Transitioning to parenting – embrace, educate, empower – a pathway to supporting perinatal mental wellbeing in Aotearoa New Zealand

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Abstract

Parenting is a profound life-changing experience influenced by physical, emotional, spiritual, and social aspects. While most parents adapt with support, many struggle with isolation, financial strain, altered relationships, a loss of control, societal expectations, and ambivalence in their new role, which has been linked to perinatal distress. In Aotearoa, as many as 25% of women experience perinatal distress, with detrimental effects on parents, children, and the potential for intergenerational disadvantages. Combined with high maternal suicide rates, especially among wāhine Māori, calls for change have not translated into preventative maternal mental wellbeing support. This research explored the viewpoints of five perinatal practitioners, focussing on parents' preparedness through perinatal support and education, and its impact on mental wellbeing. It aimed to inform future services by centring parents as the foundation of the whānau to ensure every child in Aotearoa realises their potential.

This qualitative research involved semi-structured interviews where practitioners identified several societal, community and whānau elements within three overarching perspectives on how new parents are embraced, educated, and empowered in Aotearoa. While the findings aligned with reviewed literature, the emphasis was on prevention, highlighted by four key measures. First, practitioners advocated for change in societal values and priorities concerning parents, addressing the social, financial, and psychological stressors, including those exacerbated by the COVID-19 pandemic. Second, the need for comprehensive perinatal education, grounded in a bicultural approach, emphasising whakawhanaungatanga. This education should encompass diverse wellbeing perspectives, be free, accessible, inclusive, culturally relevant, holistic, and evidence based. Third, enhancing postnatal home-based support is crucial, focusing on the mother/birthing parent's recovery and promoting resilience, particularly when generational wisdom is lacking. Lastly, safeguarding maternal mental wellbeing involves understanding matrescence, embracing the myriad of changes mothers/birthing parents undergo, promoting postnatal rest, redefining productivity, and validating challenges and emotions.

With these practitioner perspectives in mind, the findings advocate for a comprehensive reinvestment in perinatal services and education, integrated at multiple societal, community and whānau levels. The goal is to embrace, educate, and empower parents and their communities, recognising their vital role in raising the next generation and promoting an enjoyable parenting experience while supporting mental wellbeing.

Acknowledgements

My journey into motherhood started with a strong determination to prove the medical profession wrong, successfully conceiving and having a homebirth surrounded by my family. The first year of being a new mother proved to be the most stressful and isolated period I have ever experienced. Coping with a screaming baby suffering from undiagnosed reflux, coupled with the expectation that I had to manage everything on my own as a capable and organised woman, resulted in overwhelming feelings of failure. Lacking adequate postnatal preparation and support, I spiralled into a deep postnatal depression that took years to overcome.

Thankfully, I allowed loved ones to assist in my recovery and rediscovering my identity as a mother, choosing to embrace life. It hasn't been easy to break through the barriers and stigma surrounding maternal mental health, or societal myths around intensive, solitary mothering. My introspective journey to understand the meaning of motherhood for me revealed that a fundamental and sacred aspect of a mother's wellbeing involves being embraced within a community of fellow women and mothers. It took time for me to find this within motherhood and inspired me to establish it for others through True Colours Honouring the Mother. This was not achieved on my own.

Robert, you promised under the Puriri tree to stand by me and support me in my efforts to manage it all, and you've not only kept that promise but exceeded it a million times over. We've faced each challenge together, and as always, I know you will be right by my side.

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Ko te whaea
te takere
o te waka
Mothers are like the hull of a canoe

'they keep the family together' – Dr Hinemoa Elder (Elder, 2020)

Glossary

Specialist terms defined

Perinatal Period	The period from conception until the baby's first birthday
First 1000 Days	This critical period begins at conception and continues until a child reaches their second birthday, overlapping with the perinatal period. Within this time frame, a child's brain undergoes rapid development, surpassing any other life stage. The circumstances and surroundings a baby encounters during this period, whether positive or negative, significantly shape their future wellbeing.
Perinatal Distress	Perinatal distress is an umbrella term that encompasses the symptoms and experiences of depression, anxiety, and stress within the perinatal period. While it primarily pertains to mothers or birthing parents, it is worth noting that fathers or non-birthing parents can also experience this. These conditions can occur either during pregnancy (antenatally), after childbirth, (postnatally, also known as postpartum), and sometimes both. Conditions covered with perinatal distress include: Perinatal anxiety: intense feelings of worry or fear in the perinatal period that disrupts daily life. Signs comprise of challenges in maintaining concentration, restlessness, excessive and generalised worry, irritability, panic attacks, muscle tension, disruptions in sleep patterns, alterations in appetite. Along with other physical symptoms like heart palpitations, sweaty palms, and stomach discomfort. Perinatal depression: persistent feelings of sadness/low mood or a diminished interest in activities during the perinatal period. Signs encompass experiencing sadness, emptiness, or hopelessness, crying without an obvious cause, disinterest, or the absence of joy in life. Physical symptoms such as changes in appetite, headaches, shifts in sleep patterns, a racing heart, or sweaty hands; a loss of energy or enduring fatigue, challenges in concentration or decision-making, and thoughts of or attempts at self-harm or suicide.

	A limited number of birthing parents experience postnatal or post-partum psychosis. This is a severe illness that can manifest abruptly within days or weeks following childbirth and is classified as an emergency. Symptoms encompass mania, depression, rapid mood changes, loss of inhibitions, hallucinations, paranoia, and delusional thinking. Postnatal psychosis is much less common that other forms of perinatal distress.
Mental Health/Wellbeing	The Ministry of Health's Long-term Mental Wellbeing Strategy defines 'mental wellbeing' as an element of overall wellbeing extending beyond the mere absence of mental illness. Positive mental wellbeing is most likely achieved when individuals experience safety, connection, a sense of worth, acceptance, and belonging, along with a firm grasp of their identity and hope for the future. Mental wellbeing entails the capacity to adjust and cope with life and its challenges, alongside a sense of purpose, coupled with experiencing contentment and a general state of happiness.
Birthing Parent	In this research, the inclusive term 'birthing parent' was adopted instead of 'mother' and/or 'women,' reflecting the understanding that not all individuals who are pregnant or give birth identify as women, and not all mothers are birthing parents. However, there are instances where the terms 'women' and/or 'mothers' are used when citing or paraphrasing other researcher's work. It is acknowledged that many birthing parents are indeed women, and we recognise that the specific social and cultural expectations placed on mothers can contribute to perinatal distress. The use of inclusive language does not undermine the feminist lens through which I have approached this research.
Matrescence	symbolises the profound transformation that a woman experiences encompassing the period from preconception, through pregnancy, childbirth, surrogacy or adoption, extending into the postnatal period and beyond. This journey encompasses various dimensions, including biological, psychological, social, political, and spiritual aspects, and has been likened to the developmental stages of adolescence. The duration of matrescence varies individually, and it can recur with each child, potentially lasting a lifetime. Although the term matrescence may lack widespread recognition, the underlying process has been

