

10 Feb 2024

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

Te Kāhui Mātai Arotamariki o Aotearoa | The Paediatric Society of New Zealand (PSNZ) appreciates the opportunity to provide feedback on the **Pae Ora (Healthy Futures) (3 Day Postnatal Stay) Amendment Bill**. We acknowledge the bill's intent to strengthen postnatal care by ensuring mothers have the option of a minimum 72-hour inpatient stay. However, while this policy could improve maternal and newborn health outcomes, its implementation raises concerns regarding healthcare resourcing, infrastructure constraints, and potential unintended consequences for neonatal services. Without appropriate investment in staffing, facilities, and postnatal support services, this well-intended initiative may place additional strain on an already stretched maternity/perinatal system.

Potential benefits of a 72-hour postnatal stay

Extending the minimum postnatal stay to 72 hours may provide benefits in key areas of maternal and infant health. Establishing and maintaining breastfeeding is a significant challenge for many new mothers, and a longer inpatient stay could provide vital support through access to additional lactation support staff, reducing the risk of neonatal readmissions due to poor feeding. The extended stay may also enhance maternal confidence, particularly for first-time mothers, by ensuring they receive the necessary education and support before transitioning home. Additionally, making it mandatory for Lead Maternity Carers to inform mothers of their entitlements ensures that postnatal care decisions are made with full awareness of available options, helping families plan their birth and postpartum experience more effectively.

Challenges in implementation

Despite the potential benefits, there are significant challenges associated with implementing a 72-hour postnatal stay. Secondary and tertiary maternity services already transfer to primary units mother/infant dyads who have lower complexity needs. Additional primary facility and staffing will be required in many regions which already face capacity constraints, and increasing inpatient stays without expanding resources may exacerbate bed shortages. The bill requires **Health New Zealand to ensure sufficient maternity facilities are available**. However, without additional investment, this obligation may lead to resource reallocation rather than actual system improvement. A key concern is that neonatal

“Tamariki in Aotearoa flourish in health and wellness”

transitional care (TC) spaces could be reduced if more postnatal beds are required for longer stays, potentially impacting the care of vulnerable newborns. Furthermore, funding clarity is crucial—if the necessary funding is not **new** but rather diverted from existing maternal and neonatal services, it may create unintended negative consequences elsewhere in the system.

Workforce and support services considerations

Extending postnatal stays must be accompanied by an investment in staffing and specialist support services. Currently, postnatal care is predominantly midwife-led, but in many hospitals, there is a growing reliance on nurses who may have less experience in lactation support. **Expanding access to lactation consultants** will be critical to ensuring that longer stays achieve the intended breastfeeding benefits. Additionally, many primary birthing units lack dedicated social workers, despite the fact that some mothers, particularly those facing social or mental health challenges, require additional support in the immediate postpartum period. Relying on peer support in the first three days postpartum is not appropriate as a replacement for professional clinical and social services.

Ensuring a flexible and needs-based approach

While the bill sets a clear entitlement to 72 hours of inpatient care, rigid time-based policies do not necessarily result in better outcomes. Instead of a blanket approach, a more flexible, **needs-based model** would allow postnatal stays to be tailored to individual circumstances. For some mothers, a shorter stay may be appropriate, while others—such as those with breastfeeding difficulties, mental health concerns, or complex social situations—may benefit from extended inpatient care. Ensuring that this flexibility is embedded in the policy will prevent unnecessary hospital stays while prioritising support where it is most needed.

Recommendations

To maximise the benefits of this policy while mitigating potential risks, we strongly recommend the following:

1. **Secure new funding** for infrastructure, staffing, and support services to ensure the policy does not lead to the reallocation of existing maternal and neonatal healthcare resources.
2. **Expand lactation consultant availability** to ensure effective breastfeeding support for mothers staying beyond 48 hours.
3. **Protect neonatal transitional care (TC) spaces** from being compromised by increased postnatal ward occupancy.
4. **Strengthen primary birthing unit support**, ensuring they have sufficient staffing, social work services, and midwifery-led lactation support.
5. **Embed flexibility into the 72-hour entitlement**, allowing postnatal stays to be tailored to individual needs rather than rigidly applied as a set timeframe.

“Tamariki in Aotearoa flourish in health and wellness”

PSNZ supports initiatives that enhance maternal and neonatal wellbeing, and we recognise the intent of this bill to improve postnatal care. However, its success depends on **adequate resourcing, workforce investment, and a needs-based implementation approach**. Without additional funding, the policy risks straining an already burdened maternity system and could unintentionally compromise neonatal and paediatric services.

Ngā mihi nui,

Associate Professor Nicola Austin, University of Otago, Neonatal Paediatrician (Waitaha/Christchurch Women's Hospital), Chair of NZCYCN Governance Group

Professor Malcolm Battin, University Auckland, Neonatal Paediatrician (Starship/Auckland City Hospital), Chair of the NZCYCN Newborn Clinical Network