I don’t know why I want a Māori midwife; I just do! Experiences of one Māori midwife who provides Kaupapa Māori midwifery care.

by

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WHAKARĀPOPOTO: ABSTRACT

The title of this dissertation "I don't know why I want a Māori midwife; I just do" sets the tone for this research which aims to understand Māori needs for midwifery care that is embedded in Te Ao Māori values. Midwifery in Aotearoa is largely Eurocentric focusing on the individual woman; however, this study presents whānau and whakawhanaungatanga as central facets.

Kaupapa Māori worldviews and research methods have been favoured to celebrate Māori ways of being, knowing, and doing; and to champion Māori philosophies and beliefs. The use of pūrākau as a research tool and a data analysis method has assisted in the alignment of the worldview and has given the freedom to explore meanings with great depth.

I have chosen to share my own pūrākau as a Māori woman and a consumer of health, to begin the journey of unravelling the meanings hidden within a lived experience. Further, I have given my account of six journeys from whānau within my midwifery practice and analysed the learnings from my recollection of their journeys. The rich data that resulted helps us develop a broad understanding of Māori experiences of maternity and gives a vision for future research.

Some background information is shared that speaks to traditional Māori life and unique cultural characteristics, to help the reader gain insight to what is important and natural for Māori. This information helps inform our understanding of current Māori culture, what birth means to Māori, and how we, as health professionals, might provide a better service.

The findings confirm that Māori need midwifery care that is built upon Māori worldviews and is whānau centric rather than individually focused. Māori share unique connections with each other through whakawhanaungatanga and whakapapa, and when nurtured within a midwifery relationship can enhance the care provided. For midwifery to progress towards improving experiences and outcomes for Māori, ideas and efforts need to be unified and cooperative. Ultimately, Māori identity begets Māori health. As such, current healthcare systems need to reflect Māori preferred ideologies. The responsibility of improving health for Māori falls on everyone's shoulders and is not a task left for Māori alone to rectify.

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ATTESTATION OF AUTHORSHIP

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university of other institution of higher learning.

....

Waimarie Onekawa

WHAKAIHI: DEDICATION

I dedicate this dissertation to the brave whānau Māori who continuously demand to be heard and insist on the delivery of equitable health services. Without your persistence, the challenge for change would be less meaningful and irrelevant. You inspire me to strive for excellence and to nurture the same attitudes in others so that we might all enjoy prosperity.

In addition, this work is dedicated to my hardworking Māori midwifery sisters who are my second family. I see you working diligently, often in the still of the night, to ensure the good health of our people. I am intimately familiar with the selfless nature of the mahi you perform, sacrificing your own needs to help others, and I hope that this work honours and applauds your efforts in some small way.

NGĀ MIHI: ACKNOWLEDGEMENTS

This dissertation would not be possible without unwavering support of multiple people. I am blessed to have the wisdoms of my whānau, who demonstrate to me daily how to be strong, how to persevere, how to be loving and above all, how to be confident in myself and who I am. I appreciate you all, but especially to my aunties Dawn, Templey and Hinewirangi (aunty Rosemary), and my cousin Te Peeti - for sharing whakapapa, and pūrākau from our tupuna which profoundly enriched my work.

To the many whānau who humbly entrust me to walk alongside them in their birthing journey offering themselves and their experiences as learning opportunities I sincerely thank you. I hope this dissertation ensures that your lived experiences are expressed accurately and can influence positive change so whānau Māori can live healthy and vibrant lives.

My sincere thanks and gratitude to my supervisors: Judith McAra-Couper and Annabel Farry who have worked tirelessly to support me throughout this process. The constant encouragement and guidance has been life changing, and has made this experience enjoyable and smooth-sailing. I am forever indebted to you both.

To Beatrice Leatham and Paraone Tai Tin who have volunteered their time, energy and mātauranga with me throughout my journey. I appreciate your invaluable contributions to this mahi, and I am inspired by you both.

To my friend and midwifery sister, Camille Harris, for walking this journey alongside me and providing a steady stream of encouragement and reassurance. The travels we have been on together sit in a special place in my heart and I am so grateful for your support and friendship.

And finally, to my dear friend Mark. Your unconditional support has not gone unnoticed, and I am not sure I could have done this without you! Thank-you for listening to my endless stream of (sometimes erratic) ideas, for reminding me of who I am and what I am capable of, and for feeding my soul (and on occasion my puku). I have appreciated you forcing me to take time out, for being a shoulder to lean on when needed, and for pushing me forward when I wanted to give up!

WĀHANGA TUATAHI: CHAPTER ONE

KO TE PŪ: INTRODUCTION

1 Whakapapa

Ko Tākitimu tōku waka
Ko Tamatea-Ariki-Nui tōku tangata
Ko Ngāti Kahungunu tōku iwi
Ko Ngāti Poporo, me Rakaipaaka, me Rongomaiwāhine ōku hapū
E tipu ake au i Heretaunga
Ko Kahurānaki tōku Maunga
Ko Ngaruroro tōku awa
Ko Karewarewa tōku wai u
Te Awa O Te Atua te whenua
Te Awa O Te Atua te puna wai tapu
Ko Korongatā tōku Marae
Ko Nukanoa tōku whare tipuna
Ko Matariki tōku wharekai
Ko Bridge Pa tōku urupā
Ko Te Peeti Rewiri Onekawa tōku koro
Ko Mihi Ki-te-iwi Whakaware Brown Onekawa tōku kuia
Ko Terri-Kay Onekawa tōku whaea
Ko Nolan James Onekawa tōku tungāne
Ko Waimarie Ki-te-iwi Brown Onekawa tāku ingoa
Nō reira e ngā mana, e ngā reo e ngā karangatanga maha
Tena koutou, tena koutou, tena koutou katoa

2 Introduction

The journey of this dissertation has been transformative for me. It has pushed me to a new level of growth and understanding, both personally and within my mahi as a Kaiwhakawhānau. While this dissertation opens the first chapter of an important issue in Māori gaining health equity, it only uncovers the tip of the iceberg that is a much bigger underlying issue.

This dissertation highlights the need for system-wide reform as a crucial step towards 'closing the gap' between Māori and non-Māori experiences of health and health outcomes. Throughout the process of this study, I have highlighted the importance of cultural connectedness and cultural safety within midwifery, so that strategies for positive change can begin.

When writing this dissertation, I did not initially think to include my whakapapa. It was my Tauiwi (non-Māori) supervisors' who encouraged me to introduce myself, so that the reader of this paper can connect to me and understand why this research is so important to me. I

hesitated at first, largely because I thought that nobody would want to hear about me and my personal journey; and secondly, I did not want to be seen in any way as vulnerable! It took me a while to unpack this internal conflict I was having about telling my story, my version of the truth, and committing it to paper. I also realised that by standing true to me, would mean that I would be publicly declaring that I am Māori, and I am not ashamed to say so. While this is correct, in the sense that I look, sound, and appear Māori, I have always struggled with my true cultural identity and whether I am "Māori enough". A sentiment shared by many people around the world. I came to realise that this is where the harsh truth lies—I am sometimes still afraid to identify my ethnicity. Afraid to be criticised, afraid to be marginalised, afraid to be labelled as another victim of the negative statistics that are too often thrust upon Māori. I realised I have a lot of work to do. This revelation stunned me.

Over the last five years of being a practicing midwife, I have been more immersed in my own Māoridom than ever been before. I am learning to speak Te Reo Māori, I apply Kaupapa Māori (Māori approach/Māori principles) traditions to all aspects of my midwifery practice, I advocate for and promote all things Māori within my work and home life. I have begun to rebuild a strong connection with myself and where I fit within Te Ao Māori, and I am more comfortable about how this feels for me as a wāhine Māori. Yet, I discovered that despite being a proud, indigenous woman, sadly I am still apprehensive to stand up and say it out loud!

It is a brave thing for a person to stand up with all their idiosyncrasies on display and let the world see their vulnerabilities. For those who belong to an ethnic minority, doing so can be a trigger for criticism. These thoughts left me feeling unsure of where to start, and if I even wanted to share any part of my private self. Yet, after much deliberation and an internal dialogue of back and forth, here I am pouring my heart out onto these pages. I decided to take a chance, to explore my own disconnection and then reconnection with my culture, for me to understand how one's own relationships with self can affect our ideologies in life. Consequently, who we are shapes our worldviews, how we relate to other people; and, as midwives, how we relate with our patients.

3 The Early Years

I was five or six years old when I had my first conscious memory of feeling embarrassed to be Māori. I used to catch the bus every morning with my big brother Nolan, my older cousin Fiorenza, and all the local kids from the neighbourhood. We arrived at school one cold winter morning and, as usual, we raced inside our classrooms straight to the old pot belly fire to defrost our fingers and warm up. Several of us sat chatting around the pot belly while

melting our crayons on the side of the cast iron fire. Busy in my own world of pink, purple, and blue waxy swirls I vaguely remember the teacher entering the room with a flood of children as the first bell of the day rang. She saw me and several of my classmates hovering near the pot belly, melting crayons, and chatting about our creations. The teacher marched straight up to me, loudly mispronounced my name, before scolding me for playing too close to the pot belly. As the teacher continued to brief me on the reasons why I had broken the rules, all I remembered was the constant mispronunciation of my name and the sniggering coming from the rest of the class. I felt the eyes of all the 30-something other students glued on me as I nervously said, "Miss, my name is not 'Why-Mary', it's 'Waimarie'". The sniggering got louder as the teacher sharply retorted and berated me for answering back. She then marched me into the corner of the room so I could "learn to respect my elders" and ponder the consequences of my actions. I was devastated! I felt the tears well up. I did not understand why I was singled out when there were at least five others playing by the pot belly. And why did I get in more trouble for trying to help the teacher say my name? After all, my mother had always told me to be proud of my name and to help people if they find it difficult—is that not what I was doing? Mum was constantly reminding me that my name was gifted to me through my ancestors and was a special taonga (gift) that should be respected. While I sat there in the corner of the room trying to block out the sounds of other children sneering behind me, I had overwhelming feelings of shame and resentment welling in my puku, and I wished for the first time in my life that I was not Māori. In that moment, I was angry—angry at the teacher; angry at my mum for giving me a challenging name to say; angry at my culture, at myself, at the world. Now, as an adult, I wish that this woman who was meant to guide, nurture, and inspire me had enough insight and maturity to understand the consequences of her words and actions, and how much of an impression her behaviour made on me.

