

Mai te whai-ao ki te ao mārama

Coming into the light – Mothers’
experiences of distress and wellbeing
during pregnancy and the first year of
motherhood

July 2020

Prepared for Te Hiringa Hauora/Health Promotion Agency by:

Innovation Unit

ISBN: 978-0-478-44997-6

Citation: Innovation Unit. (2019). Mai te whai-ao ki te ao mārama: Coming into the light – Mothers' experiences of distress and wellbeing during pregnancy and the first year of motherhood. Wellington: Te Hiringa Hauora/Health Promotion Agency.

The document is available at: www.hpa.org.nz/programme/mental-health

Any queries regarding this report should be directed to Te Hiringa Hauora/Health Promotion Agency at the following address:

Te Hiringa Hauora/Health Promotion Agency

PO Box 2142

Wellington 6140

New Zealand

www.hpa.org.nz

enquiries@hpa.org.nz

NZBN 9429041905333

July 2020

Commissioning contact's comments

Te Hiringa Hauora commissioned Innovation Unit to undertake a rapid social innovation project to build understanding about how it might contribute to improving the social, emotional and mental wellbeing of mothers in Aotearoa. This included interviewing a small number of women.

This report provides insights from a small group of women with lived experience of mental distress. Interviews were undertaken with 17 mothers whose ages ranged from 18 to 40+. Eight lived in the Far North, six in Wellington, and one each in Whangarei, Rotorua and Fielding. The report aims to provide insights on some experiences of maternal mental health to inform Te Hiringa Hauora work. The report does not attempt to capture or understand the full range of potential experiences of mothers living with mental distress.

Acknowledgements

We would like to thank the māmā who shared their stories with us.

Copyright

The copyright owner of this publication is Te Hiringa Hauora. Te Hiringa Hauora permits the reproduction of material from this publication without prior notification, provided that fair representation is made of the material and Te Hiringa Hauora is acknowledged as the source.

Disclaimer

This research has been carried out by an independent party under contract to HPA. The views, observations and analysis expressed in this report are those of the authors and are not to be attributed to HPA.

This report has not been peer reviewed.

MAI TE WHAI-AO KI TE AO MĀRAMA

Coming into the light; Mothers' experiences of distress and wellbeing during pregnancy and the first year of motherhood

August 2019

Ko te wāhine te kaitiaki o te whare tangata

Women are the guardians of the house of humanity;
guardians of the past, present and future generations

This report explores the findings of a rapid social innovation project commissioned by the Health Promotion Agency/Te Hiringa Hauora (HPA), and led by Rachel Knight (Ngāi Tahu) from Innovation Unit. HPA's mission is to lead and support health promotion initiatives to encourage healthy lifestyles, prevent disease, illness and injury, and reduce personal, social and economic harm. Innovation Unit is a not-for-profit social enterprise that works to develop new solutions for social issues and create impact at scale.

.....
Thank you to the mana wāhine who shared their taonga with us. Your deeply personal and powerful experiences, whakaaro, and mātauranga will help whānau, communities, and the health sector to work towards better supporting other mums through what can be a beautiful - and incredibly challenging - time.

Thank you also to all the people in Aotearoa who are supporting mums and whānau in many different ways, and for making the time to connect us to incredible wāhine in your communities.
.....

TRIGGER WARNING

This report contains quotes from women describing their experiences of childbirth, mental distress, and other traumatic experiences in their lives. While we believe it is important to stay true to their experiences, some of the content may be distressing for some people.

If you would like to talk to someone, please contact:

- Free call or text 1737 to speak to a trained counsellor, for any reason (24/7)
- Depression Helpline: 0800 111 757 (24/7)
- Suicide Crisis Helpline: 0508 828 865 (24/7)
- Lifeline: 0800 543 354
- Samaritans: 0800 726 666 (24/7)
- If it is an emergency and you feel like you or someone else is at risk, call 111.



Contents

- 4 Karanga**
Why change is urgently needed, and the opportunities presented in this kaupapa
- 5 Definitions, methods, outputs**
Key terms, how we did the research, and what we created to share what we learnt
- 8 Key insights**
The most important things that we learnt, and opportunities to address in co-design
- 16 Becoming a māmā**
A process map describing the stages, stress factors, enablers and barriers for mums to feel well during the perinatal period
- 18 Mums' experiences of distress**
A visual metaphor describing mothers' experiences of distress, and their advice to other mums
- 20 Help-seeking enablers & barriers**
A process map describing the stages of mental distress, enablers and barriers for mums to seek help
- 23 Ki te Ao Mārama**
An overview of all of the different things that helped mums feel well, process their experience, and heal
- 24 Wāhine Māori māmā personas**
Snapshots into three diverse groups of mums and their different experiences of early motherhood
- 28 Next steps**
- 30 Te Reo Māori Glossary**
- 31 References**

Karanga

Mothers' mental wellbeing during the perinatal period is a significant public health concern

Ten to twenty percent of women will develop some form of mental distress during their pregnancy or within the first year after having a baby^{1,4,13} and, if these issues are left untreated, they can have a devastating impact on mothers, their pēpi and their whānau. Mothers' mental distress has been shown to compromise the emotional, cognitive and even physical development of their pēpi, with serious long-term consequences.¹

The good news is that, with the right support as well as improving their social and physical environments, women and their families can recover.¹

The Health Promotion Agency | Te Hiringa Hauora (HPA) embarked on a journey to understand how it might contribute to improving the social, emotional and mental wellbeing of mothers in Aotearoa. To support them on this journey, they worked with the Innovation Unit, a not for profit social enterprise that works to develop new solutions for social issues and create impact at scale.

We started our journey by listening to the stories of mothers who have lived experience of mental health difficulties during pregnancy and the first year after their baby has been born. This report is a reflection of the stories we heard and will become the foundation for considering what we can contribute to supporting mothers and their whānau during this significant period of change.

1 in 5 expecting or new mothers will experience mental distress⁴

Almost half of mothers won't seek help due to fear of having their child taken away⁵

Of those who seek help, **2/3** experience delayed diagnosis and treatment⁶

New Zealand's rate of maternal suicide is **7x** that of the UK³

57% of those who died by suicide in pregnancy or within 6 weeks after birth are wāhine Māori³

Key definitions

Mental distress

For the purpose of this research, our broad definition of mental distress during the perinatal period included (but was not limited to) feeling stressed and overwhelmed, feeling that you can't cope, feeling down or low mood, strong feelings of guilt, antenatal/postnatal depression or anxiety, bipolar disorder, generalised anxiety and post-traumatic stress disorder, phobias and social phobias, eating disorders, postpartum psychosis, panic disorder, and obsessive compulsive disorder. Participants did not have to have a diagnosis by a health professional.

Perinatal period

For the purpose of this research, our focus was on the perinatal period which includes becoming pregnant, and up to the baby being 1 year old.

