HĀPAI TE HAUORA
MĀORI PUBLIC HEALTH

Te Aukume a Hine te Iwaiwa
Mātauranga Scoping report

MĀTĀTUHI WHAKATERE A HINE TE IWAIWA

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- 13 Whiringa ā Rangi 2023 -

KARAKIA

Ka ranga ki runga,
ka ranga ki raro,
ka ranga ki waho,
ka ranga ki roto,
nā te Mauri o Io,
ki te whei ao,
ki te ao mārama.
Kia mahea, kia wātea,
tihei mauri ora!

kumara

Pūrākau o Rau kumara

On the maramataka of Whiro, I was part of an impromptu wahakura wānanga for a hapū māmā who had missed our last wānanga due to tangihanga. Our kairāranga, came in and we all assisted this whanaunga of mine to weave her pēpi a waikawa wahakura.

We harvested together, prepped together and let her weave with our kairāranga Kaatemihi Puketapu (personal communications, April 21, 2023) who shared in this wānanga, that kūmara tipu were used in Tairāwhiti as rongoā for wāhine who had birthed as part of their routine postpartum cares. The relationship between childbirth and kūmara, is that many Māori birthed tamariki during Paenga whāwhā, when the kūmara tipu were ready for harvest. During Paenga whāwhā, kumara tipū were collected, dried and ground for tea and their leaves were also used to assist in the healing and cleansing of te whare tangata, which aided in reduced blood loss. Furthermore, this rongoā was also used during times of ikura. This pūrākau links resources available in abundance as a tikanga for childbirth, but also informs us that during the winter months, we conceived. Nā Kaniwa

Authorship

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Ware, F., Kupenga-Tamarama, K., & Shankar, S. (2023, November, 13). Mātātuhi Whakatere a Hine te Iwaiwa. Hapai te Hauora.

MIHI

Tēnā koutou katoa, ko te mihi tuatahi ki te atua Hine Ahuone, ko ia te tīmatanga me te mutunga o ngā mea katoa.
Ko te mihi tuarua ki te hunga mate, haere, haere, haere atu rā.
Ko te mihi tuatoru ki a tātou te hunga ora,
tēnā koutou, tēnā koutou,
tēnā tātou katoa.

Hine te Iwaiwa by Regan Balzer

Kurawaka: the creation place of Hine Ahuone

Te Aukume a Hine te Iwaiwa was created by Dr Felicity Ware, Dr Wendy Burgess and Kaniwa Kupenga-Tamarama, after attending the ON TRACK Network conference in February 2020. What was apparent, was that there was a need for more Māori to be involved in clinical trials and to lead kaupapa Māori research.

This is an exciting space to be in and much mahi was done to engage with other Māori health professionals who worked within the realm of Maternity and the first 2000 days of life of a tamaiti.

The name Te Aukume a Hine te Iwaiwa holds much significance. It calls upon the Māori Goddess of reproduction, childbirth, child rearing, weaving and women's rights, Hine te Iwaiwa to assist our kaupapa and attract the necessary whānau together, from all forms and bodies of water - like the moon pulling the tides of the ocean to come together, to whakawhānaunga, to wānanga, to tautoko this kaupapa.

From here, our rōpū grew, and aligned new whānau into the kaupapa. I was deeply humbled to have a Māori midwifery sister, Stephanie Shankar join the rōpū. Together we present to our whānau, sponsors and supporters our final creation, Mātātuhi Whakatere a Hine te Iwaiwa.

This mahi has been highly humbling for both Steph and I, with this, we hope to honour our whānau, whakapapa and lineage all the way to Hine Ahuone and Papatūānuku.

Ngā mihi nunui to Hapai te Hauora, who have generously enabled this mahi to be published and be publically accessible on their SUDI Prevention website.

Hine te Iwaiwa, by Robyn Kahukiwa.

TIROHANGA WHĀNUI: OVERVIEW

Mātātuhi whakatere a Hine te Iwaiwa is the final piece brought to light by Kaniwa Kupenga-Tamarama and Stephanie Shankar to meet the objectives we set out to achieve in our Health Research Activation Grant. Over a period of six months, we have searched for appropriate mātauranga in both physical and electronic forms to include into this annotated bibliography. It is our intention that this report provides a foundation for current and future kairangahau to access this taonga to guide them and tautoko their kaupapa.

We have tried to group pieces of mātauranga together for the ease of the readers reference. The seminal pieces of mātauranga set the themes for the report.

We aim to follow the transformative journey of a hine through becoming a māmā; kōhine to wāhine. We have focused on hauora and what it entails to tautoko her wellbeing; tikanga, ikura, ārai hapū, hapūtanga, te whare tangata, whakawhānau, whāngai waiū, and rongoā.

ko tōu reo, ko tōku reo te tuakiri tangata, tīhei uriuri, tīhei nakonako.

Your voice and my voice are expressions of our identify. May our descendants live on and our hopes be fulfilled.

- This project was commissioned for 300 hours of mahi, which included organizing and running a physical national wānanga, as well as conducting this scoping exercise.
- After the wānanga in February 2023, with both Steph and I working on this, it is evident that, this scoping exercise requires more time to complete.
- It is our vision to apply for more funding to expand on this mahi in the form of a literature review, as we feel that we have only 'scratched' the surface.

IPU RĀRANGI TAKE: CONTENTS PAGE

TITLE	PAGE
Mihi & Whakapapa: Introduction	3
Tirohanga whānui: Overview	4
Ipu rārangi take: Contents	5
Whakarāpopototanga: Summary	6
Mātauranga: Knowledge	11
Tohutoro: References	41
Whakatau: Conclusion	47

WHAKARĀPOPOTOTANGA: SUMMARY OF REPORT

There is extensive literature that supports the fact that Māori whānau are over-represented in almost every negative statistic documented in Aotearoa and the inequities between Māori and non-Māori remain, despite the current efforts being made to improve Māori health.

Overwhelming literature from Aotearoa is and continues to be written about Māori without the voice or values of Māori being heard, acknowledged or understood (Pihama, Tiakiwai & Southey, 2015).

Maewa's hapūtanga with Jordan Ahikaa Day, (2020)

Often these pieces continue to add to the deficit framing of Māori as the problem within Aotearoa's society without acknowledging the significant impact of colonisation and failures within the health system for Māori (Rolleston et al, 2020).

Adding to the narrative of inequitable health outcomes in Aotearoa is the foundation of a mono-cultural perspective that dominates our health system and health policies, excluding and under-valuing kaupapa Māori and mātauranga Māori in its approach, structure, content and processes (Came, 2012).

This is supported by the Waitangi Tribunal (2019) which also states that current health legislation, strategy and policy in Aotearoa continues to neglect the responsibilities of the crown to Māori in achieving equitable health outcomes under Te Tiriti o Waitangi.

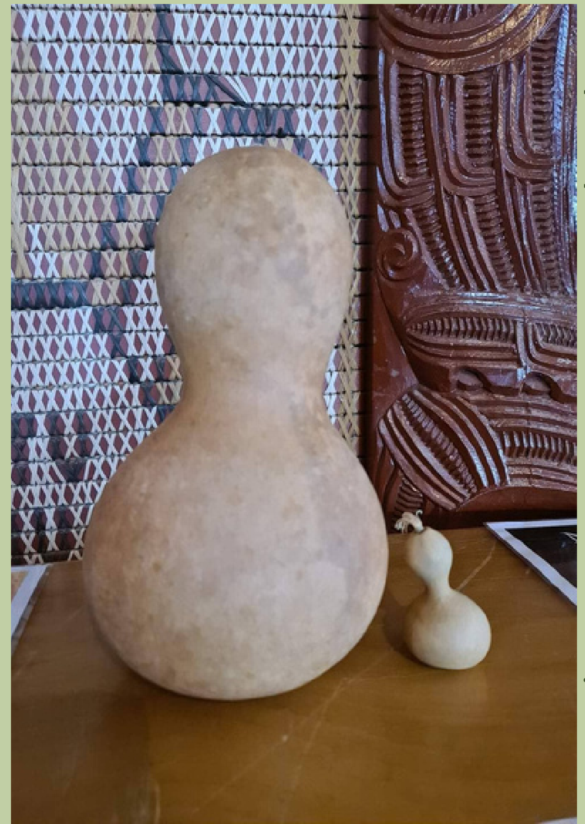
It is understood that to genuinely embrace kaupapa Māori in hopes of achieving oranga Māori requires a solid foundation of mātauranga Māori and the ways in which Māori engage and interpret knowledge (Pihama, Tiakiwai & Southey, 2015).

In order for us to determine what is currently available and where the needs were for kaupapa Māori rangahau and literature, we needed to be clear about our intentions and the parameters of the scoping exercise.

To accurately capture the extent of mātauranga Māori and kaupapa Māori rangahau within the literature space, it was agreed that in order to include literature to our scoping exercise, they needed to follow kaupapa Māori theory, and have at least one Māori author. We left the timeframe open to ensure any relevant literature was reviewed.

Kaupapa Māori theory and research methodology has developed from Māori struggles against colonisation to affirm tino rangatiratanga (self determination) and mana motuhake (autonomy, the right for Māori to be Māori) (Pihama, Tiakiwai & Southey, 2015).

It is a process of framing and presenting research and knowledge through Māori epistemologies that asserts Māori values and beliefs, whanaungatanga (understandings of relationships and connections) and tikanga (the ways of doing/operating within our world) (Pihama, Tiakiwai & Southey, 2015).



Hue image, Kupenga-Tamarama (2022).

Kaupapa Māori theory provides a culturally defined theoretical space that challenges dominant western theory and cultural deficit framing of Māori in education and academia, supporting social justice in Aotearoa (Curtis, 2016).

With the parameters established, we hope to address the trauma caused by colonisation and challenge the deficit framing of Māori, in an effort to reclaim our mana and centralize mātauranga Māori in regards to maternal and infant health and wellbeing.

Categories were created to include ikura (menstruation and conception), hapūtanga (pregnancy), whakawhānau (labour and birth), hauora māmā (maternal wellbeing), hauora pēpi (infant wellbeing), and midwifery care. The maramataka (the lunar calendar) and rongoā Māori (Māori healing) as they are used for maternal and infant wellbeing are also included. Literature was then categorized according to where it was most suitable. Some literature was applicable to more than one category and has been categorised below in what was deemed the most appropriate for this kaupapa. For each category, literature has been listed by the year of publication, working in order from oldest to most recent.

Hauora māmā included numerous articles that met the parameters of the scoping exercise. The broadness of this category captured less specific literature to that of just hapūtanga, labour and birth, providing a platform to highlight the true mana of wāhine within whānau, hapū and iwi and their role in traditional Māori society.

Consequently, traditional mātauranga Māori in regard to wāhine tinana and their purpose and place within Māori society has been highlighted, strongly focussed on reclaiming Māori knowledge and practices that have been, and continue to be, tainted and or lost through colonisation.

A gap in rangahau was identifed in areas of postnatal care for wahine and rongoā Māori (during hapūtanga). A stronger focus in literature during the postnatal period is on pēpi wellbeing, encompassing breastfeeding and whānau experiences through neonatal intensive care units.
Duly noted is a scarcity of Māori clinicians and academics with the capacity to take on such rangahau based tasks or with the knowledge and experience in this kaupapa. In this space we also require our Te Tiriti o Waitangi partners to build the courage to work in partnership, centering Te Ao Māori in their research to bridge the gap between our two founding cultures and therein, reducing inequities in health (Pihama, Tiakiwai & Southey, 2015).

Tuta Haereroa with Mokopuna Aaliyah Kupenga-Tamarama at Iritekura Marae, 2022

Rolleston et al (2020) highlights that by continuing to uphold western-centric ideals and practices without a clear equivalent that centralizes kaupapa Māori and mātauranga Māori to inform change, we will continue to see inequities between Māori and non-Māori, essentially contributing to and maintaining the status quo.

The Whakamaua Māori Health Action Plan 2020-2025 outlines the Ministry of Health's actions to honouring their commitment (as a crown entity) to Māori health and wellbeing through the overall aim of Pae Ora, a concept with 3 intertwined strands of whānau ora (healthy families), mauri ora (health individuals) and wai ora (healthy environments) to achieve holistic wellbeing for Māori (Ministry of Health, 2020). The Ministry of Health (2020) clearly expresses their support for kaupapa Māori solutions that affirms tino rangatiratanga over oranga Māori in efforts to realise Pae Ora as determined by Māori. A kaupapa Maori approach offers a compelling solution to meet the vision of Pae Ora.

Key wahine toa contributing to kaupapa Māori rangahau in regard to maternal and infant health and wellbeing include Ngāhuia Murphy (2014) and her revitalisation of mātauranga Māori around ikura and mana wahine, Nikki Barrett and associates in uncovering the power of hapū wānanga for Māori wahine and their whānau (Barrett et al, 2022).
The National Centre for Women's Health Research Aotearoa led by Professor Beverley Lawton holds a programme of research about the importance of wrap-around support for wahine and their whānau during hapūtanga and postnatally (Lawton et al, 2021) including Anna Adcock's qualitative longitudinal study exploring whānau Māori experiences of preterm birth and Kendall Stevenson's (2018) efforts to give whānau a voice who have experienced perinatal morbidity and mortality in the neonatal unit special care space.

A large collaboration of Māori health researchers in the maternal and infant health sector has seen the publication of Hapū Ora, with a shared vision to affect policy, reduce preventable harm and death, in anticipation for more equitable lifelong health outcomes for Māori wahine, pēpi and whānau (Edmonds et al, 2022).

Interestingly, there is an absence of the voices and presence, of tāne Māori in the literature at this time either as authors or participants (that has been identified). Traditionally, Māori pedagogy contains a dynamic equilibrium between tāne and wahine mana, as noted through narratives of Ranginui (sky father) and Papatūānuku (earth mother), from which humankind was created (Stewart, 2021). This makes for an important consideration within our context of māmā and pēpi health and wellbeing.

The majority of sourced literature was narrative and qualitative rangahau aimed to empower the voices of Māori in their experiences of contemporary healthcare systems or reclaim mātauranga Māori suppressed through colonisation.

Orowai Parae & Anna Adcock Kupenga-Tamarama (2023).

One of the challenges identified during this scoping exercise was time. In part, this is due to the lack of resources and published literature pertaining to a kaupapa Māori approach. Often, authors and publishers have not identified their work as following a kaupapa Māori methodology.

Furthermore, identifying Maori authors by name alone, in the absence of iwi affiliations also proved challenging. Ensuring the articles referenced were true to the parameters of the kaupapa, time was dedicated to confirming these aspects.

Although not published in academia, much is being done to revitalise mātauranga Māori in communities. Te Aukume a Hine Te Iwaiwa held a wānanga in early 2023 with 2 goals - one was whanaungatanga to bring together researchers, clinicians, whānau and academics with a common aspiration of improving hauora Māori in the maternal and infant health and wellbeing space.

Rongoā practitioners from Hine Waiata Hapūtanga Rongoā services are working with māmā to achieve hauora using traditional practices of rakau rongoā and romiromi. Midwife Aroha Harris shared her experiences in her mahi and her studies of acknowledging the place tāne hold in the journey of labour and birth and helping fathers reclaim their mana in their position as active birth partners. Kahu Taurima are reshaping the perspectives on health and wellbeing for pēpi and tamariki through policy development, strategic planning, and funding of new initiatives.

The second goal was to identify key research priorities for Māori in regard to maternal and infant wellbeing (Kupenga-Tamarama & Shankar, 2023). This includes supporting rongoā practices and how they can positively impact hapūtanga and birth outcomes, investment in the nourishment and sustainability of our Māori workforce and addressing the needs of Māori maternal mental health to reduce the leading cause of maternal mortality (Kupenga-Tamarama & Shankar, 2023).

Kiyaan Te Ata Shankar
Image by Lifestylephoto (2020)

This scoping exercise assists in considering priorities. Aligning the priorities identified within the wānanga with the gaps identified from the scoping exercise, we note the following priorities:

- Improving health and support services using evidence-based best practice, as informed by kaupapa Māori rangahau.
- Revitalising Māori rongoā, hapūtanga, birth and postnatal practices as informed by mātauranga Māori and supported with effective kaupapa Māori rangahau.
- Re-balancing the voice of Māori within the māmā and pēpi health and wellbeing space.

Kaupapa Māori approaches offer innovative solutions to challenge what western centric approaches have struggled to address, and can provide much needed evidence for practice within Aotearoa that asserts Māori values and beliefs. It upholds Te Tiriti o Waitangi by providing active protection of our mātauranga, creating options for culturally appropriate healthcare and ensuring equity, tino rangatiratanga and mana motuhake within the health system under the Whakamaua Māori Health Action Plan 2020-2025 (Ministry of Health, 2020).

Whāia te iti kahurangi ki te tūohu koe me he maunga teitei

This whakataukī is about aiming high for what is truly valuable. It's real message is to be persistent and don't let obstacles stop you from reaching your goal.

MĀTAURANGA

HĀUORA MĀMĀ

Makareti Papakura: The Old-Time Maori (1938, 1986).

This novel was completed by Makareti, better known as Maggie Papakura, just before her untimely demise in 1930. It was presented for a degree at Oxford University, as the first in-depth ethnographic account of Māori life written by a Māori scholar that was eventually published posthumously in 1938. She preserved the information that had been imparted to her during her formative years. A huge task that required approval from her elderly relatives in Aotearoa New Zealand because nothing could be printed without their consent. An exceptional view of Māori culture and community. This pukapuka offers knowledge about Māori marriage, atua, conception, whakawhānau, whānau support, mātauranga, tikanga, customs, nutrition, parent-attachment, baby nutrition, waiū, whāngai, stillbirth, natural contraception, tapu, tohunga, and more.

