HAPŪ MĀMĀ VILLAGE

INSIGHTS & RECOMMENDATIONS

CONTENTS

WHAKATAUKĪ

"Whāngaia kia tupu kia puāwai"
That which is nurtured blossoms and grows

The blossoming and growth of our pēpi in the womb of our māmā is the greatest gift that exists to ensure continuous whakapapa.

Traditionally both wāhine, tāne and kaumātua played roles of nurturers. Therefore, we understand that hapūtanga was shared by the village.

We have seen māmā blossom in the village environment finding their voice and growing belief in themselves.

ACKNOWLEDGEMENTS

The Hapū Māmā Villagers

Thank you to all the Māmā, Pāpā and their whānau from across the rohe who made a commitment to the Hapū Māmā Village. You are the heart of this report. We know you are passionate about making a difference for whānau and hapori (community) so that everyone can experience the best pregnancy and childbirth care possible. Your lived reality with hindsight is valued: it means that the insights and recommendations for health services and community is grounded in first-hand experience and aroha. We are humbled to have held space with you.

The Maternal Profession

We have connected with professionals going above and beyond to provide the ideal model of care. We appreciate learning about these experiences and hearing about the challenges faced by the maternity sector, which have also come from a history of patriarchal culture. We heard your commitment is driven by the love for your job and the wellbeing of māmā and pēpi. Thank you for sharing your time. You have given us greater insight and appreciation of the potential opportunities for maternal health and wellbeing.

Special Thanks

We want to extend a special thanks to: Lucy Pettit and Trish Silk, (Te Whatu Ora), for your leadership in prioritising this approach and investing in listening to māmā and the workforce; Te Amo, Gemma, and Lisa for being the real-world example of the ultimate midwife; the Taihape maternity-infant teams at Taihape Health for demonstrating a successful rural model; Dr John McMenamin, the godfather of exemplar GP maternal healthcare; Mel Maniapoto, (Te Puna Ora, Te Oranganui) for activating her service prototype response, and last but not least, the core design Village of Māmā: Keita, Cherie, Baillie, Tania, Annie, Dayna, Lillie-Mae for your ideas and solutions!

Ko wai mātou? Who are we?

Healthy Families Whanganui Rangitīkei Ruapehu is a rōpū of social innovators and indigenous systems thinkers working to encourage a united effort for better health and wellbeing outcomes. We are a part of a large scale initiative, Healthy Families NZ, that brings community and community leadership together to improve people's health and wellbeing where they live, learn, work and play. We care about community-led innovation and systems wide prevention solutions with an explicit focus on equity, improving health for Māori, and reducing inequities for groups at increased risk of preventable chronic disease.

Our role has been to learn from whānau, practitioners, and sector leaders about why some māmā only engage with maternal health late in their pregnancy.

THE HEALTHY FAMILIES PRINCIPLES

Collaboration for Collective Impact

Leadership

Line of Sight

Equity of Outcome

Adaptation

Experimentation

Implementation at Scale

PURPOSE

This publication is presented on behalf of the Hapū Māmā Village who shared their experiences of maternity healthcare during pregnancy and childbirth. The insights and recommendations are a culmination of 16 months of engagement with rural and urban communities. The Hapū Māmā Villagers want their voice to inspire change so improved service, meaningful engagement, and better health outcomes occurs for all whānau in the Whanganui rohe.

WE WERE CURIOUS ABOUT:

Why are some of our hapū māmā only accessing maternity healthcare late in their pregnancy?

How effective are maternal support services at communicating with hapū māmā?

What are families' experiences and perceptions of mainstream maternity healthcare?

What are the blind spots in the journey that make it hard to have meaningful engagement with hapū māmā?

THE REALITY

What is the data telling us?

Over 750 babies were born in the Whanganui rohe every year during the pandemic, a drop from 800 prior to 2019.

36% of births are to first-time māmā.

22% of pēpi born in Whanganui are from our rural districts Waimarino-Ruapehu, South Taranaki and Rangitīkei. Only 3% of rural māmā are birthing in their rural community, meaning most māmā are travelling to Whanganui, or out of the rohe to give birth.

Approximately 70% of pēpi are born into medium to high deprivation.

Almost 50% of babies born each year are Māori.

At the time of writing this report 30% of the midwifery roles are unfilled

There are a total of 37 midwives working in Whanganui rohe working in various roles at a various capacity

Of currently employed midwives in the rohe 9 identify themselves as Māori.

The busiest periods for childbirth are October to December and January to March.

Between 2020-2021, there were a total of 358 māmā referred (moderate to severe) to secondary Specialist Maternal Mental Health Services.

There is an antenatal clinic at the hospital that supports pregnant mums who do not have a midwife. During its busiest period of the year the clinic averages 64 appointments per month.

OUR THEORY OF CHANGE 2021

The Hapū Māmā Village

OBSERVATIONS AND LEARNINGS

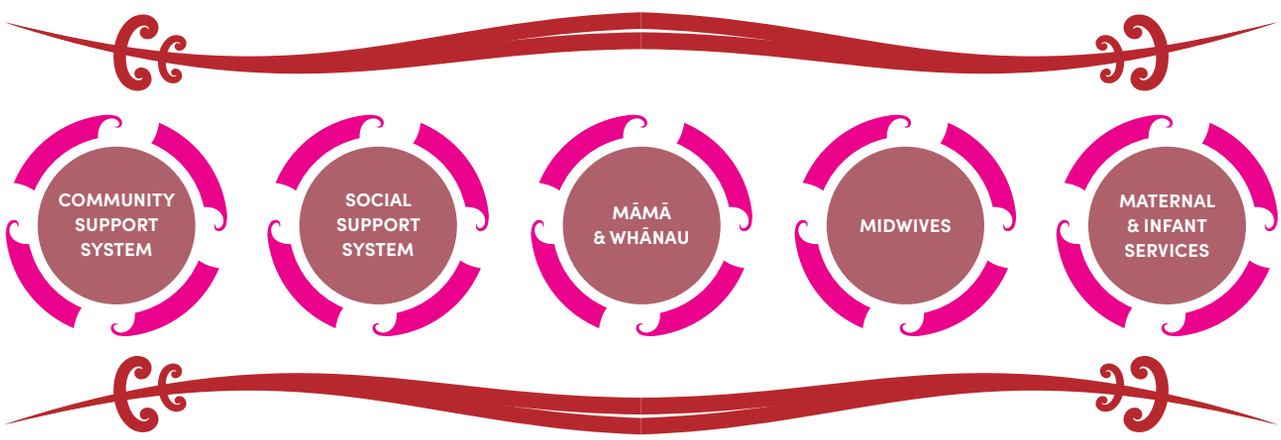
It takes a Village to Raise a Child

The deeper intent behind the saying *it takes a village to raise a child* remains true today. A village can be a rich source of connection, compassion, belonging, and wisdom. We know early experiences and the environments which children grow can determine the trajectory of their health and wellbeing. The village relationships and activities can help buffer the stressors of life, providing sustenance for pēpi and whānau.

Working with the Hapū Māmā Villagers confirmed everyone does better in a *well village*. Well-villages are full of healing and strengthening processes.

The Hapū Māmā Village talked about:

- Creating community-led villages for earlier, more meaningful connection and support.
- Taking the old ways with the new and adapting to suit the modern world.
- Reintroducing the concepts and practices of hapūtanga (Māori pregnancy care).
- Accessing *thoughtful* information easily so whānau can feel more confident in determining their pregnancy and parenting journey.
- Upholding the mana of women and children in society.