Conception



Pregnancy



Birth



1 year



Perinatal

Antenatal

**Postnatal,
Postpartum**



Methods

Discovery questions

To define the scope of what we wanted to understand, we created the following four key questions to guide our discovery process:

1. *What mental wellbeing information and support is available in New Zealand for mothers in the perinatal period?*
2. *What are Māori mothers' perceptions, behaviours and experiences of mental wellbeing or distress during the perinatal period?*
3. *What are the barriers and enablers for Māori mothers to seek mental wellbeing help during the perinatal period?*
4. *How is this audience best reached?*

Environmental scan

The HPA conducted an environmental scan to understand what mental distress information and support is available in New Zealand for mothers in the perinatal period.

Innovation Unit then synthesised this into a first-draft process map of enablers and barriers through the perinatal period. These findings informed our focus audience and contributed to the final insights. A full reference list can be found on page 31.

Conversations with wāhine

To bring the voices of those with lived experience, we spoke with 17 mothers across Aotearoa. The conversations were held in their homes, work places, in local cafes, over the phone/video chat, or Messenger, and usually took about 90 minutes. Participants were acknowledged for sharing their time, whakaaro and knowledge, through koha and kai.

To ensure we heard a range of perspectives, we spoke with mothers of any age (ranged from 18-40+), with diverse experiences of mental distress - including non-diagnosed through to more severe experiences including psychosis. Of all these mothers, eight lived in the Far North, one in Whangarei, one in Rotorua, one in Fielding, and six in Wellington.

We also attended a hapū wānanga in Kawakawa where we spent time with mums, hapū wāhine and whānau to learn about kaupapa Māori approaches, values and concepts around the birthing experience.

Key insights

Becoming a mother amplifies existing anxieties, stress, and past trauma

In line with similar research into parenting in South Auckland⁷ and Australia⁸, mothers told us that the intense experiences of birth and the following adjustment period often amplifies any existing stress or mental distress they were already experiencing, and can unearth previous undealt with grief and trauma.

Mothers were often also having to cope with other significant life changes during this time and told us that while support specifically for mental health can be helpful, it doesn't alleviate the load of day-to-day stresses. Stress factors included:

- sleep deprivation
- responsibility of raising/caring for a baby
- running a household and/or caring for others
- relationship breakdown with their partner, whānau, friends
- abusive relationships
- financial changes or low income
- isolation (of many kinds - see page 11)
- poor health of self, child, or a loved one
- death of a loved one
- recovery from traumatic birth experience
- job/study changes or pressure
- poor housing or change in housing situation

Some mothers told us that the stressful things happening in their lives were not picked up as potential red flags for their mental health by health professionals, and some mums said that even they didn't realise the significance of what they had to cope with until long after.

"Support for mental health is great - but it doesn't take away from the day-to-day stresses. I still have to eat, have a shower..."

"I'd just broken up with my partner, but the midwives didn't even try to put two and two together."

"Te Whare Tapa Whā (holistic wellbeing) is so true but it's not until something tragic happens in life that you start to take it seriously."



Assumptions - from self and others - stop mums from asking for or accepting help

The mothers we spoke with described many different assumptions made by themselves about parenting and coping with distress, as well as assumptions from whānau, friends, partners, and health professionals which got in the way of them asking for help, or accepting help when it was offered. These included:

Assumptions from self:

- Parenting will be natural for me as wāhine Māori
- Wāhine Māori are strong
- I can cope on my own, I don't need help
- I've had a baby before, so I'll be fine
- Things don't need to change
- It's important to show I'm coping, regardless of how I really feel
- Others can see/know what I'm going through

Assumptions from others:

- If their baby is ok, then mums should be too
- Mums can articulate what they're experiencing and what support they need
- Being Māori is a strong part of Māori mothers' identities
- Second-time mothers should know what they're doing
- Mums are honest (to themselves and me) when they answer my questions
- Mums know what is normal and what isn't
- about mothers' contexts, experiences, and preferences

"I had this assumption that Māori should innately know how to raise children. I thought it would be easy - natural - but in reality I felt like I was fumbling through parenting."

"We often depict mums as strong Māori women, but actually many feel broken inside."

"I told her (Midwife) that I was crying every day and she was surprised. I assumed she must already know."

"They asked if I had ever heard voices and I said no. It wasn't until a few weeks later after talking to my friend that I realised that I'd always heard voices, but they're just like nonsense background noise. I had always assumed everyone else heard that too."

"My aunties told me that I was doing a good job and just needed to be happier. But just because the baby is fine doesn't mean I am."

"My husband asked 'are you ok?' I felt lost. I didn't know how to explain what I was thinking and feeling, when I didn't even understand it myself."

Reliable support people are key, but who that is can be different for everyone

Mums told us that the things that helped or got in the way of them feeling better or getting support were often to do with the quality of relationships they had with their support people - both informal (partner, father of child, whānau, friends) and formal (GP, midwife, nurses, health specialists, hospital staff etc).

Mums told us that the most important supports were:

- practical; such as help around the home including cooking, cleaning and laundry, and childcare so that they had time/space for self-care
- emotional; finding the right person to talk to, so that they felt acknowledged, listened to, and reassured.

Who this was varied significantly between mothers.

Relationship:	Experience:	
	+	-
Partner	"Without a supportive husband, I wouldn't be here today."	"I had a very controlling partner. He didn't let me see friends, family, or social service help."
Parents	"My mum taught me not to take no for an answer."	"Mum said that it was embarrassing, that I didn't need help."
Siblings	"My sister took a lot of the logistical work away from me."	"I'm not in touch with my brothers."
Wider whānau	"My partner's family is amazing and have been overpowering us with love."	"My partner's family was unhelpful - they just told us that we were doing it wrong."
Friends	"His grandmother experienced mental distress, so he was really understanding."	"My friends didn't really know how to react, or talk about it."
Midwife	"My midwife was great - she knew what I was going through."	"My first midwife was too laid back - as a first-time mum I needed clarity and reassurance."
Hospital staff	"There were some amazing women in there who helped me through a lot."	"I felt judged by the hospital staff, but this was my first baby - how was I supposed to know what to do!?"
Plunket nurse	"The Plunket nurses came at the perfect time - as a young mum I really appreciated the reassurance."	"The Plunket nurse was horrible, and made me feel like shit. She assumed there was abuse in our relationship."
Wellchild nurse	"She was the first person to ask how I was, instead of the baby."	"She was too vague for my first baby. I needed clear answers."



Loneliness can have many faces

Many of the mothers who we talked to had experienced some kind of loneliness and isolation throughout pregnancy and the year following the birth of their pēpi. However, what that isolation looked like varied significantly.

Surprisingly, a mother could be surrounded by whānau and friends who supported her in the practical side of parenting, but she may still have felt lonely if her support people didn't know about - or accept - her feelings of distress. Mothers also experienced multiple types of isolation at once.

Below are some of the different ways mothers felt isolated, and what they said can help.

"When you're at home alone with your baby you have a lot of time to mull stuff over, and wallow in your despair...I want to stay home, it's the best for baby, but it's such a lonely, lonely space. It shouldn't be like that - it's troubling because home is the foundation of raising a child."