****Eru Pōmare, Vera Keefe-Ormsby, Clint Ormsby, Neil Pearce, Papārangi Reid, Bridget Robson & Naina Wātene-Haydon: Hauora: Māori Standards of Health III. A Study of the years 1970-1991 (1995).**

In 1984, the Māori Women's Welfare League, at the launch of their report Rapuora: Health and Māori Women declared a focus on the decade of Māori Health. This became the challenge to Māori and non-Māori alike to work toward substantial improvements in Māori standards of health. The volume of Hauora: Māori standards of Health was published at the end of that decade. Māori health workers throughout the country responded positively to opportunities to develop their own health programmes and services, and began providing a variety of Māori wellbeing programmes.

Marae health centres such as the centre at Waahi, were developed initially to provide health promotion and subsequently have extended to the provision of comprehensive primary health care. Others, like Tipu Ora in Rotorua, focused on delivering holistic health care programmes for Māori caregivers and their children. Some groups such as Te Poutirirangi-a-Papa in the Bay of Plenty developed contracts with their Area Health Boards so that services could be delivered in partnership with the Boards.

A review of the decade from 1984 shows positive support and good will on the part of Government and its agencies, and an enthusiasm and determination from Māori individual health workers and organisations. The Department of Health's Hui Whakaoranga in 1984 gave Māori the opportunity to assist in planning the future directions for Māori health. Included in this report are declining Māori fertility rates, proactive use of contraception - including abortion by wāhine, Māori fetal/infant death rates, and major causes of death.

Elizabeth Murchie, reviewed by Patricia J Kinloch: Rapuora: Health and Maori Women (1977, 1985).

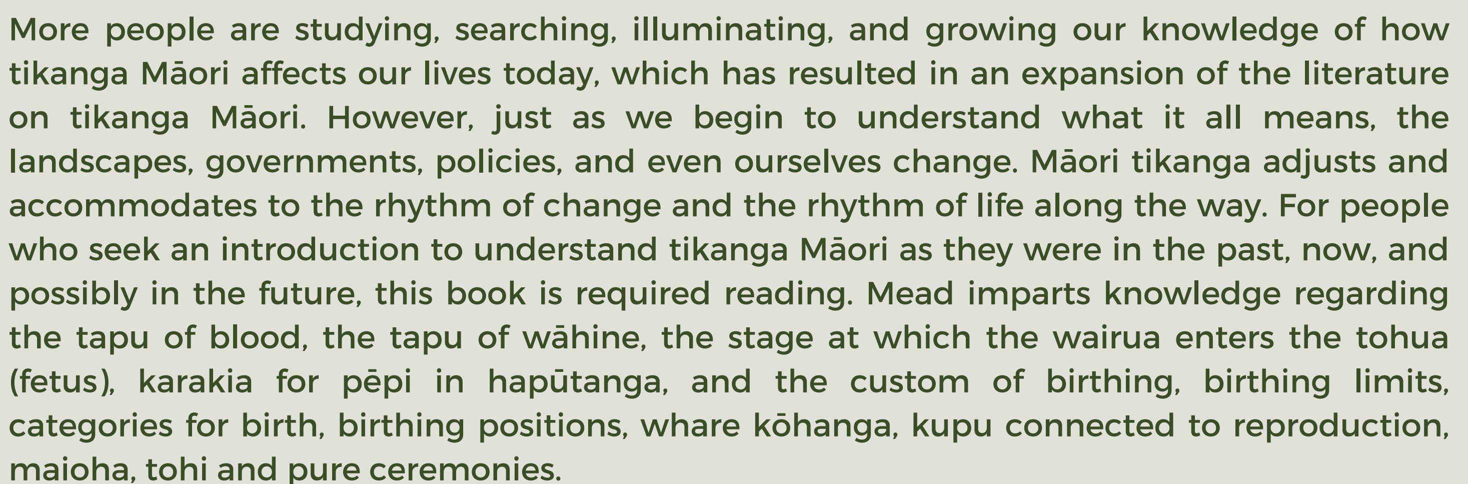
The Māori Women's Welfare League undertook and released the first kaupapa Māori study on the function, status, and health of wāhine as a result of the Honourable Matiu Rata invoking a wero in his address at the league's founding conference. The Rapuora initiative was designed to supplement information from hospitals, physicians, and other sources that demonstrated the poorer health and far higher mortality rates of Māori.

Rapuora presents opinions from wāhine Māori over their own medical requirements. Wāhine Māori carried out the research, interacted with wāhine, and completed the follow-up tasks. The Māori Women's Welfare League sought, attracted, and received assistance from a wide range of individuals and institutions to support the Rapuora kaupapa.

Reverend Māori Marsden: The Woven Universe. Selected Writing of Reverend Māori Marsden. (2003).

In the latter decades of the 20th century, Reverend Māori Marsden was a tohunga, scholar, author, healer, minister, and philosopher. Māori, a member of the Tai Tokerau iwi, was a graduate of the whare wānanga, the traditional tribal centre of higher and esoteric learning, and an ordained Anglican preacher. He was therefore in a unique position to investigate and clarify the boundary between his Christian religion and profession and pre-Christian theology, concepts of god, and the Māori worldview. His opinions and judgements on these subjects have a profound impact on his people, whose spiritual welfare he was committed to. He imparts knowledge on Mātauranga, Māori theology, tohunga, and tohi rituals (for pēpi).

Hirini Moko Mead: Tikanga Māori (2003, 2016).



More people are studying, searching, illuminating, and growing our knowledge of how tikanga Māori affects our lives today, which has resulted in an expansion of the literature on tikanga Māori. However, just as we begin to understand what it all means, the landscapes, governments, policies, and even ourselves change. Māori tikanga adjusts and accommodates to the rhythm of change and the rhythm of life along the way. For people who seek an introduction to understand tikanga Māori as they were in the past, now, and possibly in the future, this book is required reading. Mead imparts knowledge regarding the tapu of blood, the tapu of wāhine, the stage at which the wairua enters the tohua (fetus), karakia for pēpi in hapūtanga, and the custom of birthing, birthing limits, categories for birth, birthing positions, whare kōhanga, kupu connected to reproduction, maioha, tohi and pure ceremonies.

Aroha Yates-Smith: Reclaiming the Ancient Feminine in Maori Society.' 'Kei wareware i a tatou te Ukaipo!' (2003).

With our constant interface with the threat of globalisation, it is timely that we reflect on the words of an ancient god who advised his brother, Tāne, to return to their mother, Papatūānuku (Best, 1923, p. 111). His words, which translate loosely as 'lest we forget the Mother who nurtured us at her breast,' remind us of the importance of considering the feminine, respecting our Earth Mother, and not taking either for granted.

This paper addresses several issues pertaining to the Māori feminine. It begins with a brief reflection on the importance of balance between the male and female in Māori cosmogony and the marginalisation of the feminine as a result of two hundred years of colonisation. The principal focus of the article as a whole is the two decades of the 80s and 90s and the efforts made to address some of the negative effects brought about by colonisation, which could be described as forming the first waves in the tide of globalisation.

The key for the ordering of Māori society lay within our cosmogonic beginnings. Recent studies of Māori cosmology reveal that both male and female deities held prominent positions in the pantheon of gods (Yates-Smith, 1998). There was a strong presence of the feminine at the embryonic stage of Māori society.

Wikitoria Theresa August: The Māori female - her body, spirituality, sacredness and mana : a space within spaces (2004).

This thesis explores mātauranga Māori of the female body and the mana associated with the cutural rituals and practices that surround the female body and how this knowledge and these practices have been corrupted by colonisation and western values and beliefs. Rituals and practices related to the female body, such as entering urupā during menstruation and hapūtanga, are passed down from Atua through mythology and governed by tapu through tikanga when implemented into daily life.

Traditionally, in Te Ao Māori, there is a balance for all things - Tāne and wahine, a male and female component. Through colonisation, this balance has been tilted, forcing patriarchal western values and beliefs upon the sacredness and mana of the female body, devaluing Māori women and their place within this world. Although not specific to hapūtanga, this thesis explore many female rituals and practices associated with the body as te whare tangata and connection to Papatūānuku. For example, the restrictions of wahine in the food gathering spaces when hapū or menstruating due to the belief this time is tapu and a time for rest and for wahine to gather and share mātauranga, demonstrates the underlying value and respect for the female body and its capabilities during these times. This is contrary to the western values that have been applied to Māori women since their arrival.

It is concluded that the mana of Māori wahine has been devalued and suppressed through colonisation through the loss of language and knowledge that was unable to be passed down, through the loss of tikanga practices and the understanding behind the tikanga that is practiced today, and through the loss of the balance Māori held between their complimentary roles as tane and wahine. This is not to say that Māori women's mana continues to deteriorate. Through initiatives and action to revitalise Māori culture, language and mātauranga comes with it the emergence of mana wahine Māori and the understanding and respect they have for their bodies and their female Atua.

Ngahuia Mereana Dixon: Ngā wai e rere nei: The Physical and Symbolic Representations of Embodied Waters of Birth and Mourning (2013).

Recently, there has been a lot of public discussion regarding the future of Aotearoa New Zealand's waterways. which has caused a lot of concern, especially among Māori. The lakes, rivers, harbours, and oceans are the waterways being discussed and hold intricate ties to iwi (tribal/community) identity, history, and a sense of well-being for Māori, who have deeply held beliefs, tikanga, and traditional knowledge. In particular, the waterways of the human body, which are regarded to as the embodied waters, is the focus of this thesis, which explores deeper parts of tikanga that link Māori notions of waterways and seas.

The concepts of water and the tikanga that are applied to it in Māori culture are intertwined with the larger body of knowledge, or mātauranga, in which water is central to beliefs of human and environmental life and death. The study looks at the extensive body of knowledge held by Māori, particularly in relation to terms like te whare tangata, waiū, te ūkaipō, roimata, and hupe, which are still used symbolically and considerably in Māori practices.

The study relies on kaupapa Māori research methodologies to analyse tikanga from a modern Māori viewpoint. This research looked at written down oral traditions and literatures such as whakatauākī, whakapapa, waiata, mōteatea, haka, and pūrākau. In order to show how tikanga is used in relation to this information, the research approach also included an auto-ethnographic component, which allowed the researcher to connect their personal observations and practices with the literature. The study primarily examines two iwi contexts: Tauranga, to which the researcher was born and raised, and Waikato, where the researcher has resided in since marriage.

In the language, rituals, traditions, stories, and symbols, the thesis reveals the interwoven philosophies, cultural beliefs, values, and practices. Ngahuia contends that these tikanga provide clarity and direction to modern praxis, particularly in the context of cultural revitalisation, where communities are attempting to recover certain tikanga. The thesis also reveals that the communities that continue to practice tikanga still find meaning in the tikanga related to embodied waterways for human life and death, with such customs serving as a cultural framework for defining their identity.

Naomi Simmonds: Honouring our ancestors: Reclaiming the power of Māori maternities (2017).

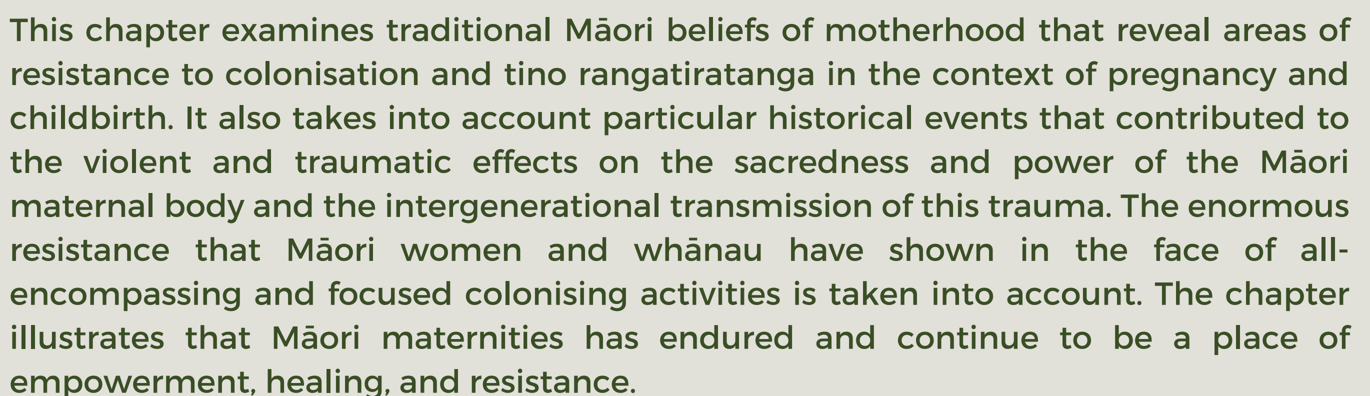
Maternal knowledges among Māori are closely linked to whenua, ancestral knowledges, and ancestors. They are integrated into the cosmologies, histories, songs, carvings, place names, chants, and incantations of each iwi, hapū, and whānau. The sacredness of the mother's body, the strength and prestige of women's reproductive skills, and the empowering approach to raising tamariki collectively are all conveyed by these knowledges, despite their spatial and temporal specificity.

As they were experienced, embodied, and established by our ancestors, Māori knowledges about pregnancy, childbirth, and parenting were passed down intergenerationally, preserving the sacred and empowering attitude to maternity in our communities. This chapter examines the difficulties and opportunities of wāhine Māori and whānau regaining Māori maternal knowledges and its accompanying practices and rites in contemporary Aotearoa New Zealand.

This kōrero is framed by three main concepts. The researcher commences by considering how colonialism silenced Māori maternal knowledges in such a manner that whānau are left having to interpret other people's opinions, knowings, and counsel. Indigenous women give birth primarily in Western institutions with philosophies that do not fully support Indigenous ways of being or giving birth. The chapter examines the new and modern ways that wahine Māori and whānau are reclaiming traditional knowledge and practices. The researcher seeks to illustrate and demonstrate how traditional practices and ceremonial customs can influence, transform and strengthen both individual and collective experiences of birth and afterbirth.

The conclusion of the kōrero makes the case that Māori maternities, are significant sites of decolonization. A "decolonized pathway" into and through the world for our tamariki and future generations can be facilitated by reclaiming the wisdom and embodied practices handed to us by our ancestors. This can provide an empowering collective approach to pregnancy, birth, and afterbirth.

Kirsten Aroha Gabel: Raranga, raranga taku takapau: Healing intergenerational trauma through the assertion of mātauranga ūkaipō (2019).



This chapter examines traditional Māori beliefs of motherhood that reveal areas of resistance to colonisation and tino rangatiratanga in the context of pregnancy and childbirth. It also takes into account particular historical events that contributed to the violent and traumatic effects on the sacredness and power of the Māori maternal body and the intergenerational transmission of this trauma. The enormous resistance that Māori women and whānau have shown in the face of all-encompassing and focused colonising activities is taken into account. The chapter illustrates that Māori maternities has endured and continue to be a place of empowerment, healing, and resistance.

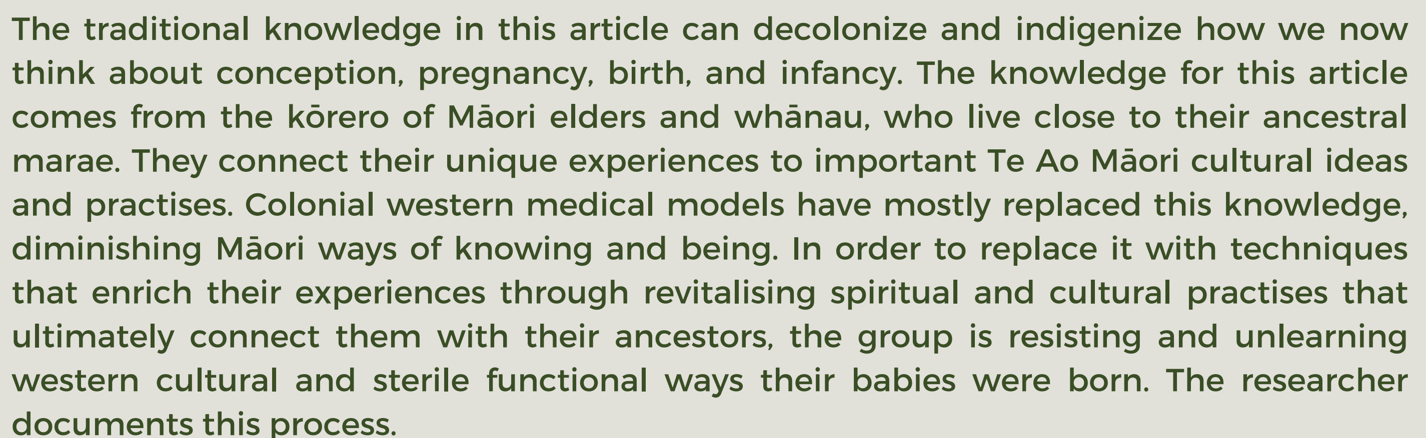
Simran Dhunna, Beverley Lawton & Fiona Cram: An Affront to Her Mana: Young Māori Mothers’ Experiences of Intimate Partner Violence (2021).

Young Māori māmā in Aotearoa New Zealand are disproportionately vulnerable to intimate partner violence (IPV) due to a number of interconnected conditions, including relationship dynamics throughout youth, pregnancy, and racialized Māori identity. Due to the enduring effects of settler colonialism, Māori are overrepresented in both the perpetrators and victims of violent crimes. In particular, IPV over time has negative effects on mothers' particular psychological, social, and physical health, such as postpartum depression and miscarriage.

For this study, six narrative interviews with young Māori māmā, ages 14 to 19, were evaluated from the E Hine longitudinal maternal health care research. The primary framework for the study was Kaupapa Māori, which allowed for the use of Māori forms of involvement and the emphasis on the perspectives of Māori women. To assess the degree to which service response had been culturally safe and to appreciate the lived reality of young Māori māmā who had experienced IPV, the researchers employed a theme and interpretive phenomenological analysis (IPA).

