

MOTHERLAND

Raising Rural

Australia's National Report on Rural Motherhood.

1,068 mothers across rural and remote Australia speak on isolation, mental health, connection, their postnatal care and what they really need.

motherlandaustralia.com.au

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FOREWORD

She's holding it all together. But who is holding her?

A message from Stephanie Trethewey, Founder & CEO of Motherland



Ask a rural mother if she would trade her life for the city, and most will tell you no. There is space and freedom, and a way of raising children that many of us chose deliberately and would choose again. This report is written from that belief; that rural motherhood is not a problem to be solved, but a life worth living, chosen by the women living it.

But choosing a rural life shouldn't mean forfeiting the things every Australian mother is entitled to, and sadly, too often, it does. More than a thousand mothers, from larger rural towns, to stations many hours from the nearest grocery store or hospital, told us about isolation and the emotional load of distance; about feeling unseen by services not designed for them; about mental-health struggles that too often go unsupported. This is the unfair price of rural life. But these are gaps, and gaps can be closed.

Seven years ago, I was new to the land, new to motherhood, and quietly drowning in both. And yet, I wouldn't have swapped it. Rural motherhood can be hard and isolating, but it is also beautiful and worth every bit of the fight. Two things can be true at the same time. And that is the truth this report asks Australia to hold.

This report ends the excuse of not knowing. 1,068 rural mothers have now told Australia, in their own words, what is broken and what will help fix it: care that comes to her, connection at every stage of motherhood (not just the baby years) and a system that stops mistaking her silence for coping.

Two in three of these women say they've experienced postnatal depression or anxiety, nearly half without ever seeking help. One in three drove more than two hours to give birth. These are not statistics to file away. These are the women raising the next generation of rural Australians, holding their households and communities together, too often putting their own needs last, and too often met with a system not built to catch her.

What this research offers is a scale, breadth and depth rarely seen in this space. The rural mothers who took part in this survey shared detailed, personal accounts of their experience. To our knowledge, this is the largest dataset of its kind examining the lived experience of rural motherhood in Australia – spanning every state, the Northern Territory, and a wide spectrum of remoteness classifications, from larger rural centres to remote communities.

That breadth matters because of the patterns that emerge so consistently across such a wide and varied group of rural women. When the same barriers, gaps and needs are raised again and again by mothers hundreds or thousands of kilometres apart, that consistency is itself a form of evidence.

This report is offered as a substantial and credible evidence base to inform policy, service design and future research, not as the final word on rural motherhood, but as a clear picture, built directly from the voices of the women living it. The mothers represented in these pages are not asking for pity. Many are content and deeply rooted in their communities. But when they do reach for connection and support throughout their motherhood journey, that reach should be met. Those who need a village should be able to find one, and those who desperately need access to health services should be able to get the care they need, when they need it.

Motherland has worked with thousands of rural mothers across Australia for seven years.

Rural mothers are the backbone of rural Australia and our agricultural industry, and if we want the next generation (and the communities that produce our food and fibre) to thrive, we need emotionally healthy and supported rural mothers.

Our own team is embedded in rural communities, and we see first-hand the challenges and opportunities these women and their families face every day. To put it simply: this country must do more to support them.

This report belongs to the 1,068 rural mothers who told us their truth about what's missing and what works, and the thousands of others across the country. What happens next depends on who is willing to take that seriously: to back the organisations already showing up for rural mothers, invest so their work can reach further, and work together to close the gaps this report has identified, so no mother falls through them.

This report is Motherland's invitation to government, philanthropy, corporates and industry: help us bridge the divide that no one should have to accept as the cost of a rural postcode, and back the organisations already standing beside the women and families who call rural Australia home.

Motherland thanks every mother who gave her time and her story to this survey; the rural organisations, media partners and community groups who shared it across the country; and our partners and supporters.

Rural mothers are asking to be counted, connected and cared for while they help feed and clothe this nation, and keep the wheels turning in our rural communities. This is a life worth living, and it is worth defending, so that the women who choose it are never left to carry it alone.



Stephanie Trethewey

Founder & CEO, Motherland

2024 Australian of the Year for Tasmania

2022 AgriFutures Rural Women's Award National Winner

EXECUTIVE SUMMARY

What 1,068 Rural Mothers Told Us

Rural mothers are the glue holding rural Australia together. They raise children, take on the lion's share of domestic work, run businesses, work on farms, hold volunteer committees together and carry the emotional load of their families through drought, flood and fire. Yet their experiences and wellbeing have rarely been examined as a whole.

This report presents the findings of Motherland's National Survey on Rural Motherhood, capturing the experiences of 1,068 mothers living in rural and remote Australia, with children at every stage of life – from the perinatal period to the empty nest years. Together, their responses provide one of the most comprehensive pictures to date of the wellbeing and needs of rural mothers in Australia.

Across 1,068 responses, the message is clear: rural mothers are doing more, with less, further from help.

68%

More than 2 in 3 say they have experienced postnatal depression or anxiety (PNDA)

Self-reported experience is far higher than commonly cited national diagnosed rates of around 1 in 5 mothers[1]. The gap highlights the significant mental health burden reported among respondents.

47%

Nearly half of those mothers never sought professional help

Help-seeking collapses with remoteness: from 58% in medium rural areas to 44–46% in remote and very remote areas - help seeking is lowest where the need is highest.

1 in 3

rural mothers travelled more than two hours to give birth

62% travelled one hour or more. 36% travelled more than two hours, 17% over four hours, and 6% more than eight hours.

81%

say there is a lack of adequate postnatal support for rural mothers

Their needs are clear. Mothers say the solutions include: bringing care closer to home, restoring local services and enabling connection.

42%

can't access a local mothers group

Most often because none exists, it's too far away, or they've been "aged out" of groups designed only for women with babies.



#1 burden: Isolation

the thread running through every finding

The single most-named contributor to mental health struggles and the most-named hardest part of rural motherhood, including isolation from health services. Most of our findings are, in some measure, a consequence of it.

59%

of partnered mothers feel parenting is not shared fairly

Farm demands, long hours and distance push the daily load (and the mental load) onto mothers.

93%

of rural mothers are in a working role of some kind - paid or unpaid

An invisible workforce: among mothers reporting no paid work at all, most are still working, most often on the farm.

13%

of rural properties lack adequate internet services

A digital lifeline: 87% of rural mothers say internet connectivity helped their motherhood journey - connecting them to family, health care, information and community.

34%

say social isolation is the hardest part of rural motherhood

For many, it is the missing village, an absence of connection, community and other mums *(based on the share of mothers who said isolation was the hardest part of motherhood - 70% of all respondents).*

Five reforms for a national agenda

Based on Motherland's work for the past seven years and what over 1,000 rural mothers told us through this survey, Motherland is calling for five reforms to ensure rural mothers are supported earlier, closer to home and across every stage of motherhood.

1

Find her

Build proactive identification and follow-up into every point of contact with the health system, so mothers aren't left to self-diagnose or navigate distress alone.

2

Care for her

Guarantee a nationally consistent, funded schedule of postnatal home visits covering physical recovery, breastfeeding and mental health - not just the baby's health, and without leaving mothers to seek out and coordinate their own care.

3

Connect her

Fund peer-support and "village"-building at every stage of motherhood, not only pregnancy and crisis, as core preventative infrastructure rather than a discretionary extra.

4

Reach her

Restore local maternity and birthing services so distance doesn't become danger, and fund outreach teams so care comes to her when she can't come to it.

5

Enable her

Expand flexible childcare models suited to low-density areas and design disaster and drought response to reach mothers directly, not only the farm business.







ABOUT THIS SURVEY

How the survey was run

A voluntary online survey was promoted through the Motherland Village program, Motherland events, email, social media accounts and public media coverage, with agricultural and rural health organisations also sharing the survey through their networks.

Reflecting Motherland's charitable purpose, the survey focused specifically on the experiences and issues most closely linked to the mental health and wellbeing of rural mothers. These included mental health, isolation and connection, access to support, workload and mental load, and the broader pressures associated with raising a family in rural and remote Australia.

These areas were chosen to build a stronger evidence base for Motherland's work to improve mental health outcomes for rural mothers, advocate for change, and develop practical solutions that respond to the challenges rural mothers themselves identify.

Who was eligible

Eligibility was determined by postcode using the Australian Government's Modified Monash Model (MMM), with eligible respondents living in areas classified MM3 to MM7:

- MM3 - large rural towns that are in, or within, 15 kilometres road distance of a town with a population between 15,000 and 50,000;
- MM4 - medium rural towns that are in, or within, 10 kilometres road distance of a town with a population between 5,000 and 15,000;
- MM5 - small rural towns and outer regional areas;
- MM6 - remote communities, including islands separated from the mainland and less than 5 kilometres offshore;
- MM7 - very remote communities, including islands separated from the mainland and more than 5 kilometres offshore.

Reading the numbers

The survey comprised 32 questions and took approximately 15 minutes to complete. There were 19 free-text questions, giving mothers the opportunity to describe their experiences in their own words. Many provided detailed accounts of their experiences of motherhood, mental health and accessing support.

Free-text responses were analysed thematically to identify recurring experiences, themes and perspectives. A single response may reflect multiple themes; as a result, percentages may exceed 100%.

SECTION ONE

Who are Australia's rural mothers?

1,068 mothers

from every state and the NT - the largest national dataset of its kind

22%

live in remote or very remote Australia (MM6–MM7)

68%

have a partner working in farming and agriculture

1 in 3

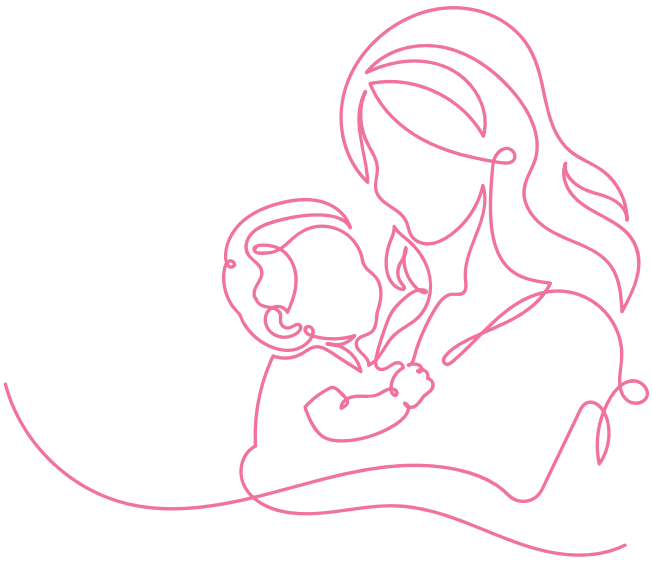
hold an on-farm role themselves

The 1,068 mothers in this survey live across every state and the Northern Territory. Nearly half (47%) live in or near small rural towns (MM5), and more than one in five live in remote or very remote Australia.

They are overwhelmingly in the thick of raising families: **85% are aged 21–44**, and **77% have two or more children.** They are also deeply embedded in agriculture: **Over a third (36%) hold an on-farm role themselves - 22% as a farmer, 14% running the administration and bookkeeping** of the farm business.

