



**The Royal Australian  
and New Zealand  
College of Obstetricians  
and Gynaecologists**  
*Excellence in Women's Health*

11 June 2020

Ministry of Health  
[MHAD-responses@health.govt.nz](mailto:MHAD-responses@health.govt.nz)

## COVID-19

### **Kia Kaha, Kia Maia, Kia Ora Aotearoa: Psychosocial and Mental Wellbeing Recovery Plan**

Thank you for the opportunity to provide feedback on the COVID-19 Kia Kaha, Kia Maia, Kia Ora Aotearoa: Psychosocial and Mental Wellbeing Recovery Plan.

#### [About the Royal Australian and New Zealand College of Obstetricians and Gynaecologists](#)

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) is a not-for-profit organisation dedicated to the establishment of high standards of practice in obstetrics and gynaecology and 'excellence in women's health'. The College trains and accredits doctors throughout Australia and New Zealand in the specialties of obstetrics and gynaecology. The College also supports research into women's health and advocates for women's healthcare by forging productive relationships with individuals, the community, professional organisations and government.

In New Zealand RANZCOG's Te Kāhui Oranga ō Nuku supports College activities, taking into account the context of the New Zealand health system and the needs of women in Aotearoa New Zealand. A particular focus of Te Kāhui Oranga ō Nuku, and its sub-committee He Hono Wāhine, is recognising Māori as tangata whenua and supporting initiatives that will improve equity of outcomes.

#### [Feedback on the recovery plan](#)

RANZCOG supports the Covid-19 pandemic 'lockdown' measures implemented to protect the health of all New Zealanders. We acknowledge the impact that the pandemic and lockdown has had, and will continue to have, on New Zealanders, and RANZCOG supports the development of a plan to assist with psychosocial and mental wellbeing recovery.

#### **'Who' is impacted**

The plan lists groups whose wellbeing have been disproportionately impacted by the pandemic. Women who were pregnant, gave birth or had young babies during the lockdown period have also been disproportionately impacted so we recommend that this group is added to the list of 'Who is impacted' on pages 11-12 of the report.

#### **Why pregnant women and new mothers were impacted**

Maternal mental health is a serious concern in New Zealand with suicide the single largest cause of maternal death and around 15% of women who give birth are impacted by postnatal depression.

During the Covid-19 lockdown in Alert Levels 4 and 3 a number of measures were put in place in our health system to protect the safety of patients and health care workers. While important protections, these

measures have a range of consequences for pregnant women. We do not yet have evidence about the short or long-term impacts of this. RANZCOG and the New Zealand College of Midwives have recently written to the Ministry of Health recommending that the Maternity Consumer Survey be conducted soon, to capture information about women's experiences of maternity care through the pandemic period.

### **Impacts on pregnant women and new mothers**

The Covid-19 pandemic and safety measures put in place to slow the spread had a range of impacts on pregnant women and new mothers:

- There has been uncertainty about the potential risks and impacts of Covid-19 during pregnancy. Early data from overseas indicated that there was not an increased risk of catching Covid-19 during pregnancy and data also did not show increased impact of the virus on pregnant women or vertical transmission of the virus from mother to baby. However, there was (and to some degree remains) uncertainty about the impact of Covid-19 on pregnancy and it was RANZCOG's experience that there was heightened anxiety from women about their pregnancies and wellbeing during this period, especially for those working in healthcare or other essential work.
- For the safety of women and their maternity carers there was reduced face to face antenatal care during Alert Levels 3 and 4, with most antenatal care provided by phone or video conferencing. Where antenatal care was provided in person during the 'lockdown' there were significant restrictions on the presence of support people and strict requirements around access and PPE.
- For those giving birth during the lockdown period there was heightened anxiety of virus transmission in hospital environments, anecdotally leading to an increase in home births. There were strict requirements around access and women were cared for by staff wearing full PPE. Hospital safety protocols during Alert Levels 3 and 4 placed significant restrictions on support people during labour and antenatally. A single support person was allowed during delivery, but during Alert Level 4 support people were not allowed while women and babies were in hospital antenatally. RANZCOG members report that while an important safety measure, this lack of support during a momentous time in life had a significant impact on women and their families.
- New mothers were also impacted by reduced support after returning home. Post-natal care was largely remote, and lockdown meant the support that would often be provided by friends and family outside of the immediate 'bubble' was not an option.

So pregnant women faced fear about the virus, difficult environments in hospital and care settings and reduced support at a critical time in their lives – all of which has the potential to impact on maternal mental health and wellbeing. Maternal mental health is important because of the role women often play in supporting whānau. Improving the health of women improves the health of whānau and communities. Correspondingly postnatal depression is a significant issue because of its impact on the health and wellbeing not just of women but also their, partners, children and wider family. Postnatal depression can lead to depression in the woman's partner, and cognitive, emotional and behavioural difficulties in babies and young children.

Addressing the mental health and well-being of women around pregnancy and after birth will make a significant contribution not just to the wellbeing of women, but also to families and communities.

### **Supporting women impacted**

It is important that dedicated funding is made available for maternal mental health and that women have access to specialist mental health services. Key to this is equitable access including for those often underserved such as young women, Māori and Pasifika and women living rurally.

Given the vulnerability of maternal mental health in New Zealand and the consequences of the Covid-19 lockdown restrictions for pregnant women and new mothers, focusing on the psychosocial and mental wellbeing of these women will be an important part of overall recovery.

If you need further information on any of the comments above please contact me through Catherine Cooper, RANZCOG New Zealand Manager at [ccooper@ranzco.org.nz](mailto:ccooper@ranzco.org.nz).

Ngā mihi

A handwritten signature in black ink, appearing to read 'Celia Devenish', with a large, stylized loop at the end.

Dr Celia Devenish  
Chair, Te Kāhui Oranga ō Nuku