SELF-EFFICACY

When Māmā are secure (self-assured) and have a trusted support village, they feel more confident to navigate unplanned situations and make good decisions for herself and pēpi. When Māmā have high levels of self-efficacy, (the exercise of control and strong positive belief that she has the skills and capacity to succeed), they are more likely to cope better in adverse situations. We discovered low levels of self-efficacy can show up for some Māmā in several ways during their pregnancy and childbirth:

- Over-reliance on the midwife for a range of non-pregnancy related issues
- Problem-solving ability becomes a bit disorganised and irrational
- Distorted sense of time and logic
- Increased confusion, anxiety, and uncertainty
- Quietness, withdrawal, reduced communication, insecurity

The Village Māmā shared what they believe supports them to feel more self-assured:

- Having role models and a good support village
- Peer support, tuakana/teina, like minded-people - Kaupapa whānau
- Attending appointments and sessions in environments that feel welcoming, warm, and safe
- Finding a midwife earlier - quality communications and marketing
- Feeling confident to make good decisions – feeling heard and valued

EXPECTATIONS AND UNMET NEEDS

In today's world the expectations of Hapū Māmā experiences seem perfectly acceptable.
We heard Māmā say:

- She wants the right midwife to journey alongside her, Pāpā and whānau.
- She wants to feel supported and heard.
- She wants to understand her options and rights.
- She wants to feel safe and trusted to make good decisions for herself and her pēpi.
- She wants a balance between holistic and technical information and practice.
- She wants her intuition to be valued, even if she is a first-time māmā.

Upon reflection Māmā felt their expectations were unrealistic because of the attitudes of others, including western behaviour towards women and children. Yet, we also heard from community and professionals there are additional challenges that impact healthy engagement. These challenges include: the shortage of midwives; māmā presenting with more complex health and social needs; centrally driven strategies and policy; societal gender and cultural bias; and lack of technology development to enable more communication and engagement.

CONSISTENTLY INCONSISTENT EXPERIENCES

We heard whānau experiences with maternal healthcare are consistently inconsistent. While pregnancy already has its own set of inconsistencies that are unique to Māmā and their circumstances, the additional unexpected and isolated incidents within the health system can negatively impact them - even for those Māmā who have generally had a fantastic experience. The inconsistency was made clear to us by the number of undefined experiences for Hapū Māmā, which were amplified by the pandemic.
The definitions of an undefined experience are:

- Inconsistent processes and lack of control
- Dramatically varying levels of service according to mindsets and actions
- Crucial workflow stages being missed, or disconnected
- Operational functions not aligned between service departments, or to iwi and community services
- Unclear processes, or duplication, with delays becoming the norm

The impacts of undefined experiences on whānau were:

- Longer wait times and lack of timely information
- Deterioration of experience and engagement
- Missed opportunities to prevent health issues
- Confusion
- Slow processes
- Errors, or poorly informed decision making.

INTERGENERATIONAL CHANGE

Maternity and parenting practices have evolved a lot in twenty years. The change of whānau structures mean some Māmā are pregnant and giving birth with a very small support network, if one at all. Without well informed guidance in her personal life Māmā can overly rely on maternity services for a range of things during her antenatal and postnatal journey. With no whānau to lean on and no midwife some Māmā didn't know what she could do to keep herself and baby healthy and well.

Feedback from Māmā, Pāpā, and practitioners was community-led villages would bring together all types of experience, knowledge, and support earlier on the journey. More importantly, Villages would be a safe space for Māmā and Pāpā to become better informed and prepared.

INSIGHTS FROM YOUNG, MĀORI, & PACIFIC PARENTS

Finding an available midwife who Māmā feels are a good fit for their whānau is challenging, causing delayed engagement in antenatal care.

With the difficulties accessing early pregnancy care and fear of discussing maternity needs with a stranger, Hapū Māmā can go without maternal care for their entire pregnancy. The Village Māmā had family members and friends who experienced this.

We also heard some Māmā did not find the right midwife, meaning the connection was not a good match, but in desperation Māmā and Pāpā felt they had no choice. The result was an unhappy antenatal experience. Young parents aspire for a partnership with a midwife that is the right fit for their whānau.

"The Find Your Midwife website is useless. It took us ages to find a midwife, and then she wasn't right for us, but she was the only one we could find that was available."

"I felt like she didn't want to be there. We need to all be on the same page, but there was a power imbalance and that steals mana."

Young Māori and Pacific parents can overestimate the authority of their midwife and underestimate their own control in the partnership. Young Māmā and Pāpā want professionals to be culturally aware and understanding.

For some young Māmā their self-efficacy and cultural beliefs can influence their perception of social power, particularly in different settings. As a result, their relationship with health professionals is hierarchical, rather than a partnership. Māmā shared when relationships with their health practitioners had a power imbalance, they became insecure, or worried about the safety of themselves and their pēpi.

"I wish someone had said, 'it's OK for you to make the decisions for you!"

"They should check in with Māmā by asking 'what has changed since we last met?' If there is more kōrero then there's more understanding about what's going on."

Without a strong support network Māmā felt nervous and ill-equipped taking pēpi home from hospital.

Some Māmā and Lead Midwife Carers do not feel the hospital is a welcoming safe place for whānau, with many Māmā opting to discharge earlier than was necessary. This further reduced the opportunity to ensure new Māmā and Pāpā have good advice and techniques for parenting a newborn. For those Māmā who did get great support in the hospital we observed they were already confident and well supported at home. First time Māmā wished they had practical parenting advice in wānanga settings where whanaungatanga (connection, relationship, knowingness) and manaakitanga (mana upheld, kindness, welcoming, safety), encouraged them to be more confident and prepared.

"I was too scared to go home with my baby. I tried to stay in as long as I could, I was so anxious and didn't feel confident to look after my baby."

"I didn't learn a lot at the classes. When we had to ZOOM because of COVID the presentations were boring and just a whole lot of useless information."

"If I knew then what I now know I would have felt a lot more confident. There were some things I wish they had taught us in classes or at the hospital – basic parenting stuff, like bathing baby. We went home and taught ourselves. It was scary but we worked it out in the end."

Young Māori Māmā and Pāpa want to see more Māori midwives, hapū wānanga, and cultural practices that reflect a Te Ao Māori worldview.

Whānau Māori felt disappointed or disconnected from their ideal maternity journey and childbirth. Whānau believe culturally appropriate practices and attitudes towards a Māori worldview are important. Young whānau said they are interested in and more likely to attend hapū wānanga with Māori services if they are available.

"We wanted wānanga with mātauranga practice like karakia, whakawātea, mirimiri, waiata, but there was just nowhere to go to do this."

"If wānanga were offered to connect us to our cultural ways of being then I think we would have felt more connected to each other and other whānau and felt more confident."

Young Pāpā are looking for good male role models with practical parenting advice.

Pāpā want interactive engagement. They are looking for practical tips, advice, and information to ensure they feel confident and included in the birthing process. Pāpā especially see the importance of talking with other men to share their experiences, learning from each other, and gaining a better understanding the responsibilities in the birthing process and with parenting newborns. Many Pāpā felt the antenatal classes were a missed opportunity for them. They felt ignored and irrelevant.

"Antenatal classes are not helpful for partners."

"We need a Village like this so we as men can talk and share our experiences and feelings, just like women should too. I feel like this is good for us. Talking like this together is good for my mental health."

"This is a life changing moment for Pāpā, but the classes just weren't meaningful enough for us. It didn't help me. I didn't get anything practical from the classes. It needs to be more interactive, including us Pāpā, so we can be more confident in knowing what we can do."

INSIGHTS FROM WHĀNAU AND WORKFORCE

INSIGHT 1

Maternity services can be hard to find and then hard to engage with, leaving whānau disappointed at their lack of connection with health professionals.

THE VILLAGE VOICE

"I felt insecure because I didn't have a strong connection with my midwife."

"As a first time Pāpā I didn't know much and didn't learn much from the classes either. I wanted to know how I could help my partner."

"I couldn't find a Midwife and was stressed and worried. I eventually found one in the last trimester."

"She was just angry all the time. I asked a question about feeding baby, she just snapped at me, so I decided to leave hospital earlier than I needed to. She wasn't nice at all. I felt like she didn't care and was looking down on me."