REMOTENESS: RESPONDENTS BY MODIFIED MONASH MODEL CATEGORY





Family Snapshot

Number of children	23%	41%	27%	9%	+
Age of mothers	21-29 17%	30-39 55%	40-49 19%	50-59 7%	60+ 2%
Relationship status	95% partnered		5% single mums		

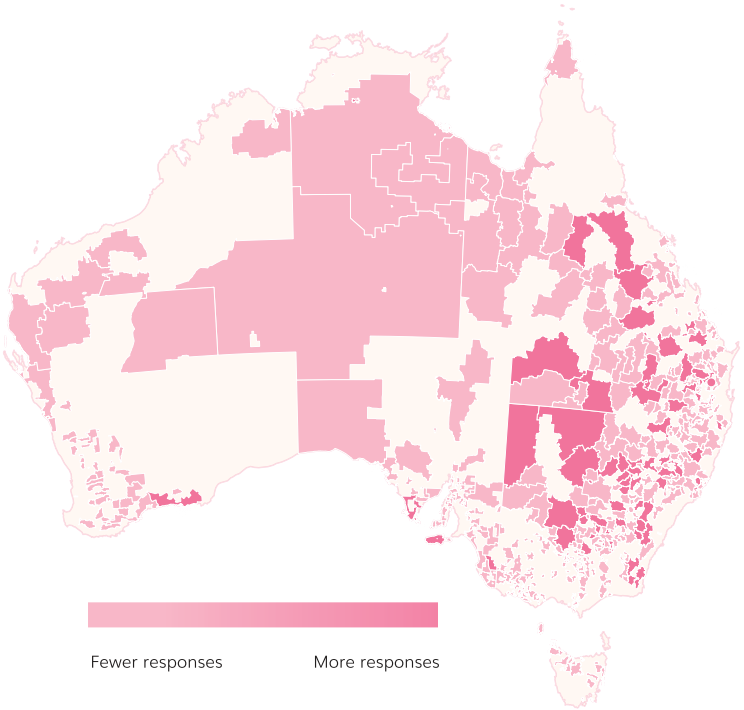
This is not a niche population. Approximately 78,000 babies are born each year to mothers living in inner and outer regional, rural, remote and very remote Australian communities - about 26.7% of all Australian registered births in 2024[2]. And this annual figure captures only births in a single year; the population represented in this report spans mothers at every stage of motherhood, from those with newborns to those raising older children and teenagers. **Taken together across these life stages, rural mothers living in MM3–MM7 communities number in the hundreds of thousands.**

These are the women raising the next generation of rural Australians, sustaining family farms and holding together the communities that feed and clothe the nation.

Raising Rural National Survey Map

This map shows the survey responses by postcode area. Responses span every state and the NT, from large rural towns to stations and islands off the mainland coast.

- NSW 39.3%
- QLD 29.3%
- SA 10%
- VIC 9.1%
- WA 7.8%
- TAS 2.3%
- NT 2.2%



SECTION TWO

Her many hats: The invisible workforce & the mental load

93%

of mothers name a working role - paid or unpaid

59%

of partnered mothers feel parenting duties are not shared fairly

78% hold a paid role - the double shift is the norm.

15% work entirely unpaid and uncounted - almost always naming a position running the farm.

The invisible workforce: What numbers can't show

Rural mums are often managing so much more. They're cooks for contractors, station hands, bookkeepers for the family business, running side hustles and businesses, sometimes to supplement farm income, and, for many, they are also the ones sitting beside their kids in home classrooms as they navigate distance education. Whether she's being paid for it or not, it's all labour and mental load, and most of it falls on her.

Ask a rural mother if she works and the answer is not always simple. A share of the labour keeping Australian farms and rural businesses running is performed by mothers, but that contribution may not appear as employment because it is unpaid, informal, seasonal or just part of rural life. It is uncounted in agricultural and employment data: of the mothers who reported no paid work at all, many still named a professional or operational role, almost always farming. **A lack of a paycheck does not mean a lack of labour.**

In Her Words

"Often the assumption is that because I don't have a 'job' outside of the farm I must have all this free time and *wouldn't understand the juggle of working mums.*"

MURRAY, NSW

"Not being on maternity leave. When you are a business owner bills still have to be paid, the BAS done, stock fed... *you don't get to just switch off from work and enjoy/ focus on baby.*"

CHARLEVILLE, QLD

"Although I'm a full time mum I still work around the farm where I can and do the books. *The lack of understanding of the pressures of farm life* can make situations difficult with family & friends."

LACHLAN VALLEY, NSW

The double shift on the land

For the two in three mothers whose partner works in agriculture, family income and daily life revolve around the farm. For these families farming is not just his job; it is the axis the whole household turns on.

Nearly half of these women - around 300 mothers - also hold an on-farm role themselves. Many go further again, bringing in off-farm income and diversifying the household's sources of income beyond the farm: her partner is farming, she works on the farm, and she also holds paid work, all while raising children.

And for most, support is a long way from home.

More than three in four mothers working on the farm (77%) live in areas ranging from small rural towns through to remote and very remote communities (MM 5-7) where childcare, schools, services and family help are furthest away, locking rural mothers out of the paid workforce in many cases.[3]

"I have multiple jobs. Full time mum. I work full time off farm, 40 hours a week as a manager. I work on farm as well - farm work before off farm work, and all weekend."

WIDE BAY, QLD

The mental load

The load rarely eases at home, either: **59%** of all partnered mothers - including those working a double or triple shift - feel parenting is not shared fairly.

When asked why parenting isn't shared fairly, mothers describe farm work that "always comes first", partners who give 100% when present but work punishing hours, and entrenched expectations about whose job it is to take care of the children. For others, this is simply how their family works – a division they've chosen, and are content with.

"Having children, and having the autonomy of our own business, I thought my husband would have more flexibility but the reality is he still works 7 days a week regardless. Having kids didn't change his priorities or availability. It's really tough not having someone to share the load when the property/cattle come first. A lot of how he operates is due to expectations of his parents etc. Pressure from family rural succession. Pressure from enormous debt from rural operation. No celebration, social days or holidays as a family - farm always comes first. *It's a tough dynamic to juggle.*"

BOWEN BASIN, QLD

"*Mothers typically always take all the brunt of it.* We are the ones remembering when immunisations are due, when their socks and undies are too small, when school enrolments are due, school photos, favourite snacks or veggies!"

NEW ENGLAND AND NORTH WEST, NSW

Loss of identity

Nearly **one in three mothers** named loss of identity as a major factor in their mental health struggles, including loss of independent income, disconnection from the workforce, and a loss of purpose beyond the roles of mother, homemaker, and carer.

"*I struggled with the loss of identity - hugely.* I worked on and off farm and was extremely independent. I then went to having no personal income and feeling stuck on a station, alone with a baby that wouldn't stop crying. Every service I could access during this postpartum phase was at least 3 hours away, if not 7.5 hours away."

BROKEN HILL AND FAR WEST, NSW

"Figuring out what it is I want to do or be able to do that give me my purpose outside of being the mum and house maker and helper to everyone else. As much as I enjoy that and grateful I can do that. *I think having my own thing and identity where I can have connection and things would help.*"

MILDURA, VIC

"Being far from family and services. It's very costly to get places, especially now we have three children. *The lack of access to physical support is hard.* I would love to study and change career paths so I can work in the online space from where we are but I can't commit to full time study without childcare help."

PILBARA, WA



SECTION THREE

Isolation, connection & community

70%
of rural mums say that isolation is the hardest part of rural motherhood.

50%
name isolation as the main contributor to their mental health struggles in the early years of motherhood.

22%
of mothers surveyed have experienced two or more distinct forms of isolation at once

42%
have no access to a local mothers group

1 in 6
without access to a mothers group have been "aged out" - no group exists beyond the baby years

Isolation is the thread that runs through this entire report.
It's the single most-named hardest part of rural motherhood.

The four forms of isolation described by rural mothers

When we asked rural mothers what the hardest part of rural motherhood is, isolation emerged as their most defining challenge - its four forms are discussed below.

Social isolation

is the absence of meaningful connections with friends, family and community, including mothers groups and opportunities for social interaction. For some mothers it is the missing village - felt acutely, especially by mothers seeking connection with other mothers.

Emotional isolation

is the experience of carrying motherhood without feeling seen, heard or understood. It includes loneliness, feeling emotionally disconnected, and having little or no emotional support. It is the loneliness that persists even when people are nearby.

Geographical isolation

is shaped by distance and place. It includes living far from people, towns or facilities and location-based barriers measured in distance or time. Within this, the burden named most is the sheer volume of driving and travel required for daily life - appointments, shopping, sport and socialising.

Isolation from services

is the gap between support existing and whether it is actually accessible. It includes difficulty accessing healthcare, childcare, government, allied health and community services, as well as the resources, facilities, or support systems mothers rely on. The challenge named most frequently is difficulty accessing medical and health services.

Hardest part of rural motherhood *In Her Words*

70% of mothers named isolation as the hardest part of rural motherhood. Here's which type of isolation was hardest for them.

34% Social Isolation

"Many hard parts both physically and mentally however something that popped to mind initially was the heartache from the isolation and distance to family and friends to not being able to share the little joys of watching my children grow up."

GIPPSLAND - SOUTH WEST, VIC

"I was a very community oriented and social person. The isolation and condition of the road to town has been my biggest challenge. *I can't just pop to the shop or grab a coffee with a girlfriend* and chat in person about the challenges."

WHITSUNDAY, QLD

22% Isolation from Services

"Advocating for your child's needs when resources and expectations are 'lower' due to living in a rural area... so we are expected to just accept that something can't be done, solved or achieved because we are 'rural'."

LACHLAN VALLEY, NSW

"Living remotely meant limited access to services and places that offer stimulation beyond the basics, things like shopping centres, galleries, or museums. I often struggled to find ways to fill the days with my kids that were engaging for them but also mentally stimulating for me. The park was great, but *I craved more variety and adult-level interaction or enrichment.*"

FAR SOUTH COAST, NSW

12% Geographical Isolation

"Distance to town to see friends, or to ask for help with the kids for a break; distance to family; cleaners won't travel here. *It's hard to get practical help.*"

NEW ENGLAND AND NORTH WEST, NSW

"The time travelling to get specialist care. I once did an 8 hour round trip for a 15 minute appointment to see a chiropractor who specialised in tongue ties."

DARLING DOWNS (WEST) - MARANOA, QLD

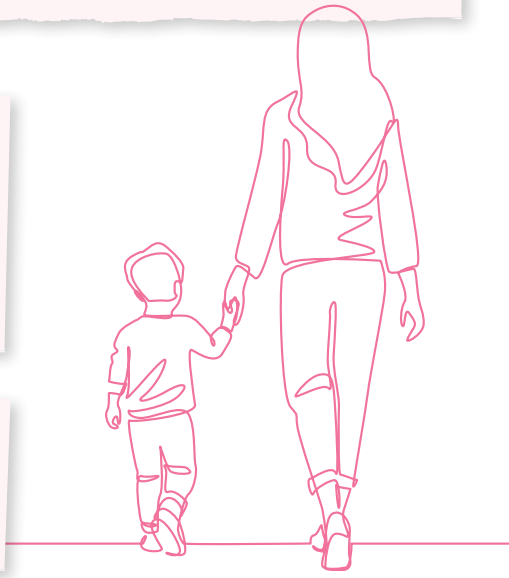
11% Emotional Isolation

"On hard days there's no one to come save you. You are it. Learning to self regulate myself so in those moments I can keep going."

