Submission to the Select Committee on Women's Health

Submission contact

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About this submission

This submission was prepared by Dr Jane Rich, Danielle Tynan, Abby Partridge and Teghan O'Beirne on behalf of the Mental Health Innovation Team (MHIT), Hunter Medical Research Institute and Prof Deb Loxton, Natalie Townsend and Emma Byrnes on behalf of the Centre for Women's Health Research (CWHR), University of Newcastle.

This submission is written as a collective of mental health academics, social work clinicians and psychologists with expertise in women's health. For the past two years, MHIT and CWHR have been co-designing, developing and pilot testing a perinatal wellbeing initiative 'Morning Tea Talks' (MTT) delivered in Newcastle and the Central Coast, NSW. MTT is a 7-week program for pregnant and postpartum women designed to support wellbeing. The MTT program was conducted with four unique groups of women and the program was tailored to meet the needs of each group. The first two groups (total of 19 participants) included primarily pregnant women who were recruited from the general public. The second two groups (28 participants to date) include primarily women who had given birth, with children aged from two months to five years. These women were recruited from a young parent's college. As at October 2026, the MTT program is still underway with the fourth group.

This submission focuses on preliminary findings from the MTT program and our content expertise in this sector more broadly. The submission includes select literature from the Australian Longitudinal Study of Women's Health (ALSWH), which is a national health study of over 57,000 women in four age cohorts, which is housed within the CWHR.

The below alphabetised Terms of Reference are addressed in this submission:

(a) best practice approaches to postpartum healthcare, including the delivery of physical and mental health support and services for mothers and their partners including those who have experienced infant loss;

(c) best practice pregnancy and postpartum care models to support long-term maternal physical and mental health; and

(d) the cost and accessibility of postpartum healthcare, including mental health supports and services.

Best practice in pregnancy and postpartum mental health care

Mental health of women in the perinatal period

Women of childbearing age are reporting mental health issues at higher rates than any previous generation. Data from ALSWH showed 43% of women reporting depression and 44% experiencing an anxiety disorder by the time they were aged 25-30[1]. In addition, previous mental health has been found to be the most important risk factor for postnatal depression and anxiety[2]. The perinatal period can also be a time of heightened mental health vulnerability, due to various risk factors including sleep disruptions, socio-economic stressors and birth-related trauma[3]. However, social support is a known protective factor and can mitigate the effects of mental ill health[3]. Therefore, the perinatal period is an important time to promote social connection and provide mental health support to women.

Targeting wellbeing for women in the perinatal period

The MTT program aligns with key principles of best-practice pregnancy and postpartum care models by adopting a holistic, tailored, and preventative approach to maternal wellbeing. MTT recognises that maternal mental health is shaped not only by physical health, but also by social connection, wellbeing, identity transition, parenting confidence and access to community resources in line with Bronfenbrenner's ecological systems theory[4]. Furthermore, preliminary positive feedback from participants and facilitators from MTT sessions to date provide some support for further development, testing and feasibility assessment of social connection and wellbeing programs for women in the perinatal period.

Cost and accessibility of postpartum mental health services

Barriers to accessing mental healthcare during the perinatal period

Many women experience barriers to accessing formal postpartum and mental health care, including financial costs, long waiting times, limited-service availability, childcare responsibilities, transport difficulties, and uncertainty about where to seek support[5].

Improving access to perinatal wellbeing support

Further to this, we undertook a preliminary review of publicly available information and identified a critical accessibility service gap for women during pregnancy and the postpartum period. Antenatal classes and traditional mothers' groups are routinely offered throughout Australia with a strong focus on birthing, breastfeeding, and infant

milestones, yet there is nothing routinely available to support the wellbeing of mothers during the perinatal period. MTT fills this gap, as the program focuses on providing a safe space where wellbeing is the focus and healthy and robust social connections can be formed and maintained.

MTT provides a free, 7-week evidence-based approach to support wellbeing that complements existing healthcare services by creating opportunities for women to connect with peers, access evidence-informed wellbeing information, and engage in facilitated discussions about common perinatal experiences and challenges. The MTT program was designed to remove access and cost barriers for participants, enabling 47 women to participate in the program.

Recommendations

Despite evidence that the perinatal period is a time of vulnerability for mental ill health among women, there are no easily accessible and freely available services that focus on women's wellbeing and enhancing social connection during this time. Further research should be co-designed using a collaborative approach between women with lived experience, researchers and health professionals to:

1. Evaluate the effectiveness of the MTT wellbeing program for women in the perinatal period.
2. Evaluate the accessibility of the MTT wellbeing program and identify any barriers to access.
3. Investigate how best to embed perinatal wellbeing programs into regular maternity care.
4. Undertake a cost benefit analysis and assess the feasibility of a larger trial of the MTT wellbeing program for women in the perinatal period with additional at-risk populations, such as women living in regional and remote areas of Australia.

References

1. ALSWH 1989-95 Cohort Survey 6 Databook: https://alswh.org.au/for-data-users/data-documenttation/data-books/
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3. Australian Institute of Health and Welfare (2024) Perinatal Mental Health Screening in Australia. Available at: https://www.aihw.gov.au/reports/mothers-babies/perinatal-mental-health-screening-australia/contents/what-is-perinatal-mental-health (Accessed: 06 October 2026).
4. Bronfenbrenner, U. (1979). The Ecology of Human Development: Experiments by Nature and Design. Harvard University Press.
5. Kavanagh, B.E., Corney, K.B., Beks, H. et al. A scoping review of the barriers and facilitators to accessing and utilising mental health services across regional, rural, and remote Australia. BMC Health Serv Res 23, 1060 (2023). https://doi.org/10.1186/s12913-023-10034-4