"We were sent in between ED and the maternity ward, because of COVID I think. But we noticed there wasn't good communication between the two teams. We got different information, and we spent hours waiting even though the appointment was scheduled every week."

"There was no manaaki, this did not help us to connect and be tau (settled)."

RESEARCH SAYS:

A system based on partnership and individualised continuity of care should provide a framework that is capable of working to ameliorate inequity, however some models of care cannot be relied on in practice as a mechanism for equity, because the clinician/patient relationship cannot be equal due to an underlying power imbalance (Dawson et al., 2019). Midwifery philosophies and discourses position women as the focus of care rather than as equitable partners in the childbearing process, and by doing so marginalize whānau and women's right to negotiate the parameters of the partnership (Kenny, 2011).

Māori women experience a number of barriers to accessing best practice pregnancy care. Most of these are a result of socioeconomic disadvantages and inequality (Dawson et al., 2019; Ratima et al., 2013).

INSIGHT 2

Many Hapū Māmā feel they were not heard when important decisions needed to be made in their pregnancy and birthing plan. They felt judged and ignored.

THE VILLAGE VOICE

"My midwife was dismissive and didn't listen. She did not reassure me about my decisions."

"I was not listened to. It was a painful time... silent stealer of joy."

"I felt something was wrong, it had been too long, and I wanted to go to Whanganui. I had to bring my Nan in, they wouldn't listen to me."

"It's astounding that our children's voices are still not being heard and valued. I had to be the voice for my daughter as the Midwife wouldn't listen to her."

"We were told what we should do, there was no discussion or options presented."

RESEARCH SAYS:

Prior to colonisation, wāhine Māori learned about pregnancy and birth through female relatives whom they were strongly connected to. Pregnancy was a highly valued and celebrated role within Māoridom until the introduction of a medical model which ultimately shifted the focus away from the whānau and onto medical professionals (McMenamin, 2021).

Pre-European Māori knowledge around pregnancy was extensive and included a comprehensive care plan for Hapū Māmā and pēpi. Pregnancy was seen as one of the rites of passage to womanhood and the source of mana wāhine (Dawson et al., 2019; Ratima et al., 2013).

Women engage with prenatal screening differently depending on when the pregnancy is identified, cultural and religious practices and views about screening with whānau (Dawson et al., 2019).

INSIGHT 3

Whānau want the choice to engage in hapūtanga practices in culturally safe environments, with kaimahi (professionals) who understand a Te Ao Māori worldview.

THE VILLAGE VOICE

"We told our midwife this is our whānau plan and our practices. She was great even though she wasn't Māori. She completely supported our tikanga and mātauranga plan."

"We would have preferred to be able to do all the practices that are relevant to our culture. We did these in our space and time, but we would have preferred to choose to experience our practices at every stage of the pregnancy and birth with our midwife and other whānau."

"Our mātauranga is beautiful. We have whānau and friends in other regions where our culture is accepted and used, even in the maternity ward. There's just nothing here that celebrates our culture and allows us to practice it."

"I used rongoā and mirimiri to support my daughter during the birthing stage. It was not encouraged but it helped bring on the baby."

"The midwife listened to us and upheld our kawa and tikanga through the birthing and made it an uplifting experience."

RESEARCH SAYS:

Māori wāhine continue to identify cultural issues as an area of concern in their experience of maternity services, including ignorance, insensitivity, and rudeness. Māori wāhine have expressed their desire for services that meet their cultural needs, including the need for Māori providers, and high levels of dissatisfaction at being unable to access culturally responsive antenatal care and maternity care more generally. (Dawson et al., 2019; Ratima et al., 2013).

It is acknowledged that historically, Māori maternity tikanga and care led to high quality outcomes for Māmā and pēpi, however, colonialism has separated Hapū Māmā from traditional birthing practices. It is well established that clinical outcomes can be enhanced when the ethnicity, worldview and cultural identity of the service provider matches that of the Māmā (McMenamin, 2021).

Access to Māori health professionals would be a strength within an antenatal pathway, however there is a shortage of Māori midwives and many experience a lack of professional support; thus, there is a need for improving support for this group of women and an increased focus on recruitment and retention of Māori health professionals (McMenamin, 2021).

INSIGHT 4

Māmā want postnatal depression information, advice, and support prioritised.

THE VILLAGE VOICE

"I didn't know I had post-natal depression, there was no information about it."

"I had a history of depression but this was not picked up. My post-natal depression was not diagnosed for 3 years."

" If I hadn't been a nurse, I would not have known that what I was going through was post-natal depression."

"I didn't know what resources were available. I wasn't told there was Māori health support. I was struggling."

"My midwife recognised the signs, but there wasn't a warm handover to other support. I had severe anxiety...self doubt...I felt isolated. It took a while before I got help."

RESEARCH SAYS:

Pregnancy and childbirth are particularly vulnerable times for women. An estimated 14 percent of New Zealand women will develop depression, anxiety or other mental health issues during this time, and women experiencing postnatal depression (PND), are at greater risk if the appropriate assessments and any required supports are not provided (Ministry of Health, 2012; 2021).

Suicide is a leading indirect cause of perinatal maternal death in New Zealand. The Perinatal and Maternal Mortality Review Committee (PMMRC, 2016) in its review of the 22 maternal deaths from suicide (2006-2013) found that many of these women had risk factors for major depression that were not recognised. Thirty-two percent of these deaths were considered to have been potentially avoidable. Maternal mental health and wellbeing is one of the foundations of strong families, whānau, and communities. Supporting parent's mental wellbeing during their child's first 1,000 days, from conception to two years of age, is critical to supporting their child's long-term emotional, mental and physical wellbeing (Ministry of Health, 2012; 2021).

INSIGHT 5

Systems, processes, and values are not aligned causing cold handovers in the continuity of care.

THE VILLAGE VOICE

"We're not working together effectively. There was a project to improve our systems and processes, but it just takes too long to get anything done. We need more consistency and connection with each other."

"I stopped referring my mums to them as they never returned calls or responded to my referrals. One of my Mums waited for over a month, so I connected her to another service."

"We look disjointed and we feel disjointed. We've started to make some connections since the Hapū Māmā Village started. I met someone in one of our hui I had never met before. It was great to make that connect. We need more of that."

"It is hard to refer our Māmā to services when we don't know what services are available."

"Māmā are presenting to the midwife first and primary healthcare is not aware of the birth until the new-born notification."

"It is hard to share information in a timely manner when we use different electronic systems and processes."

"I sit in the same building as their practice, and I do not know who works in there."

RESEARCH SAYS:

Delivery of an integrated, whānau-centred care delivery framework relies on having a connected workforce who has access to the required knowledge, skill, and networks, and who is supported by ongoing professional development, leadership and oversight (Ministry of Health, 2022).

In 2019/20, there was a decrease nationally in the rate of enrolment of new babies with a Well Child Tamariki Ora service or provider, and a widening equity gap: enrolment rates for Māori, Pacific peoples and whānau living in high-deprivation areas decreased to 79 percent, 83 percent and 82 percent respectively (Ministry of Health, 2020).

Many whānau are frustrated with unreliable service delivery, which causes some to disengage from Well Child Tamariki Ora services and providers, therefore we need to strengthen transition pathways for tamariki and whānau between providers, to improve continuity of care and early identification of and response to health need (Ministry of Health, 2020).

INSIGHT 6

Workforce fatigue is evident.

THE VILLAGE VOICE

"I do more than what I am expected to do. I help access housing, social services, and other support services."

"There's so much change going on here, and we are expected to test and learn new processes while doing our everyday job. I don't have time, and they never asked if the new process would work. It's just more work for us."

"It's a beautiful building but it's not a nice culture. It's terrible. I encourage my mothers to leave as soon as they're able. It's not a positive place, which is such a shame."

"We're just getting through a pandemic and now the health reform. There is just so much change and no one knows what's going on. It's exhausting."