EYRE PENINSULA AND SOUTH WEST, SA

"Loneliness, and a lack of understanding from those in the local towns."

CENTRAL WEST, NSW



Mothers groups: Why 42% can't access one

Two in five rural mothers have no local mothers group. The reasons reflect barriers of availability, awareness, geography, timing and life stage:

- **32%** say there are no local mothers group available and a further 8% aren't aware of one nearby.
- **Over one in five** (22%) are prevented from attending by practical barriers: work and timing (6%) or distance and travel (16%)
- **Around 1 in 6** (16%) have "aged out" of the mothers group system, with no equivalent group available for mothers of school-aged children or teenagers.

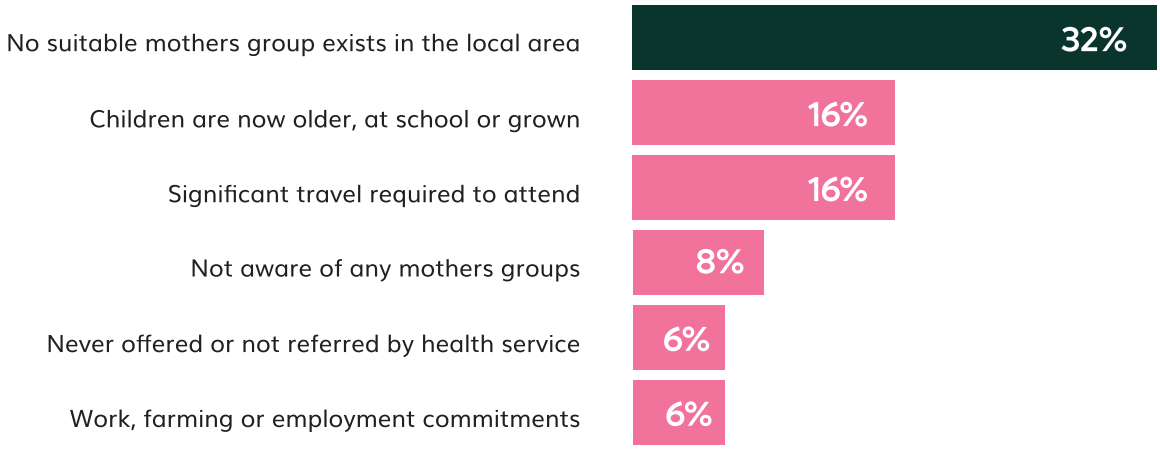
"Aged out": Isolation doesn't end when the baby grows up

Mothers groups, where they exist, are largely built for the baby years and are focused on parenting the baby. Yet the survey shows maternal isolation can last for decades. Around one in six mothers without a group have aged out of the model entirely. What is clear from their own words is that the need for connection does not expire when the perinatal period ends, but the structures designed to meet it often do.

Motherland Village is specifically designed to fill this gap. Unlike traditional mothers groups, it supports rural mums across every stage of mothering children, with dedicated groups for women with children aged from birth right through to 18 years. The program puts the mother at the centre, using facilitated peer connection to create space for honest conversations about her mental health, wellbeing, identity, relationships and the realities of rural motherhood.

Maternal isolation in the bush is a whole-of-motherhood issue, and support needs to reflect that. Where a conventional group is out of reach, one in seven mothers have built connections in another way - through the local community groups, school or Motherland's online Village program. Rural mothers are not opting out of connection; they are seeking it out around distance, work and life stage.

REASONS RURAL MUMS CAN'T ACCESS A MOTHERS GROUP





SECTION FOUR

The mental health of rural mothers

68%

of rural mothers (more than 2 in 3) say they have experienced PNDA

Only 53%

of those mothers sought professional help

In remote and very remote areas, help-seeking falls further still, to just 44–46%.

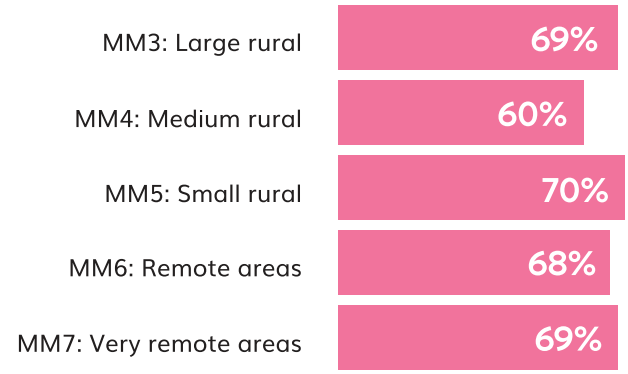
Self-reported levels of postnatal depression or anxiety (PNDA) range from mild to severe, and diagnosed to undiagnosed. This is not a crisis confined to the most remote parts of the country: PNDA sits between 60% and 70% across every remoteness category, from large rural towns to very remote communities.

This is a rural-wide crisis.

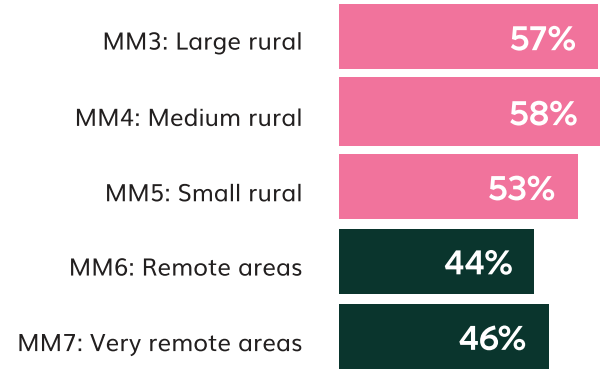
But while the crisis itself doesn't discriminate by distance, what happens next does. The further a mother lives from help, the less likely she is to reach for it - not because the need is any less, but because the path to support gets longer, harder, and more expensive with every kilometre from town.



PNDA BY REMOTENESS



MOTHERS WHO SOUGHT PROFESSIONAL HELP FOR PNDA, BY REMOTENESS



Every age, every stage

Reports of mental health struggles are highest among rural mothers aged 21–39 (70%), but remain above 60% for mothers in their 40s and 50s. Left untreated, this isn't a short-lived challenge confined to the perinatal period – for some women, it's a wound carried for decades.

In Her Words

"I didn't talk to anyone about it. I don't know if I was embarrassed that my journey into motherhood didn't feel 'magical' like I heard so many others have. It just felt wrong to have negative feelings towards something that is meant to be so beautiful."

GRAMPIANS, VIC

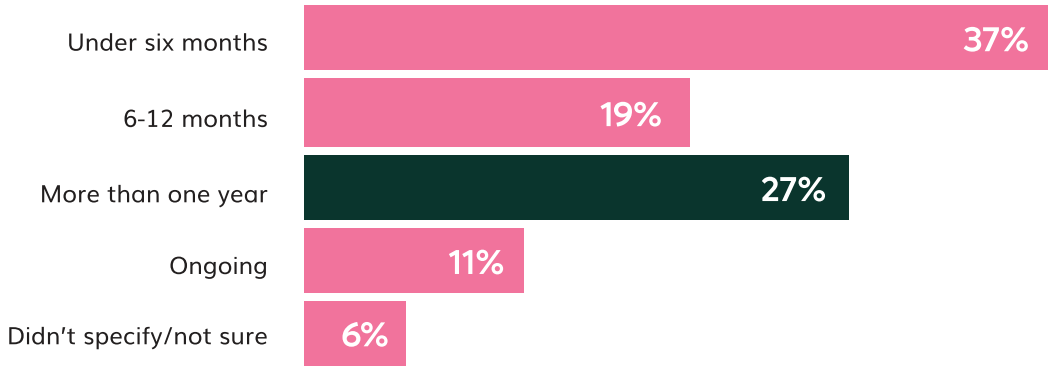
"I have been very upfront with healthcare providers about my mental illness as a teenager and my mother's postnatal mental illness... after my pregnancy I felt so scared and at risk of having the same issues, and no one took that seriously or offered any help. I was just given hotline numbers to call."

CENTRAL WEST, QLD

How long it lasts and why help never came

- **27%** say their PNDA lasted beyond a year
- **1 in 5** say it is still ongoing - "it never fully ended"
- **#1 contributor** - Isolation is the most-named cause of their mental health struggles

HOW LONG HER PNDA LASTED



Duration was captured through an open text question. 11% who say their distress is ongoing did not provide a specific timeframe. A broader analysis found that, for one in five mothers (21%), it has not resolved at all.

No mother should have to carry motherhood alone: The difference support can make

- Among mothers who had neither a fairly shared load nor a local mothers group, 73% say they experienced PNDA.
- Of those with either a mothers group or a shared parenting load, 66% say they experienced PNDA.
- Among those with both a fairly shared parenting load and access to a local mothers group, 64% experienced PNDA.

The difference is modest, but it points in a clear direction: support at home and connection with other mothers may both play a protective role.

Professional help: Why they didn't seek it

Mothers who explained why they didn't seek professional help most commonly pointed to:

- **22% Not recognising it at the time:** often only understanding in hindsight that what they were experiencing was outside "normal".
- **16% Logistics:** lack of time, childcare, transport, distance, competing parenting responsibilities, and long appointment waits.
- **14% A push-through mindset:** pride, stoicism, or a sense that they should manage the difficulty themselves.
- **14% Minimising their own symptoms:** believing they weren't "bad enough" to warrant help, or comparing themselves to others "worse off".
- **12% No help to seek:** no local GP or psychologist, a remote location, or services that had been withdrawn or never existed.
- **11% Normalising the struggle:** believing exhaustion or distress was simply part of becoming a mother ("baby blues", hormones, this season of life).
- **11% Not knowing where to start:** unsure who to talk to, what was available, or how to begin.

For those who sought help

Among the mothers who did seek professional help, they point to a support system that is reachable, but imperfect:

- **Distance:** even mothers who found help travelled long distances to reach it. "*I sought professional help but found it difficult being so far out of town with 3 little kids.*" **Lower Murray, NSW**
- **Cost:** this can mean paying privately for what the public system could not bring; or the fee putting services out of reach. "*With my first I was denied help. With my second I paid out of pocket to talk to a counsellor because I was denied a mental health plan.*" **Central Highlands, QLD**
- **Long wait times:** "*The waitlist in Tasmania was 2 months to see a psychologist so I ended up having to fund it privately through a counsellor in Queensland who was able to see me within a week via telehealth and continue weekly appointments as I needed.*" **Meander Valley, TAS**
- **Telehealth** is valued, and mothers are genuinely grateful for it. "*I used Telehealth and had great services via a mental health care plan.*" **Wheatbelt - North, WA.** But it is not treated as a cure-all. "*There are no services where I live and we have terrible phone and internet service so zoom/calling is not really a great solution either.*" **New England and North West, NSW.**
- **Being let down** when they did reach out: for some who did seek help, the system dismissed their symptoms or failed to follow up. Mothers described being quickly dismissed and minimised, or simply medicated without explanation, or left with no follow-up past the first couple of weeks unless they sought it themselves.

