



New Zealand House of Representatives
Te Whare Māngai o Aotearoa

Health Committee

Komiti Whiriwhiri Take Hauora

54th Parliament

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

37—1

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

Recommendation

The Health Committee has examined the Pae Ora (Healthy Futures) (3 Day Postnatal Stay) Amendment Bill and recommends that it be passed without amendment.

About the bill

This is a Member's bill in the name of Catherine Wedd. It seeks to allow mothers extra time in funded postnatal care if they wish, as a way to improve outcomes for mothers, newborn babies, and their families. This bill would amend the Pae Ora (Healthy Futures) Act 2022 so that women who have given birth are entitled to a minimum of 72 hours of inpatient postnatal care, with provision for longer if needed.

The bill would make it mandatory for mothers to be advised of their postnatal care choices by their lead maternity carer. It would also require Health New Zealand—Te Whatu Ora to ensure that maternity facilities in each locality are able to provide 72 hours of inpatient postnatal care.

Legislative scrutiny

As part of our consideration of the bill, we have examined its consistency with principles of legislative quality. We have no issues regarding the legislation's design to bring to the attention of the House.

Issues raised by submitters

Most submitters supported the bill. Some of them supported the intent of the bill but suggested alternative methods for achieving its purpose.

Submitters who supported the bill said that extending postnatal stays would give new parents more time to rest and recover, improve the wellbeing of mothers and babies, and help parents to feel more confident. They suggested that it would allow early detection of health issues and access to professional support. These submitters also suggested that the bill could contribute to equity by enabling better access to care for rural, low-income, and first-time parents. Some health organisations advocated adding flexibility to the 72-hour entitlement to allow postnatal stays to be tailored to specific individual needs.

Submitters who opposed the bill argued that there is no clear evidence that a 72-hour inpatient postnatal stay improves outcomes for mothers and newborns. Those submitters said that women can already stay longer in hospital after a birth if there is clinical need. They highlighted research supporting continuity of community-based midwifery care and observed that existing midwifery care in New Zealand includes postnatal care for up to six weeks following discharge from an inpatient setting.

Some submitters argued that the bill's changes could deepen existing inequities, and cause "bed block", where people at lower risk occupy beds that could be used by those with higher needs. Submitters told us that mothers who are already well resourced may be able to advocate for the 72-hours entitlement, while women with higher social deprivation might receive less care. Some of us consider that the bill introduces a baseline entitlement to 72 hours of inpatient postnatal care, which may move the system away from one based on clinical judgement. We are concerned that this could limit flexibility and hinder the ability to prioritise those with greater health or social needs.

Submitters who opposed the bill also suggested that it does not account for separation of women from their families, and that cultural and language differences for parents from ethnic communities might lessen the benefits of remaining in hospital.

We were advised that the operational cost for the 175 additional beds needed to manage the increased demand for inpatient care could be between \$31.9 million and \$38.3 million (assuming 100 percent demand). The capital cost to add capacity to the network would be over \$100 million. As not all mothers will use the 72-hour entitlement, we consider that the overall cost will be lower. Submitters opposed to the bill suggested that, without adequate additional investment, its changes could worsen current capacity constraints in the maternity care system and could cause unintended harm.

Some submitters suggested that the bill's language be expanded to include bereaved parents and all those who may give birth, rather than referencing only women and mothers. These submitters recommended that those who experience late pregnancy loss and stillbirth should also have the option of accessing the 72-hours entitlement. Other submitters said that it was important to recognise the diverse identities of those who may give birth. In particular, they were concerned that transgender men or genderfluid individuals may be denied access to the entitlements the bill seeks to introduce.

Our conclusion

We wish to thank submitters for their time. The majority of submitters were in favour of the bill. However, we note that many submitters, regardless of their stance, agreed that a 72-hour stay alone will not solve broader issues in the maternity sector. They sought wider reforms, including resourcing, alongside any change to postnatal care entitlements.

Appendix

Committee procedure

The Pae Ora (Healthy Futures) (3 Day Postnatal Stay) Amendment Bill was referred to the committee on 17 December 2024. We called for submissions with a closing date of 17 February 2025. We received and considered submissions from 123 interested groups and individuals, and heard oral evidence from 20 submitters.

We received advice on the bill from the Ministry of Health. The Office of the Clerk provided advice on the bill's legislative quality. The Parliamentary Counsel Office was available to assist with legal drafting.

Committee members

Sam Uffindell (Chairperson)
Dr Hamish Campbell
Dr Carlos Cheung
Ingrid Leary
Cameron Luxton
Hūhana Lyndon
Jenny Marcroft
Debbie Ngarewa-Packer
Hon Dr Ayesha Verrall

Related resources

The documents that we received as advice and evidence are available on the [Parliament website](#).