"I don't like sending our whānau to Whanganui because our whānau have been returning with stories of traumatic experiences."

"To make a difference inbetween the maternity services, we need to address workplace wellbeing for all."

RESEARCH SAYS:

Factors such as stressful work environments and insufficient staff resources have been found to negatively influence job satisfaction and emotional wellbeing of staff (Dixon et al., 2017; Suleiman-Martos et al., 2020). Ongoing chronic understaffing, unpredictable work conditions and poor remuneration have resulted in low morale across the midwife profession, creating major issues with recruitment and retention (Dixon et al., 2017).

Contemporary working conditions can often place increased demands on Midwives when efficiency, cost effectiveness and administrative requirements are prioritised over relationships and women's care (Dixon et al., 2017; Suleiman-Martos et al., 2020).

INSIGHT 7

Maternity and child services are not united as a collective.
This causes a fragmented continuity of care.

THE VILLAGE VOICE

"I had to travel from Ohakune to Whanganui for IV Fluids on a weekly basis...even though I was booked in, we still had to wait up to 4-8 hours. We are so blessed to have our precious baby, and everything worked out for us, but we just want to share our story to help others."

"I needed advice and support about how to care for my toddler and new born after a c-section. I was left to my own devices."

"I sign the paperwork and send it through. Then it's up to that service to contact the mum. One of my mums never heard from them, even when we followed up, so I stopped referring to that organisation."

"I didn't even know these services were available to me. It was months after pepī was born that we finally heard from them."

"Sharing of services within the rohe will help me connect and better understand what is available for my Māmā"

"Lack of communication between the Obstetrician and Midwife caused a sense of chaos for us, as we didn't know what was happening."

RESEARCH SAYS:

There is a need for a concerted focus on building provider relationships to breakdown silos and improve outcomes for Māmā and tamariki. Integrated services have benefits for agencies, service providers and whānau (Malatest International, 2016).

Whānau want to experience "one health system" regardless of health structure, funding or governance. Integration of maternal and child health services is integral if we are to improve the efficiency and quality of services and outcomes for whānau (Malatest International, 2016).

THE CONDITIONS FOR SYSTEMS CHANGE

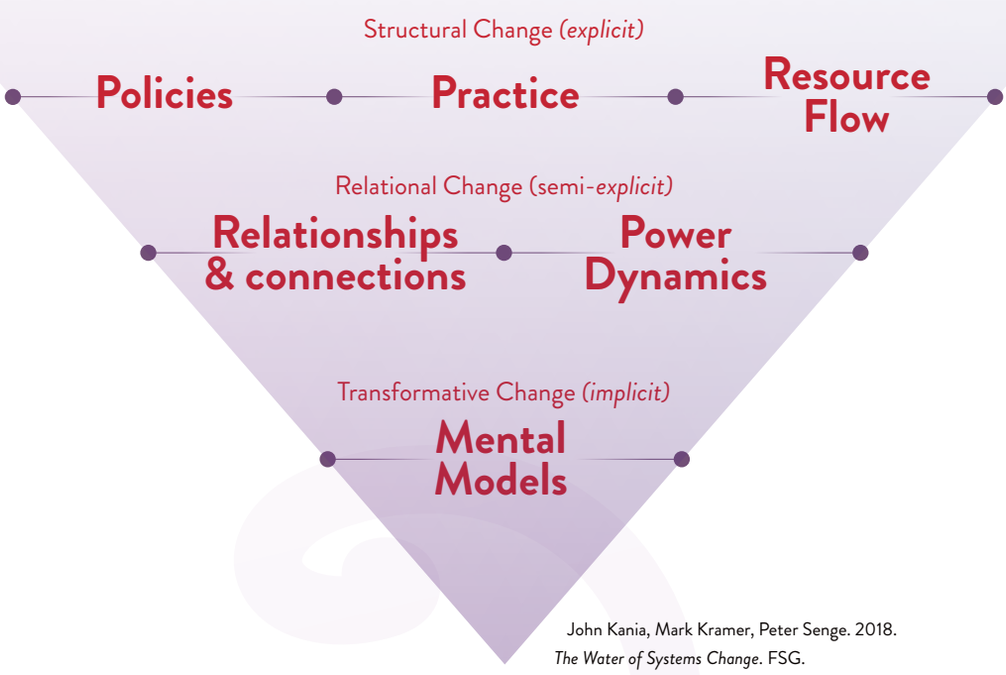
A system thinking lens provides a different perspective for leaders and health practitioners when looking at the current reality, rather than the existing linear and reactive lens that invests more in detailed complexity.

Through the Six Conditions of Systems Change process we can identify assumptions and the conditions holding persistent problems in place. Often persistent problems can be passed on from one generation to the next, despite sector and government efforts.

The most difficult conditions to address are semi explicit (power dynamics) and implicit (mental models). The mental models include all the 'isms', the attitudes and beliefs, which can take longer to shift. The explicit conditions, such as policy, practice, and resource flow can be easier to identify and solve dependant on who holds power to do so.

Maternal and Child Health Leaders, after identifying the systemic issues, were then able to develop strategies for overturning these. The following outlines three potential strategies that could overturn several systemic issues highlighted from the Insights.

SIX CONDITIONS OF CHANGE



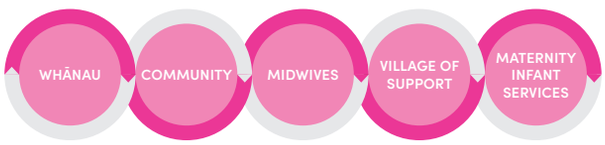
John Kania, Mark Kramer, Peter Senge. 2018. *The Water of Systems Change*. FSG.

INDEPENDENT VS INTERDEPENDENT

An effective dynamic system structure is interdependent rather than independent. Yet the maternity structure today looks and acts as a set of independent services.

INDEPENDENT

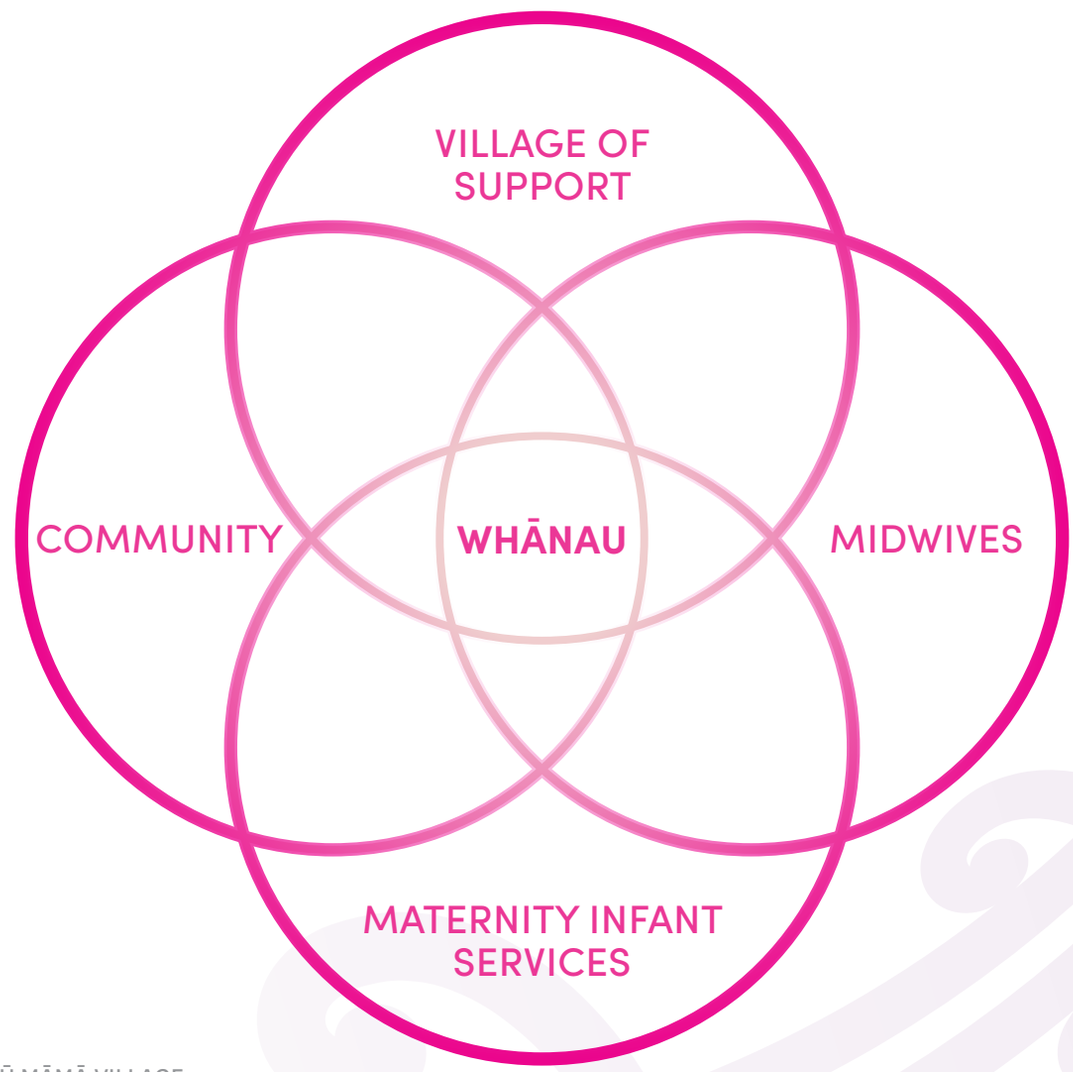
When feedback is delayed through the independent system structure, issues for Māmā and whānau become an undefined experience of seperate, linear services.