"The follow up with mothers is not there. I had to travel 125 km to my nearest town to see my CaFHS nurse. They wouldn't come and visit. I didn't know who to contact if I wanted to talk to someone, there was no follow up to make sure I was doing ok. To take care of ourselves. When you hear about mothers that live in the city who get visits and checkups for not only them, but for baby as well, it makes me angry that we're forgotten out here. *It's like we're just left to our own devices in the bush*"

LOWER NORTH, SA

"It wasn't until well after the birth of my second baby that I realised I needed help.

I sought help many times but was told by my GP, it would help if I lost weight/exercised and "it's just part of being a mum" it wasn't until I had a breakdown to another GP (in ED as I couldn't get an appointment in with my regular doctor for 3 weeks and I had a bad UTI) that I was made aware that it's ok, and probably more going on. I was given a referral to see a psychologist and another GP. (Locally but long wait times) about 2 weeks later I was medicated and it's been life changing."

MURRAY RIVER - SWAN HILL, VIC

Exhaustion

Alongside the acute experience of PNDA runs a deeper struggle. Again and again, rural mothers describe an exhaustion that never quite lifts - the "interrupted nights", feeling "touched out", unable to switch off, carrying the mental load and being the one holding it together, sometimes alone.

Single mothers

For single mothers who experienced PNDA, carrying the load solo was closely tied to their mental health struggles. When asked what contributed, 47% named a lack of support or a village, followed by social or geographical isolation (38%). Loss of identity, separation and relationship breakdown were also named.

For most single mothers, there wasn't just one pressure. Multiple challenges were happening at once: isolation, having no one to share the load, and financial or safety pressures. Without a partner to hand over to, even briefly, there is little opportunity for the load to ease.

Burnout

Where PNDA describes a diagnosable episode, burnout describes the overwhelm and demands beneath it. It is the mother carrying the household, the mental load and, for many, responsibilities on the farm or in paid work, with little opportunity to rest and no one to hand the load to.

It helps explain why the solutions many mothers ask for in this survey are often strikingly modest: an hour to themselves, an uninterrupted night's sleep, practical help around the home, or simply another pair of hands. **These are not luxuries.** They are the supports mothers say would help them stay well.

Asked what contributed to their mental health struggles in the early years of motherhood, **three in four mothers (76%)** attributed their mental-health struggles not to a single cause but to the accumulation of multiple pressures, most often:

- **Isolation (50%)**
- **Lack of support (35%)**
- **Loss of identity (30%)**
- **Transition to motherhood (18%)**



When 'coping' hides a crisis

"I am a station cook and am often several hours away from any kind of support. When I had my son there was no help for postnatal depression and I ended up in hospital suicidal and struggling. *And yet still no help.*"

CHARTERS TOWERS, QLD

"I'd struggled with depression before but didn't recognise it. After my baby was born I felt so alone - my husband was working nonstop, I had no friends nearby and my family weren't close. I couldn't ask for help. When I reached out I was given pamphlets and *left to cope by myself.*"

CENTRAL WEST, NSW

"Being isolated definitely, not really knowing what to expect, not the most supportive partner at the time, loss of self - I had always worked full time as a nurse right up to having my first child so missed the adult conversations and always learning new things that came with having a job. My eldest was also born deaf - which was a huge shock to all of us as no family history etc so that initially added to the stress - so many trips away to Brisbane from Longreach for those first few years really, getting fitted with hearing aids and then cochlear implant surgery. *Raising a child in the bush with a disability has so many new challenges.*"

CENTRAL WEST, QLD

"First pregnancy was twins - lost one twin at 24 weeks and the other twin was born prematurely at 29 weeks, had to relocate from Cunnamulla to Brisbane for approx 3 months whilst he was in NICU. Husband had to go between Brisbane and Cunnamulla. Baby then returned home on oxygen for 4 months which restricted my social outings etc as getting oxygen tanks and supplies delivered this remotely was a challenge. Also had traumatic breastfeeding issues and sleep deprivation. A very isolating few months and a very hard transition into motherhood (this was my first child)."

DARLING DOWNS, QLD

"Physically isolated from family and friends, no access to daycare or ability to take a lot of time for myself, I went straight back to work in a casual capacity when my first was 3 months old and then into full time work as soon as my second was born. Husband was busy working, *I felt I had to prove myself and get on with it.*"

KATHERINE, NT



Suicide in rural Australia [4]

Poor mental health can have devastating consequences, including an increased risk of self-harm and suicide. The circumstances associated with suicide in regional and remote Australia are complex and may involve a range of social, economic, health and environmental conditions. These can include mood disorders, suicidal ideation and problems in spousal relationships, which have remained in the top three most commonly mentioned risk factors for people who died by suicide over the past five years. In 2024, mood disorders (including depression) were the most common risk factor for all suicide deaths. Mental health is a risk factor for both suicide and intentional self-harm.

In 2024, 778 females died by suicide in Australia, according to the Australian Bureau of Statistics.

Over the last five years, suicide rates for females have been higher outside of Australia's major cities. In 2024, the suicide rate for females living in outer regional was 8.9 per 100,000 people. For females living in inner regional areas it was 6.6 per 100,000, compared to 4.8 per 100,000 in Australia's major cities. In remote and very remote areas, 19 female suicide deaths were recorded in 2024; the ABS does not publish the rate per population.

If this raises anything for you, call Lifeline 13 11 14.

SECTION FIVE

Giving birth at a distance

Nearly 2 in 3
(62%) travelled an hour or more to give birth

36%
travelled more than two hours

17%
of mums faced a journey of more than four hours, and 6% travelled more than eight hours from home

Nearly 1 in 4
travelled because their closest hospital no longer offers maternity services at all

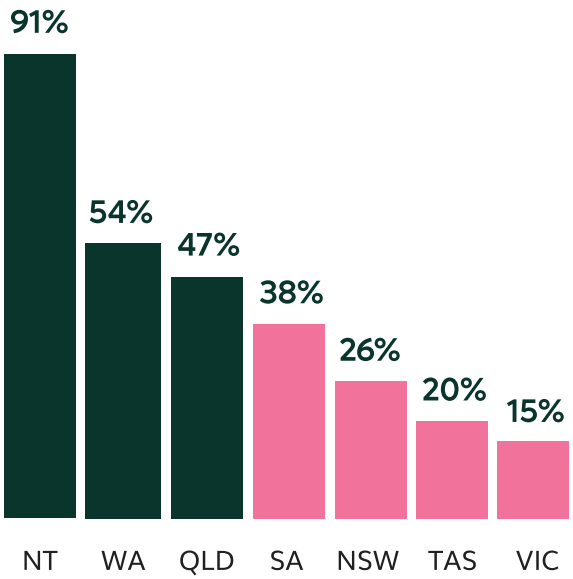
For many rural mothers the journey to give birth begins long before labour does - and for a great many, it is a long one.

HOW FAR MOTHERS TRAVELLED TO GIVE BIRTH



BIRTH JOURNEYS OVER TWO HOURS, BY STATE

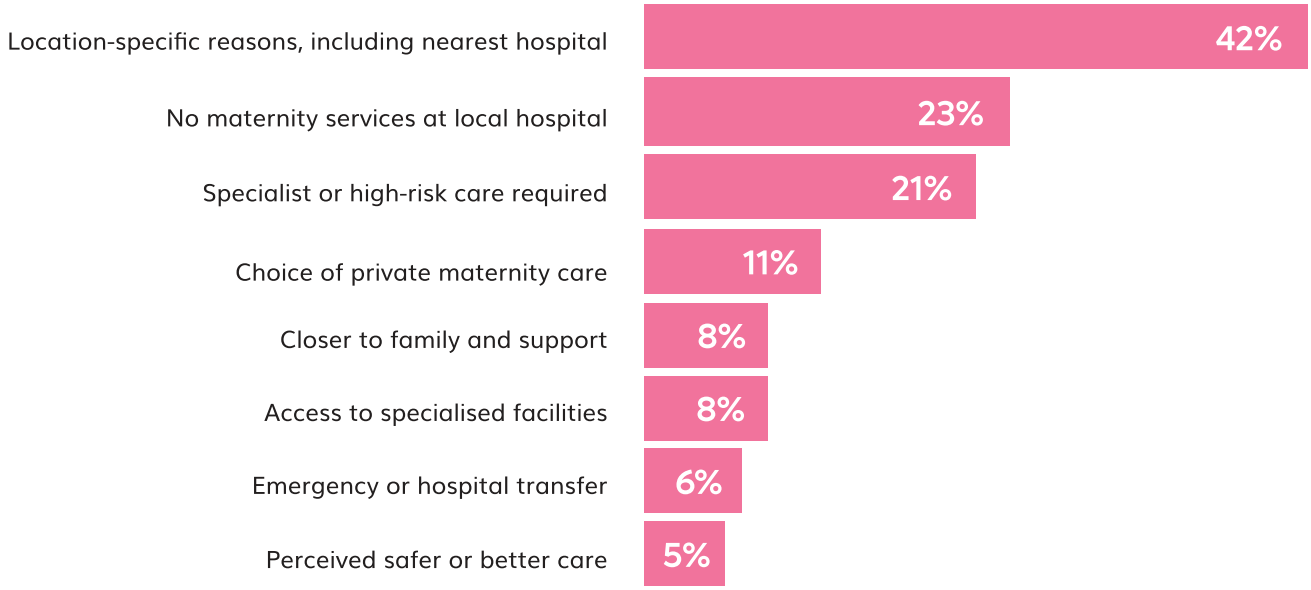
The burden is not shared evenly across the country.





Why so far?

THE MAIN REASONS MOTHERS TRAVELLED MORE THAN AN HOUR



Among mothers who travelled more than an hour to give birth, two in five (42%) said it was simply because there was no closer option. Nearly one in four (23%) said their local hospital no longer offers maternity services at all, and one in five (21%) travelled because a high-risk pregnancy needed specialist care that local services couldn't provide.

Rural maternity services have been hollowed out. The trend in rural maternity service closures and intermittent bypass is continuing nationally.[5] Women aren't just travelling because they live far away - they are travelling because the hospital nearest to them can no longer safely deliver a baby.

Distance is not just geography; it's the growing gap left behind where local maternity care used to be.

Many rural mothers without a birthing hospital nearby have to leave home for the final weeks of pregnancy, simply to be near enough when labour begins - an early separation from home, family and support that begins the isolation of new motherhood before the baby has even arrived.

What it costs

There's no line item for what distance actually costs a family: Sometimes weeks away from home and the farm, accommodation and fuel, lost income, and mothers beginning the postpartum period exhausted, dislocated, and alone.