This study showed how IPV manifested itself in the relationships of these six wāhine. Their stories demonstrated varied ways in which young wāhine Māori raise tamariki while enduring abuse, fending off violence, reclaiming their Māori identity, and going through personal transformation. We find that whānau is a key source of both protection from and contribution to violence. Young Māori tamariki are also unable to receive services in a way that is culturally competent due to institutional and structural barriers. Institutionalised racism, a pervasive victim culture, and a dearth of real institutionalised decolonial structural reform are examples of these. They reach to the conclusion that social services must be multi-sectoral, culturally safe, and specifically designed for Māori adolescents and whānau in order to support Māori wāhine who are dealing with IPV.

Mere Berryman, Lesley Kay Rameka & Tracey Mauria Togo: Unlearning colonial constructs: conception, pregnancy, birth and infancy (2022).



The traditional knowledge in this article can decolonize and indigenize how we now think about conception, pregnancy, birth, and infancy. The knowledge for this article comes from the kōrero of Māori elders and whānau, who live close to their ancestral marae. They connect their unique experiences to important Te Ao Māori cultural ideas and practises. Colonial western medical models have mostly replaced this knowledge, diminishing Māori ways of knowing and being. In order to replace it with techniques that enrich their experiences through revitalising spiritual and cultural practises that ultimately connect them with their ancestors, the group is resisting and unlearning western cultural and sterile functional ways their babies were born. The researcher documents this process.

MIDWIFERY CARE

Sir Mason Durie: Whaiora, Māori Health Development (2007).

Compare and contrast contemporary (western, biomedical) health paradigms, systems, and health data with traditional Māori health concepts, with an emphasis on maternity care and child welfare. This book about Māori health development includes all of the past problems and lessons learned, the motivation and actions of the present, and the objectives and plans for the future. In the second edition of Whaiora, Professor Mason Durie traces the evolution of Māori health throughout the past century, paying special attention to the 15 years before the book was originally published. He draws comparisons between changes in Māori political leadership, power, and public health programmes. and uses the dual standards of the Treaty of Waitangi to assess past policies, health improvements, Māori health leadership, and the primary health concerns that Māori were facing.

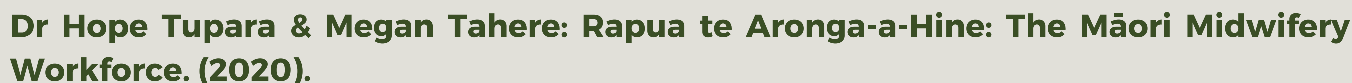
The second edition of Whaiora updates the original publication with updated government objectives for Māori health as well as Māori health improvement in the proceeding five years after the first edition. It corrects several misconceptions while also offering a comprehensive explanation of the cultural, environmental, social, economic, and political factors that influence the health standards for Māori.

Christine M. Kenney: Lived Realities: Midwives, Women and their Families: A Māori Gaze: Towards partnerships for maternity care in Aotearoa New Zealand (2011).

The health legislation in Aotearoa New Zealand that requires midwives to recognise Māori as tangata whenua and actively uphold the Treaty of Waitangi's concepts of partnership, protection, and involvement is highlighted in this article.

The foundation of midwifery practise, the partnership model, does not take into account any Māori worldview, despite the addition of several Māori principles (Ngā Turanga Kaupapa) to performance requirements for professional competence and standards of practise. Failure to acknowledge tikanga and mātauranga Māori in the practice's fundamental concept may be against current health regulations and is inherently at conflict with professional competence, ethics, and practise standards. The one-dimensional, out-of-context idea of cooperation may be detrimental to whānau ora.

It is argued that a bi-cultural model of partnership might provide a morally sound, legally acceptable, and culturally suitable framework for the provision of midwifery care in Aotearoa New Zealand with the right amount of interaction.

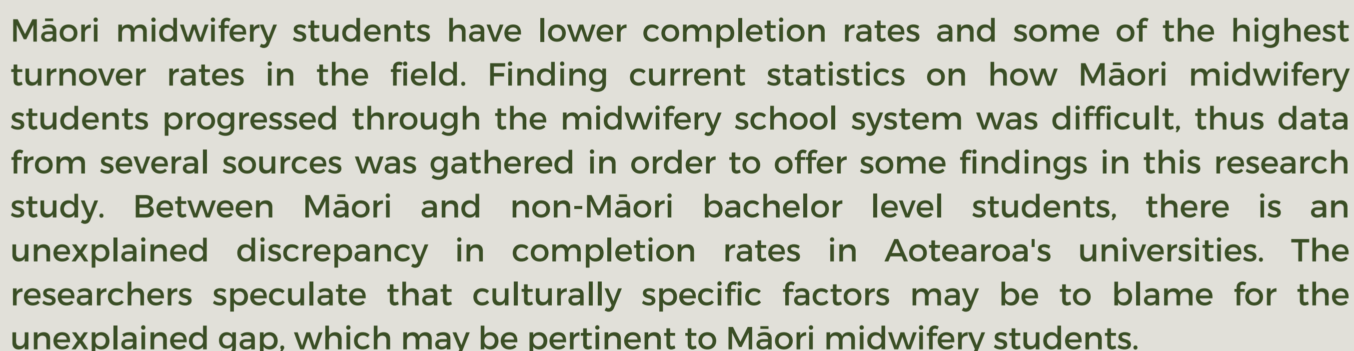


Dr Hope Tupara & Megan Tahere: Rapua te Aronga-a-Hine: The Māori Midwifery Workforce. (2020).

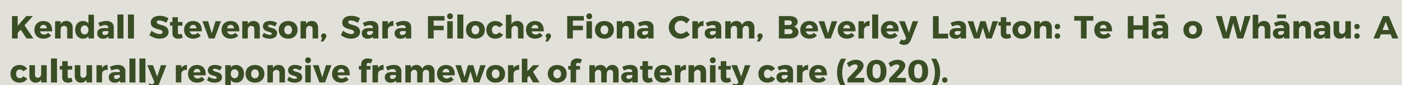
The growth of midwifery in Aotearoa New Zealand, which is admired internationally, has been characterised by turmoil and upheaval throughout its history. The systems and mechanisms that have shaped Aotearoa society since British immigrants arrived and were granted permission to live in harmony with Māori as a result of their signing of Te Tiriti o Waitangi in 1840 have had a major influence on the midwifery profession. Despite the promises of self-determination that Māori leaders considered Te Tiriti o Waitangi to stand for, Māori people eventually became the minority and have subsequently been subject to assimilationist policies and systems that reinforce prevailing cultural values.

A contemporary example of the colonial impacts that result from one society ruling over another is the maternity industry. Midwives are the main givers of maternity care in Aotearoa, and Pākehā midwives make up the majority of the midwifery workforce. Wāhine Māori and their infants are disproportionately impacted by health inequities and poor or suboptimal maternity outcomes. Additionally, wāhine Māori and their whānau continue to experience persisting inequities in socioeconomic health determinants and risk factors that have an impact on their wellbeing during the whole pregnancy continuum. Māori midwives are also prone to treating wāhine Māori unfairly. Māori midwives may become burned out and decide to abandon the profession altogether if the midwifery profession is unable to provide them with sufficient support.

Māori midwives are notably underrepresented in the midwifery workforce throughout clinical, educational, and professional settings. Why Māori midwives advance through the workforce differently than non-Māori midwives has not been the subject of any research. The number of Māori midwives is typically underreported in data.



Māori midwifery students have lower completion rates and some of the highest turnover rates in the field. Finding current statistics on how Māori midwifery students progressed through the midwifery school system was difficult, thus data from several sources was gathered in order to offer some findings in this research study. Between Māori and non-Māori bachelor level students, there is an unexplained discrepancy in completion rates in Aotearoa's universities. The researchers speculate that culturally specific factors may be to blame for the unexplained gap, which may be pertinent to Māori midwifery students.



Kendall Stevenson, Sara Filoche, Fiona Cram, Beverley Lawton: Te Hā o Whānau: A culturally responsive framework of maternity care (2020).

Te Hā o Whānau, a nuanced healthcare framework, strives to improve Māori access to the maternal-infant healthcare system and make it more culturally appropriate in the wake of unanticipated incidents that resulted in the harm or loss of their pēpi. Te Hā o Whānau was created from three components.

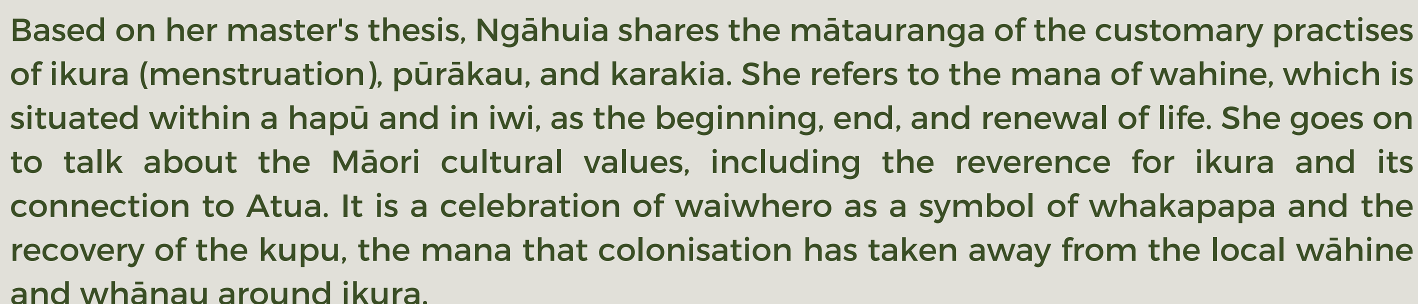
First of all, it was based on and informed by qualitative Kaupapa Māori study involving whānau who had suffered damage or lost their pēpi. These lessons were then elaborated upon using the three articles of Te Tiriti o Waitangi: Kāwanatanga, Rangatiratanga, and Ōritetanga, together with mātauranga Māori.

Te Hā o Whānau was created in order to explicitly direct the maternal-infant healthcare system in offering practise points and recommendations that are culturally appropriate. These recommendations are in line with three tikanga Māori; Tikanga manaakitanga, Tikanga rangatiratanga and Tikanga whakawhanaunga.

Rather than repeating (less successful) approaches that encounter the least resistance, we have to develop innovative models and strategies to address the grave health inequities that exist today. Te Hā o Whānau is offered with the intention of improving results for everyone, not just Māori.

IKURA

Ngāhuia Murphy: Te Awa Atua (2013) & Waiwhero: the red waters (2014).



Based on her master's thesis, Ngāhuia shares the mātauranga of the customary practises of ikura (menstruation), pūrākau, and karakia. She refers to the mana of wahine, which is situated within a hapū and in iwi, as the beginning, end, and renewal of life. She goes on to talk about the Māori cultural values, including the reverence for ikura and its connection to Atua. It is a celebration of waiwhero as a symbol of whakapapa and the recovery of the kupu, the mana that colonisation has taken away from the local wāhine and whānau around ikura.

Moana Rarere: The Importance of Whakapapa for Understanding Fertility (2022).

When birth rates changed from being high to low in the Māori population between 1966 and 1976, it was one of the fastest fertility declines ever recorded anywhere in the world. Since then, the fertility of Māori women has stayed at or slightly over the replacement level of 2.1 children per woman. Wāhine Māori have tamariki younger and over a longer period of time than Pākehā (European) women, highlighting the timing differences more clearly. The primary research topic addressed in this paper is what are the crucial elements that have preserved the existing Māori fertility patterns.

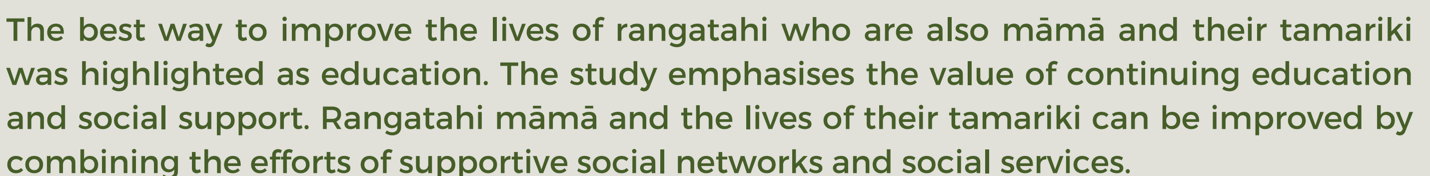
In order to expand and broaden our understanding of fertility and to place each person's fertility and reproduction within a larger network of relationships, this study emphasises whakapapa as a key term. It does this by drawing on Mana Wahine and whakawhiti kōrero wāhine Māori.

HAPŪTANGA

Casey Rawiri: Tika Tonu: Adolsecent Māori mothers experiences with social support during pregnancy, birth and motherhood and their participation in education (2007).

This study looked into how social support might aid young Māori mums in adjusting to their pregnancies, births, and parenting, with a focus on how it can assist them to stay in school. The purpose of this study is to comprehend and make sense of these experiences, as well as maybe to spot any social network gaps. A community psychology framework served as the foundation for the analysis and methodology of the study. Nine wāhine Māori under the age of 20 who had been hapū and carried on with their hapūtanga participated in interviews.

During the in-depth interviews, the participating māmā were asked questions about learning about hapūtanga, becoming hapū, whakawhānau (giving birth), caring for their pēpi, their experiences in school, and their aspirations for the future. Typically, negative experiences involved persons who were not encouraging. Positive encounters were those in which the participants and their tamariki received helpful support of all kinds.



The best way to improve the lives of rangatahi who are also māmā and their tamariki was highlighted as education. The study emphasises the value of continuing education and social support. Rangatahi māmā and the lives of their tamariki can be improved by combining the efforts of supportive social networks and social services.

Christine M Kenney: Me aro ki te hā o Hineahuone: women, miscarriage stories, and midwifery (2009).

Midwives working in Aotearoa New Zealand are bound by professional ethics and legal requirements to treat expectant mothers in a partnership typified by continuity of care, equality, mutual respect, trust, shared responsibility, and decision-making. The bicultural nature of Aotearoa New Zealand is reflected in its laws, which prioritise the cultural safety of Māori. The partnership-based midwifery philosophy and bicultural law have served as a foundation for creating a research technique for the field. In order to develop and apply a contextually relevant qualitative research methodology, this thesis describes the interweaving of many epistemologies, theoretical precepts, philosophical ideas, indigenous and Western European world views, as well as women's narratives.

'Te Whakamaramatanga'. Miscarriage, a problem for midwives in Aotearoa New Zealand in terms of practise, was the area in which the methodology was tested. 'Word of mouth' and snowballing techniques were used to find research participants. Nine of the twenty women who took part in the research project identified as midwives. Eight were Māori and twelve non-Māori, including four women who were immigrants to Aotearoa New Zealand—were included in the study. Dialogical interviews, which acknowledge the co-construction and exploration of knowledge, were used to collect the participant's stories. The methodology's ethical principles called for substantial, continuing dialogue with the Māori, midwifery, and local communities.

The oral tradition shared by Māori, women, and midwives places a high priority on stories as a means of forming identities, disseminating knowledge, and fostering social bonds. The analyses of the participants' discussions about miscarriages as a whole, as thematic and narrative components have been developed through addressing kaupapa Māori philosophy, social theories by Pierre Bourdieu, Michel Foucault, Bruno Latour, Paul Ricouer, and Rom Harre, as well as narrative ideas by Arthur Frank and Margaret Somers. Whakapapa, bodily temporalities, narrative silences, and women's demands for connections and acknowledgement are all topics covered in depth within the chapters.

Alison Jane Green: A discursive Analysis of Māori in Sexual and Reproductive Health Policy (2011).

In this thesis, the topic of sexual and reproductive health policy is investigated, emphasising the continued takeover of Māori sexual and reproductive health policy through assimilative 'State-based' policy formulation. The fight for tino rangatiratanga for Māori in Aotearoa is covered with Alison focused mainly on the governments' reluctance to recognise Māori as treaty partners and their continued release of Māori-specific policies that lack Māori knowledge, voice, or input and are consistently framed negatively, marginalising Māori and leading to widespread social stigmatisation and discrimination of Māori in regard to sexual and reproductive health, with Māori teenage mothers as an example. All changes and policymaking in Aotearoa are tainted by this unfavourable portrayal of Māori, which economists and politicians frequently use as justification.

Governments continue to deny Māori of their right to tino rangatiratanga as a Tiriti partner despite years of consultations with various Māori roopu, hapū, and iwi and multiple recommendations. Due to the restrictions of working within state-based legislation, which reduces the ability to apply Kaupapa Māori into the health sector, the initiatives to date appear to have been fairly unsuccessful.

Mihi Ratima & Sue Crengle: Antenatal, labour, and delivery care for Māori: Experiences, location within a lifecourse approach and knowledge gaps (2012).

This study examines existing research on prenatal care, labour and delivery care, and Māori experiences, with a focus on knowledge and access gaps. From a life course viewpoint, it also takes into account the relationships between Māori newborns' access to care and their health outcomes. Wāhine Māori have significantly higher maternity care demands than non-Māori women, and there are still differences in birth outcomes between Māori and non-Māori.

The higher prevalence of maternal risk factors is reflected in this to some extent. Younger pregnancies, high-risk pregnancies, smoking during pregnancy, health issues like gestational diabetes, and low socioeconomic position are all more common among Māori māmā. The issue is made worse by ongoing racial disparities Māori experience with access to maternal care. Wāhine Māori have higher relative demands than non-Māori women, but they are less likely to attend antenatal education classes and have fewer cumulative antenatal visits. Inequities in access to obstetric treatment as well as lower levels of satisfaction with their prenatal, labour, and delivery care have been documented by wāhine Māori.