No one is supporting me

Due to:

- stigma, shame, discrimination
- broken relationships with child's father, family, friends
- partner/father of child is controlling
- lack of child-friendly community spaces to leave the house (e.g. gyms, cafes).

"I had no help from anyone - I was in survival mode."

"At the time I needed people the most, I had no one."

What can help:

- Whanaungatanga - building healthy relationships
- Access to formal support (such as one hour per week practical help)
- Friendly, welcoming, child-friendly spaces
- Trusting those who might want to help
- Attending community programmes to connect with others

I have some support but it's hard when they leave

Due to:

- family live somewhere else, or have other responsibilities
- partner having to work
- breakup with partner
- father of child not around.

"It was our first baby, but my partner had to go to the tangi, and Mum couldn't always stay because she had to look after my sick grandmother. It was very very lonely."

"My parents came to visit every now and then but couldn't stay as they had to work."

What can help:

- Finding reliable support person (e.g. friend, sibling, parent) who can provide practical support
- Flexible work arrangements for partners

They don't know - or understand - what I'm going through

Due to:

- I haven't admitted to myself that I'm not coping
- I haven't told them I'm not coping
- I don't want to make a fuss
- They haven't accepted that I'm not coping
- I can't find someone like me who has been through this before.

"My aunties told me that I was fine, and just needed to be happier."

What can help:

- Self acceptance
- Acknowledgement and validation from others
- Finding a trusted person to talk to, and/or someone with a similar experience
- Knowledge that this can happen, what it feels like, and what to do

I can't get the formal support I need

Due to:

- not knowing what support is available
- lack of support for mild to moderate conditions
- long wait times
- siloed support
- can't afford or get to support (access)
- fear of formal support.

"They said I wasn't 'bad enough' to qualify for anything."

What can help:

- Knowledge of support options pre-birth
- Recommendation from trusted relationship
- Support to find/navigate formal help
- Different channels for support (e.g. text, call)
- Financial support from work
- Awareness of kaupapa Māori support available

Mums can be deeply afraid of formal support services and spaces

Mums tend to turn to their existing informal relationships for support first - their whānau, friends, partner etc - and only turn to formal support (such as midwives, GPs, nurses, crisis teams) as a last resort if they're not getting the support they need. However, mothers' fear of their child being taken away drove some wāhine to wait until they feared for their child's safety before they asked for or accepted formal help. This is consistent with other research including a recent UK-based survey that showed that almost half (46%) of mothers wouldn't seek help due to the fear that health professionals would deem them incapable of being a parent.⁵

Additionally, almost all of the mothers we spoke with had negative or traumatic experiences in hospital relating to the birth of their child, yet this was the place they were expected to go when they needed intensive mental distress support.

"I was terrified of failing in front of people, and them questioning my ability to be a mum."

"I go to counselling when I'm at peak distress and need someone to help me see through the fog."

"My GP said I could do counselling, or go to the mother-baby unit at Hospital. I'd do anything for my baby, but I really did not want to go back to that hospital."

"Don't put mums in mental health wards. I needed people to look after me, to help me sleep, relax, eat - but not having my baby involved meant I missed out on that early bonding time."



The invisible line between what is and isn't normal means mums don't know when to ask for help

Many mums that we spoke with explained their frustration at not knowing how to tell when their distress was normal for having a child (e.g. baby blues), and when it crossed the line to them needing to prioritise their wellbeing or get some support.

This often prolonged the length of time it took for mothers to accept that they weren't coping, which was seen as the trigger to reach out for help (see page 20). When some mothers did seek formal support, many were told that their mental distress was not severe enough to qualify for funded support. This created further doubt for mums about when they should seek help, and push to be prioritised.

Mothers wanted earlier access to assessments including signs to look for, advice, and options for where to get help.

"No-one quantifies what normal means...I wanted a score - to know if I'm OK or not."

"When I rang the depression helpline I was really nervous. They said 'oh honey, you need to talk to your GP about that.' But all I wanted to know was what was normal."

"I fought myself for two years, telling myself that I will be fine, instead of just accepting that I didn't feel good."

"Having a good cry - I couldn't tell if it was hormones, post-natal depression, grief, or a combination of all of them?"

"I don't know what is normal, what isn't, and when to push if you're worse than average and should be a priority."



Seeking formal support can fundamentally challenge mothers' identity as Māori

For some mothers, becoming hapū was as strong motivation to try and mend an inherited disconnection from Te Ao Māori for their pēpi (e.g. through exploring their whakapapa, learning Te Reo Māori).

However, when it came to getting pregnancy care and/or mental distress support, some mothers felt further torn between two worlds.

This included:

- fear of stigma and discrimination for being a Māori mother (particularly young Māori mothers)
- feeling isolated as Māori in pākeha-centric support groups and health services
- not feeling like they 'fit' in kaupapa Māori services, OR mainstream services
- lack of cultural competency from health practitioners
- not being aware of, or able to access kaupapa Māori support (such as Māori midwives)
- feeling stigmatised by whānau who don't agree with them seeking health support
- being treated differently once someone knows they have Māori whakapapa.

Additionally, this tension became apparent for mums later in their parenting journey when making key decisions for their child (e.g Kohanga Reo or mainstream education), or navigating different parenting expectations with their partner.

“The same people you rely on for support can be the same people who make you question yourself - as Māori, should I seek help? Mum said we're a prominent family in the community, that it was embarrassing, that I didn't need help, that I was fine...When I called the Healthline for advice about the baby, she would get angry and ask why I was looking for a second opinion other than her own.”

“Mum protected us from Māori culture and language because in her time it was frowned upon to be Māori...So when it came to getting help now, I didn't feel like I fit with kaupapa Māori or mainstream services. I was torn about where to put myself.”

“They said it was all in my imagination...that we all have an imagination when we're a kid, but that some of us don't grow out of it. But when they saw on my file that I was Māori, they completely changed their tune, saying that that some Māori people hear voices, spirits, that's it's fine and normal.”

“I was the only Māori in the group. It was very pākeha-centric.”