	occurring throughout history. Matrescence provides us with the vocabulary to articulate the contemporary challenges, whilst validating and understanding the transformation occurring mothers.
Macro, mezzo, and micro	Represent various levels or scales that can be employed for social analysis, with particular focus on social work in this research. Macro level refers to the larger system, and influences stemming from society, government, and policy. The mezzo level pertains to the medium-sized community sphere, while the micro level refers to the smaller units such as whānau, relationships or the individual.
Sourced from: **Perinatal Anxiety & Depression Aotearoa, Te Āhurutia Te Rito it takes a village and Matrescence NZ**	

Te Reo Māori words defined

Aotearoa	New Zealand
Atua	ancestor with continuing influence, god, demon, supernatural being, deity, ghost, object of superstitious regard, strange being - although often translated as 'god' and now also used for the Christian God, this is a misconception of the real meaning.
Awhi	Embrace, hug cuddle, cherish
Hapū or Hapūtanga	Pregnant; also, a kinship group, clan, tribe, subtribe – section of a large kinship group and primary political unit in traditional Māori society
Hapū Wānanga	Kaupapa Māori pregnancy, birth, parenting education
Hineahuone	Hineahuone, the first woman, was formed from clay at Kurawaka by Tāne, a son of Papatūānuku. Her name means earth-formed woman. This is just one of many tribal traditions that tell of the birth of humans from the earth
Iwi	Extended kinship group, tribe nation, people – often refers to a large group descended from a common ancestor and associated with a distinct territory
Karakia	Incantation, ritual chant, prayer – a set form of words to state or make effective a ritual activity
Kaupapa Māori	A Māori approach, Māori principles, a philosophical doctrine, incorporating the knowledge, skills, attitudes and values of Māori society
Kupu	Word, vocabulary, saying, talk, message, statement, utterance
Mahi	Work, job, employment, trade, practice, occupation, activity, exercise, operation, function.
Māmā	Mother, or mothers
Mana	prestige, authority, control, power, influence, status, spiritual power, charisma

Manaakitanga	Hospitality, kindness, generosity, support
Marae	The open area in front of the wharenui, where formal greetings and discussion take place
Mātauranga Māori	Māori knowledge – the body of knowledge originating from Māori ancestors, including the Māori worldview and perspectives, Māori creativity and cultural practices
Pākehā	A New Zealander of European descent
Papatūānuku	Earth, the land, she is a mother earth figure who gives birth to all things, including people
Pepeha	A way of introducing yourself in Māori. It tells a story of the places and people you are connected to.
Pūrākau	Myth, legend, or oral history
Te Ao	The natural world of light and life
Te Ao Māori	The Māori world
Te Reo	The Māori language
Te Tiriti o Waitangi	The Treaty of Waitangi (Māori version)
Te Whare Tangata	A woman's womb, the house of humanity, is seen as the same as the womb of the earth
Te Whatu Ora	New Zealand's Public Health Agency
Tikanga	Correct procedure, custom, practice, protocol
Tauiwi	Someone who is non-Māori
Wahine/Wāhine	Female, woman, feminine; plural women
Whakapapa	Genealogy, lineage, descent
Whakaruruhau	To protect, shelter – in this context a side room off the wharenui (meeting house)
Whakawhanaungatanga	Process of establishing relationships

Whānau	Extended family – the primary economic unit of traditional Māori society
Whanaungatanga	Relationship, kinship, family connection; a relationship through shared experiences and working together which provides a sense of belonging
Sourced from Te Aka Māori Dictionary, TeAra The Encyclopaedia of New Zealand	

Chapter 1 Introduction

Background

The creation of a new life is filled with awe and wonder, completely transforming peoples' lives and making parenting both a joyous and challenging experience. While most parents eventually adapt to the demands of their new lifestyle with the help of loved ones, factors like isolation, lack of support, financial difficulties, and societal expectations can cause disorientation and distress (Peterson et al., 2018; Wilkinson et al., 2022). For mothers, the transformative process of matrescence (becoming a mother) encompasses various dimensions bio-psycho-social-political-spiritual and can be likened to the developmental challenges of adolescence (Athan, 2016). While motherhood is typically expected to bring joy and fulfilment, the difficulties associated with breastfeeding, sleep deprivation, managing an unsettled baby while managing household responsibilities, and returning to work can expose mothers to emotional and cognitive distress (Marshall & Thompson, 2014; Wilkinson et al., 2022). It is not surprising that there is an increasing amount of research highlighting the vulnerability of the perinatal period and without adequate support, these psychological and physiological changes, along with psychosocial pressures, can lead to the development of mental health disorders (Farewell et al., 2022; Perinatal Anxiety & Depression Aotearoa, 2018; The Helen Clark Foundation, 2022).

Research suggests that perinatal distress affects as many as 25% of women in Aotearoa (Perinatal Anxiety & Depression Aotearoa, 2022). In contrast to other countries, we witness substantially higher rates of maternal suicide here, particularly among wāhine Māori, who face a threefold greater risk of perinatal suicide compared with Tauiwi women (PMMRC, 2021). Perinatal distress has extensive repercussions, impacting both parents and their interactions with their babies, which in turn can affect the future of these children, potentially leading to intergenerational disadvantages (Low et al., 2021; The Helen Clark Foundation, 2022). Consequently, many countries have prioritised the "critical 1000 days" on their political agendas (Nolan, 2020). However, in Aotearoa, despite repeated calls for government investment in maternal mental wellbeing and a focus on supporting parents, meaningful change has yet to be realised. Given the distressing statistics concerning

maternal mental wellbeing, it is imperative that we promptly reevaluate how our society values and provides support to parents. This involves drawing insights from cultures that prioritise collective and supportive parenting practices, including Te Ao Māori perspectives on pregnancy, birth, and parenting, which advocate for shared responsibility, ultimately benefiting the collective whānau (Gabel, 2019; Simmonds, 2017).

