

It is remiss and possibly negligent not to consider the impact of maternity care on when undertaking an inquiry into the role of improving mental health to support economic participation and enhancing productivity and economic growth.

Girls and women carry more than babies. They carry families. They carry businesses. They carry potential. And when we invest in their health, rights and well-being, it creates a positive ripple effect that lifts up entire countries. (Iversen, Women Deliver Conference, 2016).

In health, it's obvious that well-chosen preventive health measures will yield big payoffs to taxpayers down the track.

One area that can contribute significantly to improving the mental health in our community is a focus on maternity care and infant health. A healthy, strong and confident mother gives a baby the best start at birth, influencing the long-term wellness of her child.

Australia has no true understanding of the real impact of pregnancy and birth and the consequence for our community? Damaged mother child relationships are known to impact on child development and future quality of life. The health status following childbirth has productivity implications of lost work performance due to ongoing ill health.

The concept of "safe motherhood" is usually restricted to physical safety at birth. Safe Motherhood is more than the prevention of death and disability. It is also respect for every woman's basic human rights: autonomy, dignity, feelings, choices, and preferences. Cultural, emotional, social, psychological and spiritual safety, rarely appear in the discussions. Yet, not only do these factors dominate women's thinking, research indicates ignoring its importance is potentially deadly." (Lock, 2014) & (Dahlen 2015).

The medicalisation of pregnancy has distracted us from the fact that childbearing is a complex social phenomenon, deeply embedded in culture and history. Intervention in childbirth seems to have reached a stage where the increasing reliance on technology & interventions may be having a negative effect at a time when the majority of Australian are experiencing better physical, emotional and social health advantages. There has never been a safer time for a woman to birth yet Maternal Mortality appears to now be rising and suicide is becoming a leading cause of death, (Walker, KF; et al, 2014, Thorton, C et al, 2013; and Ellwood, D; 2016). The high level of intervention has unintended negative consequences - 30 per cent of women report that their birth was traumatic; that they feared for their life, or their baby's life; of these women about 6 per cent go on to develop post-traumatic stress disorder, (Gamble, J, 2011).

Poor pregnancy and birth outcomes have a profound impact on parents. Many suffer from ongoing depression and anxiety exacerbated by having to manage chronic pain, have ongoing health care needs as a consequence of iatrogenic injury to the mother and child, the effects often lasting long periods of time. There is a heightened risk of stress and anxiety in subsequent pregnancies. Poor birth outcomes put considerable strain on marital or partner relationships which has flow-on effects for the other children, as poor early relationships in child hood lead to great vulnerability in life, (Fisher & Rowe, 2013).

There is no real comprehensive understanding of the long term impact on health and well-being for parents suffering from disability, grief, anxiety and depression for long periods of time following a traumatic birth.

It is difficult to fully understand and quantify the loss of productivity within the Australian community related to pregnancy and birth. The *Cost of Postnatal Depression in Australia* Report 2012 is useful in understanding the impact. Rates for Australian Women that:

- experience acute stress disorder - 2% - 6%
- develop Post-Traumatic Stress Disorder (PTSD) following childbirth - 9% -
- with PTSD have depression 11 months after birth - 65% of.
- suffer PND 15 –20 %. (Evans, Kathy; 2010)

The *Cost of Postnatal Depression in Australia* report shows that perinatal depression will affect nearly 100,000 new parents in 2012. This includes 1 in 7 new mothers and 1 in 20 new fathers. The report also outlines the \$433.52M cost to the Australian economy. The report shows that in 2012:

- Lost productivity due to perinatal depression will cost Australian workplaces \$310.34M, with costs substantially higher for men than for women.
- Government and private direct health care costs of \$78.66M (including primary care, psychiatrist and allied health services, medications, hospital, and community mental health services).
- Costs to the wider community of \$44.53M resulting from direct expenditure on health services for people with perinatal depression and forgone taxation revenue due to lost earnings.

Total costs to government attributable to maternal and paternal PND were estimated at \$40.52 million in 2012. Private costs were estimated at \$38.13 million, including \$22.69 million to private health insurance funds and \$15.44 million to individuals. Total costs for maternal and paternal PND (governments and private) were estimated at \$78.66 million. (Deloitte Access Economics, 2012)

Perinatal depression was estimated to cost the Australian economy \$433.52 million in 2012, in financial costs only (\$4,509 per person with perinatal depression). In addition to the financial costs, perinatal depression equates to a loss of 20,732 DALYs in 2012, which represents a significant disease burden. The majority of the economic costs attributable to perinatal depression result from lost productivity in the workplace. These findings are consistent with other studies of the cost of depression (e.g. Greenberg et al. 1993) & (Deloitte Access Economics 2012).

A social and emotional well-being understanding of psychological functioning should underpin efforts to address mental health of childbearing women. This is a distinctively different way of conceptualising a person's state of mind. It emphasises connections and relationships with and between the body, mind and emotions, family and kinship. It is an approach focusing on factors that support human health and well-being, rather than on factors that cause disease. If we prioritise this approach, rather than the mainstream concept of mental health dysfunction, we might finally make some inroads into the rising occurrence of postnatal depression and its impact on the infant and families

One of the smartest investments a society can make is to foster the health of its mothers. Healthy mothers raise healthier children, which boosts the productivity and stability of communities and economies. We need to embrace the continuum of mother and child health to provide more effective care and use of resources so as to achieve health benefits to mothers, children and their families across their lifetimes.