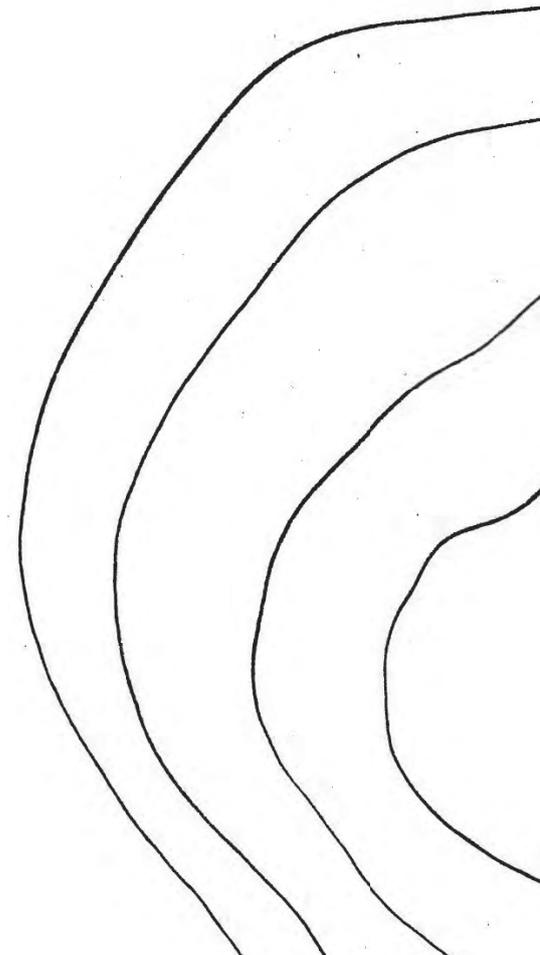
“When my friend went through a similar experience I found some awesome kaupapa Māori support at the local marae - I wished I'd known about it earlier for myself.”

Becoming a mum and mental wellbeing

A 2016 report from The Southern Initiative⁷ likened the experience of becoming a parent to 'two waves'; leading up to the birth, and then returning home - with mums feeling particularly under-prepared for the second wave.

It also described an 'undertow' of stressful life factors including coping with mental distress. Similarly, the mothers we spoke with talked about the journey of becoming a mother and the stress and mental distress which was part of that experience. What was particularly important was how their experience with each baby could be significantly different, although previous experiences and/or better understanding of mental distress helped some mothers to learn how to better prepare for and ride the waves with their later children.

The 'undertow' of mental distress can happen at any time during the pregnancy, birth, and adjustment period, and can be different for each child a mother has. Each stage can take any amount of time, and is not necessarily linear. For example, some mothers will go straight from acceptance to processing and healing, without reaching out to any kind of support, and some mothers may go through different stages multiple times.



Becoming a māmā

This page describes mothers' experiences of becoming a mum, including key stress factors in their lives, and what helped or hindered them from feeling good throughout this journey.

Key

Enablers What helped mums to feel good

Stress factors Other things going on that contributed to distress

Barriers What got in the way of mums feeling good



Prior experiences

Early exposure to culturally-relevant mātauranga that acknowledges and empowers their mana as wāhine Māori (e.g. around sexual health, breastfeeding etc)⁹

Distress including:

- death/near death of a loved one
- moving/isolation
- alcohol/drug abuse (or witnessing of)
- bullying/stigma/racism
- attempted suicide
- isolation

"I was the only Māori in a white school, so I've always felt different."

"I've felt the heaviness of depression most of my life. My first experience was when I was 11 when my grandfather died."

Trauma including:

- abusive home environment
- sexual assault/abuse (personal experience and/or of loved one)

"In a six month period, my step-dad raped my sister, two of my brothers were molested by my cousin, my brother got cancer, and I was raped by my grandfather and family friend."

Family history of distress both diagnosed or undiagnosed

"Mum's been on meds for a long time. She hasn't dealt with the trauma she's been through."

"There's schizophrenia in my family history - but not diagnosed."



Conception

Positive reaction and support from whānau
"In our whānau pregnancy isn't bad. Whether you're 16, 36, or 46, it's celebrated the same way."

Feeling excited, prepared
"I was excited about becoming a mum."

Healthy lifestyle including exercise and reducing alcohol intake¹⁰

Challenges getting pregnant
"Every month of not getting pregnant was a let-down; I beat myself up."

Pressure to keep baby
"I considered abortion, but I was discouraged by my whānau...I didn't feel ready to have a baby but my mum pushed me into it."

Single mother or unplanned pregnancy stigma
"My auntie's friend said 'It's such a shame you got pregnant and aren't with your boyfriend anymore.'"

Dissatisfaction with pregnancy

Rejection from baby's father, family, friends
"He told everyone that I'd raped him, which was completely untrue - we'd been sleeping together for months. It was so stressful and embarrassing."



Pregnancy

Trusting midwife relationship
"My midwife was great - she knew what I was going through."

Spirituality/positive mindset
"I had such a strong spiritual connection to my (late) grandmother. Every day of my pregnancy, she was close to me. That was huge for my mental health, I felt powerful."

Culturally relevant support e.g. Māori midwives, culturally competent workforce⁴, use of holistic kaupapa Māori wellbeing approaches⁹

Lack of clarity of what to expect in pregnancy and reassurance around what is normal

Parenting anxieties
"I didn't know how to manage work and becoming a mum. I was scared and anxious."

"The closer we got to the birth, the less excited he got."

Difficult, complicated pregnancy
"I started losing proteins, and had a high blood pressure, so had to spend a lot of time in hospital."

"I was in pain for 35 weeks, but couldn't take pain killers because of the pregnancy - I remember just crying in the bath thinking that I can't do this anymore. My husband felt helpless."

"I was bedridden and could only eat bananas, pāua and chocolate chips. I lost 15 kg."



Pregnancy continued

! Misconception

Miscarriage

"I was scared the baby might die - I lost the last one to food poisoning."

Lack of preparation period

"I was still teaching overseas, and because I was pregnant and unmarried I had to keep it a secret from everyone...I didn't realise the enormity of it at the time, but it completely took away from my adjustment period."

Abuse

"I was abused by my partner through the entire pregnancy 4-5 times per week, and even during the labour."

Unhealthy coping mechanisms

"I drank with my boyfriend to relax."

✗ Misconception

Strong focus on physical over mental wellbeing

"The antenatal classes were a joke. We spent two whole sessions on creating a birth plan, and my birth was absolutely nothing like it. We didn't spend any time on what happens post-birth, or anything on mental health."

Lacking or poor relationship with midwife

"I had two midwives. I had a better relationship with one, but it was hard to build a relationship with either."

Stigma of single, younger, Māori mothers

"The antenatal classes were embarrassing without a partner. There were lots of other places too - daycare, catching up with friends. You feel a bit incomplete."

Lacking early information on perinatal mental health²

Birth & recovery

✓ Positive experience

Feeling well looked after

"The emergency caesarean was like a Formula 1 pit-stop - a well oiled machine. I trusted every person in the room, and felt safe, like nothing could go wrong."

Having a strong advocate

"My midwife stuck up for me and gave the doctors an earful for not informing me and getting consent."

! Misconception

Complicated, distressing, traumatic birth including:

- significantly different from expectations
- emergency caesarean
- mother and/or baby health complications
- fear for self and/or baby
- death of baby

"When the drugs wore off I woke up, and I was all alone. It was so scary. No baby, no husband, no mum."

"I woke up in bed, in a pool of my own blood. If my husband hadn't have woken me up then I would have died....during the birth I had a third degree rip, and it took six months of operations to reconstruct me down there."

✗ Misconception

Poor hospital experience including:

- feeling rushed out
- feeling judged or unkindly treated
- contradicting advice
- poor communication
- stigma with formula feeding over breastfeeding

"The nurses were quite cold and blunt."