Investing in preparing expectant parents is of great value, as perinatal support and education have been shown to deliver vital early interventions that improve various outcomes for parents and children (Dwyer, 2009; Nolan, 2020), especially maternal mental wellbeing (The Helen Clark Foundation, 2022; Wilkinson et al., 2022). The most recent comprehensive review of antenatal education and maternity transitions in Aotearoa was conducted 24 years ago. This review recommended a range of modifications to content, format, facilitator requirements, and the transition process between maternity and well-child services (Dwyer, 2009). It remains unclear whether providers have incorporated these research findings, making it difficult to determine the nature of the education being offered and its adequacy in preparing parents to address the physical, social, psychological, and emotional aspects of parenting.

Focus of Research

The purpose of this research is to explore how perinatal care practitioners view the readiness of new parents who do receive perinatal support and education, and how it influences perinatal mental wellbeing. The research enables the perspectives of the practitioners to contribute to the future development of perinatal support and education. It can complement any future large-scale research on maintaining perinatal mental wellbeing and enhancing perinatal education in Aotearoa. The research findings can serve as valuable input for other perinatal practitioners, antenatal education agencies, well-child providers, midwives, mental health services, and policymakers. This input may potentially transform the parenting journey and promote perinatal mental wellbeing by recognising the significance of those bringing through new life and ensuring that every child in Aotearoa reaches their full potential.

Research Overview

This exploratory research utilises a qualitative approach, employing semi-structured interviews as the primary data collection method. Interviews were conducted with five perinatal care practitioners from within Aotearoa New Zealand. Relevant literature informed the development of the interview schedule, with the key themes in mind, focussing on needs and challenges faced by parents and the support they receive (referred to as 'embrace'), the educational aspects of parenting during the perinatal phase (referred to as 'educate'), and strategies for empowering parents during their transition to parenthood (referred to as 'empower'). Interviews were subsequently transcribed, coded, and organised into thematic categories. The findings were analysed in the context of existing literature, leading to the formulation of conclusions and recommendations.

The Researcher

Braun & Clarke (2013) underscores the significance of the researcher clarifying the lens through which they interpret data, locating themselves and their personal experiences within their research to acknowledge the inherent subjectivity and promote reflexivity. Therefore, this section outlines my personal background and interest in the selected topic.

I am a woman born in New Zealand with Irish and English heritage. I am a mother who has successfully overcome postnatal depression. My passion lies in advocating for mothers/birthing parents and highlighting their value and vital role in nurturing the next generation. This commitment led me to establish a perinatal mental health support group service called True Colours Honouring the Mother, where I have been assisting parents for the past six years. It was walking alongside these parents that inspired me to pursue my Masters of Applied Social Work degree through Massey University, bearing witness to the transformation of mothers/birthing parents as they shared their vulnerabilities, ranging from the darkness to the light, where within a supportive community they regained their balance, realigned their purpose, and restored their wellbeing. However, my ultimate aspiration is to spare even one mother from experiencing the effects of perinatal distress. Hence, it is only fitting that the culmination of my academic journey focuses on preventative pathways to parenthood.

Structure of Report

The report is divided into six chapters, starting with this introductory chapter, which introduces the research topic and provides the background to the study. Chapter two presents a comprehensive review of the transition to parenthood through literature, both internationally and from Aotearoa, focussing through three overarching research perspectives of how parents are embraced, educated, and empowered, with consideration of perinatal mental wellbeing. Chapter three elaborates on the chosen research methodology, highlighting the qualitative approach employed in this study. Chapter four is dedicated to the presentation of research findings organised under the three overarching research perspectives. The findings are subsequently discussed in chapter five within the context of existing literature. Finally, chapter six, the concluding chapter, offers a summary of the study, presents research conclusions, and provides recommendations.

Chapter Five Discussion

The purpose of this research was to explore the perceptions of perinatal care practitioners on the preparedness and education of new parents and the implications for parental mental wellbeing. This chapter reexamines the research literature introduced in chapter two and contrasts the practitioners' perspectives whilst critically considering the relationship between prior research and current findings. For clarity, the chapter is organised using the three fundamental research perspectives: embracing, educating, and empowering parents.

Embrace

Our Society in Aotearoa

One aspect of this research was to explore how perinatal care practitioners perceived how society views and supports parents in Aotearoa. One of the key findings from this study underscored widespread concerns regarding societies inadequate recognition, commitment, and value associated with supporting parents, despite international literature emphasising the vital role of this support (Gjerdingen et al., 1991; Taylor et al., 2022). Recent research conducted in Aotearoa has also identified the crucial role of support in safeguarding perinatal mental wellbeing (The Helen Clark Foundation, 2022; Wilkinson et al., 2022). Practitioners described the lack of government investment, with fragmented, under-resourced services, which were difficult to access and reactive in nature. Certain policies, which have material and social ramifications for parents (Kahu & Morgan, 2008), were identified as obstacles, including insufficient paid parental leave and the retirement age. Practitioners made clear arguments that work precluded grandparents from providing support and parents were routinely forced back to work before they were ready. Central to these issues is the viewpoint that prioritises employment over caregiving, which is not a new phenomenon (Scott, 2014). The literature accentuates the Western paradigm that prioritises paid work and financial achievements over the indispensable roles of childbirth and child rearing. This trend is evident not only internationally (Hakim, 2003) but also in Aotearoa (Ang & Briar, 2004; Mutter & Thorn, 2015; Scott, 2014).