4 Education

I applied to the School of Midwifery at Auckland University of Technology and was turned away at first try. I was told that I had no relevant experience that lent itself to the midwifery degree, and that I was much older than other applicants who had recent school leaver qualifications. These unjust criticisms ignited a fire within me, and I enrolled in a general health pathway while vowing to demonstrate my ability to not only fit in as a midwifery student, but to exceed their expectations of me. I worked hard, and by the next semester I was enrolled in the midwifery degree.

Throughout my studies, I was perturbed at the lack of Māori representation within the academic content. In every assignment completed, we would need to discuss the principles of Tūranga Kaupapa (New Zealand College of Midwives [NZCOM], 2015) a tool that was developed to help us relate our work to the experiences and health status of Māori. I began to despise that whenever Māori health status was discussed, it was always in relation to negative statistics and poorer health outcomes. I did not like that Māori were portrayed as poor souls, unable to decide for themselves what they needed to flourish as a people. It was very early in my student life that I knew I needed to make a difference so that my people might avoid some of these miserly outcomes.

5 Midwifery Experience

Rauroha Midwives was established in August 2018 by me and another Māori midwife, Camille Harris. Our beliefs about pregnancy, birth, and midwifery adhere strongly to our own sense of self, cultural identity, and need to include Māoritanga at ALL aspects of the hapūtanga journey. It felt right for us to develop a practice that focuses on Te Ao Māori and balancing all aspects of a person's health to pursue wellness (Durie, 1998, 2001b, 2003, 2005, 2011a). The name we have been gifted—Rauroha—speaks of "absolute love without questions and defines what we aim to do in our practice, an innate sense of seeing that all energy poured into this mahi is to enhance others and their energy, and to provide positivity for the generations to come" (B. Leatham, personal communication, August 7, 2018). One of our overarching goals as a team is to nurture confidence and growth, encourage revitalisation of Te Ao Māori, and for whānau Māori to strive for tino rangatiratanga over their own health.

I am still a fledgling in the world of midwifery, and I know I have much to learn, experience, and understand. Therefore, when I was approached to be a part of a docuseries called "*My Māori Midwife*" I was extremely apprehensive. Was I experienced enough? Was I Māori enough? Was this just another way for the public to poke fun and criticise everything we do as Māori? Were the whānau for whom I care and who would be featured in the series be respected and kept safe? Would I be kept safe? There were so many unanswered questions. After the initial meeting with the film producer, I still felt unsure of the purpose of the show; however, I also could not get it out of my head! Camille and I discussed it at length, knowing this would potentially put us in a vulnerable light. Yet, we also knew there could potentially be many benefits to the show. We realised that it not only promoted midwifery to the general populous but highlighted the special connection Māori midwives have with hapū māmā! It also advocated for mana wāhine and shone positive light on mana

tāne and the important role they play in hapūtanga. It might also be a catalyst for prospective student midwives to know there is a fulfilling and satisfying career to be found in midwifery. The list of benefits was starting to outweigh the potential threats!

With some reservations still at heart, we decided to take a chance and move ahead with the project. To our delight, it was a great success. The series was well-received by the public and the positive feedback flooded in. We received congratulations and praise from many of our colleagues, and many of our clients! Random people would approach us on the streets and thank us for the show! Many hopeful student midwives were reaching out to thank us for demonstrating that a career as a midwife does not have to be one size fits all! We were also asked to take part in podcasts about traditional birthing and caring for indigenous women in New Zealand. We were invited to speak at conferences, on other TV news shows, on radio shows, and to take part in research. The list goes on! I do not mention all these things for self-gratification or congratulations; purely to demonstrate a point. The mahi we do as Māori midwives is needed and wanted and is absolutely necessary!

"My Māori Midwife", while not a part of any plans I could ever envision, has truly been a life-changing part of my journey. It was as much hard work as it was exhilarating to be able to document aspects of our mahi and the special nature it embraces. When I look back and see the love, gratitude, and pure joy on the faces of the whānau in these beautiful memories, I have no doubt that I am exactly where I am meant to be!

6 Research Question

The title of this dissertation "I don't know why I want a Māori midwife; I just do!" gives a preview of the intentions of this research. In many occasions as a practicing midwife, I have often had people specifically approach me based solely on the fact that I am Māori, or they have had friends and whānau recommend my services to them because of my stye of practice. This piques my curiosity, and I have often wondered what it is about being Māori, or the effects of having a Māori midwife have on their decisions when choosing a midwife.

Being the inquisitive person that I am, I have often taken the time to ask people what was it that drew them to me, or what it is about having a Māori midwife that they so desire? The answer to this comes in varying shapes and sizes, however the overall appearance of the answer usually looks something like this – I don't know why I want a Māori midwife; I just do! When I have been able to delve deeper into the reasons why with whānau, it also becomes clear to me that it is less about the actual ethnicity, but more so about the collective beliefs that Māori have within a kaupapa Māori tikanga. In my understanding (from what I hear in the

feedback from whānau), it is more so about the way we conduct ourselves, the values we hold on to, and the manner in which we perform our mahi as Kaiwhakawhānau.

Having heard these types of statements expressed to me multiple times, I have long thought that this would make an interesting area of exploration where I could begin to explore what it is about Māori midwives that interests birthing whānau Māori. And as such, the research question is: Why do Māori want midwifery care that is embedded within Te Ao Māori values?

The hope is that in my quest to answer the research question, I can also examine as much of the surrounding issues as possible. While I realise my study will be limited by the smaller scale of this dissertation, I am certain the findings will inform future inquiries.

7 Justification & Rationale for Research

In 2020 I attended the Inaugural Māori Midwifery Symposium hosted by Counties Manukau District Health Board [CMDHB], and in collaboration with Te Rau Ora and Nga Maia O Aotearoa Māori Midwives. This aim of the symposium was to strategize ways in which Māori health and Māori health workforces could be ameliorated through expansion of the current maternity health structures. There were multiple comprehensive presentations and speakers that day who spoke to differing areas of health priorities for whānau Māori, particularly Māori women, babies and children.

Jean Te Huia (2020) spoke of her research where focus groups were held with Māori midwives to determine and describe the needs of Māori midwives to perform them daily tasks. Beverley Te Huia (2020) interviewed Māori māmā hearing stories of their experiences of maternity care, the workforce delivering the services and identifying their needs. Hope Tupara & Megan Tahere (2020a, 2020b) discussed the extensive literature review they undertook to outline the state of the current maternity workforce in Aotearoa and identified areas for change to for Māori midwives to achieve equity.

B. Te Huia (2020), spoke of comparisons between what wāhine Māori expect of a tauiwi midwife, and what is expected of a Māori midwife. Interestingly, when a midwife declares herself as Māori, birthing whānau see this as their declaration of being expert in cultural tikanga, alongside all the expectations of medical proficiency birthing families have of any midwife. According to the women interviewed by B. Te Huia (2020); the job description of a Māori midwife differs vastly from that of a non-Māori midwife, where the main additional expectations placed on a Māori midwife were cultural and spiritual by nature.

Things like, being knowledgeable in traditional Māori birthing techniques, be able to provide cultural guidance and support, be a part of their whānau and help with other family member's hapūtanga and general health concerns. These pre-requisites birthing whānau have for the Māori midwifery workforce creates an overarching need for further midwifery education and the revitalization for Mātauranga Māori particularly within hapūtanga. The symposium illuminated the overwhelming evidence that the midwifery workforce is failing whānau Māori, and there is a desperate plea for revolution.

I assume that like many other Māori midwives my dilemma lies here, as I question my worth of such a lofty job description. Who am I to assume such a special role as Kaiwhakawhānau for this hapū wāhine and her precious pēpi? Do I have the skills, knowledge and spiritual prowess that is being desired by birthing wāhine? How can I be sure that I am leading our future generations forth with love, care and respect? How can I declare myself as a Kaiwhakawhānau when I am not truly connected to my own culture? But it suddenly dawned on me – I AM WĀHINE MĀORI, and I am enough! It is due to no fault of my own that I have experienced disconnection with my culture. I am a victim of colonisation, and have suffered disconnection, dispossession, disorientation, displacement. And the opportunity for regrowth, rediscovery, reengagement and transformation is always there!

With all of this in mind, this dissertation is an exploration of my own disconnection with Te Ao Māori, and how I have re-established a passion and vitality for my own culture. Through examining my own connectedness with Te Ao Māori, I am able to understand better my relationship style with other people (including hapū māmā and their whānau), and how this affects my care as a midwife.

8 Methodology and Methods

To assist the reader to understand the frameworks used I will go into greater detail in Chapter Three the techniques used throughout the duration of this work. As a Māori researcher, I have chosen to adhere to Kaupapa Māori research methods to capture the essence of this research and design the tikanga of my processes within.

8.1 Kaupapa Māori worldview

The foundations of Kaupapa Māori research were built upon a resistance to what is assumed to be mainstream. Subsequently, Kaupapa Māori theories aim to decolonise research and restore balance for Māori (Stevenson, 2018). Kaupapa Māori research also provides an opportunity for Māori voices to be heard, encourages openness, and validates Māori ways of living and being (Bell, 2006; Hall, 2015; Lee, 2005; Mikahere-Hall, 2017; L. Smith, 2012, 2015). This makes Kaupapa Māori the perfect structural guideline for my intended enquiry—

to allow me the freedom to explore my own practice as a Māori health practitioner, and to allow the philosophical underpinnings of Te Ao Māori to shine through.

8.2 Pūrākau as a methodology and a method

In 1988 Sharples (as cited in Mikaere-Hall, 2017) succinctly described an understanding of Kaupapa Māori to be a beautiful combination of ancient wisdoms and traditions woven through contemporary realities. He explained how Kaupapa Māori is traditional in its deeply rooted spiritualism; yet, as new generations are born and Māori experience a rapidly changing landscape, these newly acquired experiences are intertwined with ancient knowledge. It is often expressed as a frustration of whānau Māori and Māori clinicians that Māori worldviews are not represented or reflected within mainstream society (Durie, 2001, 2003, 2005; Mikahere-Hall, 2017) which gives more power to the coloniser.