Going home & adjusting

✓ Positive experience

Reassurance and positive feedback from whānau or professionals

"It's great to have people who make you feel at ease. I felt so much better knowing I wasn't doing anything wrong."

- Promoting wellbeing not just looking at/for problems
- Having a reliable support person e.g. partner, parent, sibling, friend
- Strong maternal role models, inter-generational whānau support for birth, pregnancy, motherhood-related support^{9,12}
- Positive, consistent and nurturing male influence⁹

! Misconception

Recovery from surgery

"When the Plunket nurse visited I heard a knock and bent down to pick up the baby and defecated myself."

Adjusting to responsibility

"I was still learning how to be a grown up."

Child/baby health complications

"Her allergies were so severe that we couldn't really leave the home at all."

Toxic stress made up of multiple factors

"No job, no rental, a sick 1 year old, and pregnant, with hubby away all working hours. It was chaos."

- Baby temperament
- Breastfeeding challenges
- Financial stresses
- Change of job
- Missing work
- Un-supportive work/boss

! Misconception

Negotiating parenting roles

"I can't clean the house, cook dinner, and look after the baby. We need to do this together."

Un-supportive/absent father

"He dropped me at home, and never came back."

Poor health/death of loved one

"I had to push back the grief, and it snowballed from there."

Poor housing environment including:

- cold/damp/unhealthy
- instability and moving house

"Home was messy and gross - there were mushrooms growing out of the carpet - and it added to my anxiety thinking that it was making the baby sick."

Lack of reassurance and positive feedback from whānau or professionals

- Relationship breakup
- Difficult relationship with whānau
- No practical help
- Isolation of any form (see page 11)

✗ Misconception

Lacking early focus on mum's mental wellbeing

"Breaking up with someone is a massive thing, but no questions were asked by the nurses. Just how big the baby's head was."

"My midwife didn't ask enough about me mentally on the day. She waited until the six week mark."

Limited, inconsistent, insufficient visit screening by Plunket/Wellchild⁴

Mums' experiences of distress

Becoming a mother and experiencing mental distress can feel like navigating a stormy sea; from calm waters, to choppy waves and losing control, going under and feeling completely overwhelmed, before coming back up for air and into a calmer space. For some mums, it also meant hitting "rock bottom" or "peak distress" if they didn't get acknowledgement and support when they asked for it.

This page describes mothers' experiences of these stages of distress, and their advice to other mums for ways to weather the storm and navigate the ups and downs of early motherhood.

Key

Stage of distress

"Stories from wāhine about what distress felt like"

Advice from wāhine based on their experiences

Increased feelings of distress

"We didn't realise what we were in for... I had no idea about anything."

"I felt like I was failing as a mother. That I was doing it wrong, that something was wrong with me."

"Make time for yourself. Hold onto something you love, and prioritise all areas of your wellbeing."

"Know yourself. Listen to your intuition, and try to be aware of your mental state even if you're stuck."

Acceptance that I'm not coping

"I was quick to anger at work, stuff that I was normally able to cope with I wasn't coping with at all. I was crying a lot and withdrew from all my friends."

"Acknowledge how you feel. It's ok to be sad, angry. Accept right now that you're not ok, and it's going to get better."

Process, heal, manage

"Knowledge is power - we've been through this before and we know it's going to get better."

"I feel like I'm coming up for air - like I can finally breathe."

"Share your story and connect with others. It's hard to do, but so worth it. You are not alone."

Reach out to family, friends

"My parents are supportive of me no matter what, no questions asked. The problem is though that they really don't ask, about anything, ever."

"Be honest with yourself and others. Don't feel like you have to say the 'right' thing. Lying won't do you any favours."

Seek/accept and access formal support

"I was afraid of support - teachers, social workers, police, so didn't communicate with them. But the less I communicated the more concerned they were."

"You're not actually in crisis so we can't do anything for you."

"Trust the people trying to support you. Build healthy relationships and prioritise whanaungatanga."

"Don't take no for an answer. Ask what they can do for you."

Peak distress

"I spiralled out of control. I was isolated, with no support system."

"I hit rock bottom. I thought I knew what that was, but the last year has been a whole other level down."

"I had an absolute breakdown. I started getting vivid visions of violently harming my children...I was fighting someone else inside me. It was absolutely terrifying."

"Let go of guilt. It's not your fault. You didn't cause any of this to happen."

"Don't give up. It's never too late, and you're never in it too deep to get help."

"See the power you have. You are in control of your life. You always have a choice, and there are consequences based on those decisions."

Help-seeking enablers & barriers

Te Pō

The place of potential, anything can happen but we can't see it yet

Mothers told us that when experiencing mental distress, there are many things that make it easier - or more difficult - to reach out for informal or formal support.

Their stages of distress also broadly align with the key stages of Tihei-wa Mauri Ora (the Māori creation story): Te pō - the deep dark place of potential, Ki te Whai-Ao - the biggest struggle/push, and Ki te Ao Mārama - coming into the light. This model has been used in the health sector in reference to the journeys of mental wellbeing and pregnancy.

Key

✓ **Enablers** What helped mums to feel better or get help

! **Stress factors** Other things going on that contributed to distress

✗ **Barriers** What got in the way of mums getting help or feeling better

Increased feelings of distress

- ! **Including feeling:**
- unprepared, overwhelmed
 - stressed, exhausted
 - anxious
 - sad, depressed, grief
 - angry, frustrated
 - afraid, paranoid
 - empty, lost, confused
 - guilty, useless, failing
 - loss of control
 - disconnected from baby
 - isolated from friends, family, colleagues

"I was moody, always angry, and just immensely tired."

"Who am I right now? Why do I feel this way? Not feeling like myself was one of the scariest things."

"I didn't feel like I was achieving anything, and everything that I was good at didn't translate."

Acceptance that I'm not coping

✓ **This is the most important stage for mums to get through** in order to prioritise their wellbeing, ask for or accept help. It is less of a clear 'trigger' moment, and more of a building awareness and acceptance over time - which can take anywhere from two weeks, to two years

✓ **Experience/education** of what distress feels like and what helps

"I picked up on the thoughts, I knew the signs, I could get help earlier. I knew what I needed to do to feel better."

✗ **Not being honest to myself** assuming that I will be ok, can get through it alone, or explaining away my feelings

Not being honest with others due to shame, stigma, not wanting to make a fuss

"I had this idea from my mum that you always have to keep your house tidy, and the baby clean and presentable. I think it came from the stigma and shame of being Māori."

Not knowing is normal, what isn't, and where the line is. Lack of information specific to perinatal mental health and emotional adjustment

Not feeling in control, or thinking I don't have a choice

Not being able to articulate my experience, or know what signs to look for

Reach out to family, friends

✓ **Having a supportive, reliable, unjudgemental key support person** e.g. partner, parent, sibling, cousin, friend

Practical help to give me space for self-care, such as childcare, cooking, cleaning, communicating with others, logistics, and advocacy for entitlements.