"It is 6 hours to our closest hospital, Broken Hill, but they were not able to care for me or my baby even during pregnancy - so I was forced to do a 2,160 km round trip to Adelaide every two weeks while pregnant, along with a three-month stay in Adelaide before, during and after the birth."

BROKEN HILL AND FAR WEST, NSW

"In our situation our hospital recommends leaving at 38 weeks. Our son was 10 days overdue, that's a month away from home. Paying for the additional expenses, waiting in a place that isn't your home, partners additional time off work. Then for my second pregnancy we had to bring family with us to take care of my first born so I can have my partner as support in labour. *Every little detail adds up.*"

FAR WEST AND ORANA, NSW

SECTION SIX

The postnatal support gap

81% say there is a lack of adequate postnatal support for rural mums

Four priorities come through again and again from the women who completed the survey: **bring care to mothers, restore local services, ensure continuity of care, and enable connection.**

Mothers describe a system that too often leaves them to join the dots themselves: referrals that fall through the cracks, cross-border rules that prevent access to the nearest service, long waits for developmental and postnatal checks, and no clear pathway for women living in towns without a midwife or child health practitioner.

For some, support available after their first child had simply disappeared by their second - a check-up program discontinued, lactation support no longer within reach, or a mothers group they once relied on no longer running. **These gaps don't just leave mothers without care; they can leave them feeling entirely on their own.**

Rural mums need the basics to work.

And where a mother cannot reasonably get to care, care needs to come to her. Rural mothers are asking for practical, deliberate support that recognises the reality of bringing a new baby home when the nearest service may be hours away:

- Better education and preparation before leaving hospital
- Midwife and postnatal contact that increases with distance and isolation, rather than dropping away
- Greater access to in-home visits and telehealth
- Funding and incentives to attract and retain mental health professionals in rural communities
- Clear referral pathways and continuity between hospital, primary care and community services
- Accessible ways for mothers to connect with other mothers, wherever they live.

"I was lucky to have a local midwife visit me 3 times after my youngest. But she was stretched so thin - travelling the entire Eyre Peninsula trying to support mums 6 hours apart. I needed so much help with feeding and there wasn't anyone who could physically come and watch us feed. *We ended up driving 7 hours to get the support my daughter and I needed.*"

EYRE PENINSULA AND SOUTH WEST, SA

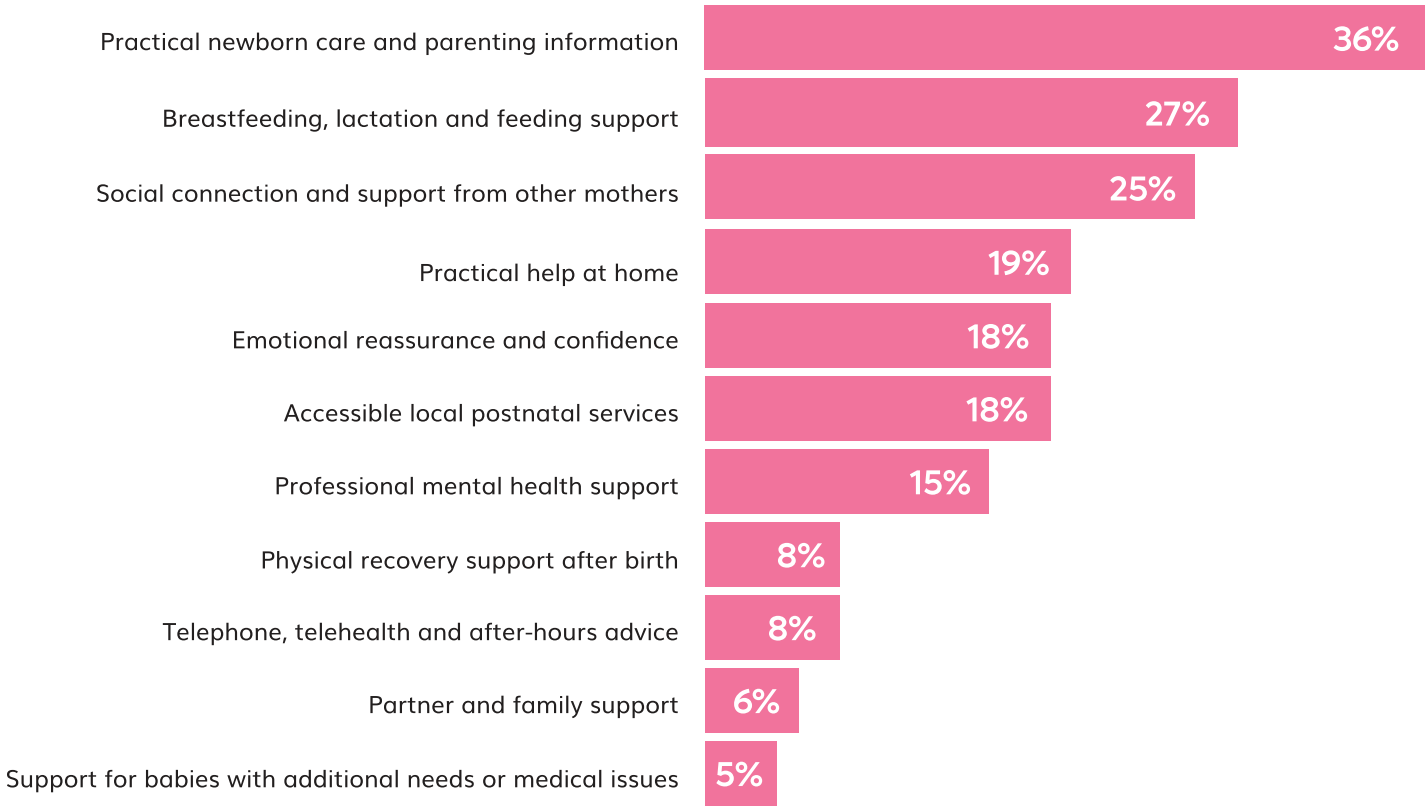
"*There are no options out here.* While telehealth exists, it doesn't replace hands on help, physical checks, or the mental health support a new mum needs. There needs to be a dedicated, consistent outreach program where child and maternal health nurses actually travel to remote properties, ensuring rural mums get the same continuity of care as women in the city."

FAR WEST AND ORANA, NSW

"I have spent years advocating for improved perinatal care in our region. We do not have a single birthing hospital in our vast council region, and oftentimes families slip through the cracks not realising they are eligible for postnatal midwifery care. Referrals are clunky and often missed... the wait time for a developmental check has been as long as 3 months."

YORKE PENINSULA, SA

WHAT RURAL MOTHERS WISH THEY'D HAD MORE SUPPORT WITH AFTER THE BIRTH OF THEIR CHILD



When asked what could be improved to better support rural mothers in the postnatal period, **39% said care should be brought TO them** - through greater access to in-home visits and telehealth or local services without the burden of travel.

What's working and worth scaling

Mothers repeatedly praised the support that does exist: child and family health nurses and home visits where they operate, telephone advice lines, and outreach like support from the RFDS community midwife. One new mum said the midwife spent over an hour supporting her with breastfeeding. Rural mothers embrace support whenever it genuinely reaches them.



> "We are lucky to be serviced by the RFDS who recognise and celebrate our remoteness. Every flight nurse has to be a qualified midwife. Our RFDS community midwife ran a program last year on Zoom that went for 6 weeks on a range of topics for new mums in Far North SA. Topics from sleep and settling to feeding to postpartum mental health. It was great."
>
> OUTBACK - NORTH AND EAST, SA

SECTION SEVEN

The digital lifeline: Connectivity, telehealth & community

13%
of rural mums don't have adequate internet connectivity

34%
want more affordable internet - "it shouldn't cost more out here"

24%
want reliability – a service that doesn't drop out when she needs it

For the 87% of respondents who say they have adequate service, the internet provides a vital link to support, services and community. This includes FaceTime with distant family, access to information and resources, telehealth services such as psychology, and social connection through social media and programs such as Motherland Village.

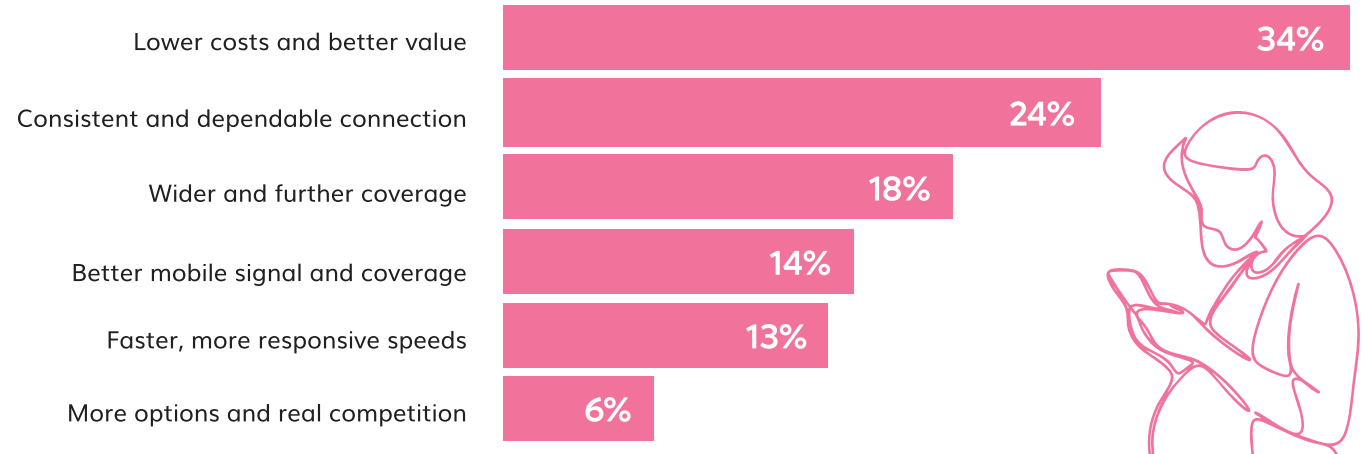
For those **without adequate service** who are concentrated in the most remote areas, many lifelines are out of reach, compounding many isolation gaps in this report. Coverage for them remains patchy, with black spots leaving many rural properties without service across large parts of their land. While satellite has significantly improved access, limited competition among providers keeps costs high.

More than 1 in 3 rural mothers want more affordable internet. Beyond cost, they pointed to the everyday reality of unreliable connections, patchy access and coverage black spots - a service that couldn't be counted on when it matters most, not just for connection but for safety across the farm too.

Absent or unreliable mobile and wireless coverage, including poor mobile reception inside their own home or on their property, or out on the roads in between towns not only disrupts daily life but poses a serious safety risk.[6] Mothers are asking for a connection that can be relied on to reach help when it matters most.

> "We have phone and internet access at home but there are many areas on our property and surrounding that don't, which I feel increases anxiety because you never know if something happens in a spot with no service."
>
> YORKE PENINSULA, SA

WHAT MOTHERS SAY THEY WANT CHANGED ABOUT RURAL INTERNET



SECTION EIGHT

What would lighten the load for rural mums?

