

If we want more babies, take better care of the mother

A difficult birth has been linked to some women putting off or ruling out another child.

**Harshini Suresh
and Rebecca Koh**

Three days after giving birth, a mother leaves the hospital still sore, surviving on snatches of sleep and unsure whether her exhaustion is normal or a sign that something is wrong. She knows she can seek help, but is reluctant to make a fuss. So, she doesn't seek out a healthcare professional, and just carries on as best she can.

Nothing in that situation is a clinical failure. It is simply a system that waits to be approached by the person needing help. And some new mothers are falling through the cracks.

A review of international studies by researchers at the National University of Singapore found that some women who had negative childbirth experiences were more likely to delay having another child or decide against it altogether.

These studies show an association, not cause and effect. But if Singapore wants couples to have more children, it cannot afford to overlook how mothers are cared for after giving birth.

THE 'BEFORE' BIT IS COVERED, IT'S THE AFTERWARDS

For most mothers, parenthood does not begin at childcare registration. It begins at antenatal clinics and delivery suites, and continues through physical recovery and the first weeks of learning to feed and settle a newborn.

Yet, this period is also the stretch where contact with the health system is most structured before birth and often less

defined after discharge.

Antenatal care has been built over decades into a defined pathway with defined touchpoints.

For nine months, care is intensive and scheduled: appointments, scans, tests and a clear sense of who to call. After delivery, the focus shifts, understandably, to the baby. But for the mother, those same weeks are when recovery, sleep deprivation, feeding difficulties and emotional strain often arrive together.

A 2024 study from KK Women's and Children's Hospital (KKH) found that some women at risk of postnatal depression held back from accepting a referral to a psychiatrist. Many cited practical concerns: lack of time, no one else to look after their children, or the cost of treatment.

Others feared people would think they were mentally ill or

A review of international studies by researchers at the National University of Singapore found that some women who had negative childbirth experiences were more likely to delay having another child or decide against it altogether. These studies show an association, not cause and effect. But if Singapore wants couples to have more children, it cannot afford to overlook how mothers are cared for after giving birth.

unable to cope. Some saw their symptoms as a normal part of adjusting to motherhood, and waited for them to pass.

A separate study of primary care physicians here, published in BMC Family Practice, described the constraints they face in managing post-partum care. Doctors highlighted rushed consultations – often lasting five to 10 minutes when most felt 15 to 20 minutes were needed – alongside expensive or delayed lactation support, limited access to community mental healthcare, and poor handovers from specialists after delivery.

The problem is not that no one asks how mothers are doing. Screening exists. But asking does not always lead to help. In the KKH study, women identified as at risk still held back from accepting a referral. Doctors in the primary care study also said mothers often miss their postnatal review, as the appointment is not booked with any particular doctor and new mothers have many competing demands.

Singapore has invested in some post-birth mental healthcare: KKH runs the Postnatal Depression Intervention Programme and a universal antenatal screening programme, the National University Hospital operates the Women's Emotional Health Service, and Family Nexus hubs now co-locate health and social services for families with young children in the community.

According to the Ministry of Health, these two hospital programmes alone had reached more than 165,000 women as at December 2020. The postnatal care pathway is taking shape. Extending it further is the logical next step.

CONTINUED ON PAGE B2

Post-partum support should be proactive

FROM B1

Indeed, MP Elysa Chen called for structured post-partum home visits in a child's first year during a parliamentary adjournment motion in early August. Minister in the Prime Minister's Office Indranee Rajah said the Marriage and Parenthood Reset Workgroup, due to report in early 2027, would study her suggestions on post-partum support.

WHAT WOULD HELP AFTER BIRTH

Three changes would help, and each can build on touchpoints that already exist.

First, prepare parents before birth for what the weeks after birth actually involve. In a Singapore study of first-time mothers, participants said they wanted more information and hands-on practice before going home. Some were unsure whether it was appropriate to call the hospital about non-medical concerns after discharge.

Parents should be told plainly that the early weeks are frequently hard, that feeding often does not go to plan, and that struggling is common rather than a sign of failure. This helps families recognise problems earlier and seek help sooner.



Many mothers may not need extra help, but those who do are often the least likely to initiate contact themselves, say the writers. A hotline number is useful, but it is not the same as someone reaching out. PHOTO: ISTOCKPHOTO

Second, make postnatal support proactive rather than opt-in. Within the first six weeks, every mother should be offered a proactive check on her own

recovery, not only the baby's, delivered at home where that works best.

Many mothers may not need extra help. But those who do are

often the least likely to initiate contact themselves. A hotline number on a discharge sheet is useful, but it is not the same as someone reaching out.

This check should also include the partner. Fathers are often the first to notice when a mother is struggling. Equipping them to recognise signs of distress in their partner and in themselves helps turn them from well-meaning helpers into confident co-parents.

And ensure follow-up checks lead somewhere. Questions asked about mum's mood during a child's vaccination visit work best when a concerning answer triggers a clear next step. Screening is useful only if it is connected to timely support.

The point is to recognise that a baby's well-being is closely tied to the well-being of the person recovering and feeding, soothing and caring for them.

WHERE THIS SITS IN THE PARENTHOOD RESET

Keeping mothers in view is not selfish; it is one of the most practical ways to help families thrive.

Employers have a part in this, too. Leave entitlements matter. But it would be good if employers didn't expect a returning parent to perform as though nothing happened. Managers could ask how the first months went, and treat a phased return as normal rather than a concession.

More research is also needed to

better understand whether new parents feel supported. For example, the most recent national patient satisfaction survey published by the Ministry of Health covered 2015.

Separately, a patient-reported experience measure for Singapore, developed and tested by researchers at the NUS Saw Swee Hock School of Public Health and published in 2025, is designed for chronic disease patients aged 45 and above.

Neither was designed to measure maternity and postnatal care.

A scheduled maternal check builds on touchpoints that already exist, and earlier identification may reduce what untreated postnatal illness costs families and services later.

The Government has recognised that families need sustained support as children grow. The same principle applies at the start.

In the first weeks after a birth, what most parents need is for someone in the healthcare system to check on them without being asked.

• Harshini Suresh is a research fellow at the SingHealth Duke-NUS Global Health Institute, and Rebecca Koh is a communications manager there.