For this dissertation, I originally considered using a combination of qualitative methods, such as auto-ethnography and self-narrative, to allow me the space to investigate my own practice. Self-narrative would afford me flexibility when choosing methods to process, experience, and track my own work through a storyline account (Hamilton et al., 2008). Further, auto-ethnography would give me time to examine perceived realities by looking deeply at the self, and the ever-changing facets of self, pushing me to reflect on these with a wide social perspective (Hamilton et al., 2008). Both methodologies promote self-reflection through varied means (journaling, professional consultation, private thinking, and more) to search for answers. However, I was constantly drawn back to the basic principles of Kaupapa Māori theory which are drenched in the ideals of preservation and promotion of Te Ao Māori, and what is tika and pono. For me, it feels tika and pono to employ Kaupapa Māori methodologies to fulfil the academic needs of this study, and uphold the mana of myself, my ancestors, the mahi I do, and the whānau for whom I care. When conducting research, the paradigm inspires the choice of methodological frameworks, how they will be used, and how the data will be analysed (Kovach, 2010); thus, use of indigenous methodologies within a study of indigenous people is an obvious choice (Mikahere-Hall, 2017). By choosing Kaupapa Māori methodologies, I am constructing a cohesive research design that is synonymous with the philosophical underpinnings of the question itself (Mikahere-Hall, 2017; L. Smith, 2012, 2015).

Lee (2005), L. Smith (2012, 2015), and Bell (2006) insisted that when Māori refuse Western paradigms in favour of Te Ao Māori, tino rangatiratanga is being reclaimed. Furthermore, Bell legitimised the use of Māori pedagogy, such as pūrākau, both as valid forms of teaching and learning, and as an oratory research approach that encompasses many themes, including; narration, conversational discourse, formal and informal interviews, consultations,

reflection, and face to face interactions. Due to its versatility, when applied to research, pūrākau enables the researcher to draw from mātauranga Māori while relating to the modern world to uncover the meanings within. Pūrākau is complex, yet carefully considered, and provides a platform for me (the researcher) to communicate unique experiences observed through my practice, reflect on what is being seen, and relate these experiences to our social circumstances, relationships, and connections (Bell, 2006; Lee, 2005; Mikahere-Hall, 2017).

8.3 Implementation of methods

In non-Māori terms, I will be journalling and doing much self-reflection to observe and understand how my connectedness to culture aids my midwifery practice, and if this affects my midwifery care.

L. Smith (2012) outlined a set of principles when applying Kaupapa Māori within research that advocates for the continuation and legitimacy of mātauranga Māori; rather than fitting the research into a framework. I have used L. Smith's (2012) guiding principles to steer my research:

> (i) What research do we want to carry out?
>
> (ii) Who is that research for?
>
> (iii) What difference will it make?
>
> (iv) Who will carry out this research?
>
> (v) How do we want the research to be done?
>
> (vi) How will we know it is a worthwhile piece of research?
>
> (vii)who will own the research?
>
> (viii) Who will benefit? (p. 48)

Denzin et al. (2008) argued that striving for emancipation, self-determination, and social justice is very much "activist agendas" which helps indigenous people manage the production of indigenous knowledge (L. Smith, 2012). Kaupapa Māori theories give tools which transform distorted Māori epistemologies into a celebration of our ways of knowing and give voice to our stories and lived experiences (Bishop, 1996; Murphy, 2011; L. Smith, 2012). My decision to utilise theoretical tools which help me seize control of my own expressions and enable me to determine my own narrative (Irwin, 1992) is fundamental in the design of my research.

8.4 Data analysis

Te-āta-tu Pūrākau is a data analysis method that has similarities to narrative analysis and allows the researcher to better understand the experiences observed (Hall, 2015). Narrative analysis shifts the focus from simply observing what has been witnessed to encouraging people to make sense of what happened (Bryman, 2004); similarly, te-āta-tu pūrākau emphasises seeking deeper theoretical understanding (Hall, 2015). Furthermore, Lee (2005) discussed an advantage of using pūrākau methods is to ensure that the storyteller (the researcher) remains focused on presenting the storyline of the participants (in this case, the hapū māmā within my practice, as well as myself and my own narratives) in a way that is embedded in Te Āo Māori. Te-āta-tu Pūrākau beautifully symbolises the shift in dynamics that occurs through the telling and unravelling of one's narrative, and the deeper understanding and knowing that eventuates. As such, when analysing the narratives within this dissertation, I will be guided by the five Poutama as outlined by Hall (2015). I will not explain each of these Poutama in great depth at this stage, but offer a definition that will be expanded on within the dissertation:

(i) Poutama Tahi: basic structures of the pūrākau (subject, verb, object, basic facts as understood by the storyteller in a sequential nature);

(ii) Poutama Rua: revealed relationships between the storyteller and other important people, and includes connections to celestial or spiritual experiences that may arise;

(iii) Poutama Toru: emotional level where feelings, subjective understanding of experiences of the storyteller (what really happened, what is tika and what is pono);

(iv) Poutama Wha: analytical level where the researcher adds understood meanings, makes associations, discovers similar messages, uncover common themes;

(v) Poutama Rima: acknowledges the wairua, spirituality, development of existential relationships because of truly hearing, seeing, feeling, observing. Interpretation of key messages can be heard and acknowledgement of a person's life and connection to others by a deep knowing. (Hall, 2015, p. 164)

9 Summary of Chapters

Chapter One is the introduction of myself as the researcher, and the relevant journey's I have been on prior to this research providing context for the reader on how this research has come about. This chapter outlines the goals and objectives of this dissertation and cements me within the context of this document as a wāhine Māori, and as a Māori researcher.

Chapter Two is the literature review which examines and discusses the current body of literature that informs this research. Within this chapter concepts from Te Ao Māori and Te Ao Pakeha will be explored, encouraging the reader to engage in vigorous thinking that suggests the displacement of the Coloniser as 'expert' by challenging Western worldviews.

Chapter Three outlines the methods and methodologies utilized throughout this project and alludes that embracing Kaupapa Māori theories in research can be healing and transformative for the participants.

Chapter Four outlines the pūrākau which have been articulated as my research findings.

Chapter Five is the data analysis of the purakau where I explore meanings developing under the surface, prompting ideas and conversations relevant to the research question.

Finally in Chapter Six is where the, following the data analysis and discovery of additional diaglogue within the purakau, robust discussions take place followed by recommendations for future research, education and midwifery practice.

WĀHANGA TUARUA: CHAPTER TWO

AROTAKE TUHINGA: LITERATURE REVIEW

1 Introduction

During the process of undertaking this literature review, which seeks to explore why wāhine Māori prefer to engage with Māori midwives, I was propelled into the space of 'other' and became acutely aware of the marginalised nature of Māori and Te Ao Māori. The data resulting from this literature review confirms that Māori continue to be marginalised and forced into powerless positions within society. Marginalisation is often done with subtlety—relegating Māori to the outer edges of society whilst simultaneously diverting the public's attention to other areas—exacerbating feelings of invisibility and unimportance for Māori (Staszak, 2008). Furthermore, being classified as 'other' is less to do with the person being classified, and more to do with the views of the person who perceives the 'other' as such (Staszak, 2008). Sleeter (2012) also challenged marginalist views and hierarchical groups that label individuals as "them and us" (p. 2). She implied that marginalised groups suffer at the hands of the 'in' crowd who construct their own ideals of worth, ensuring that these ideals are based on attributes that the 'others' lack; thus creating power imbalances.

Rather than focusing on the 'other' as marginalised, within this literature review I have chosen to reaffirm whānau Māori's rightful place in Aotearoa, and acknowledge Māori have a longstanding history of courage, innovation, and revolutionary influence that has shaped our country in multiple environments (Tupara & Tahere, 2020a, 2020b). Māori worldviews are examined and used to quash antiquated notions of marginalisation and help the 'marginalised' readjust the power dynamic, so that 'other' groups are acknowledged and validated (Pihama, 2001; G. Smith, 1992, 1997, 2003; L. Smith, 2012). As such, it is appropriate that this literature review includes some exploration of the power imbalances caused by colonisation, and how these imbalances have informed what is available and valued as knowledge today.

This literature review further supports the notion that there are identified gaps in the current body of knowledge that need to be further explored to reintroduce

mātauranga Māori into the current health system in order for Māori to thrive. While there is little research directly relating to why Māori women choose Māori midwives, there is information that supports the desperate need for frameworks that reflect a Māori worldview. As such, a focus of this literature review is to explore these concepts to identify the relevance of this research project.

2 Locating the literature

To situate this research enquiry within the wider context of current research, a literature review is recommended to identify scope and determine gaps in the current body of knowledge (Polit & Hungler, 1995; Werkmeister & Klein, 2010). An initial search of “kaupapa Māori midwifery” OR “kaupapa Māori midwives” returned 463 results which, in the scheme of things, is not overwhelming. However, as Aveyard (2014) stated, it is essential to design inclusion and exclusion criteria to ensure relevancy of the literature to the research enquiry.

The working title for this research project: “I don’t know why I want a Māori midwife, I just do”, provided some guidance for the inclusion and exclusion of literature that leans towards human experience and qualitative data, and helped me focus my search for literature pertaining to relationships, Māori perspectives, and Māori and their lived experiences. I have been careful to only include literature that is in English, as I am unable to speak or translate Te Reo Māori.

Assuming that the literature by Māori about Māori is scarce, I decided to keep my search parameters wide and to include works from any year in order to capture a wide scope of information. This would, however, be slowly whittled down over the course of my literature review, as the relevance of each document would be questioned against the purpose of my study.

Here is where I began to realise that the literature, although seemingly abundant, was not related to my research question. My research focuses on wanting to understand why Māori women want Māori midwives. What are the key factors that drive an indigenous person to want a midwife who has the same ethnic background as them? Hence, I began to change the focus of my literature search to try and find relevant data directly linking to my question and research aims.

A new search for “demand for kaupapa maori midwi*” returned 105 entries, most of which were included in my previous search. There were, however, new documents that spoke about experiences of Māori accessing different areas of the health system in New Zealand, but not specifically within maternity services.