New Zealand women face the difficulty of balancing careers and family life, whilst experiencing a general lack of appreciation in their motherhood role (Green, 2015; Peterson et al., 2018). The practitioners recognised the interdependent nature of a mother's importance to the whānau, the community and society but described the Western approach as very individualised placing a heavy burden on mothers. This is a departure from many cultures worldwide that incorporate rituals and practices to support mother's rest, recovery and adaptation to motherhood (Allison, 2016; Serrallach, 2018). Perhaps the most compelling finding was the erosion of what practitioners called 'our village' where support was missing from many parents' lives, adding to the isolation and loneliness that they witnessed mothers experiencing. In contrast to this many indigenous cultures have kin-based, collective support networks which are recognised as crucial in mitigating parental distress (Kim-Godwin, 2003; Serrallach, 2018). Women attending Kaupapa Māori antenatal services experienced the reverence and honour in their position as te whare tangata and were taught about traditional Māori pregnancy, birthing, parenting knowledge, and practices through Te Ao Māori understanding. Receiving this knowledge was a direct example of the resurgence of Mātauranga Māori reclaiming practices lost through colonisation (Gabel, 2019; Simmonds, 2016).

The current maternity experience for women revealed disturbing findings characterised by a maternity system under severe pressure, resulting in inequity and limited birthing options. This was concerning as the New Zealand midwifery-led partnership model is promoted as 'gold standard' and unique globally (New Zealand College of Midwives, 2021). Nevertheless, systemic issues around pay and underfunding (Dawson et al., 2019) in addition to the vaccination mandates during the COVID-19 pandemic have led to unprecedented workforce shortages (Whyte, 2022). Hospital births and anxiety related to childbirth were prevalent amongst parents, with practitioners positing a link between an increase in medical interventions and the occurrence of birth trauma. Additional concerns were expressed regarding the detrimental impact birth trauma has on a mother's psychological health, aligning with research outcomes that highlight additional repercussions such as disruptions in bonding and difficulties with breastfeeding (Sargent, 2015; Watson et al., 2021).

Mental Wellbeing

The literature, both internationally and in Aotearoa, strongly indicates that perinatal distress has substantial adverse consequences for parents, babies and the entire whānau (Perinatal Anxiety & Depression Aotearoa, 2018; Signal et al., 2017; Yeaton-Massey & Herrero, 2019). This study identified numerous complex risk factors faced by parents, including financial insecurity, relationship difficulties, insufficient support and historical unresolved issues or mental health history. These findings aligned with previous research (Howarth et al., 2011; Ryan, 2021; The Helen Clark Foundation, 2022; Yeaton-Massey & Herrero, 2019), although there were unexpected insights regarding the challenges of parents' busy lifestyles and the influence of their life stage on their coping abilities. Younger mothers found group participation challenging due to age differences and shifts in friendships linked to differing social activities. In contrast, older mothers grappled with identity changes tied to established careers and educational backgrounds. Coping with a newborn, sleep deprivation and an erratic schedule caused distress for all.

Two practitioners expressed concerns about the onset and frequency of perinatal distress, noting an increase in antenatal presentations and a rise in the incidence of women experiencing psychosis. Research indicates up to a quarter of New Zealand women could experience perinatal distress with wāhine Māori facing a threefold higher risk of perinatal suicide compared to Pākehā women (PMMRC, 2021). In Aotearoa, repeated calls for government investment in maternal mental health and prioritising support for parents (The Helen Clark Foundation, 2022) have yet to bring about meaningful change (Mental Health Foundation, 2021). This is despite undeniable evidence of persisting health disparities (Window, 2019) and intolerable numbers of maternal deaths in Aotearoa (PMMRC, 2021). Maternal mental health services were described as inadequate with a shared consensus by practitioners expressing concerns about entry criteria that often-required parents to reach a crisis point before receiving help. Thankfully, practitioners did identify many excellent local services for parents, although some required payment which excluded certain whānau. One service stood out for its provision of support to fathers experiencing postnatal depression, a distinctive approach that aligns with the literature's recommendations (Ghaleiha et al., 2022). Perinatal services were often characterised as unclear, fragmented, and subject to

frequent changes, causing difficulties in access for parents. Practitioners regularly invested significant time in helping parents access these services, especially in rural areas where services were lacking. Overall, practitioners unanimously highlighted the importance of implementing more preventative measures and adopting a proactive approach in perinatal mental wellbeing and care.

Racing Towards Loneliness

Loneliness was reported as prevalent among mothers who experienced minimal social contact, lacked the community networks or were without support from their whānau due to estrangement, immigration, or relocation from another area. Loneliness, which is defined as a negative feeling toward the quantity or quality of our social relationships (Saeri et al., 2018), is an emerging area of research, particularly when focussing on loneliness in parents (Nowland et al., 2021). Becoming a parent often means reprioritising your social life, whether by choice or necessity, which the practitioners alluded to in this study. They referred to the change in friendships with differing life stages and how feelings of isolation can become more pronounced during the newborn phase when adult interactions decrease. Factors like infrequent visits from friends, maternity leave, partner's returning to work contribute to this isolation (Nowland et al., 2021).

The loss of generational support and wisdom was highlighted several times throughout the research, most practitioners expressed sadness over the decline in whānau support and guidance. They suggested that this absence compelled many women to seek support networks and advice through social media or 'Dr Google' whose approach was generally deficit-based. Moreover, the detrimental effects of engaging with social media have been proposed to decrease parental confidence when constantly seeing perfect motherhood moments (Coyne et al., 2017; Serrallach, 2018). From the practitioner's viewpoint, the advice regarding social media usage was to exercise caution. The concern centred on unrealistic parenting standards and when reality didn't match these curated posts, it amplified parental vulnerability resulting in feelings of failure, loneliness, and negatively impacted their mental wellbeing. In contrast to the absence of support, the issue of unfavourable yet well-intentioned assistance from family and friends emerged. Practitioners emphasised how they encouraged parents to set boundaries to protect their

wellbeing, learning to graciously decline unhelpful offers, instead clearly communicating the type of support needed, such as meals, housework, or baby care to enable themselves to rest.

Society's way of connecting has undergone significant transformation in recent decades, with the increasing use of digital technology, which has been suggested to contribute to feelings of loneliness (Loneliness NZ, 2023). Opinions on the advantages of online connection differ, with some suggesting parenting apps provide convenient, private, interactive knowledge at any time (Barber & Masters-Awatere, 2022; Bear et al., 2022). However, in this study practitioners highlighted the downside of constant accessibility on technology, including parental distraction, disrupted sleep patterns, relationship conflicts and our minds remaining incessantly engaged. Other barriers were noted such as inequities in access, both in terms of finances and connectivity, with practitioners noting challenges in accurately assessing people's emotions online. Overall, both parents and practitioners in this research expressed a preference to connect in person over online modalities. However, it remains uncertain whether this preference has been influenced by the COVID-19 pandemic.