INTERDEPENDENT

A more connected ecosystem understands it is interdependent - reliant on connection, rather than separation. An interdependent system is strengths-based, able to sustain connections with real time feedback, making it easier for practitioners to see patterns and articulate the cause and effect of success, or repeat problems. The power dynamics that might exist in an independent structure are re-balanced through transparency, closer connection, and coordination which increases the system's reliability.

Consider: Discussion and dialogue in a mana enhancing way to deepen awareness and understanding of the benefits of being an interdependent ecosystem.



A UNIFYING FRAMEWORK

When the ecosystem of services is made up of active participants unified by a shared vision there is coherence. This requires authentic connection across the ecosystem for developing a shared vision and roadmap to enable collective value and momentum. Iwi, Māori, community services, and whānau want to be actively engaged in ensuring the health and wellbeing of pēpi, tamariki and whānau are prioritised across the region. A shared vision and plan include whānau, community and services co-designing a new future reality together.

A regional vision and plan could aim to:

1. Design earlier intervention and prevention with a particular focus on the first 2000 days
2. Identify system change that will reduce inequity and inequality
3. Develop and improve responses that are system enabled and community driven
4. Create system-level change that reflect the Principles of Whānau Ora
5. Improve access and effectiveness of a range of supports within the community
6. Customise approaches for specific at-risk cohorts and groups

Consider: A shared vision with radical collaboration for a collective commitment to the health and wellbeing of pēpi, tamariki and their whānau.

MENTAL MODELS AND A LEARNING ENVIRONMENT

It is easy to blame others when people can't see the whole picture. There is little sense of responsibility when only coming at it from an individual or siloed perspective. When we look at the wider system we begin to see relationships and patterns of stabilities and instabilities that provoke individual behaviour. These patterns will either cause the *undefined experiences and inequities* or develop mutually reinforcing activities.

When looking at the *whole* system a shift in culture is required away from a reactive silo state to one of proactive intent and affirmation.

Consider: Learning together as a community of practice (CoP) helps to identify new solutions and innovations for addressing persistent problems or improving practice.

RECOMMENDATIONS

For supporting Hapū Māmā and whānau to have a healthy relationship earlier with healthcare and support services

THE THREE HORIZON RECOMMENDATIONS

The most urgent and complex issues cannot be solved by one organisation alone. It takes multiple groups and stakeholders working together to achieve transformative change. We have used the Three Horizons Challenge framework to map the recommendations.

The Current Reality - The first horizon, the Current Reality, includes the strategies and activities for improving the current system.

Transitional Projects or Prototypes - The second horizon identifies the transitional projects and prototypes that can accelerate us towards the Ultimate Reality, providing the bridge between the region's current reality and our ideal future state.

The Ultimate Future Reality - The Ultimate Future Reality includes the goals and aspirations of whānau, community, midwifery, and child health services describing what the future state would look like if we collectively focused on prevention in the early years.

Current Reality

- Partner Iwi Māori
- Unifying framework: Vision
- Shared definitions and application of equity and whānau centred
- Communities of Practice
- Mental health and wellbeing
- Workforce Wellbeing

Transitional Projects or Prototypes

- Iwi, Community-led Villages
- Relevant digital engagement
- Changing the narrative
- Grow the Māori midwifery workforce

Ultimate Future Reality

- Defined by the aspirations and goals of whānau, iwi, community and services
- Described in the unifying framework – vision
- Refer to the Hapū Māmā Villagers' solutions

Focuses on: the early years, prevention, Whānau Ora, equity, community-led, system enabled.

THE CURRENT REALITY RECOMMENDATIONS

1. PARTNER IWI AND MĀORI

Almost half of pēpi born in the Whanganui district are Māori and the majority of Hapū Māmā Villagers felt the maternal-infant system failed to respond to their cultural needs. It is, therefore, essential for iwi services to be actively engaged in the maternity and early years as equal partners representing the lived realities of whānau.

While it is important for the maternal and infant sector to learn and develop empathy and understanding of cultural practices and values, it is also critical that Māori are included as providers and knowledge holders of tikanga and hapūtanga practices. We know equity is an ethical construct and therefore suggest that equitable health should be attained outside of the mainstream health system.

We propose:

- Maternal and infant health leaders build relationships with iwi health and social service leaders, solidifying a Te Tiriti partnership. This should include advocating for and supporting new investment and resource flow to iwi and Māori for hapūtanga services.
- Iwi and Māori health and social services establish and lead the mātauranga Māori approach, and the regeneration of hapūtanga practices and whānau wānanga for Māmā, Pāpā and whānau.

2. CO-DESIGN A REGIONAL STRATEGY AND VISION AS A UNIFYING FRAMEWORK

A collective commitment to intergenerational health and wellbeing takes community and the maternal health system, united and coordinated as an ecosystem. Giving focus and attention to the importance of the early years as the foundation for children growing into healthy well-functioning adults is an opportunity to strengthen a regional health prevention system. This can be transformative for both whānau and practitioners particularly if whānau aspirations are encouraged and enabled.

We propose:

- Whānau, iwi, communities, and services are engaged in the development of a regional Early Years strategy and action plan.
- Iwi, Community, and Health Leaders hold the vision and champion the action plan.

3. MATERNITY AND CHILD HEALTH SECTOR CO-CREATES SHARED DEFINITIONS OF EQUITY AND WHĀNAU CENTRED, THEN CO-DESIGN THE PRACTICAL APPLICATIONS

To achieve equitable health outcomes and deliver whānau centred care, the maternal and early years workforce needs shared definitions of equity and whānau centred care, then agreement of how these are applied in practice. This will enable leaders to measure the effectiveness of services in addressing health inequities. With regional rates of pēpi born into medium to high deprivation, measures of health and social equity must be prioritised.

We propose:

- Support to the maternal and child health workforce to articulate shared definitions of equity and whānau-centred care, then agree to the application of these in day-to-day practice. This will deepen the services' ability to collectively improve experiences and health outcomes.
- The Equity Leads within Te Whatu Ora and Te Aka Whai Ora ensure the mainstream system has an effective equity measurement and monitoring performance framework, endorsed by Ngā Kaitātaki Hauora (Iwi Health and Social Services leaders).