Another new search for “demand for maori midwi*” was performed and returned the best result yet—1570 results. I got excited and began to delve into the literature results returned. Sadly, on closer inspection, many of these results were duplicates of those previously sourced. The inclusion criteria were applied to the review as demonstrated below in my prisma chart (Figure 1).

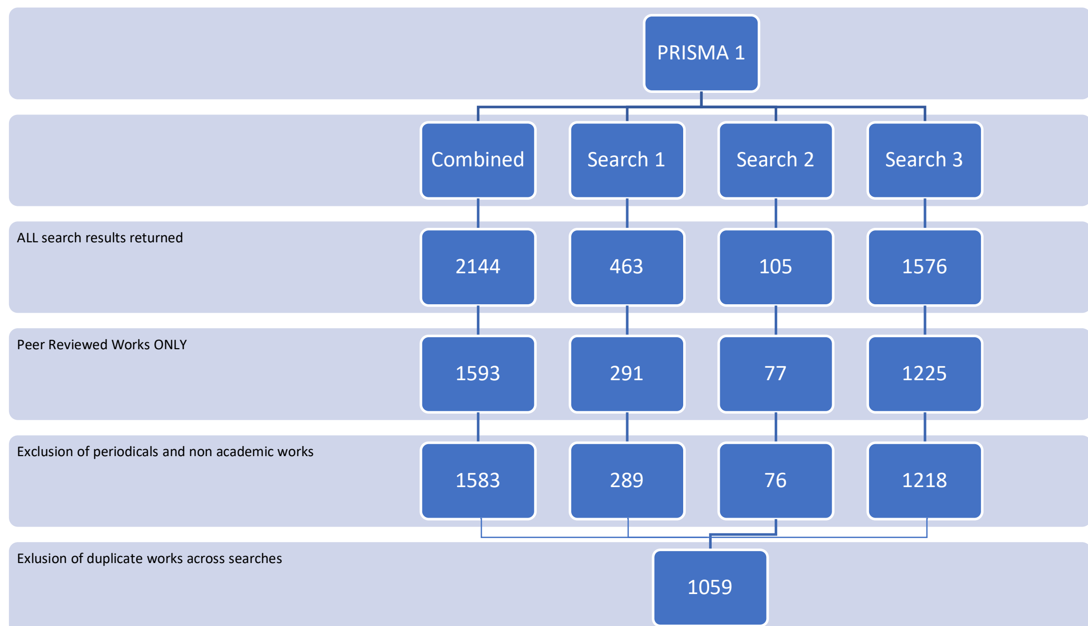

FIGURE 1. PRISMA CHART OVERVIEWING SEARCH FOR LITERATURE

My task was now to remove all scholarly works that were not related to midwifery, kaupapa Māori approaches to midwifery and health, or Māori and their lived experiences of midwifery. This was a daunting task since many titles of scholarly works are not indicative of the content. From here, I excluded any works without reference to the keywords “Māori (New Zealand people)” OR “midwifery” OR “midwives” OR “maternal health services” OR “indigenous peoples” OR “pregnancy”. My search results reduced to 222 entries.

Now even tighter search criteria was applied, with the use of key words as follows: "qualitative research" OR "descriptive statistics" OR "health of indigenous peoples" OR "women's health" OR "childbirth" OR "kaupapa Māori" OR "cultural identity" OR "medical care of indigenous peoples" OR "indigenous health" OR "breastfeeding". This significantly reduced my results to 90 articles.

Furthermore, as part of the process, new keywords emerged to continue reducing the search result pool such as: "health services accessibility" OR "maternity care" OR "perinatal" OR "evaluation of medical care", which focused in on 18 academic pieces of writing.

My results were elicited from the databases: CINAHL Complete, Clinical Key, Cochrane Library, MEDLINE, MIDIRS Maternity and Infant Care, and Ovid Emcare. The results of my searches are summarised in Figure 2.

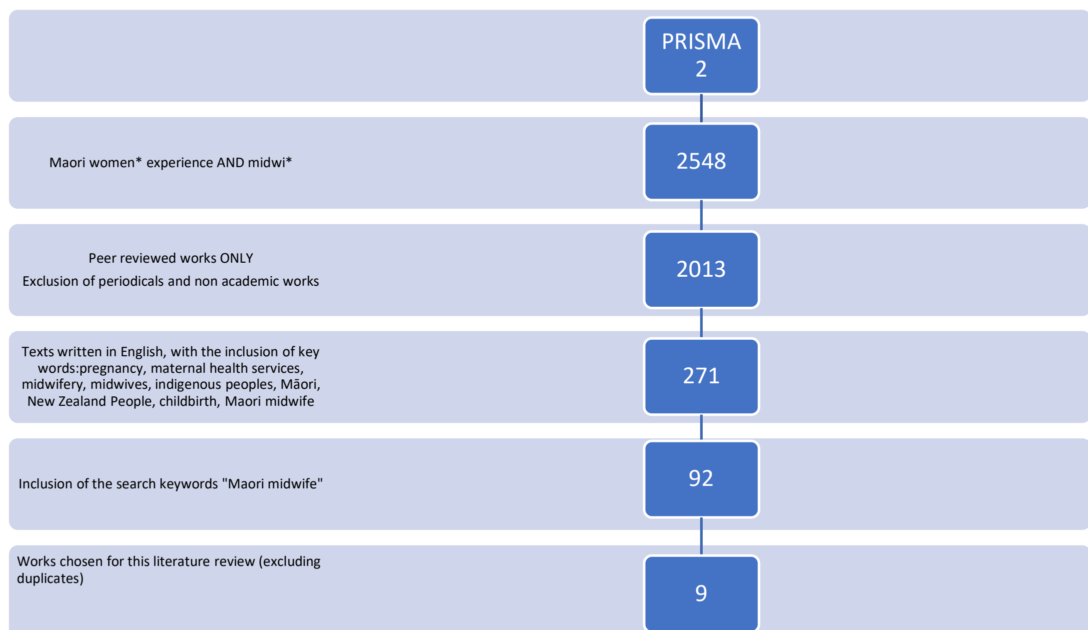

FIGURE 2. SUMMARY OF LITERATURE SEARCHES

Not all 92 records were relevant; and many perceived to be related to maternity care and Māori health were not. Once narrowed down to the 92 results, I found myself going through each work, one at a time, to ascertain the key aims and objectives found within. Multiple works were excluded automatically based on their aims and objectives which were irrelevant to my research. To ensure my literature review

remained focused on honouring Māori voices, works conducted by non-Māori within Western worldviews were excluded. Eventually, I chose nine resources (see figure 3) that were either aligned with the application of Kaupapa Māori in health, and/or midwifery, and/or Māori identity and its role in wellness for Māori.

Hall, A. (2015). *An indigenous Kaupapa Māori approach: Mother's experiences of partner violence and the nurturing of affectional bonds with tamariki.* [Doctoral thesis, Auckland University of Technology]. Tuwhera. http://hdl.handle.net/10292/9273

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, http://hdl.handle.net/10292/7979

Mikaere, A. (2013). *Colonising myths – Maori realities: He rukuruku whakaaro*. Huia Publishing.

Murphy, N. (2011). *Te awa atua, te awa tapu, te awa wahine: An examination of stories, ceremonies and practices regarding menstruation in the pre-colonial Māori world* [Master's Thesis, The University of Waikato]. Research Commons. https://hdl.handle.net/10289/5532

Pihama, L. (2001). *Tihei mauri ora: Honouring our voices: Mana wahine as kaupapa Maori theoretical framework* [Unpublished doctoral thesis]. University of Auckland.

Rimene, C., Hassan, C., & Broughton, J. (1999). *Ukaipo: The place of nurturing: Maori women and childbirth*. Te Roopu Rangahau Hauora Maori o Ngai Tahu.

Te Huia, B. (2020). *Whaia Te Aronga-a-Hine – Ngā Māmā.* Ngā Maia Aotearoa.
https://terauora.com/wp-content/uploads/2020/10/Te-Aronga-a-Hine-Nga%CC%84-Ma%CC%84ma%CC%84-Final-1.pdf

Te Huia, J. (2020). *Whaia te Aronga a Ngā Kaiwhakawhānau Māori: The Māori midwifery workforce in Aotearoa.* Te Rau Ora. https://terauora.com/wp-content/uploads/2020/10/Whaia-te-Aronga-a-Nga%CC%84-Kaiwhakawha%CC%84nau-Ma%CC%84ori-Final.pdf

Tikao, K. (2012). *Iho: A cord between two worlds: Traditional Māori birthing practices* [Master's thesis, University of Otago]. OUR Archive. http://hdl.handle.net/10523/8069

FIGURE 3. WORKS CHOSEN FOR LITERATURE REVIEW

3 Literature Review Findings

As mentioned, very little was found in the literature that deliberately analyses the understanding of why Māori women want Māori midwives. There were, however, bodies of knowledge that explore Māori aspirations for health, and their desires to reconnect with themselves and culture to re-establish the severed links to tradition that were abolished through the process of colonisation. In addition, a strong relationship between maternity care and a kaupapa Māori approach was identified as a key priority for birthing whānau Māori. Because of the scarcity of works available in my research area, I will focus my literature review findings on information that supports my research question and highlights the needs Māori have outlined and have

already identified as being vital for adequate maternity care. For ease of reading, the literature review findings have been grouped into sections where key concepts vital for Māori wellbeing can be discussed further.

3.1 Historical context

The literature review for such a research topic has to begin with an acknowledgement of past events and how these experiences have affected and continue to affect Māori health today. As such, it is appropriate to mention the broader environment which is forever entangled within the social determinants of health. This provides the broader context in which my research topic sits.

3.2 Pre-colonial wāhine Māori

Gender roles within the papakāinga were based on capability and the needs of the iwi. Everything was done to maintain balance with the understanding that all things within life are intertwined (Mikaere, 1994, 2013; Walker, 2004). Both men and women held significance within the hapū and iwi, and each individual role within society was respected and valued (Metge, 1964, 1968; Mikaere, 1994; Walker, 2004). The responsibility of the collective iwi was to ensure that the mana of each person was upheld (Mikaere, 2013; Wilson, 2004). Gender neutrality is also noted in the Māori language itself, where the word '*ia*' means he or she (Mikaere, 2013), reinforcing the ideal that all people are important and live in balance. Social structures were designed to guarantee flexibility for women so they were not limited to their duties as mothers but could contribute to the hapū and iwi by taking on different responsibilities (A. Mahuika, 1975).