We gave mothers an optional question, a blank space and permission to name anything (feasible or not) that would make the biggest difference to their life and wellbeing right now. Nearly 1,000 rural mothers answered.

22%

ask for childcare or respite

someone to take the kids so she can breathe

15%

ask for practical household help

cleaning, cooking, an extra pair of hands

8%

ask for time to rest

a break, a good night's sleep, an hour to themselves

Rural mothers are not asking for the world. They are asking for childcare they can access and afford, practical help at home, time to rest, exercise, work or attend an appointment - and connection with people who understand their life. Taken together, their responses paint a picture not of mothers asking for more, but of mothers asking for some of the load to be taken off.

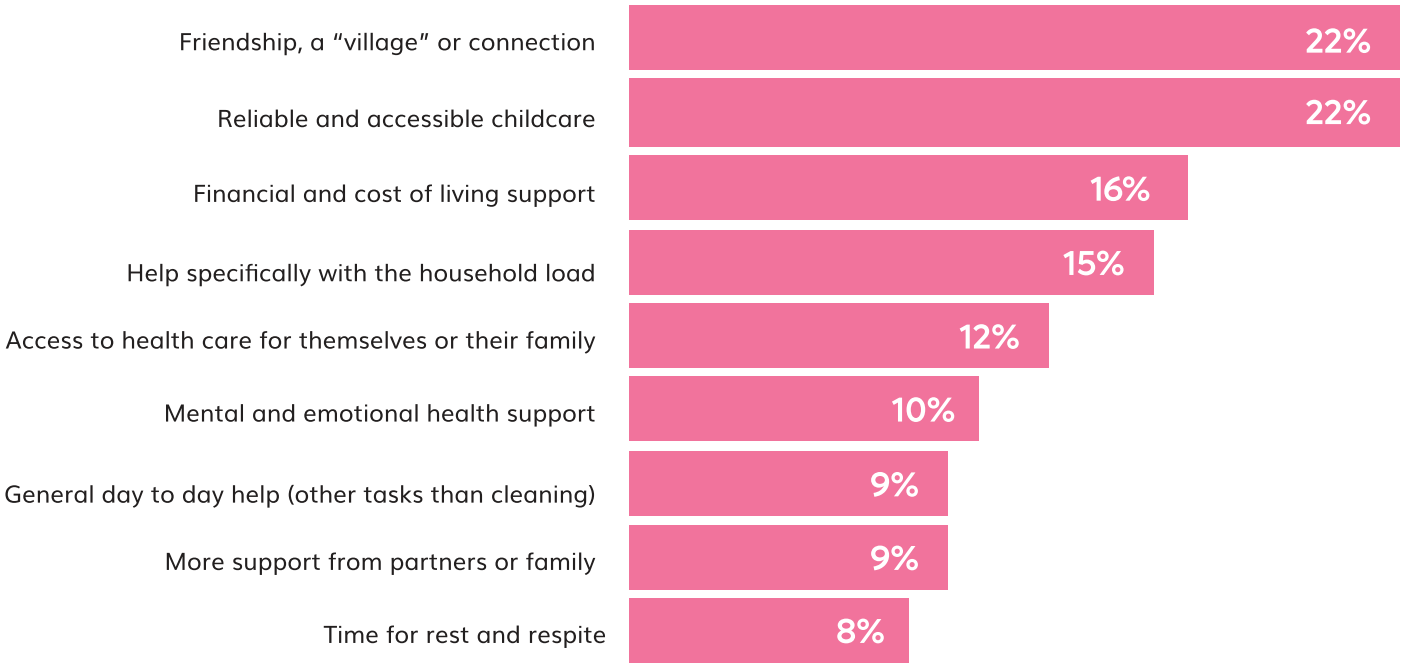
Systemic needs

For **30% of mothers**, what would make the biggest difference was addressing a service or structural gap. Most commonly, they asked for affordable and accessible childcare, local healthcare, and mental health support they could access and afford - including face-to-face care in rural communities, rather than telehealth being the only option.

And for **1 in 8 mothers,** the problem wasn't simply that support didn't exist. It was that they didn't know what was available, couldn't access it quickly enough, or couldn't afford it.



NEEDS RIGHT NOW: THE MOST COMMON ANSWERS



Behind these responses is a mother carrying the domestic and mental load, often alongside farm work, paid work or other unpaid responsibilities, frequently with a partner working gruelling hours and family support far away. When she reaches out for help, distance becomes another burden, measured in kilometres, fuel, time and sometimes simply going without. But distance doesn't just put services further away. It puts people further away too, thinning out the village that mothers rely on.

Childcare

For rural mothers, finding childcare can become another significant part of the mental load: navigating long waitlists, travelling long distances to services, or absorbing the considerable cost of a nanny or governess. When childcare simply isn't available in their local region, mothers are often left to fill the gap themselves - with consequences for their ability to work, earn an income, or simply rest.

In Her Words

"Additional childcare so I can go and find myself - relearn who I am and invest in something outside of 'Mum'. More financial support for things like exercise, social support networks like Motherland, and most importantly financial support for mental health."

CENTRAL WEST, NSW

"Childcare is extremely limited in our area. I would love to see more family daycare educators in our area, or half day 'nursery' options. Busy Kindy, and other enriching child care options would be incredible and would truly help many women when it comes to juggling work and family life."

MURRAY, NSW

"Childcare! There are limited spaces for childcare in our community and wait lists are years long. It is very difficult which restricts myself returning to work and having some type of respite. Contributing financially to the household and having professional interactions."

HUNTER VALLEY, NSW

Someone who understands

Nearly 1 in 4 mothers asked, in one form or another, for social connection or companionship; someone who understands them and the realities of their life. When asked what would make the biggest difference to their wellbeing right now, **connection** was one of the things mothers reached for most.

"*Someone I can talk to*, to help with my mental health... whenever I need, that's always there - be it a phone call, text, face to face. Someone that wants to hang out, or just come and help around the house."

NORTH EAST, TAS

"If I'm being realistic, the biggest difference would be having my village nearby. Having family close, more practical help, and not feeling like I have to carry everything on my own would make a huge impact on my wellbeing. I think ongoing support and someone checking in regularly would also make a big difference, rather than feeling like I need to keep coping by myself."

ESPERANCE, WA

Education

For some rural families, quality education means sending children away to boarding school. For others, mothers give up work, income and a sense of their own identity to educate their children at home. Behind the pursuit of a good education is often a significant, and largely unrecognised, investment of mothers' time and labour.

"It takes so much out of my day to get children organised and take them to any out-of-home care, which is hard to find anyway. We homeschool and are very happy with that decision, but it would be amazing if there was a way to homeschool part-time."

FAR WEST AND ORANA, NSW

"Access to assistance to employ our governess. We are in the thick of educating our kids via correspondence due to our location. It is a massive financial burden as well as taker of mental space! I am adamant that we all enjoy the process though."

CENTRAL WEST, QLD



SECTION NINE

The joys of rural motherhood

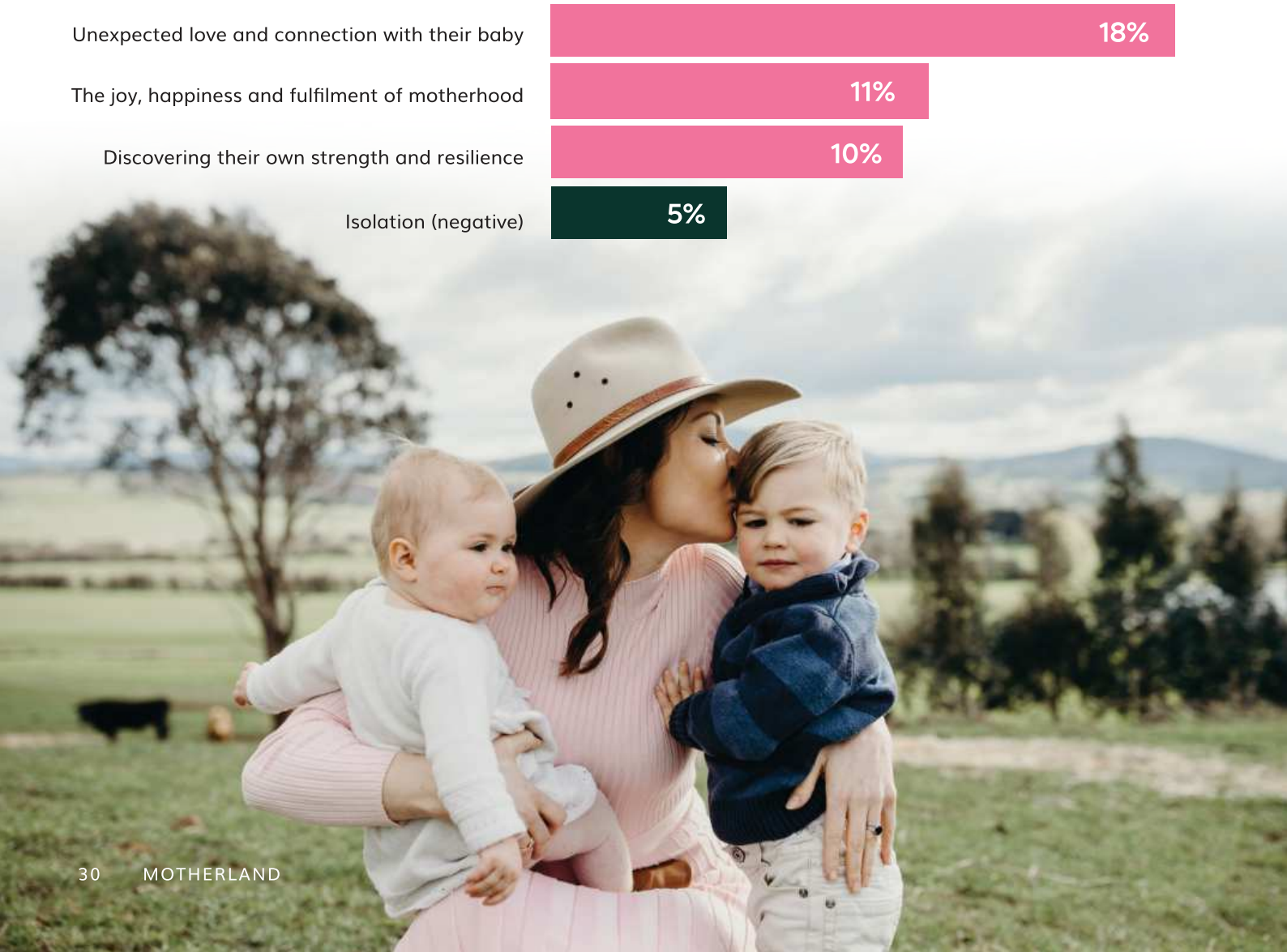
"The bush is the best place (in my opinion) to raise a family, I'm so blessed."

"I'm so grateful to be a farm mum"

"How lucky we are to be able to give our kids this life"

When we asked 1,068 mothers, in an optional open-ended question, what surprised them most about becoming a mother, love and connectedness dominated the answers – not hardship.