The lack of independent practising Māori midwives, the lack of access to culturally appropriate care, such as whānau centred services, and financial obstacles have all been identified as major obstacles to wāhine Māori receiving adequate antenatal care and/or care during labour and delivery. Evidence from worldwide studies suggests that even when taken together, a number of widely recognised maternal risk factors may not fully account for racial inequalities in birth outcomes. It has been suggested that the factors that influence birth outcomes and extended family ethnic disparities are multifaceted and develop over the course of the mother's life.

The result is that there may be a number of significant variables that lead to inequities in birth outcomes for Māori, including limited access to antenatal care and care during labour and delivery. Furthermore, there is substantial evidence that poor delivery outcomes, particularly low birthweight, have an impact on a baby's long-term health. For instance, a great deal of data supports the link between low birthweight and adult hypertension, diabetes, and coronary heart disease. Understanding the scope, underlying causes, and solutions to racial disparities in the receipt of prenatal, labour, and delivery care are significant knowledge gaps in this profession.

Research is also needed to investigate the reasons behind the disparities in Māori babies' birth outcomes and what, from a life-course viewpoint, qualifies as the best antenatal care for Māori.

Beverly Lawton, Fiona Cram, Charrissa Makowharemahihi, Tina Ngata, Bridget Robson, Selina Brown, & Warahi Campbell: Developing a Kaupapa Māori Research Project to Help Reduce Health Disparities Experienced by Young Māori Women and Their Babies (2013).

Young wāhine Māori encounter stigma, and the health of their pēpi is compromised. Understanding the lives of these young wāhine Māori is necessary for interventions that aim to eliminate these health disparities. This document outlines the consultation process used to secure support for two regions' plans to conduct research with young Māori māmā. District health boards, community stakeholders, Māori health professionals, and tribal authorities were all consulted.

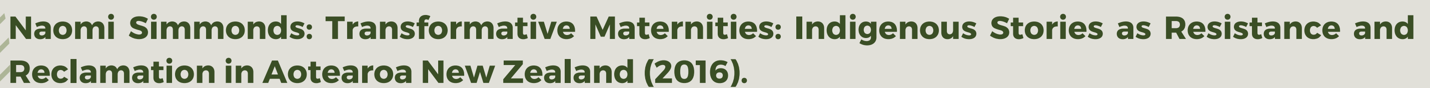
Strength-based studies on young, hapū wāhine Māori and their pēpi received approval. Interviews with service providers and a policy analysis are also included in the study. Three advisory groups—Māori elders, young Māori māmā, and an academic group —oversee the project. Feedback from the community was obtained throughout the process and consultation was an ongoing procedure carried out in the context of a partnership.

Charrissa Makowharemahihi, Beverley Lawton, Fiona Cram, Tina Ngata, Selina Brown, & Bridget Robson: Initiation of maternity care for young Māori women under 20 years of age (2014).

This study investigated the experiences of hapū wāhine Māori under the age of 20, in order to pinpoint obstacles to and enablers of maternity care access. 44 hapū or recently birthed wāhine Māori under the age of 20 were recruited in two case study sites using a Kaupapa Māori research paradigm. Participants took part in a series of interviews at various points during their hapūtanga and postpartum periods. The two researchers who conducted the interviews read the interview transcripts several times, compared them, and structured them using the Nvivo software to find emerging patterns. For further analysis, thematic data was first aggregated and then regrouped into topic groups.

The study found that participants contacted medical providers early to confirm their hapūtanga and initiate maternity care. Accessibility issues started at the point of initial contact and included a lack of support along the maternity care route, which led mostly to community-based midwifery care. Many participants felt underwhelmed in their ability to locate, confirm, and enrol in hospital or midwifery treatment. A suitable maternity care pathway was available to participants who received proactive support during their initial contact with health providers, paving the way for them to receive timely and smooth maternity care.

The study concluded that contrary to what has been written, young wāhine Māori are seeking maternity care early from health services (GPs, schools, and community-based youth health services). However, system barriers from this initial point of contact with the health system cause avoidable delays in their ability to access a seamless maternity care pathway. For this young population group, which has few resources and little experience navigating health systems, there is a shortage of sufficient and relevant information and support. An integrated model of care that starts maternity care at the very first engagement with medical providers could help to lessen these disparities in access to maternity care. The service would subsequently be in charge of first trimester screening and directing patients to a lead maternity carer.



Naomi Simmonds: Transformative Maternities: Indigenous Stories as Resistance and Reclamation in Aotearoa New Zealand (2016).

This chapter aims to show how indigenous local knowledges about childbirth and mothering have the power to transform lives. Māori myths, lore, and traditions in Aotearoa New Zealand have the power to challenge dominant conceptions of maternity and, in turn, alter the lives of women, their children, and their families. In Māori knowledge, there are strong and effective ways to rethink maternity, particularly through knowledge of the land, language, and spirituality. A strong act of resistance and decolonization, according to some, is the sharing of our experiences as Māori women from a perspective that preserves the mana (power and prestige) and sacredness of birth and mothering. Additionally, by (re)affirming women's autonomy and their right to make decisions about their own lives, reclaiming Māori maternal knowledges has the potential to change how birth is experienced by wāhine, of their unborn tamariki, and for their whānau , as well as the autonomy of Māori communities.

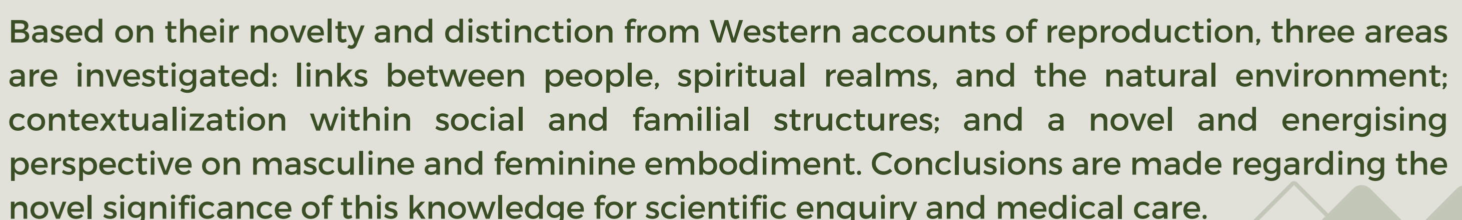
Anna Adcock, Beverley Lawton, & Fiona Cram: E Hine: Talking about Māori teen pregnancy with government groups (2016).

Despite increased access to healthcare services in Aotearoa New Zealand, there is still a sizable socioeconomic and health disparity between Pākehā and Māori. A qualitative Kaupapa Māori research study called E Hine aims to uncover factors that influence teh ability of Māori māmā aged less than 20 years, and their pēpi to have healthy outcomes. We discuss the results of a discourse analysis of six semi-structured interviews with 13 representatives from six different government organisations who were questioned about how their organisation catered to the needs of young Māori māmā. In 2013, interviews took place in Wellington. We first go over the respondents' thoughts on how their organisations try to improve health outcomes. They then talk about structural problems that could prevent successful outcomes, such as resource allocation, organisational structure, and "silence". To successfully implement policies and activities that fulfil the needs of young Māori māmā and pēpi, these hurdles must be removed.

Jade Sophia Le Grice & Virginia Braun: Mātauranga Māori and Reproduction: Inscribing connections between the natural environment, kin and the body (2016).

In colonising contexts, the reproduction of Indigenous people, who have endured persistent racial and cultural marginalisation, has long been a topic of controversy. Traditional Indigenous knowledge that is relevant to and useful in modern lives provides opportunity for deeper decolonization. In order to build a culturally appropriate PhD literature review and synthesise a variety of source materials to generate an account of Mātauranga Māori relating to reproduction within a New Zealand setting, this current article uses a pūrākau technique (Lee, 2009).

Based on their novelty and distinction from Western accounts of reproduction, three areas are investigated: links between people, spiritual realms, and the natural environment; contextualization within social and familial structures; and a novel and energising perspective on masculine and feminine embodiment. Conclusions are made regarding the novel significance of this knowledge for scientific enquiry and medical care.



Jade Sophia Le Grice & Virginia Braun: Indigenous (Maori) perspectives on abortion in New Zealand (2017).

Despite some evidence that Māori use abortion services, there is a striking lack of exploratory study on Indigenous (Māori) opinions on abortion in Aotearoa New Zealand. Abortion is a topic that is understudied, sensitive, and politicised.

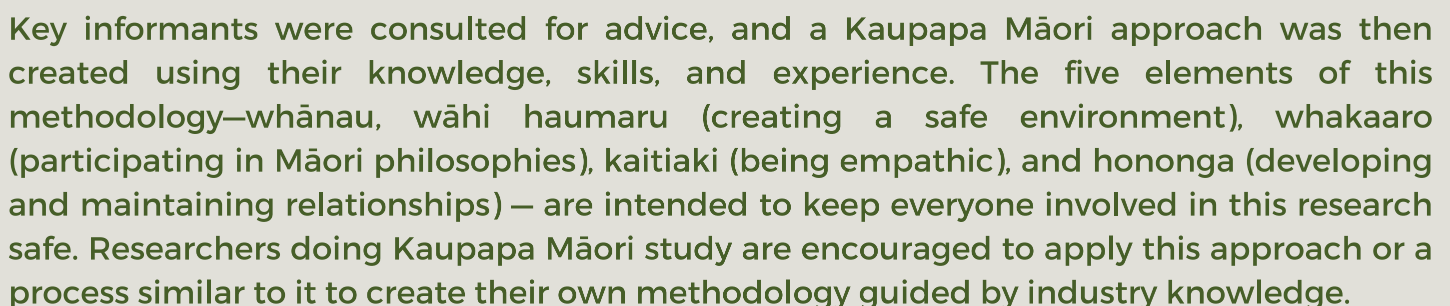
With a few parallels and patterns of resistance, international research that considers the sociocultural environment of abortion reveals a remarkable variety of opinions and attitudes towards the procedure. There is some indication of variation in the stories of the past use of abortion by Māori, thus we aimed to better understand the current socio-cultural setting that surrounds Māori viewpoints on abortion.

Themes regarding "protection of a new life," "woman's individual choice," and "extended family investment and support" were identified as the most prominent themes in an Indigenous feminist (Mana Wāhine) interview study with 43 participants (26 women, 17 men).

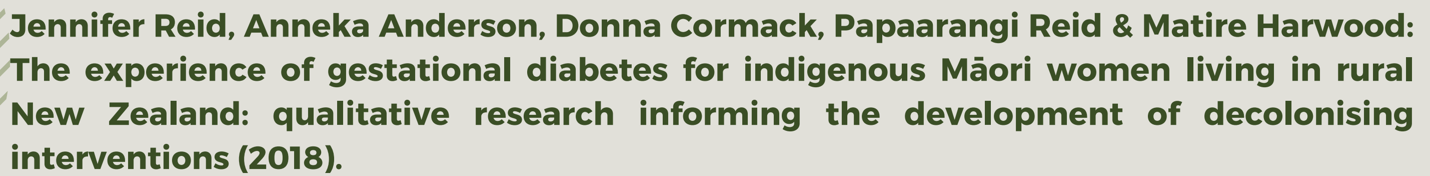
We provide a thorough and comprehensive analysis of Māori viewpoints on abortion, highlighting the structural integration of these views within specific socio-historical and sociocultural settings such as Māori ideologies and theories, colonialism and Christianity, and movement for women's rights.

Kendall Stevenson: A consultation journey: developing a Kaupapa Māori research methodology to explore Māori whānau experiences of harm and loss around birth (2018).

In order to do research that is culturally sensitive, Māori voices are heard, and systemic barriers to Māori health and welfare are challenged, Kaupapa Māori researchers have created a space. This article details Kendall's quest to create a Kaupapa Māori approach suitable for examining whānau experiences after the harm or death of their pēpi at birth.



Key informants were consulted for advice, and a Kaupapa Māori approach was then created using their knowledge, skills, and experience. The five elements of this methodology—whānau, wāhi haumaru (creating a safe environment), whakaaro (participating in Māori philosophies), kaitiaki (being empathic), and hononga (developing and maintaining relationships) — are intended to keep everyone involved in this research safe. Researchers doing Kaupapa Māori study are encouraged to apply this approach or a process similar to it to create their own methodology guided by industry knowledge.



Jennifer Reid, Anneka Anderson, Donna Cormack, Papaarangi Reid & Matire Harwood: The experience of gestational diabetes for indigenous Māori women living in rural New Zealand: qualitative research informing the development of decolonising interventions (2018).

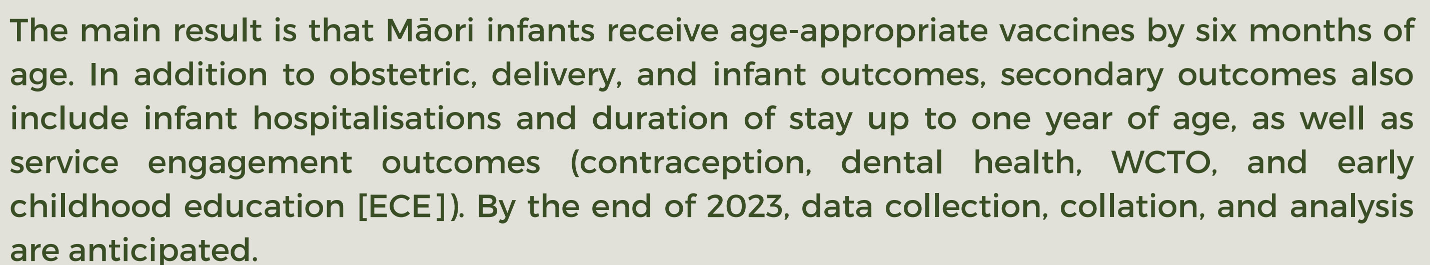
Current therapies appear ineffectual for Indigenous women, despite the fact that early detection and care of high rates of gestational diabetes mellitus (GDM) among these women can significantly reduce difficulties for both the mother and the unborn pēpi. We noticed a common emotive discourse regarding the burden of diabetic pregnancies while doing a qualitative study about the difficulties of living with diabetes in a rural community in Northland, Aotearoa New Zealand. Given the importance of GDM and our dedication to giving Indigenous wāhine Māori a voice in ways that may help inform solutions, we sought to investigate the phenomena of GDM among wāhine Māori women in a rural setting characterised by significant area-deprivation.

Beverley Lawton, Francesca Storey, Nokuthaba Sibanda, Matthew Bennett, Charles Lambert, Stacie Geller, Liza Edmonds, Fiona Cram: He Korowai Manaaki (Pregnancy Wraparound Care): Protocol for a Cluster Randomized Clinical Trial (2021).

Wāhine Māori and non-Māori women have well-documented differences in their access to maternal health care and social support services, notwithstanding these differences in maternal and infant health outcomes.

This rangahau aims to show how comprehensive wraparound care during hapūtanga can improve infant health outcomes through a kaupapa Māori collaborative approach between Te Tātai Hauora o Hine and Iwi Ngāti Pāhauwera. An enhanced maternity care pathway (He Korowai Manaaki) was created to concentrate on improved clinical care. This was done by increasing the number of paid appointments, educating participating intervention arm GPs and nurses on evidence-based maternity care, improving access to and availability of contraception, and installing an advanced computerised form to support maternity care.

Improved access to social services, housing, and transportation, as well as dental care and driver's education programmes, addressed structural determinants of health. While the control arm of the clinical trial just received standard maternity care. Eight Primary Care Providers agreed to take part in the clinical trial for this investigation, which was carried out in the Hawke's Bay area. All expectant patients who registered were deemed qualified to take part in the research.



The main result is that Māori infants receive age-appropriate vaccines by six months of age. In addition to obstetric, delivery, and infant outcomes, secondary outcomes also include infant hospitalisations and duration of stay up to one year of age, as well as service engagement outcomes (contraception, dental health, WCTO, and early childhood education [ECE]). By the end of 2023, data collection, collation, and analysis are anticipated.

Lena Hawaikirangi: An exploration of wellbeing in Hapū Wānanga through a Te Wheke framework analysis (2021).

The author's thesis aims to support and advocate culturally adapted antenatal programmes to improve hauora for Māori whānau during hapūtanga. Hawaikirangi begins by exploring the displacement of indigenous hapūtanga and birthing practices through colonisation and the consequences of this in contemporary pregnancy and birth beliefs and practices, including the medicalisation of birth in Aotearoa and how this has shaped antenatal care we see today.

Through a qualitative approach, Hawaikirangi was able to utilise the Te Wheke model of care to explore the experiences of participants and facilitators through Kia Wana Lakes Baby Service Hapū Wānanga and the positive impact attending Hāpu wānanga has had on their wellbeing compared to mainstream experiences.

Particular aspects of Te Wheke that interviewees highlighted in this research as having a significant impact on them were whanaungatanga (kinship ties) and hā ā koro mā ā kuia mā (cultural heritage). Limitations where further knowledge and research can be implemented include mental wellbeing during this period.

Marie Jardine, Chloe Topping, Rawiri McKree Jansen: Connecting hapū māmā (pregnant women) early to a lead maternity carer: striving for equity using the Best Start-Pregnancy Tool (2022).

In Aotearoa New Zealand, lead maternity carers (LMCs) provide maternity care through pregnancy and birth, until 6 weeks' postpartum. An early LMC connection in pregnancy is associated with better maternal and perinatal health outcomes.

However, hapū māmā may experience barriers to engaging with a LMC, delaying screening, risk assessments, and education. These barriers contribute to inequitable health outcomes for Māori māmā and pēpi. A pro-equity approach to maternity care is warranted to investigate the LMC plan at the first point of contact with a primary care provider once pregnancy is confirmed, as well as selected risk factors to maternal and perinatal health for Māori and non-Māori hapū māmā.

