

# P A R E N T S W O R K C O L L E C T I V E



## Submission to the NSW Select Committee on Birth Trauma

13 August 2023

### INTRODUCTION

Parents Work Collective is a national, not-for-profit organisation that advocates for care work to be appropriately supported and valued by government and wider society.

Our submission focusses on the pressing need for enhanced support for birthing mothers<sup>[1]</sup> during the critical early weeks of their postpartum period. The current awareness that an alarming 1 in 3 birthing mothers experiences birth trauma underscores the urgency of prioritising mental and physical health support in the postpartum period, while the systemic causes of birth trauma are being addressed.

We advocate for:

- increased paid parental leave for partners to support birthing women;
- more readily accessible professional mental health support; and
- free or heavily subsidised women's health physiotherapy.

For too long, the physical and emotional burdens borne by mothers in their reproductive journeys have been ignored and under-supported. In pregnancy, women who experience serious pregnancy sickness must attend work with a brave face and very few accommodations made for their experience. Birth experiences are similarly under-supported.

We must better value the reproductive work of women (and all work done by women) in order to appropriately care for women in labour and birth. The current rates and severity of birth trauma are a symptom of the undervaluation of all women's work in Australia.

[1] Our use of the term 'birthing mothers' throughout this submission is intended to include all birthing people including trans birthing people who may not identify as a mother.



# INCREASED PAID PARENTAL LEAVE FOR PARTNERS

There is a need for increased Commonwealth paid parental leave for fathers and partners able to be taken concurrently with that of the birthing mother. Fathers and partners should be entitled to 6 weeks' concurrent paid parental leave (in addition to a separate period of paid parental leave to perform the role of primary carer at a later time).

Even in the best of circumstances, the postpartum period can be an emotionally challenging time for mothers, as they navigate the transitions and demands of motherhood while undergoing physical recovery from childbirth. When a woman has experienced birth trauma, this period is considerably more challenging. Mental health concerns during this period can significantly impact the well-being of both mothers and their infants. As such, support for women from their partner (where applicable) during this vulnerable period is critical.

Currently under Commonwealth Paid Parental Leave scheme, partners are entitled to 10 days of concurrent leave only. The Explanatory Memorandum to the Paid Parental Leave Amendment (Improvements for Families and Gender Equality) Bill 2022 states that: "The Bill will allow eligible claimants to take a maximum of two weeks parental leave pay (10 payable days) concurrently. This will assist parents to share caring responsibilities, and provide an opportunity for dads and partners to also provide care for birth parents to support their health.

**Concurrency will be limited to ensure that parents are encouraged to return to work.** It will also prompt fathers and partners to take on independent care of the child, which international studies have demonstrated develops patterns of care that persist throughout the child's life" [emphasis added].

While it is certainly important that fathers and partners are supported to take on more care work (including being entitled to a meaningful period of parental leave in order to perform the role of primary carer), this ought not be at the expense of supporting their partner during the most vulnerable and challenging time of her life. It certainly should not be an express goal of the legislation for partners to be actively discouraged from spending time with the birthing mother (and caring for any other children) during the early weeks of their new child's life - particularly with our knowledge of the prevalence of birth trauma.

An entitlement to two weeks of concurrent paid leave is manifestly inadequate. At the most basic level, women are still recovering physically from the birth at this stage. In the event of birth trauma, which we know impacts a devastatingly significant number of women, there is an even more pressing need for the woman to be supported in her recovery for at least the first six weeks post-birth/trauma.



In addition, we note that some partners are not entitled to even two weeks of paid leave: where birthing mothers do not meet the 'work test', their partners are not entitled to paid parental leave even if they themselves meet all the eligibility criteria. This is deeply unfair and ought to be amended: all birthing mothers are entitled to be supported during their early postpartum period.

Better support for women and their families during these extremely challenging life transitions will have long-term benefits for their health and wellbeing.

We ask that the Committee include in its recommendations that the NSW Government advocates strongly to the Federal Government to:

- increase the amount of Commonwealth paid parental leave to 12 months, with an additional 3 month component reserved for fathers;
- increase the entitlement to concurrent paid parental leave to 6 weeks; and
- amend the requirement for both birthing mothers and their partners to meet the work test in order for partners to be eligible for paid parental leave.

## READILY ACCESSIBLE SUBSIDISED

## PROFESSIONAL MENTAL HEALTH SUPPORT

While avoiding birth trauma in the first instance is obviously preferable, there ought to be readily-accessed subsidised psychology or other talk-therapy sessions with specialist mental health professionals for all birthing mothers who have experienced birth trauma. This support ought to be freely available from immediately post-birth. Rather than being required to make an appointment with a GP for a mental health plan, impacted birthing mothers ought to be able to be provided with a mental health plan by a midwife, obstetrician or GP for the Medicare-subsidised sessions to ensure the birthing mother is able to access the support immediately, with as few barriers as possible. Birthing medical professionals should be trained to identify possible signs of a trauma response and offer referrals immediately.

We ask that the Committee include in its recommendations that the NSW Government advocates strongly to the Federal government to review the way in which mental health support is provided to birthing mothers who experience birth trauma.



## SUBSIDISED PHYSIOTHERAPY

Similarly, all birthing mothers ought to be entitled to Medicare-subsidised specialist physiotherapy during and post-birth. The impact of pregnancy and birth on women's pelvic floors and core muscles is significant. Many women experience ongoing adverse health outcomes such as prolapse and incontinence. We need to better support women's physical reproductive health.

We ask that the Committee include in its recommendations that the NSW Government advocates strongly to the Federal government to include subsidised specialist physiotherapy during and post-birth in the Medicare scheme.

We would be pleased to discuss this submission in more detail if that would be of assistance.

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