WHAT SURPRISED RURAL MOTHERS THE MOST ABOUT MOTHERHOOD



The best of life on the land

Elsewhere in the survey, when mothers were given open space to add anything else, **66% of women** who answered this optional question spontaneously said something positive about rural life or rural motherhood, either as praise or as the recognised joy in a mixed reflection – praising its freedom, space, or lifestyle, using words like 'love,' 'grateful' and 'lucky.'

In Her Words

"I feel really lucky that my boys wake up and ask me to go outside. They're constantly doing things and I think it's giving them a sense of independence at a young age. Yes, it's so different to raising a child in a metropolitan area where you have every service at your fingertips and that can sometimes make it feel hard to be where we are, but all in all - *I wouldn't raise my kids anywhere else.*"

NEW ENGLAND AND NORTH WEST, NSW

"The outback, the rural way of life, is an incredible and actually simpler place to raise our babies... We have so much space and freedom... Yes, we have different struggles, but I know the hard I'd rather deal with."

FAR WEST AND ORANA, NSW

"Living rurally is the best decision our family could have made, our connection with nature, the abundance of space, raising kids on the land is like no other and I feel they are getting the best upbringing."

HUNTER VALLEY, NSW

The unexpected village

Distance doesn't always rule out connection; nearly **6 in 10 rural mothers** told us they have access to a local mothers group.

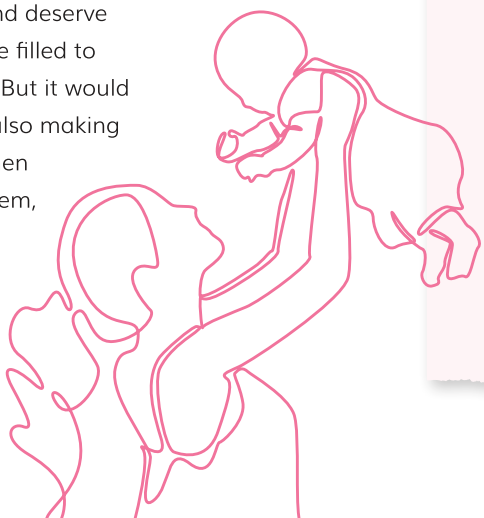
"The friendships and community I have been blessed with. Living rurally can be lonely but in motherhood I have found a strong group of friends."

DARLING DOWNS (WEST) - MARANOA, QLD

"Everyone has their own struggles with being a mother but I've found other mothers will be there to support you, regardless of the distance between you...they understand you."

CENTRAL QUEENSLAND, QLD

It's easy for a report like this to focus on what's hardest about rural motherhood (and rightly so), as those challenges are real and deserve attention, and are gaps that can be filled to improve the lives of rural mothers. But it would be an incomplete picture without also making space for what some of these women told us they love, what surprises them, and what they wouldn't trade for anything. Both things are true at once, and both are worth hearing.



"I wish that the general perception of life in the bush with kids was more joyous. Yes, there are hard moments, services are limited... But it's also amazing to connect with people who have similar attitudes. Everyone is down to earth, most people are empathetic and there's no keeping up with the Joneses. Raising kids in rural Australia is a wild ride but one I'm so grateful to be on."

RIVERINA, NSW

SECTION TEN

The Motherland difference

> "It's about time the narrative changes around what modern mothers are, what we need, and what needs to change. For us and the next generation."
>
> HUON VALLEY, TAS

The findings of this report make one thing clear: **support for rural mothers cannot begin only when a mum reaches crisis.**

The pressures start much earlier; with isolation, distance from services, the loss of identity and connection, the absence of a village, and the cumulative weight of carrying too much for too long.

Motherland was built to fill these gaps - by a rural mother who lived them.

Founded in December 2019 by rural mum and journalist Stephanie Trethewey, Motherland began as a podcast sharing the stories of rural mothers. But it quickly became clear that storytelling alone wasn't enough. Rural mums needed connection, community, practical support and clearer pathways to help, and there was no national organisation dedicated solely to supporting rural mothers in a holistic way.

Motherland became a national charity in July 2022. Today, we work to bridge the gap between isolation and crisis by building the connection, community and practical pathways to support that rural mothers have told us they need.

No rural mum left behind

Filling the gap between isolation and crisis

The Motherland Podcast

Real stories of rural motherhood: 1.4+ million downloads, 5,000+ listens a week, and a regular Apple Top-15 parenting podcast.

Motherland Village

Australia's first online rural mothers group program, connecting women by their children's life stage (0–18 years) across any distance, in a facilitated six-week program.

Motherland Connect

Australia's first digital resource hub for rural mums, connecting them to physical and virtual services that support their mental, emotional and physical health, along with their family's.

Why our model works

Motherland is for all rural mums. Our model is built around prevention: creating connection, confidence, knowledge and community before tough times arrive, while remaining there when they do.

Motherland reaches women at every stage of motherhood and across any distance. It provides a safe, trusted community built by rural mums, for rural mums - free for those experiencing financial hardship - and supports women through trusted referral pathways to access professional help when they need it.

Motherland Village impact

To date, Motherland has supported over 520 rural mothers through our boutique, high impact online program. Current post-program survey data of Motherland Village participants shows:

- 89% say the program changed their lives
- 86% improved loneliness rating
- 96% improved mental health, where it was an issue before
- 99% would recommend the program to another rural mum



Scholarship Fund

Removing cost as a barrier to connection, with women facing financial hardship or tough personal circumstances able to join our online program, or attend our events, free of charge.

Events

Hosting Motherland events across rural and regional Australia each year, bringing rural mums together face to face while creating opportunities for connection and access to trusted health and wellbeing information.

Online community

A thriving social media community of more than 35,000 rural women, creating connection, shared understanding and a sense of belonging across distance.

Advocacy

Standing up for rural mums and ensuring their voices, experiences and needs are represented in national data, policy and decision-making; including through this report.

Motherland: Changing lives and improving mental health outcomes





AMANDA PURVIS, QLD

"Motherland has quite literally been a life saver.

The online mothers group that I was lucky enough to receive a scholarship to join, was quite literally the saving grace to my mental health.

To hear that other women that also lived rurally were going through something similar or different, was reassuring in a way...that we weren't alone. The friendships that I've made with these women are second to none. We speak daily, if not every other day. They're friendships I never thought I needed and I'm ever so grateful for the opportunity to have received a scholarship.

I wish all rural mums knew about Motherland. It's a village I never knew I needed and it's a village that is all in it together and you're never alone. Highly recommend to any rural mum whether your first time or 4 kids deep or an empty nester."



ALISON GOSSAGE, WA

"Motherland helped me feel less alone, and I truly believe I would be in a very different place without that support.

After having my second baby, I was really struggling with sadness, isolation and postpartum rage. I was living on a remote property, 130 km from the nearest town with mental health services and 600 km from family.

I reached out for help several times but felt dismissed, lost and unsure where to turn. Motherland became a lifeline. I found other rural mums who understood, listened without judgement and helped me navigate what to do next. Through Motherland, I discovered the Gidget Foundation and was able to access specialist support via telehealth, as well as joining the Motherland Village program."



BIANCA WAIT, SA

"We rural mums need you and I'm so bloody glad you are doing what you are doing- you aren't just helping us - you are saving us in more ways than you know!!

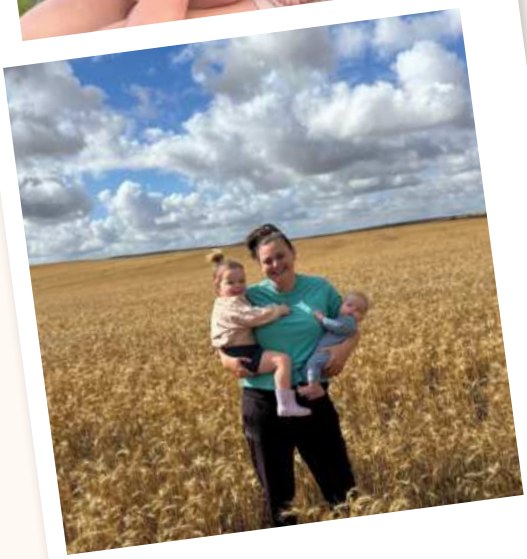
I just bloody love what you do! I travelled by car with our family of 4 from Jabuk, SA, to Toowoomba (1,800 km with a 2 year old and 6 month old) in March for your conference.

I have never felt more seen and supported in a room full of strangers. Such great reminders to take home with me and I still think about many of the topics or ideas nearly daily.

But the connection from meeting my own mothers group face to face at the conference had the biggest impact on me and the support we give each other is second to none. It's such a strong bond that we have all been reflecting on since we were at the conference and I still can't quite believe how you have brought a bunch of strangers together to now being such an important part of my life.

I have recommended Motherland to SO many mums and bring it up with anyone and everyone here locally in SA."





SECTION ELEVEN

How Motherland is filling some of the gaps

The Finding	What Mothers Asked For	Motherland's Support	The Evidence
42% have no local mothers group; 1 in 6 have "aged out".	Peer connection at every life stage, accessible regardless of distance, work or farm life.	**Motherland Village** connects rural mums online by their children's life stage, from 0–18 years; **Motherland events** create face-to-face connection; and our online community provides ongoing connection across distance.	89% say Village changed their lives; 95% say it's the support they wanted from a mothers group program. 96% feel less isolated after a Motherland event.
68% experienced PNDA; 47% never sought professional help; help-seeking is lowest in remote areas.	Support that reaches her before crisis - without stigma, waitlists or the burden of travel.	**Motherland Village** provides early, non-clinical peer support, with trained facilitators and pathways to professional help; **Motherland Connect** helps women find appropriate accessible services; the **Motherland Podcast** shares lived experiences of mental health and help-seeking, helping normalise reaching out.	96% of Village participants whose mental health was an issue beforehand report improvement; 99% would recommend the program.
Mothers don't know where to turn - "who do I call?"	A trusted pathway to rural-friendly support, both locally and via telehealth.	**Motherland Connect** provides one trusted place to find physical and virtual services; Village facilitators can help women navigate and refer on to professional support; **Motherland events** connect women with trusted health and wellbeing information and referral pathways.	43,000+ search results served; 96% trust in Motherland Connect listings. 99% of women feel capable of making informed mental health decisions after an event.
Cost is the quiet veto - support can exist and still be financially out of reach.	Support that doesn't depend on income, geography or a good season.	The **Motherland Scholarship Fund** removes cost as a barrier, providing free access to **Motherland Village** and events for women experiencing financial hardship or difficult personal circumstances.	53% of Village participants received financial support between June 2024 and August 2026.