The status of women is expressed through various visual and oral communications; and, according to Mikaere (2013), depictions of female sex organs are carved explicitly to demonstrate the importance of birth and whānau within Māoridom. Mead (2003) added that specific tikanga within the Marae (such as the role of kaikaranga) acknowledges the privilege bestowed upon wāhine. Proverbs articulating positive female concepts (Mikaere, 2013) and mana wāhine within our own creation stories (Marsden, 2003; Pihama, 2001) endorse the power that wāhine hold in Māori society (Henare & Pene, 2001; Pere, 1997). Furthermore, wāhine were so protected in traditional society that if she were abused, harmed, or mistreated, the punishment of the perpetrator was swift and straightforward and could

sometimes result in physical death or 'declaration of death' where the community shunned them from society (Mikaere, 2013; Rimene et al., 1999). Henare (as cited in Pihama, 2001) described mana as a characteristic that cannot be self-generated, nor can it be possessed; instead, he inferred that mana is created through others and is bestowed upon individuals and groups.

The layers of blood lines that flow from one generation to the next is one way in which Māori keep whakapapa alive (Palmer, 2002; Rimene et al., 1999). The whare tangata is a term used to describe the womb, or the house of humanity, and is the beginning of mankind; hence, the place where whakapapa dwells and begins its journey (Palmer, 2002; Rimene et al., 1999). The āhuru mōwai of te whare tangata nurtures and prepares the pēpi to begin its journey through 'te ara tauwhāiti a Tane' to become part of the whānau (Mead, 2003). Once the pēpi is born into Te Ao Marama (the world of light), whakapapa and tūrangawaewae are the foundations of identity that link them to location, position, and a point in time (Mead, 2003); thereby confirming their affiliation with their whānau, hapū, and iwi.

Māori women were often in positions of power and leadership in pre-colonial Aotearoa—they held chiefly titles and were privy to important korero regarding tribal warfare, council, and the general welfare of the iwi (Mahuika, 1975). Women were known as Tohunga and for their political prowess and were often sought out as leaders due to their personal capabilities (Mahuika, 1975). There were some wāhine Māori ranked in higher positions due to being ariki tapairu—the first-born female (Walker, 2004); and through their lineage and knowledge women were often considered experts in their field and associated with decision-making processes that affected the entire iwi (Mikaere, 2003; Walker, 2004).

These important facts show the significance of women and birth within a Māori worldview and are a reminder of the historical values that are important for Māori health. This historical information adds substance and relevance to the current research and my position as a wāhine Māori conducting Kaupapa Māori research.

3.3 Colonisation

The connections between the brutalities of colonisation and the current health status of indigenous peoples are undeniable and pervasive (Browne et al., 2012;

Kirmayer, 2015; Lowe et al., 2012). The atrocities suffered at the hands of colonisation included stripping people of their economic and political structures and devastating their functioning societies, resulting in displacement, disorientation, deprivation, and vulnerability to disease (Durie, 1998).

An effective strategy for change in Aotearoa begins with the recognition that Māori have rights to tino rangatiratanga and motuhaketanga (Mikaere, 2013). The signing of the 1835 Declaration of Independence and the 1840 Tiriti o Waitangi reaffirmed and preserved these rights; however, Māori inherit these fundamental rights through our status as tangata whenua (Mikaere, 2013). For those that insist on reluctance to embrace the equity Māori deserve, Mikaere (2013) argued this position is "founded on a form of selective amnesia that assumes that we can understand the present and plan effectively for the future without reference to the past" (p. 116).

The word "indigenous" is a sacred link to land, place, and identity (King, 2009). The origin of the word indigenous comes from the Latin root indu or endo, which links to the Greek word endina, meaning entrails (Cajete, 1999). Indigenous communities can, therefore, be seen as so intertwined and synonymous with their sacred lands that they mirror its core (Walters et al., 2011). "Ensoulment" (Walters et al., 2011, p. 165) has been used to describe the deep connection felt by indigenous peoples to the natural world, emphasising the ideology that the sacred lands mirror a map to the soul. The symbiotic relationship pre-colonial Māori enjoyed with each other, and the land (Mikaere, 2013) reflected how all relationships were carefully balanced around caring for each other alongside the environment (Durie, 1998; Mikaere, 2013). Aotearoa, being an island isolated from foreign neighbours, and strict adherence to culturally balanced health practices, ensured Māori were a healthy and prosperous nation (Durie, 1998; Salmond, 2017). Māori obeyed the sacred traditions of tapu and noa within every aspect of life and, as such, this guaranteed their survival for several hundred years (Durie, 1998; Leatham, 2014; Salmond, 2017; Walker, 2004). Whānau was based on connection back to tūpuna alongside kinship, and the support provided a structured environment where all individuals held essential roles and responsibilities (Durie, 1994; Metge, 1995; Mikaere, 2013; Salmond, 2017). Everyone worked together for the benefit of the entire iwi providing necessary resources, food, and defence forces to support each other (Metge, 1995; Mikaere, 2013; Petri, 2006).

Through confiscation, private purchase, and individualisation of title, Māori lost much of their precious land and suffered drastic changes in lifestyle (Durie, 1998). Evident, through the loss of land, Māori lost their autonomy and economic potential and, as a result, we saw the destabilisation of much of Māori societal structures (Walker, 2004). Walker (2004) described how many Māori were forced to leave their tūrangawaewae (place of belonging) and were disconnected from their hapū, iwi, and whānau. Durie (1998) added that Māori were forced from healthy lifestyles in their papakāinga that were often in hill-top locations into settling in lower lying swamplands where they had little access to food and resources and created the perfect breeding grounds for disease and unwellness.

When Pākehā first set foot in Aotearoa, they introduced several infectious diseases to which Māori had no exposure and, hence, were devastated by illness (King, 1983; Walker, 2004). According to King (1983), the population suffered severely with a drop of 60,000 people between 1774 and 1896. By the 1900s, Māori life expectancy was again threatened by the influenza epidemic and the numbers of Māori deaths soared (Pool, 1991). Because pre-colonial Māori adhered to tradition, tikanga and kawa as guidance for wellness and prosperity, these sacred knowledge systems suffered under the strain of colonisers who enforced the abolishment of many of these time-honoured practices (Durie, 1998; Mikaere, 1994, 2013). Māori once enjoyed an organic existence consisting of physically active lifestyles, nutrient rich foods, and socially supported whānau style living within their papakāinga (Durie, 1998; Salmond, 2017). These historical events are presented to draw attention to the common themes that emerge in relation to Māori health which remind us of the multiple layers of complexities that add to, or detract from, Māori being able to achieve their full potential.

3.4 Māori approaches to growing powerful connections

In 2000 Kupe-Wharehoka (as cited in Kenney, 2011) reminded us of the relative newness of medicalised birthing for Māori experienced through the process of colonisation and 'urban drifting'. Through these experiences, Māori were disconnected from traditional pā living, where solid support systems were in place ensuring the nourishment of parenting skills and practical assistance throughout all stages of parenthood. Additionally, 'urban drift' has severed the links between

mātauranga, sacred birthing practices, and tikanga, eventuating in the loss of cultural identity and loss of connection. It could be suggested that the regaining of healthy relationships with whānau Māori and reconnections to culture and tikanga are the first steps towards Māori achieving improved health and wellbeing.

An insightful study by Alayne Hall (2015) offered Māori women who have experienced partner violence an opportunity to explore how they develop deep affectional bonds with their children. Within her work are many theories that assist Māori in other areas of health and, indeed, their lives in general. Hall expertly applied two Kaupapa Māori methodologies (pūrākau and mana wāhine theory) to her research and established strong foundations for theorising and exploring. She drew from pre-existing attachment theories developed within Western worldviews for some insight into explaining the nature in which affectional bonds are formed. Then, in contrast, Hall championed tūhonotanga and whakapapa as constructs for understanding how Māori understand and nurture meaningful relationships. Throughout the use of pūrākau and mana wāhine theories, the woman involved in Hall's study were able to speak of their experiences, and begin to explore the varying levels of confusion, disconnection, disillusion, distrust, and sorrow they experienced due to the collapse of a once robust traditional Māori society where healthcare was inclusive of all aspects of a person's wellbeing, as opposed, in comparison, to today's compartmentalised models. Most importantly, Hall unearthed the desperate desire Māori express for reestablishment of healthy relationships, and her work substantiates the need for development of restorative frameworks that embrace Māori core values and validate Māori identity.

Pōhatu (2004, 2013) supported the above discourse and encouraged focusing on deliberate placement of mātauranga at the heart of activities that inform practice. Pōhatu used the word āta and its concepts to assist with understanding of narratives and fostering healthy relationships. Echoing the words of Sir Apirana Ngata (Sorrenson, 1986 as cited in Pōhatu, 2004), the persistent wero for Māori is to purposely situate Māori thinking and knowledge at the centre of all Māori practices. As a result, Pōhatu (2004) identified the power of Te Reo Māori, and the concept that kupu Māori are vessels that house knowledge. Through the application of the principles of Āta, interpretation of patterns and key messages through a distinctly Māori view can be utilised to establish concepts and implement strategies in the

pursuit of meaningful relationships. Five key characteristics were developed to make up the Āta cultural tool. First, the focus is on relationships, establishing boundaries and staying safe within this space. Second is a reminder of how to interact with others when engaging in relationships not only with people, but also with various kaupapa and environments. Third, Āta deepens human perceptions by emphasising the importance of quality time, place, and effort/energy of participants. Āta encourages respect, reciprocity, self-reflection, critical evaluation, and restraint to aid the intensification of individual experiences and insights. The fourth and fifth elements are combined to ensure transformative practices take place, which are considered vital in meaningful relationships. Finally, the collective components are development of plans and implementing strategy. In conclusion, Pōhatu (2004) urged the use of Māori concepts to capture the multi-layered and intricate nature of Māori language and thinking to gain clarity when reimagining healthy relationships.