4. DEVELOP AND IMPLEMENT A MORE COHESIVE ECOSYSTEM OF SERVICES SO A WARM HANDOVER OCCURS AT EACH PHASE OF THE CONTINUUM OF CARE

When the sector and community services achieve greater cohesion and connectivity whānau will gain better access to support (informal and formal) earlier in their antenatal journey. A community of practice can deepen trust among practitioners, describe the vibrancy of the community, and create narratives to capture the true value of the community. From communities of practice new knowledge and skills can emerge, which in turn creates new value.

We propose:

- A maternity community of practice (CoP) is established with pēpi, whānau, and practitioner wellbeing at the centre of their purpose.
- Identify then address the inefficiencies caused by sector fragmentation.
- Gather and curate actionable intelligence to inform policy, practice, and resource flow, prioritised by the needs of the region.

5. IMPROVE THE RESPONSE TO MENTAL WELLBEING EARLIER IN THE MATERNAL JOURNEY

The mental wellbeing of māmā can be greatly affected during antenatal and postnatal stages. Earlier interventions can occur if the ecosystem of services and supports have a seamless pathway for ensuring Māmā can access support when they are in need.

We propose:

- That there would be development around communications and engagement with Māmā earlier on within her antenatal care, checking for indicators of distress or symptoms of mild to severe mental distress.
- Ensure Villages of support, antenatal and postnatal classes are creating a safe space for Māmā to talk together and share their feelings and experiences. That group settings for reflection and sharing can support Māmā to make sense of their state of being, without judgement, or further stress.
- Facilitate connectivity across mental wellbeing services (mainstream health and community services) to better respond to Māmā and whānau needs, including quicker response times and more personalised engagement and care.
- Develop and implement warm handovers that supported by an assessment tool.

6. CO-DESIGN AND ACTIVATE A WORKFORCE WELLBEING PLAN (MATERNITY WARD)

To create a wellbeing experience for every Hapū Māmā the workforce needs to be well - the maternity ward should reflect a well-village. If stress, fatigue, and burnout are apparent in the maternity workforce, the impact on whānau is often negative.

With health reform hard on their heels of COVID-19, any type of change will feel daunting to a fatigued workforce. Ensuring the workforce thrives requires a workplace wellbeing plan.

We propose:

- A workforce wellbeing plan is co-designed by leaders and their teams.
- Use this process to immediately identify and address the persistent pain points in the workplace.
- Co-develop a unique change management process for managing and responding to large scale system change to avoid impacting the wellbeing of practitioners or whānau.

TRANSITIONAL PROJECTS AND PROTOTYPES RECOMMENDATIONS

IWI AND COMMUNITY-LED VILLAGES OF CARE

Creating spaces in community for hapū wānanga are opportunities for whānau to participate earlier in their hauora (health) and oranga (wellbeing) journey. Villages can coordinate meaningful engagement with both clinical and non-clinical services to help address some of the persistent challenges Māmā currently experience, including preventable health issues.

By supporting iwi, Māori, or community-led villages to facilitate the informal and formal supports a range of benefits can occur. These benefits include increased social connection, access to earlier education and quality information, upskilling whānau and practitioners, providing thoughtful practical advice, and growing self-efficacy of young whānau.

INVEST IN RELEVANT DIGITAL PLATFORMS

Many Māmā are digital natives. Savvy digital engagement can support Māmā to make earlier connections. Building an online presence with Māmā, by Māmā, for Māmā is important for earlier communications and engagement.

Technology should also be considered an enabler for designing more effective and efficient systems and processes for improving response times, communication, and data analytics. A transformative digital experience for Māmā is a seamless intuitive digital experience, particularly if Māmā have control of their own data and autonomy to make decisions about their data.

CHANGE THE NARRATIVE

Storytelling is an important tool for social change. Changing the narrative helps everyone to consider how to influence policy change and public discourse that feed the inequities.

How we talk about maternal, child, and women's health and who we talk to are essential starting points for understanding the importance of our collective narrative. We currently have a narrative that focuses on transactional short-term responses. New narratives should draw from the expertise of whānau and practitioners to describe the conditions of wellbeing. People need to be inspired before they can advocate for change: they need to understand and empathise with the realities of our communities. Stories help us give meaning to the complexity that is maternal health and social equity.

Storytelling and new narratives can help reconfigure or reorient investment and resource flow to enable a wider source of sector and community-led solutions.

GROW THE MĀORI MIDWIFERY WORKFORCE

Investing in and driving an Indigenous workforce strategy would increase the knowledge and expertise in Māori birthing practices available to whānau – something of that many Hapū Māmā Villagers requested.

While the government has prioritised growing a Māori midwifery workforce, a regional targeted plan that is locally led is critical. Increasing the midwifery workforce to reflect the diversity of Hapū Māmā, pēpi and whānau is essential for improving experiences and health prevention opportunities.

We propose:

- The maternity sector leadership partner iwi, Māori, community organisations, secondary and tertiary education leaders, with the Whanganui economic agency to develop a regional Māori midwifery recruitment strategy with a Whanganui destination campaign.
- Existing and new Māori midwives and nurses in the region are supported as a community of practice (CoP) by iwi, Māori health and social services and mātauranga experts to ensure the CoP has access to local knowledge holders and wānanga for Māori professionals and whānau to participate in.

THE ULTIMATE FUTURE REALITY RECOMMENDATIONS

A regional Early Years plan should capture the aspirations and ideas of whānau, community, iwi, and services, combined with the Hapū Māmā Village recommendations to describe the ultimate future state for the first 2000 days. Prioritise the following areas that align to creating earlier quality engagement for those most likely to experience inequitable health outcomes:

- Principles of Whānau Ora
- Health prevention
- Te Tiriti partnership and equitable health outcomes
- Holistic options with traditional and modern knowledge and practices

We propose:

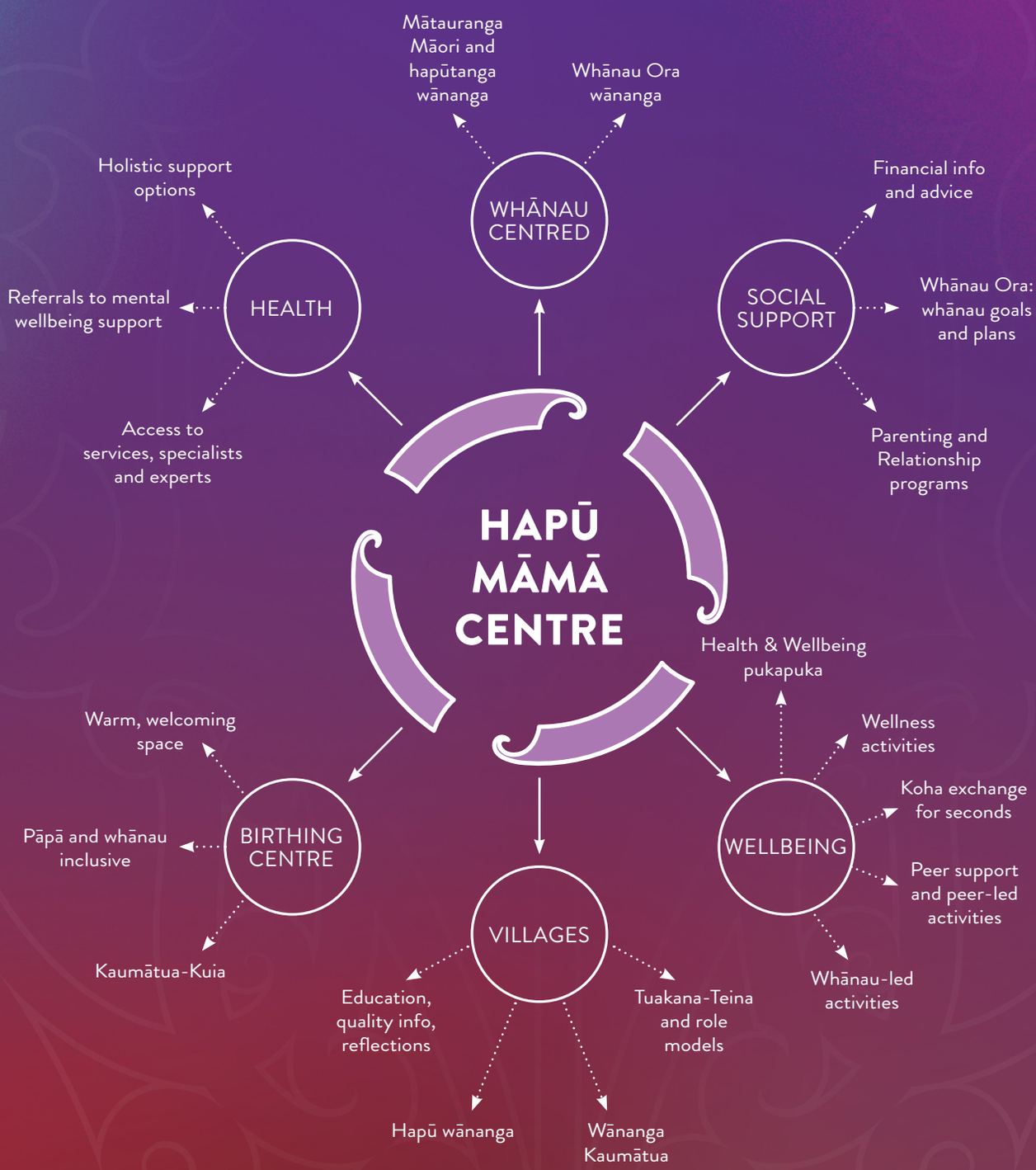
Refer to the Hapū Māmā Village recommendations, ideas, and solutions.