Most hapū māmā planned for midwifery care. About one-third of hapū māmā had engaged with a midwife before their first GP visit after a confirmed pregnancy. Māori hapū māmā were more likely to present with risk factors to maternal and perinatal health than non-Māori hapū māmā. Primary healthcare providers have an expectation to connect hapū māmā to a LMC by 10 weeks' gestation.

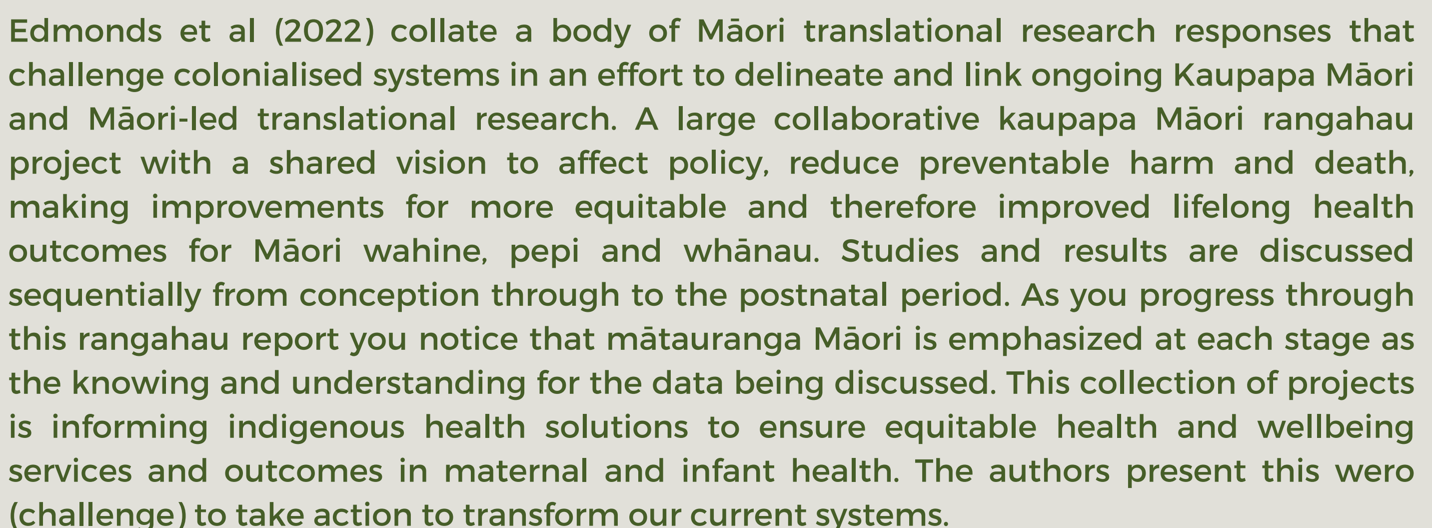
More research is needed to identify how to best support Māori hapū māmā to access a LMC early in pregnancy. The Best Start Kōwae is an accessible online tool (currently in an implementation phase) for primary care providers and LMCs that promotes equitable health outcomes for Māori māmā and pēpi.

Nikki M. Barrett, Lisette Burrows, Polly Atatoa-Carr, Linda T. Smith: Hāpu Wānanga: A Kaupapa Māori childbirth education class for Māori and non-Māori māmā hapū and whānau (2022).

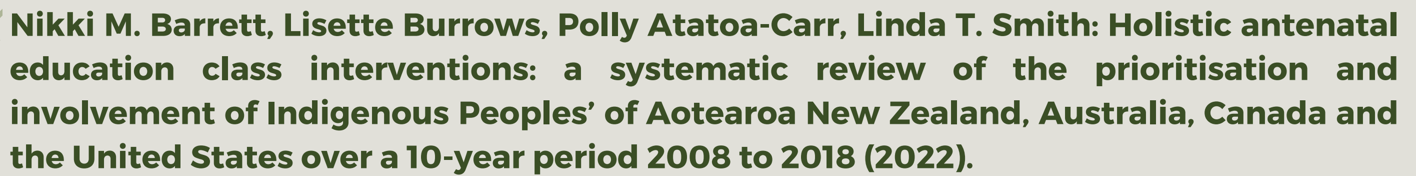
Enrolling in childbirth education (CBE) classes at a young age improves maternal and newborn health outcomes, according to studies carried out all over the world. Māori enrol in CBE classes in Aotearoa New Zealand at a lesser rate than their non-Māori counterparts. The design and delivery of current CBE classes heavily rely on Western medical ideas, marginalising Māori birthing knowledge, skills, and beliefs. Lessons in Kaupapa Māori CBE are, however, infrequently provided. The Hapū Wānanga (HW) CBE programme, a pregnancy and parenting initiative developed by and for Māori, is the subject of this study.

This mixed-method interpretative analysis uses retrospective post-course survey data from 1,152 participants gathered over a three-year period by HW based in the Waikato District Health Board region. The effectiveness of the programme, its impact on knowledge and understanding levels, as well as the overall experiences and points of view of participants, were all studied in the data. The factors that affected participants' engagement, participation, and acceptance of the HW are examined in this paper.

Liza K. Edmonds, Fiona Cram, Matthew Bennett, Charlie Lambert, Anna Adcock Kendall Stevenson, Stacie Geller, Evelyn Jane MacDonald, Tina Bennett, Francesca Storey, Melanie Gibson-Helm, Sidney Ropitini, Brittany Taylor, Victoria Bell, Caitlin Hoskin & Beverly Lawton. Hapū Ora (pregnancy wellness): Māori research responses from conception, through pregnancy and 'the first 1000 days' – a call to action for us all. (2022).



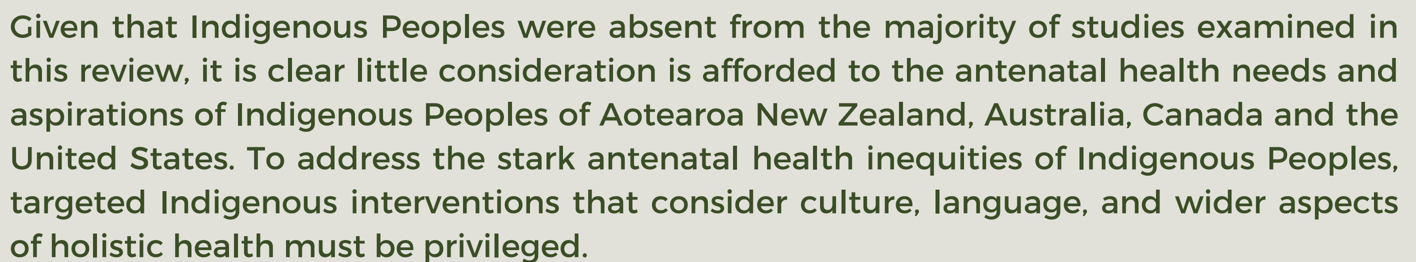
Edmonds et al (2022) collate a body of Māori translational research responses that challenge colonialised systems in an effort to delineate and link ongoing Kaupapa Māori and Māori-led translational research. A large collaborative kaupapa Māori rangahau project with a shared vision to affect policy, reduce preventable harm and death, making improvements for more equitable and therefore improved lifelong health outcomes for Māori wahine, pepi and whānau. Studies and results are discussed sequentially from conception through to the postnatal period. As you progress through this rangahau report you notice that mātauranga Māori is emphasized at each stage as the knowing and understanding for the data being discussed. This collection of projects is informing indigenous health solutions to ensure equitable health and wellbeing services and outcomes in maternal and infant health. The authors present this wero (challenge) to take action to transform our current systems.



Nikki M. Barrett, Lisette Burrows, Polly Atatoa-Carr, Linda T. Smith: Holistic antenatal education class interventions: a systematic review of the prioritisation and involvement of Indigenous Peoples' of Aotearoa New Zealand, Australia, Canada and the United States over a 10-year period 2008 to 2018 (2022).

Research into the effectiveness of antenatal education classes is crucial for Indigenous Peoples from Aotearoa New Zealand, Australia, Canada and the United States who experience poorer maternal and infant health outcomes compared to non-Indigenous populations.
The systematic review questions were intended to determine the extent of Indigenous Peoples prioritisation and involvement in antenatal education classes, and to understand the experience of Indigenous Peoples from these countries in antenatal education classes. Using a standardised protocol, the team systematically searched five electronic databases for primary research papers on antenatal education classes within the four countries noted and identified 17 papers that met the criteria.

The team undertook a qualitative meta-synthesis using a socio-critical lens. Systematic review of the academic literature demonstrates that Indigenous Peoples of Aotearoa New Zealand, Australia, Canada and the United States are not prioritised in antenatal education classes with only two of 17 studies identifying Indigenous participants. Within these two studies, Indigenous Peoples were underrepresented. As a result of poor engagement and low participation numbers of Indigenous Peoples in these antenatal education classes, it was not possible to understand the experiences of Indigenous Peoples.



Given that Indigenous Peoples were absent from the majority of studies examined in this review, it is clear little consideration is afforded to the antenatal health needs and aspirations of Indigenous Peoples of Aotearoa New Zealand, Australia, Canada and the United States. To address the stark antenatal health inequities of Indigenous Peoples, targeted Indigenous interventions that consider culture, language, and wider aspects of holistic health must be privileged.

WHAKAWHĀNAU/ WHĀNAUTANGA

Beatrice Leatham: He Kanohi Kitea Ka Hoki Ngā Mahara: Ngāti Porou kuia tell the stories encompassing their childbirth experiences (2014).

This study aimed to give voice to the distinctive labour and delivery journeys of wāhine Maori. The ethnocentric worldview of non-Māori has played a significant role in shaping the circumstances of childbirth in Aotearoa New Zealand. Due to the current situation, there is a sense of urgency to preserve uniquely Māori knowledge that will benefit whānau.

The life and birth tales of five Ngāti Porou kuia were presented. The interconnectedness of this understanding and the complexity of Māori thought were made apparent via their laughter, tears, humour, wisdom, and recollections. All of these kuia were born between 1931 and 1941, therefore their experiences ranged from infancy to grandparenthood. They shared vivid, rich tales that exposed their experiences in relation to society at large. Themes that inherently gave an intimate insight to their thoughts of birthing quickly surfaced in their stories.

In order to understand how Māori maintain and subsequently pass on this knowledge to future generations, practises and understandings that were distinctively Māori were investigated. This includes looking at the historical context and broader socioeconomic influences that have affected results in Māori health, particularly maternity. The overall goal of this study was to revive Māori knowledge specifically related to childbirth.

The results show that a wide range of intricate factors have an impact on childbirth. The maternity industry in Aotearoa New Zealand has been heavily influenced by Western ideas, particularly medicalization, since the turn of the century. Fortunately, innate knowledge of birth has helped to preserve key ideas important from a Māori standpoint.

Collective bonds are essential, and whānau in particular are key to helping kids through this process. The stories of whakapapa, which expressly incorporate childbirth, frequently convey the unique connection Māori have with the larger ecosystem. Whakapapa continually appears as a key element, tying together important themes and illuminating a natural synergy between male and feminine forces. These concepts highlight the sacred nature of birthing.

Kendall Stevenson, Sara Filoche, Fiona Cram, Bev Lawton: Lived Realities: Birthing experiences of Māori women under 20 years of age (2016).

This paper explores the birthing experiences of 16 hapū wāhine Māori under 20 years of age who were involved in E Hine, a Kaupapa Māori longitudinal qualitative research study of young wāhine Māori journeys through hapūtanga and into motherhood that ran from 2010 to 2013. This study provided these young wāhine with an opportunity to share their birthing experiences during kanohi-ki-te-kanohi interview. Interpretive phenomenological analysis guided the analysis of these interviews.

Following analysis, four themes emerged: some tikanga Māori are being practised today; whānau support is critical for these young Māori māmā; current system issues impact negatively on birth experiences; and adaptation to motherhood varies. From these themes, positive practices were drawn out that can be applied to clinical practice to improve the birthing experiences of young wāhine Māori. These practices include promoting positive communication between patient and providers, facilitating supportive whānau environments, and enhancing support services accessibility.

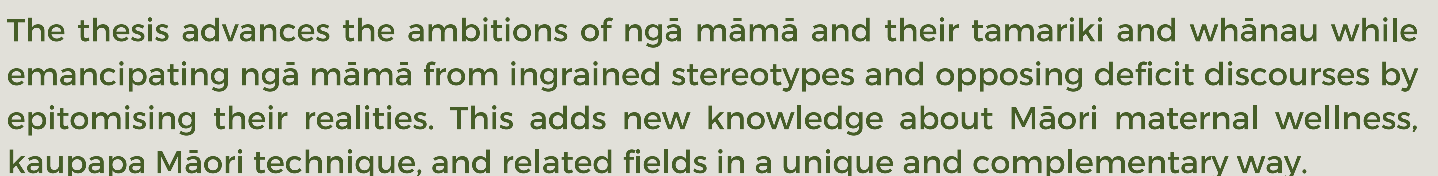
Aria Graham: Tika Tonu: Young Māori Mothers' Experiences of Wellbeing Surrounding the Birth of their First Tamaiti (2018).

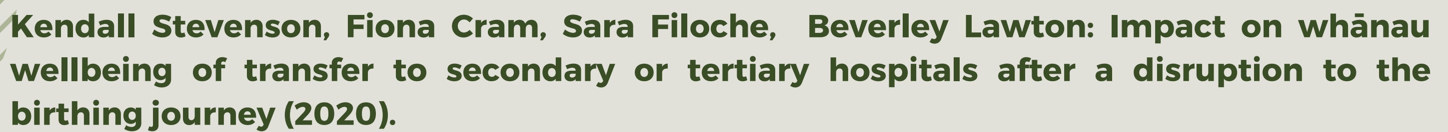
Many times, the outcomes for wāhine Māori, their tamariki, and whānau are determined by the wellbeing experiences of young Māori māmā surrounding the delivery of their first tamaiti. The benefits of better supporting and understanding young wāhine Māori extend to the hapū, iwi, community, Aotearoa, and the experiences and outcomes of Indigenous and other oppressed peoples around the world in terms of health. However, there has not been much research or information about the wellness of young Māori māmā, thus little is known about their experiences, needs and aspirations.

Utilising a kaupapa Māori approach to methodology, and a theoretical framework of kaupapa Māori and mana wahine, this thesis explores what matters to these māmā and their wellbeing, and how te ao Māori is an intrinsic part of those experiences, challenging the stereotypes of young mothers set through western views.

The results of this thesis demonstrate the ability of wāhine to improve the well-being of these māmā through empowerment, stability, and direction. The thesis describes ngā māmā journey towards greater rangatiratanga and identity and captures the tamaiti as 'tohu aroha'. Furthermore, the sense of wellness are significantly influenced by the strength and harmony of te ao Māori in the life of ngā māmā.

The thesis advances the ambitions of ngā māmā and their tamariki and whānau while emancipating ngā māmā from ingrained stereotypes and opposing deficit discourses by epitomising their realities. This adds new knowledge about Māori maternal wellness, kaupapa Māori technique, and related fields in a unique and complementary way.





Kendall Stevenson, Fiona Cram, Sara Filoche, Beverley Lawton: Impact on whānau wellbeing of transfer to secondary or tertiary hospitals after a disruption to the birthing journey (2020).

This article examines the effects on the wellbeing of the whānau after wahine are transported to secondary or tertiary care hospitals to receive medical attention for either themselves or their unborn child during the labour and delivery process. It was discovered that the wāhine and whānau encountered a number of difficulties throughout this procedure that jeopardised their wellbeing.

Major issues included feeling disconnected from their house, support systems, and infant as well as failing to live up to their motherhood aspirations. Three recommendations are made that may help promote the provision of culturally appropriate care in this situation: creating spaces where there is a sense of whanaungatanga with the people and space, allowing more whānau involvement in the care of their child, and respecting the whānau voices by having meaningful conversations with them. Making sure these adjustments are made could help wāhine and whānau face fewer obstacles and promote flourishing wellbeing.

HĀUORA WĀHINE
(AS IT RELATES TO THE POSTNATAL PERIOD)

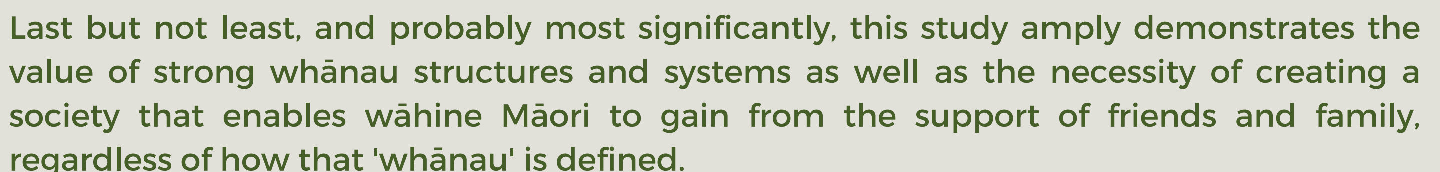
Marama Merritt: A case study for helping to prevent postnatal depression: towards a cultural tool for Māori women (2005).

10-20% of all women experience postpartum depression, a depressive condition. Postnatal depression is exceedingly uncommon in communities with strong kin-based support networks and where rituals and customs are an important part of daily life. In fact, traditional Māori society makes minimal mention of depression during pregnancy and parenthood.