From the ideas outlined by Hall (2015) and Pōhatu (2004, 2013) it becomes clear that Māori need to reconnect with their ways of being and knowing in order to achieve their full health potential. In doing so, Māori will re-establish healthy connections with each other, returning to traditional values and tikanga that guide wellbeing and provide relational support systems that are not restricted to a western health structure. Possessing a strong and meaningful relationship with culture, land, and place is fundamental for indigenous peoples (Durie, 2011a; Murphy, 2017; Walters et al., 2011). Any disturbance experienced in relation to sacred lands, places, or practices will have a direct effect on indigenous wellbeing, where the trauma experienced can endure for generations (Walters et al., 2011).

3.5 The current Māori health landscape

In 2020, Te Rau Ora partnered with Ngā Maia Māori Midwives Aotearoa and Counties Manukau District Health Board (CMDHB) to collate data to inform the Ministry of Health's [MOH] health workforce priorities pertaining to Māori women, babies, and whānau (Tupara & Tahere, 2020a). The resultant information is outlined in a series of documents, each of which addresses a different aspect of Māori health needs as listed above.

Important to note, is that in 2018, Māori women made up 25% of all ethnicities giving birth in Aotearoa and celebrated a birth rate that is 1.7 times higher than the rate for

any other ethnicity (Ministry of Health, 2020). The Māori midwifery workforce, however, comprises approximately 9% (Tupara & Tahere, 2020a), leaving an obvious gap in creating barriers for Māori to gain access to appropriate healthcare. Beverley Te Huia (2020) interviewed Māori women around Aotearoa who spoke of their experiences of accessing healthcare, and the delivery of the services provided. The overwhelming conclusion was that Māori women want Māori midwives, and they demand care that is all-encompassing of their diverse needs. Nineteen Māori women of varying ages and experiences were interviewed in this study (B. Te Huia, 2020). The first significant barrier identified was the difficulty Māori women faced when trying to find a Māori midwife; subsequently, if they were able to find one, it was extremely challenging to register with them (B. Te Huia, 2020). It was uncovered that 95% of the women in this study felt it necessary to have a Māori midwife who would be culturally responsive to their needs. When delving further into the reasons why these women recruited a Māori midwife, the emotions observed through articulation of their reasons echoed a similar tune—that they felt "more comfortable" (B. Te Huia, 2020, p. 26). The participants also expressed their feelings of safety with their Māori midwife through a mutual understanding of culture and an innate sameness they shared, leading the Māori women to have a deeper trust in the cultural prowess of their Māori midwife.

In B. Te Huia's study, the description of the whānau midwife was determined to be "a particular midwife who cares for generations and extended members of the same whānau or hapū" (p. 30). In response, the whānau midwife was described as something special, which enhanced the Māori midwife's skills and ability through the experience of caring for multiple whānau members, and someone who is able to impart mātauranga and tikanga with the whānau. Furthermore, the whānau midwife is responsible for the guardianship of safety and protection of the birthing wāhine, the unborn baby, and the entire whānau. The participants saw that the responsibilities of the whānau midwife were grand—included both cultural safety and wisdoms—and extended to the necessary midwifery knowledge within the western medical world (B. Te Huia, 2020). Having been a whānau midwife for many throughout my own midwifery career, this concept personally resonated with me and I can see many of these key points identified in my own practice. In summary, B. Te Huia's study remains

another useful resource in the substantiation of mātauranga Māori and confirms the importance of cultural safety within healthcare systems for Māori, urging us to revisit the frameworks in which the midwifery profession is embedded.

3.6 Is our current maternity system fit for purpose?

Currently the midwifery profession in New Zealand is embedded in the principles of the partnership model (Guilliland & Pairman, 2010) which aims to guide midwives to work in partnership with the woman and deliver care based on her individual needs. For Māori, birth stretches far beyond the pregnant woman, and the responsibility of care for a hapū māmā is tasked to the entire whānau (Leatham, 2014; Murphy, 2017; B. Te Huia, 2020; Tikao, 2012). Leatham (2014) declared that until Māori health status is improved, the partnership model has not met its potential and alternative models of care need to be considered.

The concept of partnership has evolved over the years as a key component of the midwifery profession in New Zealand and, as a result, underpins the philosophy of many midwives (NZCOM, 2015). The partnership model requires midwives to acknowledge Māori as tangata whenua while honouring te Tiriti o Waitangi by upholding the principles of partnership, protection, and participation (Guilliland & Pairman, 2010; NZCOM, 2015). What is lacking, however, is the incorporation of Māori values and knowledge systems throughout the partnership model; knowledge that underpins midwifery and the performance measures of midwives (Kenney, 2011). In fact, Kenney (2011) argued that ignoring Māori worldviews could be considered a direct breach of current health legislation, negating midwifery practice philosophies, professional responsibilities, and ethical frameworks that underpin the partnership model. The potential to cause further harm to Māori is apparent through the reliance on a contextually inadequate and homogeneous midwifery framework. There is a need for further Māori research to address the shortfalls identified within the partnership model, and energy to be poured into the practical application of mātauranga Māori across all aspects of midwifery.

3.7 What might kaupapa Māori care look like according to the literature?

Deterring from essential Māori systems has the danger of propelling Māori into disarray that lingers across generations (Haami & Roberts, 2002; Walters et al., 2007). Therefore, it is vital that healthcare for Māori reflects Māori values.

Marsden (as cited in Hall, 2005) stated:

> Cultures pattern perceptions of reality into conceptualisations of what they perceive reality to be; of what is to be regarded as actual, probably, possible or impossible. These conceptualisations form what is termed the 'worldview' of a culture. The worldview is the central conceptualisation of conceptions of reality to which members of its culture assent from which stems their value system. The worldview lies at the very heart of the culture, touching, interacting with and strongly influencing every aspect of the culture. (p. 6)

This statement supports the idea that developing pathways of healing and wellbeing for Māori should reflect such conceptualisations and be steeped in tradition that aligns with Māori cultural norms.

3.8 Māori wisdom captured in Māori experiences

A wonderful document created by Beatrice Leatham (2014) captured the intricate stories of Ngāti Porou women and their experiences of childbirth. Her study included the voices of five kuia who retell their unique stories and share their intimate memories in order to build a strong platform where further Māori theories can be propelled into the spotlight. The vibrant stories shared revealed a wealth of complex elements that influence the childbirth experience and, in turn, the maternity sector. Leatham asserted that cultural identity is integral to the wellbeing of Indigenous peoples, and further declared that the decline of health for wāhine Māori is reflective of the declining health of Te Ao Māori epistemologies. Through the process of celebrating the voices of the five kuia, Leatham has added to the movement of liberating marginalised worldviews and reinforced the sacred knowledge found within. Leatham identified seven themes emerging through the process of storytelling which can be applied across the health sector. In the process of reading her work, and the stories told within her research, I also uncovered commonalities that support my own research.

The first learning of note was that the kuia, who are considered expert in many realms within Te Ao Māori, were doubtful of their 'qualifications' to partake in this study. I would argue that kuia and koroua of the iwi are considered the "storehouses of knowledge" (Walker, 2004, p. 63); and, traditionally they were considered the mentors for tamariki imparting wisdoms with the future generations (Heuer, 1969; Mikaere, 1994, Walker, 2004). Traditional life would remind women of all ages and experience of their unique importance, and their vital role in society (Mahuika, 1975; Metge, 1964, 1967; Mikaere, 1994, 2013; Walker, 2004; Wilson, 2004) and self-confidence would not be an issue. As a modern-day Māori midwife, I am reminded of the importance of upholding a person's mana, the significance of balancing relationships that are respectful and reciprocal.

The second key message was the emphasis of childbirth as a significant life event for the entire whānau, hapū, and iwi. All five kuia continuously expressed the deep spiritual connection surrounding childbirth, and their unique exchange of ideas reinforced the acceptance that Māori health is multifactorial and complex. The importance of women as whare tangata (house of humanity/ability to give birth) is signified throughout Māori cosmology where the power of female sexuality is explicitly expressed in many forms (Mikaere, 2013; Murphy, 2011, 2017; Simmonds, 2011). In 1982, Rose Pere (as cited in Mikaere, 2013) highlighted the saying "he wāhine, he whenua, e ngaro ai te tangata" (p. 118), which can be interpreted as "by women and land, men are lost". Essentially, this saying reflects the nourishment we receive from women and the land, without which humankind would perish (Mikaere, 2013; Rimene et al., 1999).

The third significant learning is the recognition of potential founded within the unravelling of stories. The pūrākau of the kuia encompass inherent wisdom where policy is formed to affect change. Every narrative in these pages spoke of whakapapa, and the links that are delicately woven throughout every aspect of Māori life. Through use of whakapapa as a tool to understand relationships (Hall, 2015), we see the connection between the metaphysical and physical realms which are concepts that ring true throughout Te Ao Māori. Beautifully explained within Leatham's (2014) work is Te Ao Tūroa, the physical world we live in today. Leatham explained that many of our tūpuna's characteristics can be evidenced in the kōrero of our whakapapa which

describes our lineage, and our connections to time, environment, and each other (Leatham, 2014). Through childbirth, our whakapapa is carried through from history into present day, in the form of genetics and intangible traits and attributes that are inherently part of our individual make up. To dishonour a person's whakapapa is to endanger the very being of the person and perpetuate enduring inequities.

The final key learning was that the information captured within the stories of the kuia is directly linked to the Ngāti Porou iwi, and their unique characteristics. Leatham (2014) carefully explained that although she has made attempts to give breadth to her study by giving general comparisons where possible, she declared that this information is not a one-size-fits-all approach suitable for all Māori. Importantly, this reminds me, as a researcher, that my study will also be specific to my iwi (Ngāti Kahungunu) and is shaped by the influences of my life experiences. However, my hopes of prioritising Māori voices and influencing change remain strong. It is simply a reminder that the application of future policies be reminiscent of the unique identities and needs of Māori.

3.9 Implications for practice

Traditionally, giving birth was a highly celebrated event that emphasised the importance of whakapapa in Te Ao Māori (Murphy, 2017); and, in fact, it was noted by early European scholars that birth was even more important than marriage and even death (Best, 1974). During the birth process, whakapapa was embedded through the reciting of oral traditions such as karakia, oriori, mōteatea, and waiata (Best, 1975; Rimene et al., P. Smith, 1978; Tikao, 2012,) which enriched the birth experience and honoured tradition. According to Clark (2012), the combination of incantations and physical pressure on the fundus aided in delivery of the baby demonstrating the multifaceted skill imbued in mātauranga Māori.