COVID-19 Pandemic and the Cost of Living

Globally, people are adapting to the ongoing consequences of the COVID-19 pandemic, encompassing health, financial, communication, education, workplace, and psychosocial wellbeing aspects. The lasting negative effects on New Zealanders are still emerging, particularly among vulnerable populations, such as women and children (Ministry of Social Development, 2020). Fear was a notable aspect of the COVID-19 pandemic, with practitioners observing parental isolation, especially among those with newborns, and increased social withdrawal due to remotely working from home. The long-term effects on mothers birthing during the pandemic, especially first-time mothers, was described by one practitioner as involving numerous stressors, including visitor restrictions and lack of support in an overwhelmed healthcare system. Anxiety was also observed by practitioners resulting from widespread adoption of practices like frequent handwashing, mask usage and decreased physical contact due to fear of the virus. In contrast to these findings, two practitioners reported benefits of the COVID-19 lockdowns which afforded many whānau a

slower pace of life and increased time together.

The economic repercussions of the COVID-19 pandemic had diverse effects, particularly for families. The practitioners recounted instances of job losses, soaring house prices, pressure on the rental market and unmanageable accommodation costs. One practitioner highlighted a significant rise in the number of parents living in crowded motel rooms as emergency housing, tents, and cars. Other families opted to leave, returning to their home countries due to the unaffordability of living in Aotearoa. The kiwi dream of one income supporting a family is no longer a reality, as both parents now must work to afford to live. This was true even prior to the pandemic, and the significant increase in the cost of living has further exacerbated the financial strain on families (Fletcher, 2023). One of the most concerning findings was the effect on a mother's capacity to care for her own children. Practitioners observed shortened maternity leave taken, primarily due to financial pressures, resulting in mothers returning to work within 3-6months post-birth. Moreover, they noted additional stressors experienced by mothers with unweaned babies and fatigue due to sleep disruption. Concerns also arose about the potential long-term effects on babies who spent 50-55 hours per week separated from their parents in childcare.

Educate

Another intention of this research was to examine the content and delivery of perinatal education administered by practitioners and gather their viewpoints on how education contributed to parental preparedness. The research aimed to comprehend the content of information being conveyed, focussing on its relevance, comprehensibility, and inclusion of current research.

Improving Perinatal Educational Content

Free, accessible parenting education was seen by all practitioners as a crucial strategy for preparing parents, and it received extensive endorsement in the literature as a fundamental early intervention (Gentles et al., 2016; Howarth et al., 2011; Mihelic & Morawska, 2018; Nolan, 1997). Programmes offer practical knowledge and emphasise positive parenting techniques, including attachment, responsiveness, and effective

communication for a child's emotional and social development (Gibbs, 2022; Nolan, 2020). Practitioners recommended incorporating play and examining childhood experiences, emphasising that it is often overlooked by parents, but has been shown to impact our parenting style (Mihelic et al., 2018). They also highlighted how education can empower parents to expand their self-awareness, understand their partner better and meet their child's needs if they address the emotional aspects of parenting. Most of the practitioners facilitated practical discussions about the realities of parenting to help dispel parental myths and manage expectations. This was consistent with a review of antenatal education in Aotearoa (Dwyer, 2009) which recommended increased focus on parenting strategies and addressing emotional and relationship challenges, providing realistic childbirth preparation while avoiding the potential negative impact on women's mental health by over-emphasising one approach to parenting. The consensus among all practitioners was mandatory mental health content in perinatal education, which has been shown to protect parental mental wellbeing (Fleischman et al., 2022; Mihelic et al., 2018).

Studies recommend extending education duration to align with parents' information needs. For instance, topics such as nutrition and substance abuse could be introduced early in pregnancy, labour coping strategies in later stages and infant care and parenting late in pregnancy or shortly after childbirth (Robertson, 2001). Roberston suggested that this extended timeline could foster friendships and support networks, a contrast to shorter programs. This strategy could address the obstacles mentioned by practitioners, including limited engagement, class absenteeism and addresses parents' tendency to prioritise childbirth preparation at the expense of other pertinent information. One practitioner posed the question, "when is the best time to better prepare parents?"

Scholars contend that opportunities for developing parenting skills exist at three distinct life stages: during schooling, in adulthood before parenthood, and between pregnancies (Calvert, 1989; Dwyer, 2009; Mihelic et al., 2018; Sher, 2023). This study indicated a fourth opportunity for intervention in the *early* postnatal stage when parents are receptive and can relate to parenting information as they experience it. This highlights the significance of postnatal engagement, support, and education during this vulnerable period. Current maternal literature recommends extending education throughout pregnancy and

the postnatal period (Nolan, 2020), to promote a healthy pregnancy, a positive transition to motherhood, and the development of mother's self-esteem, skills and autonomy (Artieta-Pinedo et al., 2017; Mihelic & Morawska, 2018).

Improving Cohesion of Educational Delivery

Parenting education programmes are shaped by various factors like provider values, research, training, funding, policies and recruitment (Gibbs, 2022). Educators, from diverse backgrounds, may adopt clinical or educational principles in their delivery, potentially impacting on programme effectiveness (Nolan & Hicks, 1997). Practitioners in this study stressed that while content was crucial, it must also be engaging, relatable and inclusive to meet the diverse needs of parents in Aotearoa. Educational principles such as addressing learning styles and designing open planned sessions to encourage discussion and engagement through activities was utilised by some practitioners. An encouraging finding was the emphasis all practitioners placed on building relationships with parents, utilising strengths-based approaches, and fostering whanaungatanga. Relationship was the basis of two bicultural services who provided parents with both clinical and Mātauranga Māori learning, delivered through services and antenatal education sessions held on marae. The marae served an important role for the parents in understanding the significance of pūrākau creation stories of Atua in the context of childbirth and parenting. Practitioners took pride in welcoming all those supporting the parents and baby, creating a relaxed environment for learning, and sharing.