The Finding	What Mothers Asked For	Motherland's Support	The Evidence
Emotional isolation - "no one truly understands"	To feel seen, understood and connected to women who genuinely understand rural motherhood.	The **Motherland Podcast** shares lived-experience stories of rural motherhood; **Motherland events** bring those stories into the room; and **Motherland Village** creates small peer groups where women share the highs, lows and realities of motherhood with women who understand.	1.4M+ podcast downloads; 5,000+ weekly listens; Apple Top-15 parenting podcast; 86% of women said the program made them feel less alone. 98% said their health and wellbeing improved after an event.
Nearly 1 in 4 mothers say connection or companionship would make the biggest difference to their wellbeing right now.	Real human connection - online when distance demands it, and face-to-face when possible.	**Motherland events** bring rural mums together in their own regions; **Motherland Village** creates lasting peer networks across distance; and Motherland's 35,000+ online community provides connection and belonging between those touchpoints.	Over 2,800 rural mums connected through Motherland events since 2023. 99% of participants said they will stay connected with their Village groups.

Motherland does not claim to hold all the solutions to the challenges identified in this report. Rural mothers' needs are broad and complex, spanning clinical healthcare, maternity and postnatal services, mental health care, childcare, infrastructure and government service delivery - many of which sit well beyond Motherland's scope.

This table highlights the gaps **Motherland is helping to fill:** connection, peer support, trusted service navigation, lived-experience storytelling and accessible community. It also demonstrates what a small, grassroots, rural-led organisation can achieve when it is deeply connected to the women it serves.

The opportunity is not for Motherland to solve every problem. It is for governments, health systems, philanthropy, industry and community organisations to work together and to recognise the remaining gaps, invest in the solutions already working, and build the broader system of support rural mothers are asking for.



SECTION TWELVE

A national agenda for change

Based on Motherland's work over the past seven years and what over one thousand rural mothers told us through this survey, Motherland is calling for five reforms to ensure rural mothers are supported earlier, closer to home and across every stage of motherhood.

1

Find her: Don't wait for her to self-diagnose

Build proactive identification and active follow-up into every point of contact with the health system including pregnancy care, GP appointments, postnatal checks, child and family health services and telehealth so mothers are not left to recognise their own distress and navigate the system alone. Screening alone is not enough; where concerns are identified, there must be clear referral pathways and active follow-up.

Nearly half of mothers in this survey who experienced PNDA never sought professional help. Many didn't recognise what they were experiencing, didn't know where to start or didn't feel 'bad enough' to ask; for others, appropriate local support simply wasn't available.

2

Care for her: Guarantee a minimum, funded schedule of postnatal contact

Establish a nationally consistent minimum: a funded schedule of home or local outreach visits in the first months after birth (covering physical recovery, breastfeeding support and mental-health follow-up for the mother), with mental-health screening built into every contact – not left to mothers to chase down. Back and extend continuity-of-care models and dedicated local midwives, which this survey shows are where good care already exists. None of this is deliverable without addressing the rural midwifery and nursing workforce shortages.

More than eight in ten mothers surveyed said rural postnatal support is inadequate, and the deeper pattern isn't total absence, it's fragmentation: care that exists but is too far, too infrequent, poorly signposted, or drops away sharply after discharge. Mothers described being discharged within a day and then waiting weeks (sometimes in vain) for a home visit. Postnatal follow-up needs to be delivered as a continuous, funded service no matter her postcode.



3

Connect her: Prevention for every mother, not only those already in crisis

Invest in accessible peer-support networks, community connection and "village"-building initiatives for rural mothers at every stage of motherhood – not only pregnancy and the baby years, and not only for mothers who are struggling.

For mothers already isolated or at risk, connection is often the first and most trusted step toward recognising they need help and finding the confidence to seek it. For mothers who are coping well, community and everyday connection help keep them that way. **Support doesn't need to wait until things go wrong to have value**.

Provide formal, multi-year funding to rural-led peer-support and connection organisations, recognising this as core preventative and social infrastructure – a necessary complement to clinical care, and not a discretionary extra.

Isolation is the most frequently named hardest part of rural motherhood and the most common contributor to mental-health struggles named in this survey. Forty-two per cent of respondents can't access a local mothers group, and some have simply aged out of what does exist. Connection matters for its own sake, whether or not it ever intersects with the health system.

4

Reach her: Bring birth and care back to the bush

Stop designing maternal and mental-health services around the assumption that mothers can travel easily, see the same practitioner every time, or rely on always-available digital connections. Restore and sustain local maternity and birthing services in rural areas, so birth itself is not the point where distance becomes danger. This survey found that when mothers travelled more than an hour to give birth, the dominant reasons were the nearest service being their only option, no local maternity unit existing at all, high-risk needs requiring transfer, or being required to relocate and live away from home for weeks before their due date.

Recognise the real, often hidden costs of accessing care in rural areas (travel, accommodation, childcare, lost income) as a genuine barrier to be addressed, not an inconvenience mothers absorb themselves, and fund outreach and travelling maternal and child health teams so care comes to her when she can't come to it.

This should also include flexibility in telehealth continuity rules and the removal of cross-border referral barriers that block mothers from reaching their nearest service. Telehealth should be a doorway into care, not an excuse to withdraw it from the bush.

5

Enable her: Build the practical scaffolding around motherhood, not just around the baby

Expand flexible childcare models suited to low-density areas such as family day care, in-home care, mobile services, and introduce a means-tested payment option that lets a parent stay home to care for their own children, as a genuine alternative to formal childcare subsidy alone, not just a top-up. Extend this recognition to disaster and drought response: crisis and recovery services must be designed to reach mothers directly, not only the farm business, since climate and economic shocks consistently compound isolation, partner absence and financial pressure rather than acting as separate hardships. For farming families, disasters are no longer one-off events, with many being affected by at least one natural disaster in the past five years, back-to-back disasters affecting mental health more than other farming pressures.[7]

Mothers in the survey described limited childcare availability, long waitlists and high costs as barriers to working, earning an income, accessing services, and simply having time to recover. Rural mothers need systems designed around the lives they actually lead, not metropolitan systems stretched across longer distances.

SUPPORTERS OF THIS REPORT

Standing with rural mums

The following organisations recognise the importance of Motherland's work in supporting rural mothers.

AgriFutures® Australia

Australian Women in Agriculture

BirthTrauma Australia

National Farmers Federation

Gidget Foundation Australia®

FRRR Foundation for Rural Regional Renewal

National Centre for Farmer Health

outback futures

PANDA Perinatal Anxiety & Depression Australia

Rural Health Research Foundation

Tresillian® It's in our nature to nurture

Australian Rural Maternity Association Because Rural Birthing Matters

Rural Aid

women's health & wellbeing services

RRR Women

Country Women's Association N.S.W.

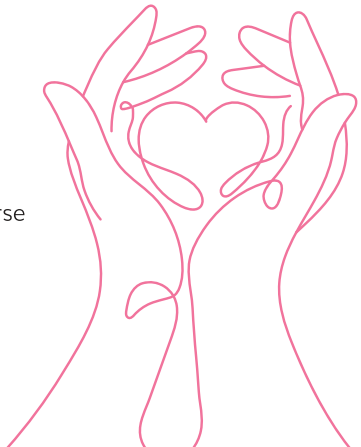
The Isolated Children's Parents' Association ICPA Access to Education

COPE Centre of Perinatal Excellence

Support services for rural mums and their families

If this report raises anything for you, support is available:

- **PANDA (Perinatal Anxiety & Depression Australia)**
  For expecting and new parents and their support people during the transition to parenthood
  1300 726 306
  panda.org.au
- **Gidget Foundation Australia**
  Supports the mental health of expectant, new and potential parents to prevent and treat perinatal mental health issues
  1300 GIDGET
  gidgetfoundation.org.au
- **Tresillian**
  Parenting support for families of newborns, babies and toddlers
  1300 272 736
  tresillian.org.au
- **Women's Health & Wellbeing Services**
  Supporting the mental and emotional health of women, families and children in WA
  (08) 9490 2258
  whws.org.au
- **National Centre for Farmer Health**
  Mental health resources and information tailored for Australian farmers and agricultural communities
  farmerhealth.org.au
- **Outback Futures**
  Allied and mental health support for people living in outback QLD
  outbackfutures.org.au
- **Rural Aid**
  Supporting farmers, their families and communities through disaster and hardship
  ruralaid.org.au
- **Royal Flying Doctor Service**
  24-hour aeromedical emergency services, alongside telehealth, fly-in fly-out GP and nursing clinics, and more
  flyingdoctor.org.au
- **Lifeline** 13 11 14
- **13YARN** 13 92 76
- **Beyond Blue** 1300 22 4636
- **1800 RESPECT** 1800 737 732
- **Healthdirect** 1800 022 222
- Talk to your GP, midwife or child & family health nurse
- In an emergency, call 000



References

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2. Australian Bureau of Statistics (2025), Registered births and summary statistics, Remoteness Areas of usual residence and year of registration–2011 to 2024
3. The Parenthood (2023), "Choiceless" The plight of parents in accessing regional, rural and remote early learning and care
4. Australian Bureau of Statistics (2025), Intentional self-harm (suicide) deaths, 2024; Australian Institute of Health and Welfare (2025), Suicide & self-harm monitoring: Geography and socioeconomic factors.
5. Australian College of Midwives, Australian College of Rural and Remote Medicine, Congress of Aboriginal and Torres Strait Islander Nurses and Midwives, Maternity Consumer Network, National Association of Aboriginal and Torres Strait Islander Health Workers and Health Practitioners, National Rural Health Alliance, Office of the National Rural Health Commissioner, Royal Australian College of General Practitioners, Royal Australian and New Zealand College of Obstetricians and Gynaecologists, Rural Doctors' Association of Australia, Rural Workforce Agency Network (2025). Second Edition National Consensus Framework for Rural Maternity Services.
6. Telecommunications Industry Ombudsman (2026), Left behind: Experiences of telco consumers living in regional, rural and remote Australia.
7. Norco (2026), 2026 National Farmer Wellbeing Report

Notes

1. Figures for Tasmania and the Northern Territory are based on smaller samples (n < 30).
2. Isolation and its four forms. Isolation emerged as the defining theme of this national report, and we have treated it as a distinct experience rather than a single catch-all term. Drawing on mothers' own words, we identified four forms of isolation - social, emotional, geographical, and isolation from services - each defined in Section Three. To understand how widespread isolation is, every response that named it as the hardest part of rural motherhood was given a primary isolation code; on this basis, 70% of all mothers surveyed named at least one form. Within that group, each mother was then classified by the form she experienced, with those who named more than one counted together as experiencing multiple forms of isolation (22%). Form-level percentages are therefore shares of the mothers who named isolation, not of all respondents.
3. The Motherland difference. The figures and findings referenced in this report have been updated to reflect the latest information. For further information about Motherland please refer to our Motherland 2025 Impact Statement.




MOTHERLAND




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Mums Connect


MOTHERLAND


MOTHERLAND



MOTHERLAND

Motherland is the national charity that connects rural mothers across Australia and delivers services that reduce isolation and improve mental health outcomes. Through the Motherland Village program, Motherland Podcast, Motherland Connect platform, Scholarship Fund, events, and advocacy, we have become the voice and village rural mums desperately needed, but didn't have until Motherland. Join the community, partner with us, or donate at **motherlandaustralia.com.au.**



OUR PATRON

Her Excellency the Honourable Ms Sam Mostyn AC

Governor-General of the Commonwealth of Australia

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