Māori health is complex, layered, and dependant on Māori having access to their own ways of knowing and being. Much of traditional Māori health was constructed based on tapu and noa (Leatham, 2014; Mahuika, 1975) which sets out guidelines to protect the environment, preserve respect and mana and ensure the continuation of wellbeing (Murphy, 2017; Walker, 2004). For indigenous peoples, health is a collective and holistic ideology which is intergenerational and inclusive of many aspects outside of one's physical body (Adams, 2007; Cunningham, 2008; Durie, 2001a, 2001b, 2003,

2005, 2011a, 2011b; Goold & Liddie, 2005; Walters et al., 2011). Universal acceptance that a person's health is influenced by many factors has resulted in the need to focus on balancing the social determinants of health to ensure equitable access to healthcare (Durie, 2005; King, 2000). Durie (2005) also emphasises the need for robust discussions and analysis around identification of issues to help evaluate impact and assess needs-based resource distribution.

In modern society, many Māori have integrated themselves into mainstream society and have adapted well to the dualities of a modern life incorporating traditional life (Hall, 2015; Mitchell, 2008; Murphy, 2017; Nash et al., 2006). It remains fundamental to their health, however, that health systems are created with the aims of inclusion of all Māori determinants of health to reduce the inequities Māori face. A great start to this is Mason Durie's Te Whare Tapa Whā model which aims to reflect traditional Māori values within a modern context and guide Māori towards care that encompasses all 'walls' (or aspects) of their own wellbeing (MOH, 2017). Overall, more Māori research is desperately needed to thoroughly examine the needs of Māori, how this might be framed within our healthcare systems in New Zealand, and how this might be implemented in practice.

3.10 Limitations of Literature and Identifying the gaps

Care has been taken to try to reduce possible limitations within this literature review and the overall study to establish credibility; but inevitably, obstacles were identified in the process. The main dilemma faced while conducting this literature review was the scarcity of resources available, which makes it difficult to provide direct assessments and contrasts to other works. This does, however, accentuate the need for further research to add to the current body of knowledge.

Identification of kaupapa Māori research (that is, research done by Māori, about Māori, for the benefit of Māori) was not always straightforward. In the process of discerning Kaupapa Māori research, many of the works about Māori are conducted within western paradigms that may not always reflect Māori in the best light, despite seemingly good intentions. This issue further emphasises the point above, that more research is needed and, more specifically, more kaupapa Māori research.

Past studies are also limited by predominantly small participant groups, giving the views of only small clusters of people. A more diverse range of participants, across multiple areas of focus within health, would be highly beneficial for the continued prosperity of Māori.

4 Chapter Conclusion

In completion of this literature review, it is clear to me that the call from whānau Māori for an upheaval of our maternity system (and our overall health structures) is urgent. Māori are insisting on midwifery care that is balanced and reflective of their worldviews. The need for workforce that can traverse the knowledge of medical complexities while remaining entwined with their sacred whenua, knowledge, and tikanga will ensure a sense of belonging, motuhaketanga, and tino-rangatiratanga for Māori.

The lack of inclusion of important Māori values and knowledge is sadly missed in much of the Western literature, which fuels this current research and highlights the need for other Māori researchers to step up to the plate. The call from whānau Māori beckons me to honour their voices and find ways to propel Māori midwifery into the spotlight as an example of how it could look to infuse two worlds to meet the needs of Māori. There are already many Māori midwives who are prepared to act as kaitiaki to birthing whānau Māori, providing a platform for healing inflicted by the daily barriers to basic human health care needs. The findings of my research will be crucial to the enactment of services appropriate to whānau Māori across Aotearoa.

WĀHANGA TUATORU: CHAPTER THREE

NGA TIKANGA RANGAHAU: METHOD & METHODOLOGY

1 Introduction

According to Sir Mason Durie (2001b), the high rates of poor Māori health and higher mortality rates are well known. On occasion, Māori have celebrated advances in health gains resulting in near extermination of multiple infectious illnesses, the embracing of generally healthier lifestyles, and improved life expectancy. According to Durie, however, the gains made continue to be overshadowed by the significant gap between the health of Māori and the health of non-Māori New Zealanders. Durie highlighted the naivety of assuming the health system is solely responsible for the failure to meet Māori health needs and urged us to instead consider a social systems upheaval to remedy the injustices Māori face. As a result of the apparent failings of mainstream approaches when it comes to Māori, it was imperative that I utilise Kaupapa Māori research methods and methodologies to address issues pertaining to Māori. In fact, I would now position myself as a Kaupapa Māori researcher who is undertaking research about Māori, for the ultimate benefit of Māori wellbeing. L. Smith (2015) explained Kaupapa Māori research as being conceptualised and designed by Māori, with methodological control by Māori terms. By placing myself within the realms of Kaupapa Māori research, I am promising to highlight and discuss Mātauranga Māori and contribute to the argument that validates the use of Kaupapa Māori theories.

I am aware that as I validate the use of Kaupapa Māori theories, I inevitably challenge many tenets of Western research. Western ideals of assimilation originated from the principles of Darwinist biological theories that assumed the distinction of inferior species (in this case, Māori) (Steward, 2020). Therefore, Western theories invalidate themselves due to Māori survival and the resurgence of Māori attempts to resume power over themselves and their affairs. Kaupapa Māori theories directly question and, in some cases, undermine Western approaches, which upsets the balance of power (Mikahere-Hall, 2017; Pihama, 2001; L. Smith, 2012, 2015). As a result, there are likely to be strong opposing opinions. Bishop

wrote that Kaupapa Māori research addresses "the prevailing ideologies of cultural superiority which pervade our social, economic and political institutions" (as cited in L. Smith, 2012, p. 186). Consequently, the reclamation of culture, language, and research processes assists the process of decolonisation and the fight for tino rangatiratanga and transformative cultural aspirations (Mikahere-Hall, 2017; G. Smith, 1992, 1997; L. Smith, 2015). In turn, Māori researchers are striving to recruit methods that allow such transformative changes (Durie, 1998, 2001b, 2003, 2005; Mikahere-Hall, 2017). Additionally, Rewi (2010) argued that the process of confrontation between the two opposing worldviews must persist to bring about opportunities for critical thinking, analysis, and self-reflection. With Rewi's argument in mind, and returning to the principles of Kaupapa Māori research, I am constantly reminded to evaluate and reflect on my own research and processes, including how these might affect Māori research and researchers. My reflections will be discussed in this chapter.

The purpose of this chapter is not to outline the entirety of Kaupapa Māori research epistemologies; rather, to discuss why this research approach has been carefully selected, and how it will be utilised for the current research enquiry.

2 Understanding Kaupapa Māori Theory

Mātauranga Māori and Kaupapa Māori are often used synonymously. A distinguishing feature is that Mātauranga Māori stems from ancient knowledge; whereas Kaupapa Māori is based on the culmination of tradition within the developing world (Mikahere-Hall, 2017) encompassing epistemologies originating from the metaphysical realm (Nepe, 1991; Sharples, 1994). The conceptualisation of Kaupapa Māori theory by Graham Smith (1997) was intended as a guiding tool promoting liberation for Māori (Hall, 2015; Hooks, 1994; L. Smith, 2012); and for Māori researchers to conduct Māori led inquiries that ultimately benefit Māori (Bishop, 1996; G. Smith, 1992, 1997; L. Smith, 2012). In addition, the processes of undertaking Kaupapa Māori research encourages Māori to think, speak, and act as Māori (Pihama, 2001; Pihama et al., 2002), further emancipating them from the confines of an imperial worldview. Lee (2005) added that Māori cannot afford to

wait for permission to conduct research, and preferably need to assert Māori rights to access, assess, and celebrate indigenous knowledge.

Because many Māori whānau and Māori health professionals have felt exasperated at the lack of respect of Māori views (Durie, 1998, 2001b, 2003, 2005; Mikahere-Hall, 2017), many Māori are actively seeking theoretical descriptions of their lived experiences (Rigney, 1999; Smith, 1997). Hence, Kaupapa Māori theories are being utilised as they offer culturally safe platforms to explore Māori worldviews. Despite resistance from many sectors in academia, Kaupapa Māori theory is a continuously thriving entity that forces others to recognise its value within research (Pihama, 2001). Not only are Kaupapa Māori theories relevant to academia, but they can also be employed as useful tools within practical applications when working in collaboration with whānau Māori (Eruera, 2010; Kerr, 2012; Wepa, 2016).

According to L. Smith (2012, 2015), the struggles experienced in the 1970s mirror the aims of indigenous research to become self-determining and reclaim power over our own futures. L. Smith (2012) emphasised that these imperatives are an act of defiance against western paradigms, and acts of "reclaiming, reformulating and reconstituting indigenous cultures and languages" (p. 143)—all of which have resulted in the culmination of a bold research discourse that seeks social justice. With this overarching theme in mind, rather than shaping Māori issues to fit into a research methodology, Kaupapa Māori theories can be moulded to fit the needs of the research (Mikahere-Hall, 2017; Pihama, 2001; L. Smith, 2012). To ensure validity as Kaupapa Māori research, L. Smith (2015) urged the researcher to apply the following questions when designing the project:

i. What research do we want to carry out?
ii. Who is that research for?
iii. What difference will it make?
iv. Who will carry out this research?
v. How do we want the research to be done?
vi. How will we know it is a worthwhile piece of research?
vii. Who will own the research?
viii. Who will benefit? (L. Smith, 1994, p. 48)

L. Smith (2015) reminded the researcher that the answers to the above questions may not have obvious links to each other; rather, they should be included in consideration alongside a set of six principles which are the basic supports of Māori research. These principles, written by G Smith (1992a, 1992b, 2003) are:

i. Tino Rangatiratanga (self-determination)
ii. Taonga Tuku Iho (cultural aspiration)
iii. Ako Māori (culturally preferred pedagogy)
iv. Kia piki ake I ngā raruraru o te kainga (socio-economic mediation)
v. Whānau (extended family structure)
vi. Kaupapa (collective philosophy)

In addition, L. Smith (1995) deduced that Kaupapa Māori theories have great flexibility to employ methodologies drawn from past tradition and tikanga; or, adversely, those methodologies that are conceptualised in a more modern time. According to L. Smith and Durie (1996), the process is adaptable provided it is under Māori ownership and Māori management.