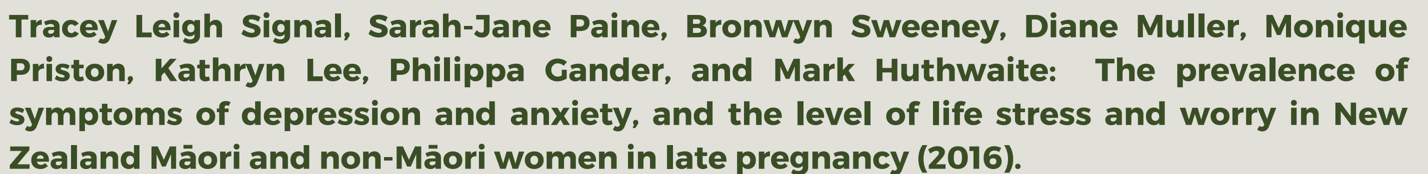
Wāhine Māori today live in a world that is substantially different from that of their ancestors due to the effects of colonialism. Wāhine Māori are more likely than non-Māori women to experience depressive and anxiety-based illnesses. This is due to the breakdown of the whānau structure, the loss of Te Reo and customs, the rise in single-parent families and whānau living in poverty, the effects of drug and alcohol abuse, and the rise in family violence.

In spite of this fact, not much research has been done on wāhine Māori and maternal mental health. This study aims to pinpoint the major problems that wāhine Māori face during pregnancy and childbirth and how those problems affect their mothers' mental health. Additionally, it offers a critical evaluation of how well wāhine Māori can be served by present maternal mental health services, treatments, and tools. Last but not least, these revelations serve as the foundation for suggestions to enhance maternal mental health care for wāhine Māori and guidelines to direct the creation of a tool to aid in the prevention of postnatal depression in wāhine Māori.

The goal of this study is to reframe how we approach working with wāhine Māori and maternal health. In order to assist wāhine Māori achieve in all aspects of their lives, the emphasis is on providing them with services, tools, and a supportive atmosphere that draws on a variety of resources. This validates the use of indigenous rites, customs, and practises within service delivery.



Last but not least, and probably most significantly, this study amply demonstrates the value of strong whānau structures and systems as well as the necessity of creating a society that enables wāhine Māori to gain from the support of friends and family, regardless of how that 'whānau' is defined.

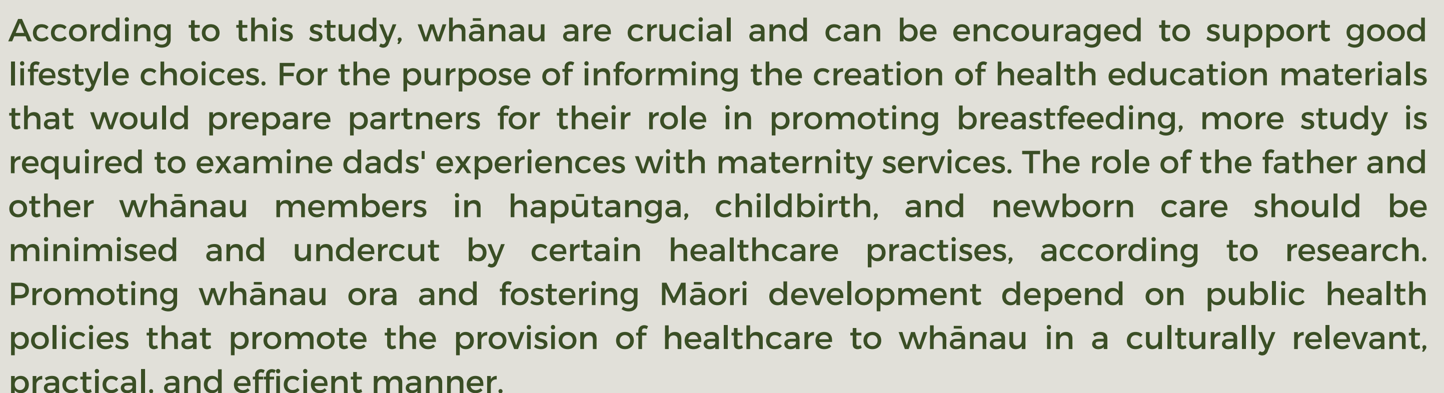


Tracey Leigh Signal, Sarah-Jane Paine, Bronwyn Sweeney, Diane Muller, Monique Priston, Kathryn Lee, Philippa Gander, and Mark Huthwaite: The prevalence of symptoms of depression and anxiety, and the level of life stress and worry in New Zealand Māori and non-Māori women in late pregnancy (2016).

Maternal mental health focus and funding appears to sit predominantly within the postnatal period. However, there is a gap in our healthcare system when it comes to antenatal mental health. Signal et. al utilised a questionaire in late pregnancy to determine the prevalence of historical and current depressive and anxious symptoms, and the level of life stress and worry in late gestation for hapū māmā, both Māori and non-Māori. The questionaire provided wahine with an opportunity to self-report on their current depressive symptoms (13 on the Edinburgh Postnatal Depression Scale), current anxiety symptoms (6 on the anxiety items), significant life stress (2 items on the life stress scale), and dysfunctional worry (>12 on the Brief Measure of Worry Scale). Data collected from over 1000 hapū māmā revealed that Wāhine Māori were more likely than non-Maori women to experience depressive symptoms (22% vs 15%), anxiety symptoms (25% vs 20%), considerable life stress (55% vs 30%), and a period of low mood during the current pregnancy (18% vs 14%). Young maternal age and a history of depressive and anxious symptoms also increased the risk for adverse maternal mental health outcomes. This study highlights the need for more focus and funding towards maternal mental health during pregnancy with a particular focus on supporting young mothers and wahine who have a history of depression and anxiety.

HĀUORA PĒPI

Marewa Glover, Harangi Manaena-Biddle & John Waldon: The Role of Whānau in Māori Women's Decisions about Breast Feeding (2006).

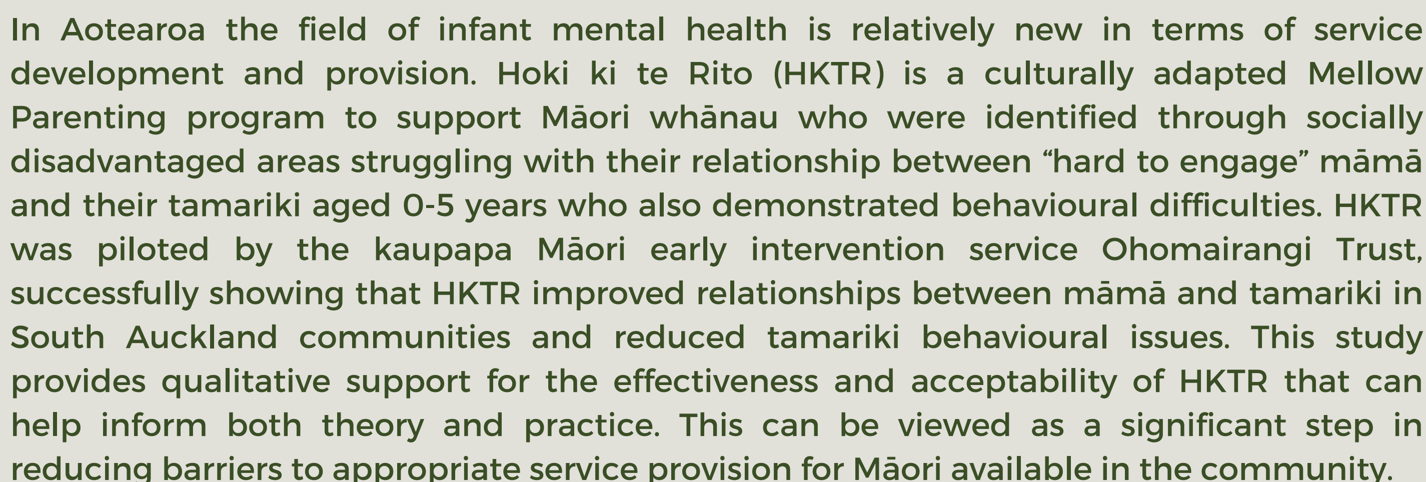


According to this study, whānau are crucial and can be encouraged to support good lifestyle choices. For the purpose of informing the creation of health education materials that would prepare partners for their role in promoting breastfeeding, more study is required to examine dads' experiences with maternity services. The role of the father and other whānau members in hapūtanga, childbirth, and newborn care should be minimised and undercut by certain healthcare practises, according to research. Promoting whānau ora and fostering Māori development depend on public health policies that promote the provision of healthcare to whānau in a culturally relevant, practical, and efficient manner.

David Tipene-Leach, Lynne Hutchison, Angeline Tangiora, Charlotte Rea, Rebecca White, Alistair Stewart, Edwin Mitchell: SIDS-related knowledge and infant care practices among Maori mothers (2010).

Current SIDS safe sleep practices are strongly supported and understood by New Zealand European mother's according to data collected from National Women's Hospital in 2005. However, there is very little data recognising Māori knowledge and sleeping practices and Māori infants continue to have higher rates of SIDS than non-Māori. Despite SIDS related deaths declining significantly from 9.9 per 1000 live births to 1.6 per 1000 live births, Māori infants are still 5 times more likely to die from SIDS than non-Māori infants. 229 Māori mother's in Counties Manukau were surveyed during this study about their SIDS related knowledge and infant care practices and their reasons for using and their concerns about these practices. This was compared to data collected in 2005 at Nation Women's. Results concluded that Māori mothers have a poorer knowledge of SIDS prevention practices. There was a high rate of maternal smoking with low awareness of smoking as a risk factor for SIDS, the early cessation of breastfeeding, and co-sleeping practices where there was also smoking in pregnancy. It is also highlighted that the current safe sleep messages around bed sharing have been rejected by Māori. These conclusions call for recommendations to develop appropriate health promotion tools that meet the needs of Māori communities.

Mera Penehira & Lyn Doherty: Tū mai te oriori, nau mai te hauora! A Kaupapa Māori Approach to Infant Mental Health: Adapting Mellow Parenting for Māori Mothers in Aotearoa, New Zealand. (2013).



In Aotearoa the field of infant mental health is relatively new in terms of service development and provision. Hoki ki te Rito (HKTR) is a culturally adapted Mellow Parenting program to support Māori whānau who were identified through socially disadvantaged areas struggling with their relationship between "hard to engage" māmā and their tamariki aged 0-5 years who also demonstrated behavioural difficulties. HKTR was piloted by the kaupapa Māori early intervention service Ohomairangi Trust, successfully showing that HKTR improved relationships between māmā and tamariki in South Auckland communities and reduced tamariki behavioural issues. This study provides qualitative support for the effectiveness and acceptability of HKTR that can help inform both theory and practice. This can be viewed as a significant step in reducing barriers to appropriate service provision for Māori available in the community.

Isabel Tui Rangipohutu Hayes Edwards: Ūkaipōtanga: a grounded theory on optimising breastfeeding for Māori women and their whānau (2014).

Ūkaipōtanga embraces the concepts of belonging, nurturing, strengthening and holistic wellness as determined by whānau through a te ao Māori worldview. This captures the essence of breastfeeding and the journey māmā, pēpi and whānau pursue together, alongside the midwife, each playing an important role in this process. Using a constructivist grounded theory, informed by a kaupapa Māori methodology, this study sought the experiences of 8 wāhine Māori through semi-structured interviews. Three significant components were identified to support optimal breastfeeding: antenatal education and preparation for wāhine hapū, her partner and whānau to prepare for the birth and breastfeeding; the importance of the midwife's engagement with wāhine hapū and whānau throughout their journey; and having supportive systems to assist a māmā to breastfeed postnatally from birth through to the recommended six months and beyond. These three components affords us the insight needed to ensure wāhine hapū are provided with the necessary support required to achieve optimal breastfeeding outcomes which includes access to kaupapa Māori antenatal education, supportive midwifery and well child services as well as considering the environment created to support and sustain breastfeeding.

Marnie Antalya Reinfelds: Kia mau, kia ū : supporting the breastfeeding journey of Māori women and their whānau in Taranaki (2015).

Ūkaipō is a term commonly used in contemporary settings to describe the act of breastfeeding. In Te Ao Māori it holds a number of interwoven definitions that capture the true significance of what breastfeeding is, referring to more than the physiological process of lactation and infant nutrition. It speaks also to the aroha of a mother that provides her pēpi with physical, emotional, intellectual and spiritual nourishment and sustenance through milk, much the same way Papatūānuku provides the necessities to nurture the basic needs of humanity. This reminds us of the interconnectedness with whānau, whakapapa and the environment for Māori.

Benefits of breastfeeding for māmā and pēpi is well documented and can extend further to whānau and their communities. However, there are the disparities that exist between Māori and non-Māori in breastfeeding rates today. Current quantitative data suggests current breastfeeding initiatives and support services are not meeting the needs of Māori and therefore it was important to explore the factors that influence the breastfeeding journey for Māori māmā and their whānau.

Grounded in kaupapa Māori and mana wahine methodologies, this qualitative research sought to uncover the barriers to full and exclusive breastfeeding for the recommended first 6 months of life, explore how these barriers can be reduced and understand the breastfeeding culture of wahine Māori in Taranaki. Through thematic analysis, several key intervention points were identified including access to high quality breastfeeding information, culturally responsive maternity care health professionals, active whānau involvement in the breastfeeding journey, greater community acceptance of breastfeeding and building whānau capacity and capabilities of breastfeeding to nurture role modelling of breastfeeding within whānau structures.

Antenatal support for the māmā with active whānau engagement is crucial in protecting and achieving positive breastfeeding experiences. It also requires commitment from the Government, health sector and the wider community to protect tikanga ūkaipō, centring whānau ora and allowing Māori to achieve their breastfeeding aspirations.

Norina Gasteiger, Anneka Anderson, & Karen Day: Rethinking engagement: Exploring women's technology use during the perinatal period through a Kaupapa Māori consistent approach (2019).

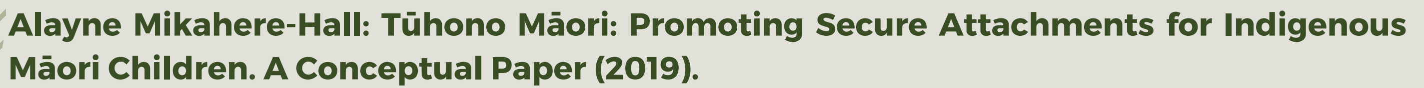
Technology can play a crucial role in creating equitable access to perinatal health-related information and healthcare providers. This study explored the perceptions and use of technologies by wahine hapū (pregnant women) and their partners and new māmā (mothers)/caregivers and who utilised Kaupapa Māori perinatal health services. A kaupapa Māori approach was applied to ensure Māori paradigms remained central throughout the rangahau process. Nine participants (both Māori and non-Māori) were interviewed in small rōpu (groups) to gather relevant qualitative data. From the narratives emerged 4 key themes: communication, information, facilitators and barriers. The study highlights, through all 4 themes, the importance of a Māori-centric approach to healthcare that are influential in improving indigenous health outcomes.

Kanohi-ki te kanohi (face to face) interactions is an important aspect of perinatal care, with regular holistic assessments required to ensure the health and wellbeing of both māmā and pēpi. This was the preferred mode of communication for all participants, highlighting the rich whanaungatanga (respectful relationships/connections) that developed through such interactions. Engagement can be enhanced when supported by other modes of communication such as text messaging. It was found that LMC's were often open to supporting the needs of wahine hapū and whānau through the use of text messaging and that this can be a way to reduce barriers to effective and open communication between health professionals and whānau.

Knowledge and experience sharing through a tuakana-teina relationship (older expert teaching the younger and less knowledgeable) between whānau members, friends, support groups and others familiar to them was common practice for wāhine hapū, however there were noted reservations from participants with taking medical advice from strangers. Platforms utilised to gain health-related information included smartphones, computers, virtual communities and facebook groups. Participants noted a valued appreciation for pregnancy journey apps that provided weekly updates on their pregnancy stages and changes and pēpi's growth and development. Participants were able to discern credible and reliable information when accessing various sources, aware that incorrect information can be shared online.

Again, barriers were identified in the form of technology literacy, access to the most recent technological devices and data or internet connections, navigating new and complex online systems such as patient portals and privacy concerns.

Technology can facilitate effective, cost effective and convenient distribution of information and promote provider engagement, highlighting an opportunity to utilise telehealth communications to provide health care that addresses the needs of both whānau and healthcare professionals and services.

