Submission – Early Years Strategy 2023

I commend you on your attention to the importance of these early years for the health and wellbeing of infants and children, while noting attention to these early years provide the best outcomes for the nation.

The health and wellbeing of infants is critically connected to the health and wellbeing of their mothers beginning from conception and up into the second or third year after birth. This submission outlines some of the issues raised for women during this time that necessarily has an impact on outcomes for infants and children.

Women 'trying to do it all

In this early 21st century from the age of twenty-five to fifty-four just over eighty percent of women are either engaged in the workforce full-time, part-time or casual, or are in education. This age range coincides with the years in which women are also pregnant, giving birth, or bringing up children, and thus the phrase most commonly used in this regard is that women are 'trying to do it all'.

It is a no-brainer that infants and children will not prosper if their mothers suffer ill-health as a consequence of poor birth practices. Approximately thirty percent of women today are traumatised as a consequent of poor birth practices in Australia.

Only eight to ten percent of women can access the evidence based best practice of midwifery led care for their birth. The cascade of interventions too often lead to a caesarean birth which leaves women to manage the consequence of a major surgery while at the same time managing the intense care requirements of a small baby. These are concerns that need to be recognised and responded to in regard to the best outcomes for the early years of infants and children. But further to these above-mentioned concerns, there are difficulties that arise for women and their families as a consequence of the Transition to Parenthood.

Transition to Parenthood

My doctoral program brought together an international body of research on the Transition to Parenthood, which is said to begin during pregnancy and into the second year after birth, which includes indicators, very much like those said to be part of matrescence. These are:

- Changes to relationships (partner, friends and family)
- Changes to life course
- Changes to sense of self
- Negotiating housework and
- what I called 'finding a line between self and baby' (the mother baby relationship)

A significant body of research both qualitative and quantitative showed:

- issues related to identify for women as new mothers.
- High levels of anxiety and depression;
- High levels of marital dissatisfaction and
- A spike in domestic violence during pregnancy and when there are small children in the house;

Issues such as these would necessarily take a different form depending on the communities:

- migrant and refugee women
- disabled women
- certainly, indigenous women and their families
- young women
- women with health concerns, trauma from sexual abuse, and addictions

These are pressures that are being exacerbated by financial concerns and more recently enhanced during COVID lockdowns. This the spectrum in which our primary health care system is working.

Yet, the current government emphasis on subsidies for childcare and reform of the aged and childcare systems, all well and good in themselves, again misses out on this time of vulnerability for women.

Family support or privatized services

The neoliberal policy framework brought in during the '90s has led to an increasing number of privatized services, so if women are lucky enough:

- to have family support or
- they have the finances to pay for services such as private practice midwives, doulas, nannies, cleaners and
- they can afford to take time out of the workforce.

maybe they can make these transitions work for them.

Operators such as Elly Taylor, Sophie Brock, and Amy Taylor Kabbaz have managed to sustain online training for practitioners, psychologists or social workers who are working with women and their families, on these kind of transition issues, or the 'What were we Thinking' program offered by Monash University, along with multiple psychologists and social workers. Though access will rely on an ability to pay and importantly the time and access concerns such as transport. Or otherwise, women will be reliant on their own resources and if lucky they will tap into a meagre array of publicly available services for counselling or family support that is generally available only to the most-needy.

Postnatal care

After consultations from across the country and in 2019 the Federal government report – *Woman Centred Care* – included the principle that:

> women have access to mental health information, assessment, support and treatment from conception until 12 months after birth.

I understand there is some pushback from within the professions to the expansion of these services but it seems to me that this could provide opportunities for graduates of the courses I've mentioned and other such programs to work with women and their families across Australia.

There are multiple aspects to pregnancy and birth that include:

Economic - cultural - emotional - social - psychological and spiritual

Pregnancy and birth are events of social and cultural significance that have been highly medicalized and therefore all of these above-mentioned aspects of maternity care are currently most often neglected.

It is good to see that the Federal Government has recently made moves to develop national guidelines for postnatal care.

The World Health Organisation Guidelines on Maternal and Newborn Postnatal Care – published in 2022 is a two-hundred-and-fifty-page report that cites concerns to be monitored for the mother including:

> bleeding, incontinence, bowel function, wound healing, headache, fatigue, back pain, perinatal pain and healing, uterine cramping, constipation, haemorrhoids, breast pain and mastitis – conditions many will know something about.

Along with concerns to be monitored for baby that are equally significant, that I won't enumerate here, but we all know about common issues with sleep, feeding, and colic.

On issues related to the TtoP or Matrescence - the WHO findings from the review suggest that the postnatal phase:

> is a period of significant transition characterized by changes in self-identity, the redefinition of relationships, and alterations to sexual behaviour as women adjust to their new normal.

Here is a nod to changes to life course - managing a work-life balance - negotiating housework – and the mother-baby relationship.

The report continued:

Exploring what women want from postnatal care indicates that women want to adapt to their new self-identity and they want to adjust to changes in their intimate and family relationships, including their relationship to their baby.

The report recognised that the figure for perinatal depression remains consistent around ten to fifteen percent in high income countries though it is noted that less than twenty percent of affected women report these concerns to health workers. And furthermore, it is well documented that women struggle with extended periods of tiredness or exhaustion during the transition to motherhood. WHO stated that:

> For first-time mothers in particular, these feelings may be exacerbated by anxieties and insecurities about their new role and their ability to adapt to an idealized perception of a so-called good mother.

Yet sadly, the focus of the guideline was on essential postnatal care and therefore, the recommendation for postnatal care contact remained …. a minimum of four postnatal care contacts up to six weeks after the birth.

Concluding comments

Pregnancy and birth are significant bodily experiences that can't be compared with the implications and recovery from operations or chronic illness.

Pregnancy and birth may require medical treatment but at the end of the day there is an extremely vulnerable infant who requires care and in order to provide for that care mothers, fathers and families need to adjust, and these are concerns that can, and I believe, should be recognised and responded to by our health care system.

Close to fifty percent of the female population have access to no more than the current universal eighteen weeks (and later this year proposed to be twenty-six weeks) paid parental leave. This change would move us from third from the bottom and closer to the average in the ranking of forty-five OECD countries for paid leave, but at the minimum wage - far behind the average weekly earnings during this time - which is closer to seventy percent of weekly earnings throughout OECD countries.

Thus, over recent years there are increasing numbers of women returning to the workforce six months or even six weeks after the birth.

There is currently a lack of recognition of the effect of pregnancy and birth on women economically, on their health and wellbeing, on their life course, but importantly in this case on outcomes for infants and children.

If infants and children were to be given an optimal beginning to life these consequences need to be recognised and responded to.

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