- **Knowing someone who understands distress**
- **Helpful, relevant advice**

✗ **Support people not taking me seriously**
"My aunts told me that I was fine, and just needed to be happier."

Key support people not aware of/understand³:

- what I'm going through
- symptoms to look for
- how to help
- how to talk about it
- available support

Key support person also distressed

- lack of social and formal support for key support person

Isolation, rejection from/pushing away whānau, friends

- due to relationship breakdown
- fear of judgement
- wanting privacy
- stigma, guilt, whakamā⁶

Ki te Whai-Ao

Going into the tunnel, the biggest struggle, a glimmer of light

Ki te Ao Mārama

Coming into the light

Peak distress

Mothers tend to only get to peak distress if they don't get the acknowledgement and support they need from their whānau, partner, or friends when they ask for it

Includes experiences of:

- toxic stress
- extreme helplessness
- prolonged insomnia
- psychosis, e.g. seeing visions or hearing voices
- mania
- deep depression
- suicidal thoughts
- self harm

The key trigger to get or accept help at this point is fear for their child's safety or motivation to get their child back if they have been uplifted

"My son wouldn't go to school and told me he was scared. I called the Police (on my partner) then and there."

"I lost all space/time reality. I picked up the baby and she was really cold. I was cold too. I was so out of it that to solve the problem I asked my partner to play the didgeridoo. He had lost the plot too. The next day I rang the midwife to tell her that the baby had almost died."

Seek/accept formal support

- **Introduction through trusted relationship**
- **Choice and control over types of support**
- **Positive experience with health professional** including validation of my experience, feeling safe, empowered, valued
- **Proactivity, confidence, capability to find support**
- **Clear pathways to support**

"The [Wellchild] nurse was the first person to ask how I was, instead of the baby. I was so surprised I burst into tears."

- **Distrust of formal support, including fear of child being taken away** by Oranga Tamariki, or by other family who might be able to get custody of child
- **Medical spaces with traumatic memories** (more on page 12)
- **Misinformation about safe treatments**
- **Don't know what support options are available**, or where I 'fit' for services based on identity, distress

"I didn't know where to look, or even that kaupapa Māori services existed."

Unhelpful, unpleasant experiences with health professionals, including:

- stigma, assumptions about my context
- being unfairly judged, treated
- not accepting or understanding my experience
- not feeling safe to share
- impersonal 'tick-box' interactions e.g. only provided with pamphlet³

Access formal support

- **Community-based options**
- **Proactive follow up support**
- **Different channel options** e.g. text, phone, online, in-home
- **Child-friendly, non-clinical welcoming spaces**
- **Culturally relevant support** and channels for ethnicity, age, gender
- **Financial resources, such as support from a workplace to pay for counselling**

"When I'm feeling awful, talking on the phone is the last thing I want to do, so texting is brilliant."

- **Long wait times, including for emergency situations**
- **Lack of support for mild/medium distress, not meeting support criteria**
- **Lack of culturally relevant support options**
- **Siloed support** e.g. lack of collaboration between health professionals
- **Difficult to access**
- **Lack of follow up support, having to chase/follow up**
- **Cost/unfunded options**
- **Lack of control/choice**

"Two weeks was meant to be the shortest wait time - she said it can take up to a month - I wouldn't have lasted that long."

"I took the drugs because the GP told me to - but now I don't know if I'll ever get the voices back...I've lost a part of me and I didn't even get a choice."

"She (the GP) rang maternal mental health and CYFs, but at the end of the session I still went home with the same kids I had told her I was afraid I was going to harm. It was 24 hours before they turned up at home."

Process, heal, manage

- **Motivation to break cycle for kids**
- **Holistic support** to address e.g. relationships, housing, work, drug and alcohol abuse
- **Healthy coping strategies**
- **Sharing my experience**
- **Connecting to others with a similar experience**
- **Whanaungatanga - maintaining relationships** with loved ones, including those who have passed away
- **Paying it forward**
- **Practical support**
- **Relevant ways to process experience**
- **Self understanding, including diagnosis**
- **Medication**
- **Doing things outside of parenting that 'fill my bucket'**
- **Self care** including food, exercise, sleep, reducing use of alcohol and drugs
- **Dealing with past trauma**

"I built the bridges I'd burnt. Understanding their love for me brought a lot of peace."

"I needed medication to get out of the hole... It switched off the anxiety and allowed me to sleep, which made a huge difference."

"Counselling helped me to understand myself, and that past trauma affects the decisions I make today."

- **Staying in a toxic situation**
- **Unhelpful medication**
- **No support for partner**
- **Lack of practical support**

"I think it's really hit him, now that we're past the worst of it. He had a day the other week when he just couldn't get out of bed."

Ki te Ao Mārama

Mums had many different ways of getting to 'Ki te Ao Mārama' - coming into the light - to start their journey of processing, healing, and being well.

These activities related to all areas of their wellbeing;

- Taha hinengaro | mental and emotional
- Taha whānau | social
- Taha tinana | physical
- Taha wairua | spiritual/identity

Hinengaro | Mental wellbeing

Space for calm reflection

meditation, reflection, journaling, breathing

"Reflection is a huge part of processing for me. Finding a quiet space to reflect on what happened, what I'm feeling, why I'm feeling that way, what might be behind it on a deeper level. Reflecting on how I'd do it differently, but also how far I've come."

Self understanding

Cognitive Behavioural Therapy, experience, acceptance, control

"I still experience mania, but I can control it. It's a very creative space and I know how to look after myself."

"Counselling helped me to understand myself, and that past trauma affects the decisions I make today."

Wairua | Spiritual wellbeing

Spirituality

"Reconnection to God, and my spirituality has been huge. The whole world had failed me - my parents, partner, professionals - so having someone to talk to that wouldn't say anything back was what I needed."

Connection to whenua, home, te taiao

being in the sun, water, bush

"My heart beats stronger when I'm home."

Identity

doing something you love, exploring whakapapa

"Going back to work has helped. It's part of my identity and who I am. I feel the most normal there. It's also independence and money."

Self-focused learning and achievement

"Taking time out for me - the community classes focused on me and helped fill my bucket. It helped me bring balance back into my life."

Goals and independence

visions boards, reflecting on achievements

"Saving towards a house - I feel like I'm moving forward."

Creativity

rāranga, knitting, writing, music, arts

"Guitar and music are a constant in my life - they help fill my cup."

Whānau | Social wellbeing

Whanaungatanga

maintaining relationships with loved ones including those who have passed, meeting new people with similar experiences, working on healthy relationships

"I built the bridges I'd burnt. Understanding their love for me brought a lot of peace."

Communication, sharing

whakarongo, kōrero, laughing!

"When you share your own losses it opens the door for others to share theirs."

"The more you talk about it, the better you can deal with it. Even though it's hard to talk about your loss it has been the most positive part - and it gets easier."

Balance and boundaries

prioritising the simple things that can make a big difference

"Looking after my whānau but also looking after my own oranga."