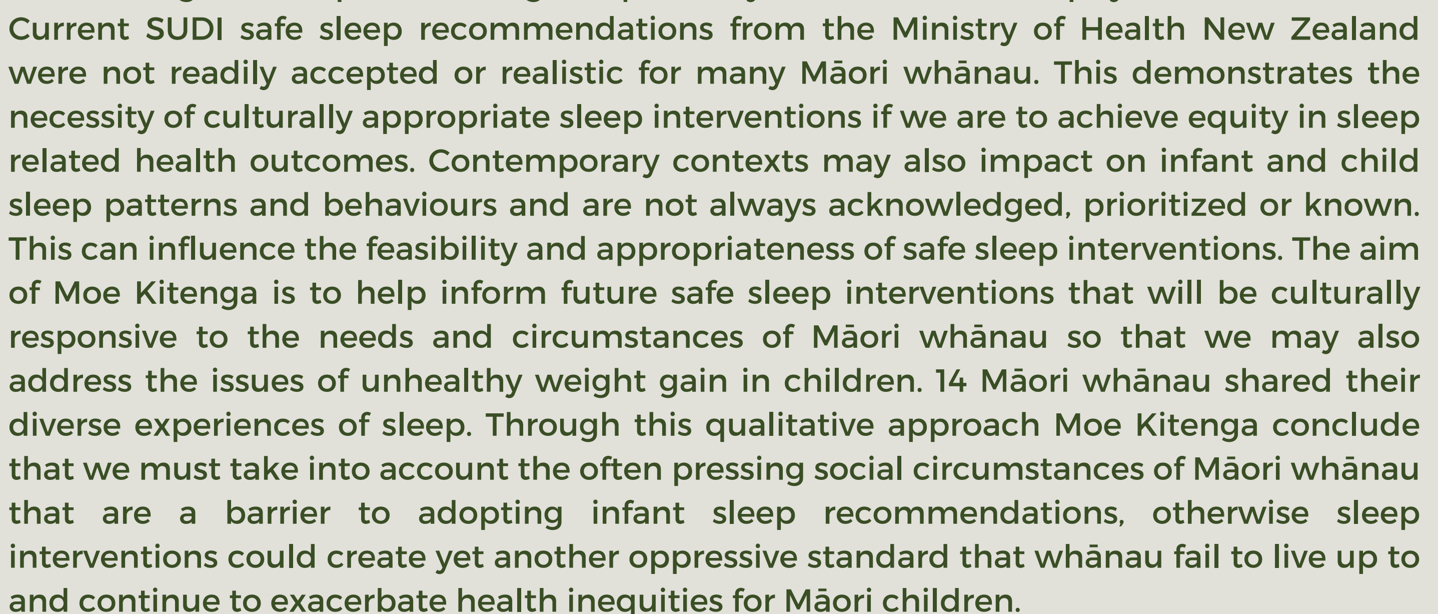


Alayne Mikahere-Hall: Tūhono Māori: Promoting Secure Attachments for Indigenous Māori Children. A Conceptual Paper (2019).

Tūhono Māori has utilised a kaupapa Māori approach to research in order to understand security and wellbeing for vulnerable tamariki. Mikaere-Hall highlights the over-representation of Māori tamariki within the social welfare system in Aotearoa with social and economic inequities and high rates of whānau violence trauma, often leading to single parent whānau units. Controversy around the name “Oranga Tamariki” alone brings into question the social welfare system’s ability to meet the needs of Māori whānau.
This paper draws to the forefront an overview of the prevailing context, intersecting spaces and conceptual ideas inherent within systems in New Zealand, and the impact these have had on Māori security. It demonstrates the need for more comprehensive mātauranga Māori within education systems and stronger efforts to develop cultural competence in the health sector, equipping our health sector with the capabilities needed to address the needs of tamariki Māori and their whānau in relation to trauma and inequity. The Waitangi Tribunal enforced this, noting the ongoing breaches of Te Tiriti o Waitangi by failing to address persistent health inequities Māori face.
Tūhono Māori seeks to advocate for alternative systems in Aotearoa to facilitate emotional security, secure attachment and healing for vulnerable Māori tamariki.

Molly George, Reremoana Theodore, Rosalina Richards, Barbara Galland, Rachel Taylor, Matt Matahaere & Lisa Te Morenga: Moe Kitenga: a qualitative study of perceptions of infant and child sleep practices among Māori whānau (2020).

Inequities exist between Māori and New Zealand European children in relation to unhealthy weight gain with Māori children being at increased risk. Insufficient sleep is a strong risk factor for unhealthy weight gain in children. Pre-colonial Māori parenting practices centered around the love and care for a child as a collective which included bed sharing, and emphasis on high responsivity to infant cues and physical contact.



Current SUDI safe sleep recommendations from the Ministry of Health New Zealand were not readily accepted or realistic for many Māori whānau. This demonstrates the necessity of culturally appropriate sleep interventions if we are to achieve equity in sleep related health outcomes. Contemporary contexts may also impact on infant and child sleep patterns and behaviours and are not always acknowledged, prioritized or known. This can influence the feasibility and appropriateness of safe sleep interventions. The aim of Moe Kitenga is to help inform future safe sleep interventions that will be culturally responsive to the needs and circumstances of Māori whānau so that we may also address the issues of unhealthy weight gain in children. 14 Māori whānau shared their diverse experiences of sleep. Through this qualitative approach Moe Kitenga conclude that we must take into account the often pressing social circumstances of Māori whānau that are a barrier to adopting infant sleep recommendations, otherwise sleep interventions could create yet another oppressive standard that whānau fail to live up to and continue to exacerbate health inequities for Māori children.

Anna Adcock, Fiona Cram, Liza Edmonds, and Beverley Lawton: He Tamariki Kokoti Tau: Families of Indigenous Infants Talk about Their Experiences of Preterm Birth and Neonatal Intensive Care (2021).

Māori face persistent health inequities of poor perinatal health outcomes, including preterm birth. In Te Ao Māori, pēpi are central to whakapapa and the health and wellbeing of pēpi is interconnected to the health and wellbeing of whānau, hapū and iwi. A cross-sectional interpretative phenomenological analysis of first interviews with 19 whānau participating in a Kaupapa Māori qualitative longitudinal study of preterm birth identified themes from their experiences and the meanings they attributed to them. A pēpi born prematurely (before 37 weeks gestation) disrupts the birthing journeys of whānau and the cultural practices of caring for pēpi as a collective, often displacing them in a foreign health system that supports the western, neoliberal and biomedical approach to health. Experiences of fear, guilt, shame and loneliness were voiced by parents. Whānau expressed the desire to be close to their infants, holding them, loving them, nurturing them, and embracing them within whakapapa networks. Whānau were frustrated by the health systems policies and restrictions that inhibited this intimacy by isolating, excluding, or discriminating against them. Being familiar with hospital routines, staff, peers, infant cares, and being wrapped in wider whānau support were key for whānau coping. Whakawhanaungatanga (processes of establishing relationships) creates safe spaces for whānau to be themselves. This supports whānau to a sense of calm, through the reclamation of their journey with their new pēpi.

Anna Adcock, Fiona Cram, Liza Edmonds, and Beverley Lawton: He Tamariki Kokoti Tau: Whānau of preterm Māori infants (pēpi) reflect on their journeys from birth to first birthday (2022).

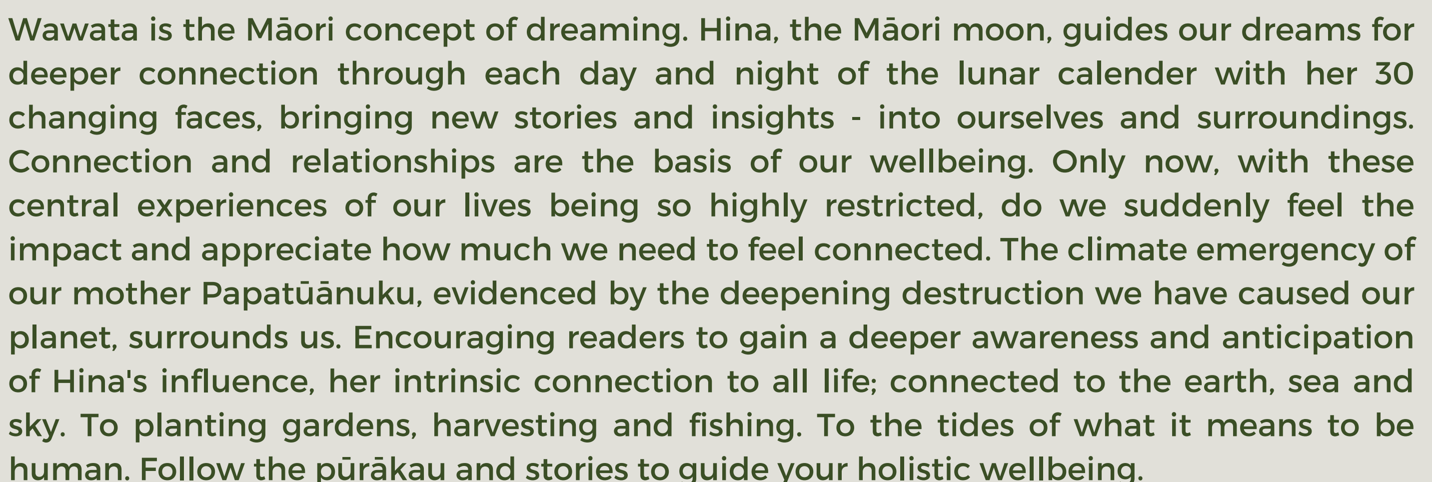
In Te Ao Māori, pēpi (infants) are central to whānau (family) collectives, ensuring ongoing whakapapa and bringing forward the mana (strength) and moemoea (dreams/aspirations) of tipuna (ancestors). This interpretative phenomenological analysis continues the journey of "He Tamariki Kokoti Tau: Babies born prematurely", the initial kaupapa Māori qualitative study exploring whānau experiences . It explores the final ‘first birthday’ interviews with 16 whānau. Whānau voiced experiencing differential treatment and potential health practitioner bias, lack of autonomy or partnership in pēpi cares and barriers to accessing necessary support while in neonatal care. Although concerns and worry remained with whānau for the health and wellbeing of their pēpi, whānau highlighted how the resilience and support of one and other had been strengthened through this journey. Whānau describe health practitioner champions as an extension of their whānau by virtue of the culturally responsive care they were providing. While pēpi continued to experience health issues, whānau felt hopeful for the year ahead, expressing love, joy, and pride for their pēpi. Recognising whānau as experts in their pēpi and promoting whānau tino-rangatiratanga (autonomy) makes a world of difference. These experiences illuminate issues that can be addressed in health services to better support preterm care pathways for Māori, laying a strong foundation for lifelong health and wellbeing.

Tracey Leigh Signal, Bronwyn Marie Sweeney, Diane Patricia Muller, Clare Iona Ladyman, Lora Wu & Sarah-Jane Paine: Moe Kura: a longitudinal study of mother and child sleep and well-being in Aotearoa New Zealand. (2022).

To appreciate the contemporary health status of Māori māmā and pēpi we must recognise and understand the complexities of inequities that contribute to such status. Moe Kura is a longitudinal study informed by kaupapa Māori research principles to identify and understand these inequities during the perinatal period, focussing on the role of sleep in the health and wellbeing of māmā and pēpi/tamariki in Aotearoa. 418 Māori women and 768 non-Māori women were recruited in late pregnancy. Data was collected at four waves (35–37 weeks gestation, 4–6 weeks postpartum, 11–13 weeks postpartum and when the Moe Kura tamariki was 3–4 years of age) with linkage to birth records and national administrative datasets and associated qualitative research. With a primary rights-based focus on wāhine (women) the study found significant inequities between Māori and non-Māori related to sleep health, infant and maternal health, and maternal employment, along with the important role of sleep in perinatal health and maternal mental health outcomes. Moe Kura provides new and important findings that contribute to intervention development and health policy for wāhine and pēpi/tamariki in Aotearoa.

MĀRAMATAKA

Dr Hinemoa Elder: Wawata, Moon dreaming. Daily wisdom guided by Hina, the Māori moon (2022).



Wawata is the Māori concept of dreaming. Hina, the Māori moon, guides our dreams for deeper connection through each day and night of the lunar calender with her 30 changing faces, bringing new stories and insights - into ourselves and surroundings. Connection and relationships are the basis of our wellbeing. Only now, with these central experiences of our lives being so highly restricted, do we suddenly feel the impact and appreciate how much we need to feel connected. The climate emergency of our mother Papatūānuku, evidenced by the deepening destruction we have caused our planet, surrounds us. Encouraging readers to gain a deeper awareness and anticipation of Hina's influence, her intrinsic connection to all life; connected to the earth, sea and sky. To planting gardens, harvesting and fishing. To the tides of what it means to be human. Follow the pūrākau and stories to guide your holistic wellbeing.

TOHUTORO: REFERENCES

Adcock A, Cram F, Edmonds L, Lawton B. (2021). He Tamariki Kokoti Tau: Families of Indigenous infants talk about their experiences of preterm birth and neonatal intensive care. International Journal of Environmental Research and Public Health, 18(18):9835. https://doi.org/10.3390/ijerph18189835

Adcock, A., (Ngāti Mutunga), Cram, F., (Ngāti Pāhauwera), Edmonds, L., (Ngāpuhi, Ngāti Whātua) & Lawton, B. (Te Aitanga-a-Hauiti). (2022). He Tamariki Kokoti Tau: Whānau of preterm Māori infants (pēpi) reflect on their journeys from birth to first birthday, Journal of the Royal Society of New Zealand, 52(1), 57-74, DOI: 10.1080/03036758.2022.2090390

Adcock, A., Lawton, B., & Cram, F. (2016). E Hine: Talking about Māori teen pregnancy with government groups. AlterNative: An International Journal of Indigenous Peoples, 12(4). https://doi.org/10.20507/AlterNative.2016.12.4.4

August, W. (2004). The Māori female - her body, spirituality, sacredness and mana: A space within spaces (Thesis, Master of Social Sciences (MSocSc)). University of Waikato, Hamilton, New Zealand. Retrieved from https://hdl.handle.net/10289/10260

Barrett, N., Burrows, L., Atatoa-Carr, P., & Smith, L. T. (2022). Hāpu Wānanga: A Kaupapa Māori childbirth education class for Māori and non-Māori māmā hapū and whānau. Mai Journal, 11(1), 52-66. DOI: 10.20507/MAIJournal.2022.11.1.5

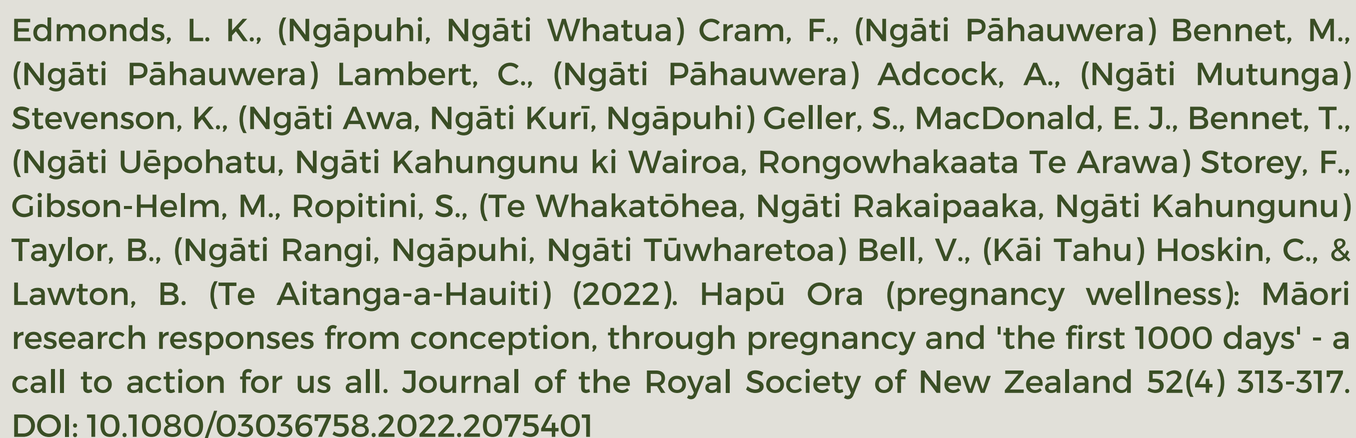
Berryman, M., Kay Rameka, L., & Mauria Togo, T. (2022). Unlearning colonial constructs: conception, pregnancy, birth and infancy. AlterNative: An International Journal of Indigenous Peoples, 18(1), 173–181. https://doi.org/10.1177/11771801221088931

Barrett, N. M., Burrows, L., Atatoa-Carr, P., Smith, L. T., & Masters-Awatere, B. (2022). Holistic antenatal education class interventions: A systematic review of the prioritisation and involvement of Indigenous Peoples' of Aotearoa New Zealand, Australia, Canada and the United States over a 10-year period 2008 to 2018. Arch Public Health, 80(169). https://doi.org/10.1186/s13690-022-00927-x

Dhunna, S., Lawton, B., & Cram, F. (2021). An affront to her mana: Young Māori mothers' experiences of intimate partner violence. Journal of Interpersonal Violence, 36,(13–14), 6191–6226. https://doi.org/10.1177/0886260518815712

Dixon, N. M. (2013). Ngā wai e rere nei: The Physical and Symbolic Representations of Embodied Waters of Birth and Mourning. University of Waikato.

Durie, M. (2007). Whaiora, Māori health development. (Eds). Oxford University Press.