Enhancements to services were implemented through annual evaluations, input from parents, and opportunities to assess what practitioners considered successful in their delivery. Government-funded services were mandated to cover specific topics, including oral health, breastfeeding, and safe sleep, which were recognised as essential. However, practitioners raised concerns about no requirements of other vital topics such as mental health, sleep, nutrition, changes in relationships, isolation, and support. Literature concurred with one New Zealand study suggesting broadening perinatal education topics, extending course durations to accommodate parents' needs, anchoring teaching in adult learning principles, and preserving curriculum flexibility. Lastly, it emphasised the importance of designing inclusive classes that cater to diverse groups, including different

ethnicities, refugees and teenagers (Dwyer, 2009). What was striking about this study was the absence of national guidance or incentives for collaborative networking among educators. Many practitioners were formulating their own content based on personal experience and the specific needs identified by parents. Consequently, they often had to rely on their individual resources, reflecting the individualistic approach discussed earlier, rather than a collaborative one. This is not to imply that educators weren't employing evidence-based methods or integrating current research; rather, it highlights the variability in the information provided to parents in Aotearoa. This is contingent on the educator's knowledge, experience, and dedication, due to the absence of a unified framework. Nevertheless, every practitioner demonstrated great innovation and passion in providing parents with valuable resources, including online materials and local service directories.

Empower

The last research objective centred on exploring the future of perinatal services in Aotearoa, examining any adjustments or additional support services implemented to enhance parental empowerment more effectively.

Practitioner Self-care

Self-care emerged as a noteworthy discovery in the study, while not originally part of the research questions, the importance of practitioner self-care routines highlighted their commitment to personal wellbeing. Practitioners emphasised the importance of their relationship with their employers with three practitioners expressing appreciation for supportive teams and employers who offered supervision, coaching and flexible work hours. Conversely, solo practitioners encountered challenges related to their workload, which adversely affected their work. Additionally, they experienced feelings of isolation from their peers and a lack of connection to a team. A recent review of mental health practitioners, emphasised the significance of adopting a proactive stance towards self-care by incorporating practices into clinical training programmes and ensuring professional organisations have self-care protocols (Posluns & Gall, 2020). One practitioner expressed concern about perinatal mental health's lower priority, mainly due to lack of funding for

perinatal postgraduate programmes, which are available for professionals in other mental health disciplines.

Matrescence

Matrescence signifies the profound transformation a woman undergoes, spanning from pre-conception through pregnancy, birth, surrogacy, or adoption, extending into the postnatal period and beyond. This transformative journey encompasses various dimensions bio-psycho-social-political-spiritual and can be likened to the developmental challenges of adolescence (Athan, 2016; Orchard et al., 2023). The duration of matrescence varies for each individual, and it can recur with each child, potentially lasting a lifetime. Although the term "Matrescence" may not be widely recognised, the process itself has ancient origins, rooted in women's role as nurturers throughout human evolution (Athan, 2016). This research affirms the significance of recognising women's personal growth, self-discovery, and profound transformation through matrescence. Practitioners universally acknowledged the vulnerability that mothers can experience, emphasising the need to reframe parental expectations regarding productivity. They stressed the importance of rest, confinement and slowing down during the postnatal period as crucial for recovery and allowing mothers to comprehend and accept this transformative life stage. Enhancing parental resilience through reframing expectations, social support, and community belonging were recommended strategies for preventing maternal depression (Farewell et al., 2022). These sentiments were supported by literature which promoted postnatal cultural practices which nourish mothers physically, mentally and spiritually (Allison, 2016; Hawaikirangi, 2021; Serrallach, 2018).

Lessons from Culture

Throughout the study, culture has been emphasised in various contexts, including Western influences and societal expectations, Mātauranga Māori pregnancy, birth, and parenting customs, as well as the equitable provision of services to all New Zealanders. Mainstream antenatal education in Aotearoa, while beneficial, continues to raise concerns about its compatibility with non-Western cultures with the predominance of western health paradigms, absence of cultural beliefs, insufficient engagement with educational content and delivery methods not aligned with cultural needs (Nikki M Barrett et al., 2022; Dwyer,

2009; Hawaikirangi, 2021). Two services identified themselves as Kaupapa Māori, while a third service characterised its approach as bicultural, aligning with the preferences of its predominately Māori community. Deeply integrating cultural values into parent programmes, as opposed to making superficial adaptations, has demonstrated greater effectiveness, both internationally (Hussein et al., 2023) and in Aotearoa (Gentles et al., 2016; Hawaikirangi, 2021). In this study, culturally designed programmes addressed specific needs by integrating Mātauranga Māori into all aspects of the service from engagement, education, advocacy, and postnatal support ensuring that an environment is established where all participants, regardless of their ethnicity, felt valued and embraced.

Relationships, connection, and a sense of belonging permeating the research as fundamental to parents' engagement and enjoyment of perinatal services; in the absence of this practitioners described isolation and loneliness with negative impacts on maternal mental health. On the contrary, parents who experienced whanaungatanga, feeling acknowledged, respected, and welcomed, had an empowered experience as new parents. This study has illuminated aspects from our distinct bicultural society that could enhance and strengthen the future of mainstream perinatal services and support. Increasing scholarly research is converging with cultural traditions, emphasising prenatal and postnatal support (Low et al., 2021; The Helen Clark Foundation, 2022) and the impacts on maternal emotional wellbeing (Farewell et al., 2022; Wilkinson et al., 2022). Integrating cultural and generational wisdom could facilitate the necessary shift from individualistic and myopic approaches to a more collective, holistic, and shared responsibility for perinatal support and education in Aotearoa.

Postnatal Support

Home visits were promoted as essential postnatal support and were conducted by most practitioners with the exception of one antenatal educator who was funded to deliver group support solely in the community. This postnatal programme covered key perinatal topics like breastfeeding, sleep, mental health, infant development, and birth experiences which are all recommended within postnatal education (Dwyer, 2009; Nolan, 2020). Unfortunately, attendance to the community-based classes remained low, with parents expressing reluctance to leave their homes due to discomfort with breastfeeding in public,

the complexities of venturing out with newborns, and potential concerns related to parental mental wellbeing. These barriers were overcome by the other practitioners as postnatal home visits allowed them to connect with mothers in familiar surroundings, identify needs, provide referrals, and address feeding, sleep, and maternal wellbeing. Some practitioners offered nourishing food, postnatal products, parenting services, and opportunities to join groups when parents were ready.