- A Hapū Māmā Centre (p.35)
- The Persona of the Ultimate Midwife (p.37)
- Increase technology and digital capability (p.38)
- Ensure whānau are designers and decision-makers in future developments.
- Leverage the design of a regional Early Years strategy to engage communities, sector, and partners in determining the Ultimate Future Reality (p.28)
- Co-design the Ultimate Future Reality with Māmā and her whānau, iwi, community, midwives and child health services

A HAPŪ MĀMĀ CENTRE

The Hāpū Māmā centre meets all the needs of Māmā in one place. Māmā see themselves as active champions, volunteers, and peer support.

Māmā imagine a space that embraces and celebrates women, women's health and wellbeing, welcomes whānau, allows her to access earlier education and information, and grow alongside other like-minded whānau.



PERSONA OF THE ULTIMATE MIDWIFE

Māmā and Pāpā believe the partnership with the midwife is the most important professional connection they have for supporting a heathy and happy arrival of pēpi into the world.

The partnership between a midwife and whānau can increase Māmā awareness and understanding of their pregnancy; grow whānau confidence to plan and navigate their journey; and connect whānau to all sources of information and expertise.

Hapū Māmā are looking for a midwife they trust, relate to, feel safe with, and are able to enjoy their maternity journey alongside.

Based on their experiences, and understanding the Hapū Māmā village reflected on and co-designed a persona of the ultimate midwife utilising the Te Whare Tapa Whā model to inform a regional midwifery recruitment strategy.

HANGARAU - TECHNICAL

"An ideal midwife will build a relationship with māmā and her whānau and support network."

"Midwives making sure they are more present, always in communication, texting and calling."

"All my notes, results and scans were accessible through an online portal."

"If I have an issue or concern about anything regarding my pregnancy/birth, I want to easily get a hold of my midwife through text, call or visit"

"Back up teams need to have a meaningful relationship with māmā and whānau so māmā feel secure and comfortable."

"Midwives always checking in, more than only a few weeks. Reminding māmā they are doing great!"

TINANA - PHYSICAL

"If anything in my birth was to go wrong, I trust my midwife's knowledge and skills to calm my nerves."

"Create an environment that is open and non-judgemental for hapū māmā and whānau."

"I feel that my whānau and I are safe with her. I am free from anyones judgement."

"Be able to connect to māmā, pāpā and their whānau in a loving and supportive manner."

"A midwife needs to take the time to develop relationships, to build trust and be more engaging in māmā's journey."

HINENGARO - EMOTIONAL

"When midwives share their personal journeys with motherhood, it makes me feel warm towards them, breaks the ice and makes māmā more comfortable."

"Māmā don't often make the first move, if they are shy and anxious. so a great midwife would always make time and effort to check in and check up on."

"I feel more relaxed and less tense due to my midwifes sense of humour."

"They need to understand me and my situation and be compassionate."

WAIRUA - SPIRITUAL

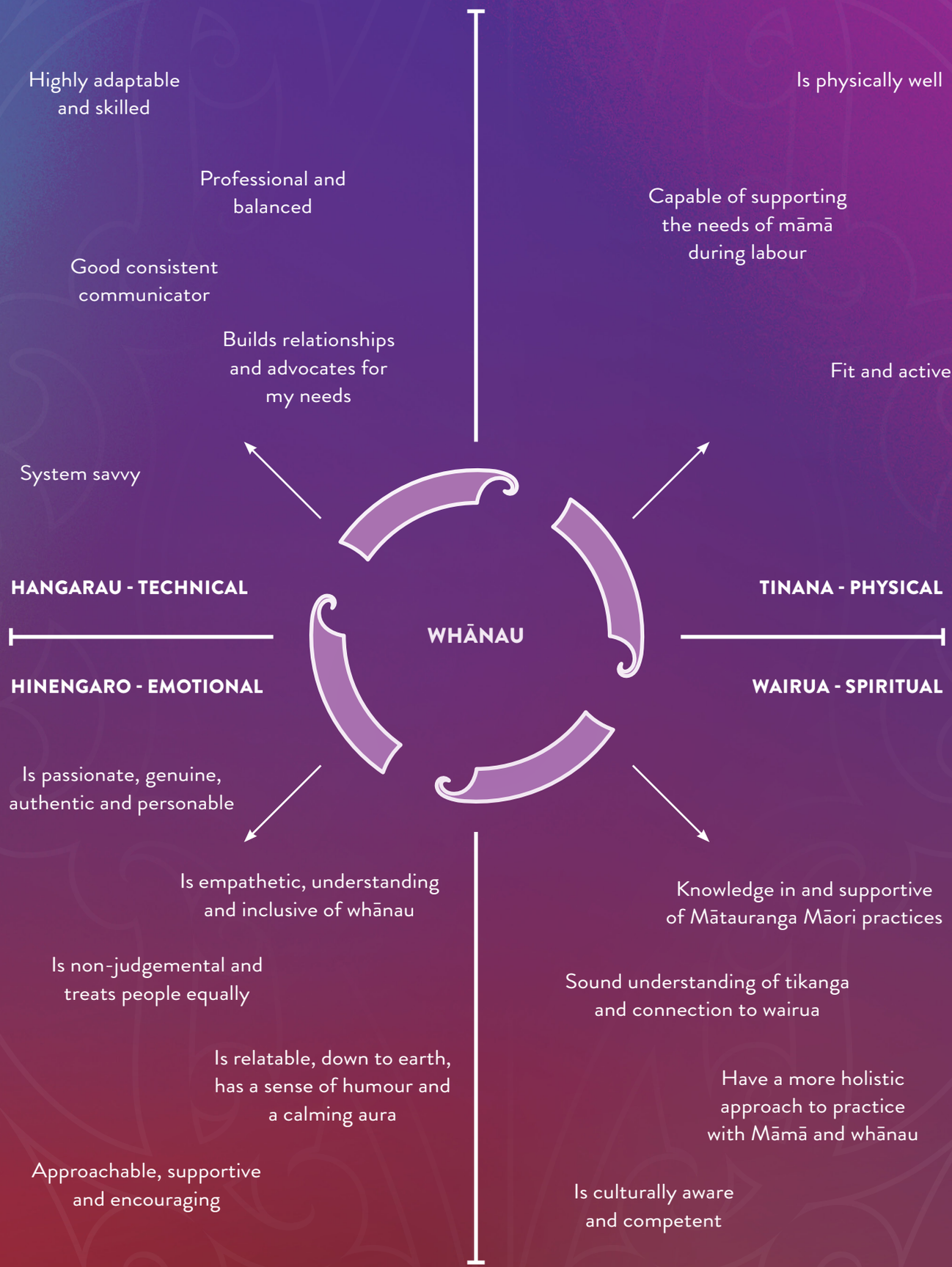
"A great midwife will be open to Mātauranga Māori processes."

