Patient experiences of postnatal care

Adelaide Mums & Babies Clinic

Submission to the Senate Select Committee on Women's Health

Prepared by Adelaide Mums and Babies Clinic from its September 2026 patient survey

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"As soon as my baby was born, it felt like I was no longer viewed as needing care. I felt unimportant."

Survey respondent | Q10, response 154, page 42. Excerpt.

What we ask the Committee to hear

This submission presents patients' experiences of postnatal healthcare, including the support they valued and the barriers they encountered.

In September 2026, Adelaide Mums and Babies Clinic (AMBC) asked our patient community about life after having a baby: what had been difficult, what had helped, and what they wanted this inquiry to understand. The final question received 227 written responses.

Their accounts include pain, uncertainty, loneliness and the exhaustion of having to keep asking for help. They also describe care that changed the experience of becoming a parent: a doctor who listened, a midwife who knew them, practical help with feeding, treatment for depression, or a group of other parents who became friends.

"After months of feeling lost, I finally felt heard, seen and supported."

Survey respondent | Q10, response 44, page 29. Excerpt.

One respondent described what finding that care meant:

Respondents described greater confidence, practical improvements in feeding and being able to enjoy time with their babies after receiving support. Their accounts help identify the aspects of care that made a difference to them.

Affordability remained a concern, including among women who valued the care they received. Some described limiting appointments or follow-up because of cost. We ask the Committee to consider how the care patients identify as helpful can be made accessible to more families.

AMBC has selected and organised the experiences in this submission. The quotations are patients' own words; the connecting passages are our synthesis. The respondents have different experiences and views, and this document does not imply that each has endorsed every recommendation. Our separate clinic submission explains the service model and funding changes we propose. This submission focuses on the experiences informing those proposals.

The range of postnatal healthcare needs

Feeding, sleep, physical recovery and emotional wellbeing appeared throughout the responses. Among 338 people answering the first question, 69.53% identified infant feeding as a major challenge, 63.91% infant sleep and 58.88% mental health or emotional wellbeing. These were reported experiences, not clinical diagnoses. [Q1, pp. 1–3]

Obtaining help and being heard

One respondent described difficulty asking for help:

This identifies a barrier when services rely on women recognising a problem, finding a professional and arranging care themselves. Some respondents also described asking for help but feeling unheard. Of 334 respondents, 78 (23.35%) selected having their concerns dismissed or minimised as a barrier to postnatal care. [Q3, pp. 5–8]

> ***"I wish my pregnancy and postpartum struggles were not seemingly invisible to healthcare professionals."***

Survey respondent | Q10, response 101, page 36.

> ***"I did not have the capacity to ask for help. As a first time mum I did not know what I needed or what would help, I was struggling but felt too overwhelmed to ask for help."***
>
> Survey respondent | Q3, other response 40, page 8.

Physical recovery and pelvic health

Of 338 respondents, 107 (31.66%) identified physical recovery from pregnancy or birth as a major challenge, 79 (23.37%) pelvic floor or continence problems and 57 (16.86%) sexual health or pain. [Q1, pp. 1–3]

One respondent explained how access to care could have affected everyday life:

> ***"Affordable access to both mental health and pelvic floor physiotherapy support through pregnancy and post partum would have had a major impact on my ability to care for my child, return to work and exercise."***
>
> Survey respondent | Q10, response 100, page 36.

These responses identify a need for attention to the mother's own recovery, alongside feeding and infant care.

They also describe needs continuing beyond the early weeks:

The survey includes experiences after subsequent births, multiple births, neonatal care and pregnancy or infant loss. Follow-up needs to reflect these differing circumstances and continuing concerns.

> ***"A woman's postpartum challenges don't end after her 6 week checkup."***
>
> Survey respondent | Q10, response 71, page 32. Excerpt.

What patients valued in their care

Time and practical assistance

One respondent described an appointment at AMBC in which she could breastfeed, ask questions and receive practical help as difficulties arose:

> ***"They sat with me, listened, watched me breastfeed and provided hands-on support."***

Survey respondent | Q10, response 54, pages 30–31. Excerpt.

She explained why that time mattered:

> ***"I could feed my baby there, ask questions as they arose, and work through something that had felt difficult with someone beside me."***

Survey respondent | Q10, response 54, page 31. Excerpt.

Her request to the Committee was clear:

> ***"If there is one thing I would want the Senate inquiry to understand, it is that time is healthcare."***
>
> Survey respondent | Q10, response 54, page 31. Excerpt.

Of 329 respondents, 214 (65.05%) selected longer appointments as valuable, 221 (67.17%) feeling listened to and taken seriously, and 229 (69.60%) additional breastfeeding and lactation expertise. This account illustrates how time allowed practical assistance during an appointment. [Q6, pp. 16–18]

Care for mother and baby together

Respondents valued having their own health considered alongside their baby's. One wrote:

> ***"Without having a doctor who would address both my baby and my health concerns, as I was lucky enough to have, I would have forgone any appointments for myself and only attended for my baby."***

Survey respondent | Q10, response 35, page 28. Excerpt.

Continuity and preparation

Another described the value of a healthcare team who knew her history when she had a subsequent child:

> ***"When it came to my second child. I knew better and was better prepared along with my health care team who knew, and remembered me, and the challenges that I might face. We were proactive not reactive."***

Survey respondent | Q10, response 129, page 39. Excerpt.