Homebased postnatal care is provided by several well child providers including Whānau Āwhina Plunket, who has been a leading provider for children's health up to age five, striving to ensure the best start for babies and mothers in Aotearoa (Whānau Āwhina Plunket, 2023). While limited data on service effectiveness is available, a similar nursing program in Australia showed positive impacts on maternal mental wellbeing (Goldfeld et al., 2021). One maternal mental health service in this study collaborated with a prominent well-child provider by co-ordinating their home visits, resulting in improved access to whānau who might not have otherwise engaged. This proactive approach proved highly effective, fostering trust and whanaungatanga with the whānau and allowed both services to build connection, deliver essential education, and extended support during the initial postnatal period. These collaborative relationships create a robust preventative pathway for enhancing parental wellbeing.

Summary

The practitioners in this research drew on their experiences and clearly articulated how parents in Aotearoa were managing their transition to parenthood. To gauge practitioners' view's, we explored three overarching research perspectives of how parents were embraced, educated, and empowered. Their perspectives largely aligned with the existing literature, however, practitioners expressed concerns about broader societal trends that devalue and underinvest in parenthood, noting the impact of a fast-paced, individualistic, technology-driven culture that prioritises employment above all else. The ripple effect of these trends has consequences for New Zealand maternity and mental health services. These were described as primarily reactive, fragmented, challenging for parents to access and under-resourced, particularly in a post-pandemic environment. Isolation and loneliness were experienced by numerous parents who were disconnected from whānau,

and community supports. These challenges were magnified during the COVID-19 pandemic, coupled with significant financial pressure, increased poverty rates, and mothers returning to work early due to financial burdens. During the pandemic, society increasingly turned to technology. However, practitioners cautioned about the drawbacks of social media, which can be a constant distraction and promote unrealistic parenting standards, adversely affecting mental wellbeing.

Prevention was identified as a crucial pathway forward and practitioners demonstrated this through valuing their own self-care and wellbeing practices. Secondly, perinatal education emerged as a preventative early intervention aimed at equipping parents with the crucial knowledge, tools, and confidence to provide their children with the best possible start in life. Practitioners advocated for an expanded curriculum that recognises the collective, multifaceted perspectives on health, wellbeing, culture, and the environment. Specifically, they highlighted content which addressed physical, social, psychological, and emotional aspects of parenting, which aligned with research recommendations. Redesigning perinatal education necessitated an innovative framework grounded in bicultural worldviews ensuring free, accessible, relevant, holistic, and evidence-based information tailored to our diverse society. Practitioners wanted education delivery to be re-examined ensuring it was interactive, empowered and emphasised the importance of whakawhanaungatanga, safeguarding inclusivity to all those involved in raising children.

In envisioning the future of perinatal support, practitioners aimed to embed certain cultural shifts in our approach to preparing parents for this significant life transition. Understanding the process of matrescence, which acknowledges the vulnerability of mothers during this complex transformation and underscores the importance of reframing parental expectations, promoting rest, and fostering resilience. Home-based support during the early postnatal phase was recognised as vital to cater to new parents hesitant to leave home. Practitioners recommended that postnatal home-based support provides an opportunity to discuss matrescence, encourage recovery and deliver additional education that might have been overlooked antenatally. These visits can address specific challenges and provide referrals and support to prevent perinatal distress. In this study, coordinated home visits between perinatal services represented a proactive and collaborative approach

that displayed promising initial results.

In future the development of mainstream perinatal services and education should integrate the findings from this study, of which many align with previous literature in discarding monocultural, individualistic values and content, favouring a collective, inclusive, multicultural approach that recognises the importance of parents in raising the next generation. The final chapter will conclude with a summary of the research findings. Implications for perinatal educational practitioners, communities, perinatal agencies, and policy makers will be discussed along with recommendations for future research.

The final chapter will conclude with a summary of research findings. Implications of the findings for perinatal practitioners, agencies, policymakers, and society will be discussed and recommendations for future research will be provided.

Chapter Six: Conclusion & Recommendations

This research successfully explored the readiness of new parents through support and education, with insights from five perinatal practitioners. It utilised qualitative methods and employed three overarching research perspectives to explore how parents were embraced, educated, and empowered during their transition to parenthood and any impacts on mental wellbeing. Experienced practitioners from diverse agencies provided rich and insightful data on their role in assisting parents during this transformative life stage. The findings suggest that different levels of influence, including macro, mezzo, and micro effects in Aotearoa governed the experiences of parents, and services in perinatal support, and education. Recommendations align with practitioners' experiences and existing international and local literature. It is hoped that this research will help shape the future of perinatal support and education, benefiting individual practitioners, agencies, and policymakers, ultimately leading to improved outcomes for all parents, babies, and whānau in Aotearoa.

Research Conclusions

Embrace

Practitioners identified broader societal trends that undervalue and underinvest in parenthood commenting that our society appears to be driven by a fast-paced, technology-dominated, individualistic, myopic culture that places paid work above all else. Practitioners observed that although this lifestyle is prevalent in many Western nations, the erosion of a collective societal approach in favour of individual success is resulting in significant consequences for both present and future generations. This is substantiated by the concerning rise in maternal mental health issues, including a higher incidence noted in this study. The ramifications of these trends extend to New Zealand's maternity and mental health services which were characterised as reactive, fragmented, difficult for parents to access, and inadequately resourced. Many parents, disconnected from both whānau and community supports, grappled with feelings of isolation and loneliness.

These challenges were exacerbated during the COVID-19 pandemic, alongside substantial financial pressures which increased poverty rates, and mothers returning early to work with their babies spending extended hours in childcare. During the pandemic, there was a notable surge in society's reliance on technology. However, practitioners cautioned against the pitfalls of excessive social media use, which can serve as a constant distraction and perpetuate unrealistic parenting standards, ultimately impacting mental wellbeing. Additional observed pressures were the societal divisions concerning mandates, isolation, and the fear of infection. It was unfortunate that the unique opportunities presented by the lockdowns failed to induce change in our busy lifestyles or foster a lasting collective mindset.