"Midwife present a calming, professional atmosphere, listening to māmā, mindful of tikanga practices if needed."

"A great midwife understands whānau ora."

"Being a Māori descendant and detached from my culture, I was overwhelmed getting informed about myu options, i.e. muka tie, wahakura from my pākehā midwife"

THE ULTIMATE MIDWIFE – TE WHARE TAPA WHĀ

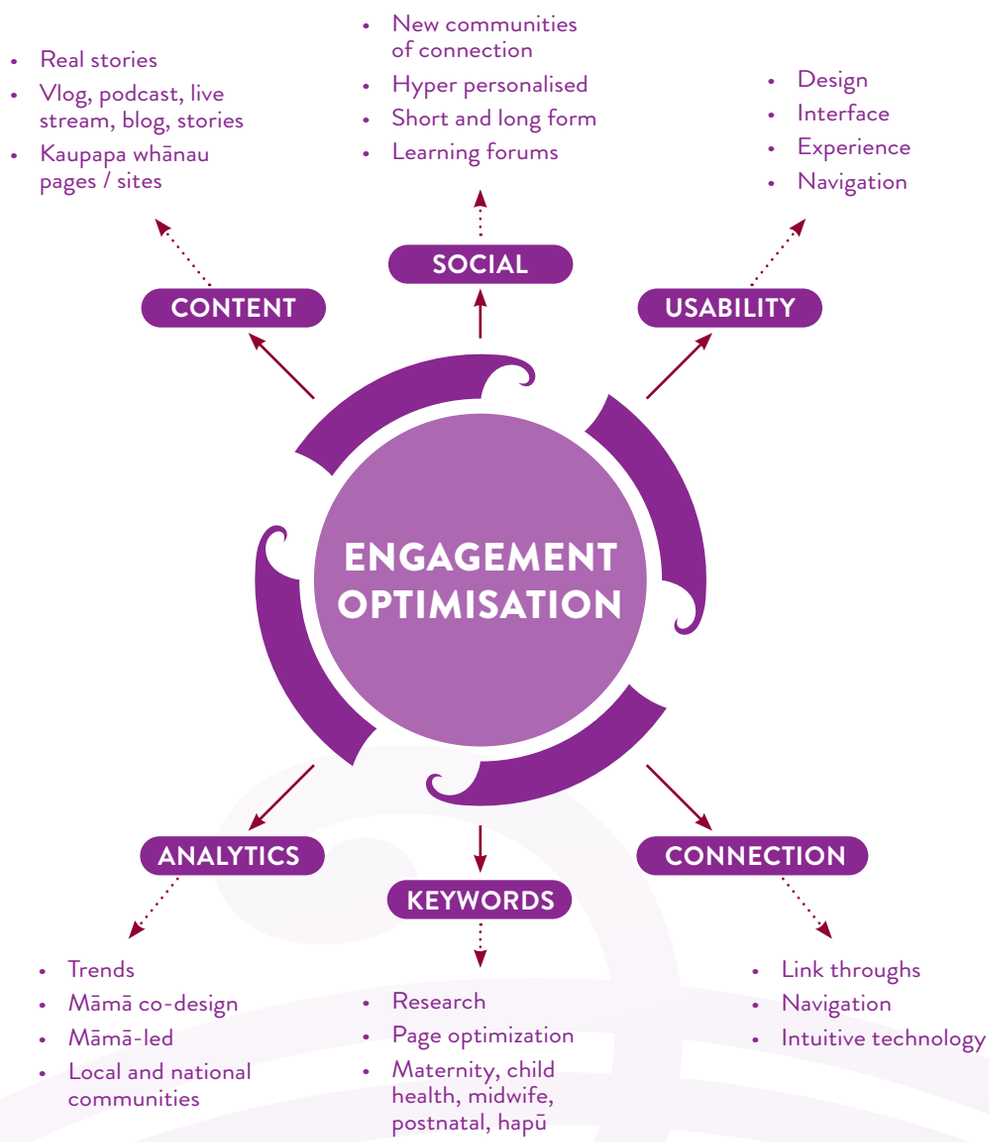


TECHNOLOGY AND DIGITAL CAPABILITY

Technology and the use of digital capability is essential for Māmā and their whānau as they enter the maternity journey. Most research and info gathering by māmā is done online and through informal connections (word of mouth). The Hāpū Māmā Village imagined technology had a dual purpose:

- Research of important information is easily available digitally for learning about pregnancy and child birth options and services. Good engagement should also include:
    - Mobile App
    - Social Media
    - Podcasts, live videos of real stories
    - Up to date local websites
- An APP for tracking, monitoring Hāpū Māmā and pēpi results, bookings, and maternal care information – a communications tool for Māmā, midwife, and healthcare practitioners.

The Hāpū Māmā Village want to see communications and engagement modernised to include technology.



IMPLEMENTATION

HOW CAN WE HELP?

1

SOCIALISE

The insights and recommendations across the region

2

FACILITATE

Sense-making and implementation design

3

CONNECT

The Hapū Māmā Villagers and whānau

4

MOMENTUM

Support connections and relationship building

REFERENCES

Dawson, P., Jaye, C., Gauld, R., Hay-Smith, J. (2019). *Barriers to equitable maternal health in Aotearoa New Zealand: an integrative review*. International Journal for Equity in Health (18), 168.

Dixon, L., Guilliland, K., Pallant, J., Sidebotham, M., Fenwick, J., McAra-Couper, J., Gilkison, A., (2017). *The emotional wellbeing of New Zealand midwives: Comparing responses for midwives in case loading and shift work settings*. New Zealand College of Midwives Journal (53).

Kenny, C. (2011). *Midwives, Women and their Families: A Māori Gaze: Towards partnerships for maternity care in Aotearoa New Zealand*. AlterNative an International Journal of Indigenous Peoples *7*(2):123–137

Malatest International. (2016). Outcomes Evaluation Report: Integrated Maternity and Child Health Services. Wellington: Malatest International.

McMenamin, K. (2021). Pregnancy Issues and Outcomes in the Whanganui Region: A literature review to inform the Hapū Māmā Village project. Whanganui Regional Health Research Collaborative.

Ministry of Health. (2008). *Maternity Action Plan 2008 – 2012: Draft for consultation*. Wellington: Ministry of Health.

Ministry of Health. (2020). Well Child Tamariki Ora Review Report. Wellington: Ministry of Health.

Ministry of Health. (2022). *The Maternity Action Plan 2019 - 2023*. Wellington: Ministry of Health.

Ratima, M., Crengle, S. (2013). *Antenatal, labour, and delivery care for Māori: Experiences, location within a life course approach, and knowledge gaps*. Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health, 10 (3), 353–366.

Suleiman-Martos, N., Albendín-García, L., Gómez-Urquiza, J. L., Vargas-Román, K., Ramirez-Baena, L., Ortega-Campos, E., & De La Fuente-Solana, E. I. (2020). *Prevalence and Predictors of Burnout in Midwives: A Systematic Review and Meta-Analysis*. International journal of environmental research and public health, 17(2), 641.

CALL TO ACTION

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