These accounts identify distinct features of helpful care: sufficient time, relevant expertise, attention to both patients and a continuing relationship that supports planning and follow-up.

Finding confidence and connection

Respondents described changes in confidence and wellbeing after receiving support. One wrote:

> ***"I feel that I was able to enjoy that time of my child's life due to the support I had through AMBC."***

Survey respondent | Q10, response 93, page 35. Excerpt.

Being able to enjoy time with a baby, feel more confident and obtain trusted advice were important aspects of the experiences described.

Connection with other parents could also last well beyond a program. A respondent who attended a group for families with unsettled babies described the comfort of meeting others experiencing similar difficulties:

> ***"Also, our babies are now turning 4yo and we still catch up and are in contact!"***

Survey respondent | Q10, response 111, page 37. Excerpt.

The survey contains positive experiences across different parts of the health system. One respondent described continuity with her midwife:

> ***"It enabled me to build rapport with my midwife and to feel safe at such a momentus and vulnerable time in my life. I felt listened to, cared for and advocated for."***

Survey respondent | Q10, response 104, page 36. Excerpt; original spelling retained.

Another described practical feeding help, psychological support and rest during a stay at Torrens House, followed by ongoing support from a child and family health nurse. Her account identifies practical assistance, psychological care, rest and continuing follow-up as helpful elements of care. [Q10, response 99, page 36]

There is no single experience of postnatal care in these responses. Some women described AMBC care that did not meet their needs, including feeling dismissed, wanting more follow-up or finding advice unhelpful.

One wrote:

> ***"I wish someone had followed up and maybe asked how it went etc and things had improved."***
>
> Survey respondent | Q10, response 169, page 43. Excerpt; original wording retained.

This feedback identifies the importance of checking whether advice has helped and offering reassessment when concerns persist. Follow-up and responsiveness are part of the care patients are asking for.

Care families value but struggle to afford

The woman who said she would have forgone appointments for herself also described financial stress from the joint appointment. Other respondents also described difficulty affording care they valued.

> ***"I absolutely love the Mums and Babies clinic but the pricing is so out of reach for myself"***

Survey respondent | Q10, response 87, pages 34–35. Excerpt.

Another wrote:

> ***"I would have gone to AMBC if there were more available appointments at shorter notice and if the appointments were less costly."***

Survey respondent | Q10, response 110, page 37. Excerpt.

Across postnatal healthcare generally, 131 of 334 respondents (39.22%) selected cost as a barrier. The comments describe difficult decisions about follow-up, physiotherapy, psychological support and feeding care.

One family explained the consequence:

> ***"We were struggling financially so somewhat 'rationed' our healthcare and only sought care for severe problems."***

Survey respondent | Q10, response 220, page 48. Excerpt.

Other women described having the education, income or family support to find and pay for care. They recognised that these advantages were not available to everyone. One respondent asked for the AMBC model to be accessible through the public health system:

> ***"I was fortunate enough to access it, but access should not depend on knowing where to look or being able to afford care."***

Survey respondent | Q10, response 8, pages 24–25. Excerpt.

These accounts identify affordability across a course of care as a concern. A family may be able to attend once but struggle to fund follow-up, another professional or ongoing treatment.

The responses also show that practical access matters. Leaving home with a newborn, travelling a long distance, organising other children and finding an available clinician can be difficult. Women described the value of home visits, telehealth, appointments arranged ahead of time and someone who helped them find the next service. Cost, availability and practical access therefore need to be considered together.

Priorities arising from patients' experiences

AMBC asks the Committee to consider the following priorities drawn from the survey. They reflect recurring themes across different accounts, rather than a claim that every respondent endorsed the same proposals.

Time and skilled practical support. Allow enough time for assessment, questions and assistance, including feeding support, rather than relying on information alone.

Care for the mother as well as her baby. Make physical recovery, pelvic and sexual health, and mental health part of postnatal care, with affordable access to appropriate treatment.

Continuity and follow-up. Help families obtain care from professionals who know their history, review whether treatment is helping and respond when concerns persist beyond the early weeks.

Affordable and accessible care. Reduce the need to delay appointments, ration follow-up or choose between services. Address availability, travel and the practical difficulty of attending with children.

Preparation and connection. Prepare families for life after birth, help them find support and provide opportunities to connect with other parents. Services should respond to differing family circumstances, including subsequent births, loss, disability, cultural needs and rural isolation.

One respondent wrote:

> ***"I wish this level of postnatal and family healthcare was accessible to every mother."***
>
> Survey respondent | Q10, response 205, page 47. Excerpt.

We thank the respondents for sharing their experiences. Their accounts identify care that has helped, gaps that remain and barriers to obtaining support. Our companion clinic submission sets out the funding and service proposals informed by these priorities.

About this evidence

Source: AMBC final survey, SurveyMonkey report, September 2026, 48 pages. The final question records 227 answers and 113 skips, indicating 340 survey records in the export. The questions used here have different response counts: Q1 338, Q3 334, Q6 329 and Q10 227. Percentages use each question's own denominator; multiple selections were allowed where indicated.

This was a voluntary survey of the AMBC patient community, not a nationally representative study. Findings describe respondents' experiences and do not establish clinical causation or the experience of all families. Some respondents had not used AMBC for postnatal care. Positive and critical accounts are included. The survey advised that de-identified comments could be used in AMBC's submission. Quotations are verbatim excerpts, with source locations supplied; clinical claims within individual accounts have not been treated as independently verified findings. Connecting text and recommendations were prepared by AMBC.