Educate

Prevention was highlighted as an essential focus by all practitioners from their own self-care practices and professional development to the wider perinatal services involved in assisting new parents. Perinatal education presented as an early intervention aimed at empowering parents with essential resources, knowledge, and confidence to nurture their children. Nonetheless, improvements were required, primarily developing a cohesive framework that integrates relevant, holistic, and evidence-based content grounded in a bicultural perspective. This approach should encompass various aspects of wellbeing, culture, and address the intricate factors affecting new parents. A one-size-fits-all approach was not supported; instead, it highlighted the need for a cohesive, holistic framework to implement research recommendations effectively for tangible benefit to parents.

Improvements to the delivery of education included adult teaching principles, strength-based and engaging approaches with an inclusive mindset to accommodate a wide range of parents including those from various cultures and family structures such as blended families, gender-diverse parents, or single parents. Altering the timing of education delivery could address obstacles such as parents' receptivity to information, reduced engagement, and reluctance to leave home. This adjustment revealed that the early postnatal period offers an excellent opportunity for additional education and support. Alongside their teaching methods practitioners understood relationships and connection were essential.

They prioritised whakawhanaungatanga as it fostered engagement and empowered whānau, safeguarding the inclusion of all whānau involved in the baby's life.

Empower

In this study, a key preventative strategy involved embedding cultural shifts in our approach to preparing parents, particularly mothers, given their additional experience of pregnancy, childbirth and typically being the primary caregivers. All practitioners understood the importance of comprehending matrescence, which acknowledges the vulnerability of a woman's journey as she adjusts to new roles, relationships, responsibilities as well as managing emotional, spiritual, and social changes. Practitioners believed that discussing matrescence destigmatises difficulties, validates emotions and empowers mothers to embrace their transformative journey with a positive outlook, benefiting maternal mental wellbeing and prompting reflection on life values and purpose. Much of the adjustment support was conducted during the home-based postnatal visits where practitioners reframed societal and parental expectations, redefined productivity, promoted postnatal recovery, and provided referrals whilst cultivating parental resilience to mitigate perinatal distress. The value of postnatal care was exemplified in this research by the coordinated, collaborative home visits between perinatal services and a proactive approach to deliver mental health services for fathers which indicated promising initial results. One of the major gaps being filled by practitioners was the absence of grandparents or wider whānau due to estrangement, immigration and relocation, or grandparents still working full-time. Another notable social change was the declining trend in the transfer of generational wisdom, necessitating parental education. Traditionally, childbirth and parenting skills were passed from parents to children, but today, practitioners observed many adults have limited childcare experience.

This research has concluded that several changes in the ways parents are embraced, educated, and empowered are necessary to enhance perinatal wellbeing during the transition to parenthood in Aotearoa. Practitioners envisioned the future of perinatal services and education to adopt a bicultural, collective, and holistic approach that harnesses the potential of parents, valuing their contributions for the wellbeing of mothers, fathers, their children, whānau, and the community. It is anticipated that this research will play a

role in shaping the future of perinatal support and education, benefiting individual practitioners, agencies, and policymakers, ultimately resulting in improved outcomes for all parents, babies, and whānau in Aotearoa.

Recommendations

This research highlights that navigating the journey to parenthood in Aotearoa is a complex endeavour. To optimise outcomes for babies, parents and the wider whānau, it is essential to integrate perinatal support and education at different societal, community, and whānau levels, rather than focussing solely on parents in isolation from these broader influences. Prevention was deemed the most vital aspect for future development, emphasising broad, population-wide approaches centred on early intervention education and support within the perinatal sector to promote perinatal mental wellbeing during the transition to parenthood. Four specific preventative measures were proposed to affect tangible improvements for parents.

- Redeveloping the national perinatal education system with a strong bicultural foundation to produce free, accessible, holistic, cohesive, and evidence-based content that incorporates diverse worldviews and collective perspectives on pregnancy, birth, and parenting. The delivery of education should utilise innovative approaches that align with parental needs and engagement which prioritises whakawhanaungatanga.

- Enhancing postnatal home-based support with a mother-centric approach emphasising her wellbeing in addition to the baby's. Designing this support to promote recovery and reinstate forgotten traditions with value postnatal recuperation. For mothers lacking whānau support, providing the necessary guidance to prevent them from relying on social media as sole reference for reality. Ensuring personalised support is holistic, relevant, inclusive, and cultivates parental resilience and confidence.

- Recognising matrescence as a profound transformation encompassing biological, psychological, social, political, and spiritual aspects in women. Educating parents, communities, and society about the significance of understanding the vulnerability of this process. This includes reframing productivity, advocating postnatal rest, adjusting expectations, dispelling motherhood myths, validating challenges and emotions, enabling recovery and acceptance, and facilitating a gradual adaptation to her new life's purpose. This approach allows us to safeguard maternal mental wellbeing and restore the honour and reverence aligned with the Māori perspective of motherhood, known as te whare tangata.

- Lastly, these recommendations are grounded in a broader societal shift towards recognising the value of parenting and the role it plays in shaping the next generation. There are distinct challenges for parents in contemporary Aotearoa driven by the dominance of individualised, economic pursuits of success, often within an unsustainable and demanding lifestyle that can lead to feelings of loneliness or mental distress. It is essential to invest in parents, not only financially but also emotionally, fostering a collective understanding that can potentially transform the parenting experience and support perinatal mental wellbeing during the transition to parenthood.

Summary

In conclusion, this research has successfully achieved its goal of exploring the preparedness of new parents through perinatal education and support with consideration for their mental wellbeing, as examined by five perinatal care practitioners. Although the scope of this research has been limited to a small-scale qualitative study the practitioner insights can help inform the future of perinatal support and education by developing preventative approaches that enhance parental mental wellbeing. Our political leaders, and the custodians of the new healthcare system must grasp the evidence, advocate for the needs and rights of children, parents and whānau. For perinatal practitioners, agencies, and policymakers this research signposts a way of integrating Western and Māori understandings

and the need for policies that revive and elevate the mana and unique status of parents who are bringing through new life and nurturing the next generation of New Zealanders.