Paying it forward

"Making others feel good through mirimiri."

Tinana | Physical wellbeing

Movement

Sports, gym, dance, yoga, arts, kapahaka, swimming

"Exercise keeps me going."

"Dance performance helps me heal."

Self care, healthy coping strategies

good sleep, kai, reducing alcohol /substance use

"I started to drink and do weed to cope with life, but I've stopped now to heal, instead of trying to mask it."

"I needed medication to get out of the hole... It switched off the anxiety and allowed me to sleep, which made a huge difference."



Māori māmā personas

What personas are (and aren't)

Personas are fictional people based on real research data. They provide a snapshot into a group of peoples' broader lives and what's important to them, as well as their lived experience of a particular issue. They are not intended as segments, or to be representative of all mums, but provide a useful way to consider diverse experiences when developing new solutions.

How personas are created

Personas are created after qualitative research has been conducted, through a process of identifying patterns in the participants' contexts, perceptions, and behaviours. Scales are created to explore the similarities and differences between the individuals and to establish groupings. These groupings provide the basis for the personas, which are then fleshed out with more detail directly from the participants' interviews included in that group.

How to use personas

Personas are useful for showing how a group of people think about and behave in relation to a particular issue or service. They can be used to evaluate and inform solutions and help internal staff understand the perspectives and motivations of people who they might not often get the chance to interact with. However, personas should not be used *instead of* directly engaging with the people who have lived experience of a service or issue.



"I was so scared if I said I wasn't coping that they'd take my kid off me."



Paige

Paige lives in a small town in the Far North with her two young children, step-daughter, and partner. Her nan lives next door and her cousins are just down the road. Family is everything to her, but after some traumatic experiences growing up, she moved away from home for a few years to get some space. From a young age she was in and out of the mental health system, and she knows there's a history of undiagnosed schizophrenia and depression in her mum's family. "Nana drummed into us that we need medication - I've been on it for as long as I can remember."

Paige had always looked forward to being a mum, but her first pregnancy was very difficult. She suffered from health issues and was in hospital every few weeks. "I lost a lot of weight - the baby was taking everything out of me. I was too tired to do anything." Her partner was controlling and abused her throughout the pregnancy. He wouldn't let her see her friends, family, or support workers. "He told me they'd take away the baby". Disconnected from the people who meant the world to her, she coped by drinking and smoking weed. When they lost their house a few weeks before the baby was born, Paige was reluctant to accept the support her midwife tried to connect her to, in case she was deemed unsuitable to be a parent.

The baby was born with some difficult health complications, and with everything else going on in her life, Paige felt completely overwhelmed as a new mother. She wasn't getting any sleep, and started to lose sense of time and space. She didn't feel safe leaving her baby with her partner, so drove to the GP and told them everything. In the next 24 hours she had a mental health crisis team turn up at the house, and the next year was a blur of doctor's visits, community programmes, counselling, and hard work to get some stability into her life.

Now, Paige feels like she's finally starting to come up for air. Counselling and reflection helped her to feel in control of her life again by starting to process the trauma in her past, understand her daily choices, and set goals for the future. She's started prioritising the little things that make her feel good - like sleep, writing, and music - and is working on her relationship with her partner and whānau. She's proud of how far she's come, and for the future, she hopes for stability and happiness and herself and her family.

Background & lifestyle



19 with first pēpi



3 children Partner



Small town



Time with whānau



Music



Writing, reflection

Mental distress experience



Family history



Previous trauma



Depression, paranoia, psychosis

Key stress factors

- Health complications in pregnancy
- Abusive partner
- Disconnection from existing support networks
- Housing insecurity
- Baby health issues

Getting help

Key enablers

- Proactive formal support people

Key barriers

- Fear of loss of baby
- Controlling partner

Support accessed

- Doctor, medication
- Crisis support team
- Wrap-around support/courses to address housing, parenting, domestic abuse, drug and alcohol abuse
- Counselling: self (CBT) and couples

“Counselling is bloody expensive...There's nothing if you just need a bit of extra support.”



Stacey

Stacey lives in the city with her partner and two sons. She has a demanding job which she loves and her workmates feel like an extended family. Stacey felt well set up to have a child, but once she became pregnant she started to worry about how she would balance parenting with work.

Stacey felt unprepared and completely out of control when she went into labour early and had an emergency caesarean. When the baby was born, he didn't breathe for the first few minutes which was incredibly scary. She had trouble breastfeeding and felt judged by the hospital staff so couldn't wait to go home.

At home, the baby wouldn't settle so sleep was a challenge. *“I kept wondering, is my baby broken?”* Stacey's parents stayed for a week but when they left and her partner had to go to work she was left at home alone with the baby. It was lonely, and parenting didn't feel natural to her like she'd expected - she felt like she was failing as a mother and missed the sense of achievement that work gave her. She was angry about her birth experience, didn't feel like her midwife or antenatal classes prepared her for being a mum and her brief interaction with the Plunket nurse felt awkward and focused purely on the baby.

Although her partner was supportive, the realities of having a new baby put a strain on their relationship. After a few months of not feeling like herself, Stacey tried to bring it up but he felt uncomfortable talking about it. *“It's hard to know what to do or where to go when the one person I felt I could turn to didn't want to talk about it.”* She figured she'd probably be fine and get through it in time, but when she went back to work she found that little things would make her really angry. She had no idea what was and wasn't normal so eventually went to see her GP who did a mental health assessment with her. It was a relief to get some clarity on what she was going through, but she was frustrated by the few options for people who just need a bit of support. *“It's great when work can support you to go to some sessions, but once that's done and it finishes it's not great.”*

After a few counselling sessions, Stacey has learnt more about mental health, what works for her, and what signs to look out for, which made it a little easier with her second baby. Looking forward, she wants to keep working on finding the balance between work, wellbeing, and parenting.

Background & lifestyle



28 with
first pēpi



2 children
partner



Urban city



Loves
work



Work mates
are like family

Mental distress experience



Previous undiagnosed
experiences



Anxiety
Depression
Anger

Key stress factors

- Balancing parenting with work
- Traumatic birth experience
- Isolation, loneliness
- Under-prepared, feeling like a failure
- Challenges breastfeeding
- Loss of sense of self

Getting help

Key enablers

- Supportive workplace

Key barriers

- Feeling judged by hospital staff
- Lack of focus on mum in support services
- Don't know what is normal, or not
- Challenges articulating experience
- Partner not sure how to talk about it
- Lack of support available for mild/medium mental distress

Support accessed

- Doctor
- Counselling



“I didn’t want them to look at me like ‘just another young Māori mum.’”

Toni

Toni lives in her mum’s house in a small city, with her four kids, her brother and his wife. Although her family is originally from down south and there’s an ongoing sense of displacement, she’s starting to feel at home after five years living here. Her family are “sports crazy” and are often involved in sporting events.