Edmonds, L. K., (Ngāpuhi, Ngāti Whatua) Cram, F., (Ngāti Pāhauwera) Bennet, M., (Ngāti Pāhauwera) Lambert, C., (Ngāti Pāhauwera) Adcock, A., (Ngāti Mutunga) Stevenson, K., (Ngāti Awa, Ngāti Kurī, Ngāpuhi) Geller, S., MacDonald, E. J., Bennet, T., (Ngāti Uēpohatu, Ngāti Kahungunu ki Wairoa, Rongowhakaata Te Arawa) Storey, F., Gibson-Helm, M., Ropitini, S., (Te Whakatōhea, Ngāti Rakaipaaka, Ngāti Kahungunu) Taylor, B., (Ngāti Rangi, Ngāpuhi, Ngāti Tūwharetoa) Bell, V., (Kāi Tahu) Hoskin, C., & Lawton, B. (Te Aitanga-a-Hauiti) (2022). Hapū Ora (pregnancy wellness): Māori research responses from conception, through pregnancy and 'the first 1000 days' - a call to action for us all. Journal of the Royal Society of New Zealand 52(4) 313-317. DOI: 10.1080/03036758.2022.2075401

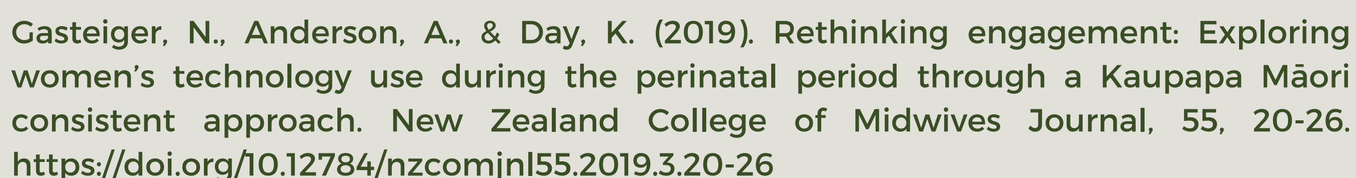
Edmonds, L. K., (Ngāpuhi, Ngāti Whatua), Cram, F., (Ngāti Pāhauwera), Bennett, M., (Ngāti Pāhauwera), Lambert, C., (Ngāti Pāhauwera), Adcock, A., (Ngāti Mutunga), Stevenson, K., (Ngāti Awa, Ngāti Kura, Ngāpuhi), Geller, S., MacDonald, E. J., Bennett, T., (Ngāti Uēpohatu, Ngāti Kahungunu ki Wairoa, Rongowhakaata, Te Arawa), Storey, F., Gibson-Helm, M., Ropitini, S., (Te Whakatōhea, Ngāti Rakaipaaka, Ngāti Kahungunu), Brittany Taylor (Ngāti Rangi, Ngāpuhi, Ngāti Tūwharetoa), Bell, V., (Kāi Tahu), Hoskin, C., & Lawton, B., (Te Aitanga-a-Hauiti). (2022). Hapū Ora (pregnancy wellness): Māori research responses from conception, through pregnancy and 'the first 1000 days' – a call to action for us all, Journal of the Royal Society of New Zealand, 52(4), 318-334, DOI: 10.1080/03036758.2022.2075401

Elder, H. (2020). Aroha: Māori wisdom for a contented life lived in harmony with our planet. Penguin Random House NZ.

Elder, H. (2022). Wawata: Moon dreaming. Daily wisdom guided by Hina, the Māori moon. Penguin Random House New Zealand.

Edwards, H., & Rangipohutu, I. T. (2014). Ūkaipōtanga: A grounded theory on optimising breastfeeding for Māori women and their whānau [Master's thesis, Auckland University of Technology]. Tuwhera. https://openrepository.aut.ac.nz/items/5af574dd-ed2f-4c9e-8708-ff6a3d90b850

Gabel, K. A. (2019). Raranga, raranga taku takapau: Healing intergenerational trauma through the assertion of mātauranga ūkaipō. In C. Smith & R. Tinirau (Ed(s).), He rau murimuri aroha: Wāhine Māori insights into historical trauma and healing (pp. 25-40). Te Atawhai o Te Ao: Independent Māori Institute for Environment & Health.


Gasteiger, N., Anderson, A., & Day, K. (2019). Rethinking engagement: Exploring women's technology use during the perinatal period through a Kaupapa Māori consistent approach. New Zealand College of Midwives Journal, 55, 20-26. https://doi.org/10.12784/nzcomjnl55.2019.3.20-26

Morenga, L. (2020). Moe Kitenga: a qualitative study of perceptions of infant and child sleep practices among Māori whānau. AlterNative: An International Journal of Indigenous Peoples, 16(2), 153–160. https://doi.org/10.1177/1177180120929694

Glover, M., Manaena-Biddle, H., & Waldon, J. (2006). The role of whānau in Māori women's decisions about breast feeding. AlterNative: An International Journal of Indigenous Peoples, 3(1), 140–157. https://doi.org/10.1177/117718010600300108

Graham, A. (2018). Tika Tonu: Young Māori mothers' experiences of wellbeing surrounding the birth of their first tamaiti. Accessed from: http://hdl.handle.net/10063/7670

Green, J. A. (2011). A discursive analysis of Maori in sexual and reproductive health policy (Doctoral dissertation, University of Waikato).

Hawaikirangi, L. (2021). An exploration of wellbeing in Hapū Wānanga through a Te Wheke framework analysis (Thesis, Master of Social Sciences (MSocSc)). The University of Waikato, Hamilton, New Zealand. Retrieved from https://hdl.handle.net/10289/14430

Jardine, M., Topping, C., & McKree Jansen, R. (2022). Connecting Hapū māmā (pregnant women) early to lead maternity carer: striving for equity using the Best Start- Pregnancy Tool. Journal of Primary Health Care 14(4), 326-332. https://doi.org/10.1071/HC22043

Kenney, C. M. (2009). Me aro ki te ha o Hineahuone: Women, miscarriage stories, and midwifery : towards a contextually relevant research methodology. Massey University, Palmerston North, New Zealand. https://mro.massey.ac.nz/handle/10179/1191

Kenney, C. M. (2011). Midwives, Women, and their Families: A Māori Gaze: Towards partnership for maternity care in Aotearoa New Zealand. Alternative: An International Journal of Indigenous Peoples, 7(2), https://doi.org/10.1177/117718011100700205

Kinloch, P. J. (1985). [Review of Rapuora: Health and Maori Women, by E. MURCHIE]. The Journal of the Polynesian Society, 94(4), 457–460. http://www.jstor.org/stable/20705963

Lawton, B., Cram, F., Makowharemahihi, C., Ngata, T., Robson, B., Brown, S., & Campbell, W. (2013). Developing a Kaupapa Māori research project to help reduce health disparities experienced by young Māori women and their babies. AlterNative: An International Journal of Indigenous Peoples, 9(3), 246–261. https://doi.org/10.1177/117718011300900305

Lawton, B., Storey, F., Sibanda, N., Bennett, M., Lambert, C., Geller, S., Edmonds, L., & Cram, F. (2021). He Korowai Manaaki (Pregnancy Wraparound Care): Protocol for a cluster randomized clinical trial. JMIR Research Protocols 10(1), doi: 10.2196/18154.

Leatham, B. M. (2014). He Kanohi Kitea Ka Hoki Ngā Mahara: Ngāti Porou kuia tell the stories encompassing their childbirth experiences [Master's thesis, Auckland University of Technology]. Tuwhera. https://openrepository.aut.ac.nz/items/02bb27ae-3fc8-411a-836b-e4d2ab85d59c

Le Grice, J. S., & Braun, V. (2016). Mātauranga Māori and Reproduction: Inscribing connections between the natural environment, kin and the body. AlterNative: An International Journal of Indigenous Peoples, 12(2), 151–164. https://doi.org/10.20507/AlterNative.2016.12.2.4

Le Grice, J. Braun, V. (2017) Indigenous (Maori) perspectives on abortion in New Zealand. Feminism and Psychology. 3:1-20.

Makowharemahihi, C., Lawton, B. A., Cram, F., Ngata, T., Brown, S., & Robson, B. (2014). Initiation of maternity care for young Māori women under 20 years of age. Journal of the New Zealand Medical Association, 127(1393). http://journal.nzma.org.nz/journal/127-1393/6107/

Marsden, M. (2003). The Woven Universe. Selected Writings of Rev. Māori Marsden. The Estate of Rev. Māori Marsden.

Mead, H.M. (2016). Tikanga Māori, Living by Māori values. Huia Publishers.

Merritt, M. (2005). A case study for helping to prevent postnatal depression : towards a cultural tool for Maori women. Massey University, Palmerston North, New Zealand.

Mikahere-Hall, A. (2020). Tūhono Māori: Promoting Secure Attachments for Indigenous Māori Children. A Conceptual Paper. Ata: Journal of Psychotherapy Aotearoa New Zealand, 23(1), 49-59. https://doi.org/10.9791/ajpanz.2019.06

Ministry of Health. (2020). Whakamaua Maori Health Action PLan 2020-2025. Ministry of Health. Wellington.

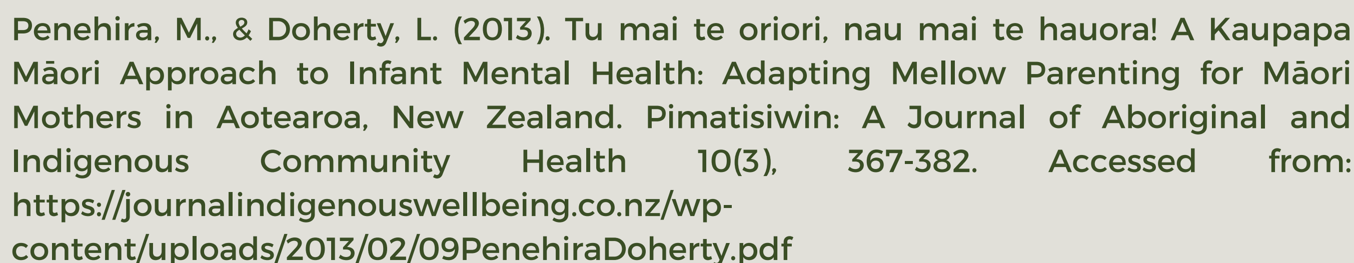
Moewaka Barnes, H., Moewaka Barnes, A., Baxter, J., Crengle, S., Pihama, L., Ratima, M. and Robson, B. (2013). Hapū Ora: Wellbeing in the Early Stages of Life. Auckland: Te Ropu Whariki, SHORE and Whariki Research Centre, Massey University. https://www.health.govt.nz/publication/hapu-ora-wellbeing-early-stages-life

Murphy, N. (2014). Te Awa Atua: Menstruation in the pre-colonial Māori World. He Puna Manawa Ltd.

Murphy, N. (2014). Waiwhero: The Red Waters. He Puna Manawa Ltd, Whakatāne.

Niania, W., Bush, A. & Epston, D. (2017). Collaborative and indigenous mental health therapy. Tātaihono - Stories of Māori Healing and Psychiatry. Routledge.

Papakura, M. (1986). The old-time Maori. Asquith House New Zealand Ltd, Auckland.


Penehira, M., & Doherty, L. (2013). Tu mai te oriori, nau mai te hauora! A Kaupapa Māori Approach to Infant Mental Health: Adapting Mellow Parenting for Māori Mothers in Aotearoa, New Zealand. Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health 10(3), 367-382. Accessed from: https://journalindigenouswellbeing.co.nz/wp-content/uploads/2013/02/09PenehiraDoherty.pdf

Pōmare, E., Keefe-Ormsby, V., Ormsby, C., Pearce, N., Reid, P., Robson, B. & Wātene-Haydon, N. (1995). Hauora: Māori standareds of Health III. A study of the years 1970-1991. Huia Publishers.

Rarere, M. The Importance of whakapapa for understanding fertility. Genealogy. 2022; 6(2):26. https://doi.org/10.3390/genealogy6020026

Ratima, M., & Crengle, S. (2012). Antenatal, labour, and delivery care for Māori: Experiences, location within a lifecourse approach, and knowledge gaps. Pimatisiwin: A Journal of Aboriginal & Indigenous Community Health, 10(3), 353-366.

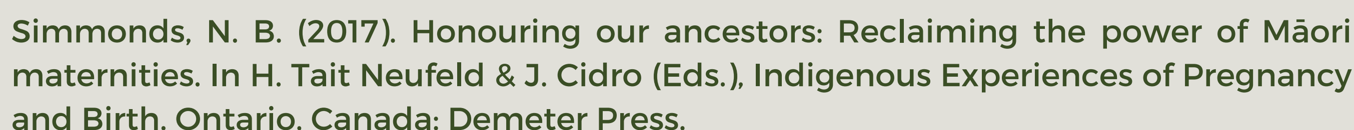
Rawiri, C. (2007). Adolescent Māori mother's experiences with social support during pregnancy, birth and motherhood and their participation in education [Master's thesis, University of Waikato]. https://researchcommons.waikato.ac.nz/bitstream/handle/10289/2490/?sequence=1

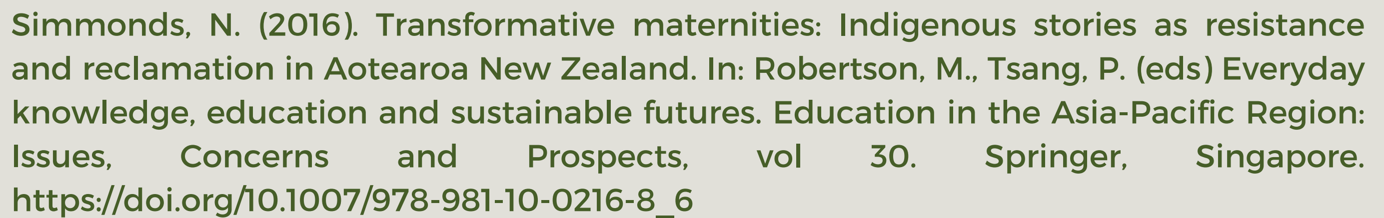
Reid, J., Anderson, A., Cormack, D., Reid, P., & Harwood, M. (2018). The experience of gestational diabetes for indigenous Māori women living in rural New Zealand: Qualitative research informing the development of decolonising interventions. BMC Pregnancy Childbirth. 18(478). https://doi.org/10.1186/s12884-018-2103-8

Reinfields, M. A. (2015). Kia Mau, Kia ū: Supporting the breastfeeding journey of Māori women and their whānau in Taranaki [Master's thesis, Massey University]. https://mro.massey.ac.nz/handle/10179/7551

Signal, T. L., Sweeney, B. M., Muller, D. P., Ladyman, C. I., Wu, L., & Paine, S. J. (2022). Moe Kura: a longitudinal study of mother and child sleep and well-being in Aotearoa New Zealand. Journal of the Royal Society of New Zealand, 52(3), 282-300. https://doi.org/10.1080/03036758.2022.2051569

Signal, T. L., Paine, S., Sweeney, B., Muller, D., Priston, M., Lee, K., Gander, P., & Huthwaite, M. (2016). The prevalence of symptoms of depression and anxiety, and the level of life stress and worry in New Zealand Māori and non-Māori women in late pregnancy. SAGE Journals, 51(2). https://doi.org/10.1177/0004867415622406


Simmonds, N. B. (2017). Honouring our ancestors: Reclaiming the power of Māori maternities. In H. Tait Neufeld & J. Cidro (Eds.), Indigenous Experiences of Pregnancy and Birth. Ontario, Canada: Demeter Press.


Simmonds, N. (2016). Transformative maternities: Indigenous stories as resistance and reclamation in Aotearoa New Zealand. In: Robertson, M., Tsang, P. (eds) Everyday knowledge, education and sustainable futures. Education in the Asia-Pacific Region: Issues, Concerns and Prospects, vol 30. Springer, Singapore. https://doi.org/10.1007/978-981-10-0216-8_6

Stevenson, K. (2018). A consultation journey: developing a Kaupapa Māori research methodology to explore Māori whānau experiences of harm and loss around birth. AlterNative: An International Journal of Indigenous Peoples, 14(1), 54–62. https://doi.org/10.1177/1177180117744612

Stevenson, K., Cram, F., Filoche, S., & Lawton, B. (2020). Impact on whānau wellbeing of transfer to secondary or tertiary hospitals after a disruption to the birthing journey. Mai Journal, 9(2), 121-132. DOI: 10.20507/MAIJournal.2020.9.2.3

Stevenson, K., Filoche, S., Cram, F., & Lawton, B. (2016). Lived Realities: Birthing experiences of Māori women under 20 years of age. AlterNative: An International Journal of Indigenous Peoples, 12(2), 124–137. https://doi.org/10.20507/AlterNative.2016.12.2.2

Stevenson, K., Filoche, S., Cram, F., & Lawton, B. (2020). Te Hā o Whānau: A culturally responsive framework of maternity care. New Zealand Medical Journal (online), 133(1517). https://journal.nzma.org.nz/journal-articles/te-ha-o-whanau-a-culturally-responsive-framework-of-maternity-care

Stewart, G. T. (2021). Academic-Māori-Woman: The impossible may take a little longer. Educational Philosophy and Theory. https://doi.org/10.1080/00131857.2021.1892484

Tikao, K. W. (2013). Iho - a cord between two worlds : Traditional Māori birthing practices [Master's thesis, University of Otago]. Retrieved from http://hdl.handle.net/10523/8069

Tipene-Leach, D., Hutchison, L., Tangiora, A., Rea, C., White, R., Stewart, A., & Mitchell, E. (2010). SIDS-related knowledge and infant care practices among Māori mothers. The Medical Journal of New Zealand, 123(1326), 88-96. ISSN 1175 8716

Tupara, H., & Tahere, M. (2020). Rapua te Aronga-a-Hine: The Māori Midwifery Workforce in Aotearoa, A Literature Review – February 2020. Wellington, NZ: Te Rau Ora. https://terauora.com/rapua-te-aronga-a-hine-the-maori-midwifery-workforce/

Yates-Smith, A. (2003). “Reclaiming the Ancient Feminine in Maori Society.” “Kei wareware i a tatou te Ukaipo!” He Puna Korero: Journal of Maori and Pacific Development, 4(1), 10–19. https://search.informit.org/doi/10.3316/informit.884456339650618

WHAKATAU: CONCLUSION

This scoping practice has highlighted the need for more kaupapa Māori rangahau to inform decisions and aspirations for oranga Māori moving forward in Aotearoa (and globally).

We may even be able to influence indigenous health and wellbeing worldwide if we lead the way into the future. Unless we can work collaboratively in a partnership honouring Te Tiriti o Waitangi to provide tino rangatiratanga and mana motuhake of hauora Māori, we will continue to see inequities in healthcare (Waitangi Tribunal, 2019).

We reinforce this wero to kairangahau (researchers) in Aotearoa to consider their position as a Te Tiriti o Waitangi partner and the role they may play in creating positive and equitable change for hauora Māori within the maternal and infant wellbeing space, to embrace a kaupapa Māori approach within their own work, places and spaces. No one needs permission to be or celebrate being Māori. Wāhine Māori as te whare tangata are the architects of their whakapapa and constantly represent the past, present and our future.

Nāku te rourou, nāu te rourou, ka ora ai te iwi

With your food basket and my food basket, the people will flourish