfortable in staying for the desired 72 hour period within a hospital or birthing centre after giving birth to their pēpi.