When she first became hapū it was a bit of a surprise but her family were supportive and the pregnancy went smoothly. She had a great relationship with her midwife; *“She was pākeha but she was so cool. She knew what I was going through, and she’s still in my life now”*. However, Toni didn’t go to antenatal classes because she was afraid of being judged *“I didn’t want them to look at me like ‘just another young Māori mum.’”*

Her relationship with her partner has been on and off for years, and as the due date came closer, her partner became more and more nervous. After the baby was born he dropped her home and never came back. The next week, her grandfather passed away. Toni was overwhelmed with grief, but had to put it on the back-burner to be a mother to her newborn and wasn’t able to fully process the loss. Her mum had to be at the tangi, and she was often home alone because her family thought the baby’s father was coming around to help out - Toni didn’t correct them because she didn’t want to make a fuss.

She became increasingly anxious to leave the house, and had no time to herself. *“I wanted to be away from the kids, I needed to breathe. It was too much and I wasn’t enough. I felt empty.”* She didn’t want to go to the GP about what she was going through, and instead talked to her sister-in-law who moved in to help out around the house. Having a second pair of hands made a huge difference, and meant she was able to get back into exercising.

These days she shares her experiences on Facebook to help process what she went through, and enjoys making others feel good through mirimiri at her work. She also recently got into meditation, which has been *“life changing”*. Looking towards the future, Toni reflects that *“Te Whare Tapa Whā is so true, but it’s not until something tragic happens that you start to take it seriously.”* She wants to continue working on her whole wellbeing, prioritise her relationships with whānau and friends, and keep exploring her identity as Māori; *“Get to know my whakapapa and who I am, for me and my kids.”*

Background & lifestyle



17 with first pēpi



4 kids, brother & wife



Small city



Exploring whakapapa



Boxing, ripper rugby, kapahaka



Meditation

Mental distress experience



Undiagnosed depression, anxiety

Key stress factors

- Relationship breakdown with partner
- Isolation
- Death of loved one

Getting help

Key enablers

- Positive relationship with midwife
- Supportive whānau
- Self-focus on wellbeing, self-care

Key barriers

- Stigma/fear of judgement for being a young Māori mum
- Not wanting to tell whānau about relationship breakup
- Not wanting to talk to health professional

Support accessed

- Mum and sister-in-law - emotional and practical

Next steps

The insights and opportunities in this report will inform new ideas to help improve mothers' mental wellbeing during the perinatal period. These ideas will be co-designed, developed and tested alongside mothers, whānau and health professionals.

Kia hora te marino,
kia whakapapa pounamu te moana,
kia tere te k rohirohi i mua i t  huarahi

May the calm be widespread,
may the sea glisten like greenstone,
and may the shimmer of light guide you on your way

Te Reo Māori Glossary

Aotearoa	New Zealand
Hapū	Pregnant
Kai	Food
Kaitiaki	Guardian
Kapahaka	Māori performing group
Kaupapa	Purpose, initiative
Ki te Ao Mārama	Last stage of creation story; coming into the light
Koha	Gift
Kohanga reo	Māori language preschool
Ko te Whai-Ao	Middle stage of creation story; the biggest push
Kōrero	Talk
Māmā	Mother
Mana	Prestige, power
Mana wāhine	Women of strength
Mātauranga	Knowledge
Mirimiri	Massage
Oranga	Health
Pākeha	European
Pēpi	Baby
Rāranga	Weaving
Rōngoa	Medicine, things that make you feel good
Tangata	Human, person, humanity
Tangihanga	Funeral, mourn
Te Ao Māori	Māori world
Te taiao	Nature
Te Pō	Starting stage of creation story; the deep dark
Te Whare Tapa Whā	Holistic wellbeing framework
Wāhine	Women
Wāhine Māori	Māori women
Wānanga	Educational forum
Wero	Challenge
Whakaaro	Thoughts
Whakapapa	Lineage
Whakarongo	Listen
Whānau	Family - including extended
Whanaungatanga	Relationships
Whare	House
Whenua	Land

References

1. Bauer, A, et al. (2014). The costs of perinatal mental health problems. London. Centre for Mental Health. Retrieved from https://www.nwscnsenate.nhs.uk/files/3914/7030/1256/Costs_of_perinatal_mh.pdf
2. Netsi E, Pearson RM, Murray L, Cooper P, Craske MG, Stein A. (2018). *Association of persistent and severe postnatal depression with child outcomes*. JAMA Psychiatry. Retrieved from: <https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2670696>
3. Perinatal and Maternal Mortality Review Committee. (2018). *Twelfth Annual Report of the Perinatal and Maternal Mortality Review Committee, Reporting mortality and morbidity 2016* (p. 141). Wellington: Health Quality & Safety Commission. Retrieved from: <https://www.hqsc.govt.nz/assets/PMMRC/Publications/12th-PMMRC-report-final.pdf>
4. Deverick, Z., Guiney, H. (2016). Postnatal depression in New Zealand. Findings from the 2015 New Mothers' Mental Health Survey. Health Promotion Agency. Retrieved from <https://www.hpa.org.nz/research-library/research-publications/%EF%BF%BCpostnatal-depression-in-new-zealand-findings-from-the-2015-new-mothers%E2%80%99-mental-health-survey>
5. National Childbirth Trust. (2017). *Nearly half of new mothers with mental health problems don't get diagnosed or treated*. Retrieved from: <https://www.nct.org.uk/about-us/news-and-views/news/nearly-half-new-mothers-mental-health-problems-dont-get-diagnosed-or-treated>
6. Scoop Media. (2018). *Maternal Care Action Group Welcomes Mental Health Inquiry*. Retrieved: <http://www.scoop.co.nz/stories/GE1801/S00043/maternal-care-action-group-welcomes-mental-health-inquiry.htm>
7. The Southern Initiative. *Parents' experiences of early years in South Auckland; Early Years Challenge*. (2016).
8. Goodfuture. (2017). *Birth to Three Themes*.
9. Graham, A. (2018). *Tika Tonu: Young Māori mothers' experiences of wellbeing surrounding the birth of their first tamaiti*. Thesis; Victoria University of Wellington.
10. Underwood L, Waldie KE, D'Souza S, Peterson ER, Morton SMB. (2017). *A longitudinal study of pre-pregnancy and pregnancy risk factors associated with antenatal and postnatal symptoms of depression: evidence from Growing Up in New Zealand*. Matern Child Health J. :1-17.
11. Dennis CL and Creedy DK (2008). *Psychosocial and Psychological Interventions for Preventing Postpartum Depression*. Cochrane Database of Systematic Reviews.
12. Parsons, Jane (2009). Perinatal mental health of young women. Article; Issue 3. Aotearoa New Zealand Social Work.
13. Ministry of Health. 2012. *Healthy Beginnings: Developing Perinatal and Infant Mental Health Services in New Zealand*. Wellington: Ministry of Health. Retrieved from: <https://www.health.govt.nz/publication/healthy-beginnings-developing-perinatal-and-infant-mental-health-services-new-zealand>