3 Ethics

For Māori, ethics is the adherence to tikanga which mirrors a person's values, beliefs and world views (Hudson et al, 2010). According to Hudson et al (2010) many of the values found within Te Ao Māori are the basis of the creation stories which have important life lessons carefully woven throughout each pūrākau. The learnings within these stories are implanted into daily life as kawa (primary values) and kawa forms the basis of tikanga (local/specific practices enhancing mana and relationships). Kawa and tikanga provide the core framework through which Māori engage with ethical issues (Hudson et al, 2010). Linda Smith (1999) adds that the Māori notion of reciprocal respect for everyone and everything maintains balance and promotes shared harmonious relationships which lend themselves well to research and ethics.

Māori communities have certain expectations of Māori researchers and academics to uphold and protect Māori concerns (Hudson et al, 2010; L. Smith, 2012). For my research, I have chosen the concept of Manaakitanga to guide all ethical matters.

Manaakitanga incorporates multiple ideas such as kindness, support, generosity and respect. The emphasis within my research is on upholding mana of all parties, cultural responsibility and respect for others. This translates to my responsibility to protect and care for the people and issues within, inclusive of seeking appropriate consultation (kaumātua/Tohunga) and respecting confidentiality and privacy of significant information and the people who feature in the pūrākau I have explored.

With these thoughts in mind, I have vowed to honour the principles of Te Ao Māori fundamentals throughout the exploration of my own midwifery practice. I have searched my own knowing and the teachings of mātauranga Māori to ensure that I act as a kaitiaki of the sacred knowledge in this document, and the pūrākau I explore. I have sat with myself, in consultation with knowledgeable Tōhunga and Kuia to ensure that my own mana and whakaaro are balanced prior to unravelling the kaupapa within these pages. Throughout the entire process of this document, my purpose to honour and value Māori voices, mātauranga Māori and Te Ao Māori worldviews remains constant. On multiple occasions I have discussed the nature of my mahi with my own kuia to ensure the integrity of my work remains pure and considers tikanga at every juncture. This process has not only kept me safe as an emerging Māori academic, but also ensures the safety of any whānau whose pūrākau we explore within.

5 My Approach

Māori identity is not confined to biology, nor is it determined by blood lines; rather, it is defined by only one prerequisite—whakapapa (Durie, 2001b; Lawson-Te Aho, 2010; Mead, 2003; A. Te Huia, 2015). The statement of sharing ones whakapapa signifies the link to ancestry and the traditional world (Mikaere, 2010) while fostering relationships with others through establishing commonalities (Mead, 1993; Walker, 1989). It includes the mutual recognition of Māori survival depending on the nurturing of people and relationships (Mikaere, 2010). Delving deeper into the metaphysical nature of Kaupapa Māori theories and the qualifying nature of whakapapa being crucial to Māori identities Mead (1993) stated that:

> as individuals we have no identity except by reference to them. We are beings only because they prepared the way for us, gave us a slot in a system

of human relations, a place in the whakapapa lines, and a membership in a whānau and in an iwi. (p. 206)

For many academics (and Māori in general), simply being Māori does not qualify them to be a Māori researcher. Researchers often discuss the notion that Kaupapa Māori research should only be conducted by Māori researchers, and concerns have been raised about the problems that could arise as a result. Questions regarding levels of understanding specific to each researcher around tikanga, kawa, and Māori knowledge, can differ greatly dependant on gender, age, whakapapa, and degree of involvement within Te Ao Māori (Walker, 1996). Graham-Bermann and Edleson (2001) argued that diversity within both the research question and the researcher are vital contributions to the growing body of knowledge that is Kaupapa Māori research. As a result, I am deeply aware that my research must adhere to areas of Te Ao Māori that are within my expertise—midwifery and the relationships midwives build with birthing whānau. As a descendant of Ngāti Kahungunu, my whakapapa automatically qualifies me as an appropriate person to conduct Kaupapa Māori research, and I see this as a responsibility to my whānau, hapū, iwi, and to the birthing whānau and midwifery students whom I aim to serve. My research aims to prioritise Māori ideals at every juncture which situates me outside the confines of colonist world views, giving me freedom to explore non-western paradigms. It also forces me to explain who I am, what I believe in, and how my belief systems have been developed, which adds to the weight of this research. These multiple layers perfectly align with the aims of my research, and the pūrākau based methods chosen where self-expression, self-exploration, and freedom to question the status quo are all needed to validate the resultant learnings.

5.1 Pūrākau, journaling, and self-reflection

My research is based on my experience and observations. In non-Māori terms, this could be classified within qualitative methods as auto-ethnography and self-narratives. In these narratives I am afforded the freedom to choose methods that allow me to process, experience, and track my own work using a storyline (Hamilton et al., 2008; McLaren, 1989). Self-reflection (using techniques such as journaling, professional consultation, critical thinking, and auto-ethnographic methods) encourages the researcher to examine perceived realities by exploring the many

facets of self, and then reflecting on these within a wider social view (Hamilton et al., 2008). For me, western paradigms start to offer the tools needed for depth of self-reflection, but lack the depth required to do justice to Te Ao Māori. For example, within a Te Ao Māori worldview, there is an unspoken connectedness and an intrinsic knowing of what it is to be Māori. Pihama (2001) aptly highlighted, Kaupapa Māori research recognises and celebrates Māori ways of knowing being and doing.

For this dissertation, I have purposefully considered both Māori and Western methods, and concluded that to completely honour the aims of this research (which is to improve outcomes for Māori) I must engage in research design and methods that honour Māori epistemologies. Hence, the decision to embrace Kaupapa Māori theories was made. Equally important is my aim, which is not to assume that my observations are tika and pono for all Māori; instead, I wish to open the door for continued exploration, reflection, and research.

Within the pages of her own thesis, Lee (2005) reasserted the use of pūrākau as a legitimate pedagogy, methodology, and data analysis tool. The word pūrākau can be broken down to understand its definition. 'Pu' means 'base' and 'rakau' means tree—so the combination of pūrākau signifies the tree roots or base of the tree (Lee, 2005). In a larger context, Māori consider themselves synonymous with the land and te taiao (natural environment). Hence, the image of a tree with its roots deeply embedded in the earth (papatūānuku), conjures feelings of connection between the environment and the sustenance of our life force—the tree roots draw nutrients that give it vitality which, in turn, we (humans) can use to find shelter, food, and other resources (Lee, 2005). In another interpretation, Wirihana (2012) defined the word pū as 'source'; rā meaning 'light, sun, daytime'; ka relates to 'past, present, and future'; and ū refers to 'from within'. Therefore, an overall meaning of the word pūrākau could be understood as internal learning, personal growth, or even enlightenment. Whatever way we choose to look at the concept of pūrākau, it is clear that this process is not merely simple storytelling. It is connected to the truth of the matter at hand, and the wider social and personal inter-connectedness we each have in our lives (Doherty, 2002; Lee, 2005).

Lee (2005, 2009) legitimised the use of Māori pedagogy, such as pūrākau, as useful tools for teaching and learning, as well as an approach for oratory research not

dissimilar to Western methods (such as narration, formal and informal interviews, conversational discourse, reflection, and face to face interactions). As the purpose of this dissertation is to uncover the hidden meanings within my own observations as a midwife, the flexibility found within the use of pūrākau enables me to draw from Mātauranga Māori while exploring the modern midwifery world to make sense of what is being observed (Lee, 2005).

As a Māori woman, I have a natural inclination to storytelling through inherited oratory traditions, and I often emphasise my point by sharing aspects of my personal journey. As midwives, we are encouraged to debrief and reflect on our practice, and this process of self-evaluation is an important element of our competency assessments as health practitioners. Use of narratives within my professional and private lives made using pūrākau within research an easy option for me so I can enjoy freedom of expression and, more importantly, the freedom to deliver my content in a way that fits me (Dewes, 1975). Again, this understanding harkens back to the Kaupapa Māori research principles of ownership and control by Māori (Durie, 1996; L. Smith, 1995).

5.2 Te-āta-tu Pūrākau and data analysis

Hall (2015) coined the framework Te-āta-tu Pūrākau as a data analysis method urging the researcher to engage in processes by which observations and pūrākau can be deeply understood. Te-āta-tu Pūrākau refers to the dawning of light that follows an immediate period of darkness, and the changes between wake and sleep and the shifting of the human metabolism when entering a new phase (Hall, 2015). In a symbolically skilful comparison, the framework of Te-āta-tu Pūrākau also encompasses the undulations in phases that occur through the unveiling of pūrākau, and how through the process of sharing one's story, understanding and enlightenment can occur. Ultimately, Te-āta-tu Pūrākau creates the necessary space required for deep contemplation and the inspiration of new thoughts and ideas (Hall, 2015). Storytelling (and its variations) in research is not a new concept (Alvermann, 2000; Connelly & Clandinin, 2000; Riessman, 2008) and is often favoured by qualitative researchers (Atkinson, 2007; Geia et al., 2013). When considered here, within Kaupapa Māori research, the appropriateness of storytelling is supported by its notions of seeking to interpret theoretical information. When attempting to

understand human stories, it would be wise for the researcher to use analysis tools that align with the worldview of the subject (Tomlins-Jahnke, 1996). Being that I am both the researcher and, at times, the subject, the concept of Te-āta-tu Pūrākau is well placed to serve throughout this dissertation. Exactly how this framework can be utilised is demonstrated within the five Poutama (steps) I outlined in Chapter One (Hall, 2015).

The Poutama pattern symbolises whakapapa, intellect, and levels of understanding and knowing (Brown, 2014). Fitting beautifully within the realms of data analysis, Te-Āta-Tu Pūrākau draws on the five Poutama to pick apart and examine the pūrākau. In Figure 3 Mikahere-Hall (2019) masterfully demonstrates Te- Āta-Tu Pūrākau in practice, using the data analysis method to explore healthy whānau relationships and exploration of emotional bonds. Each Poutama layers upon the next throughout the process of building strong and healthy relationships by utilizing this dynamic and adaptable method.

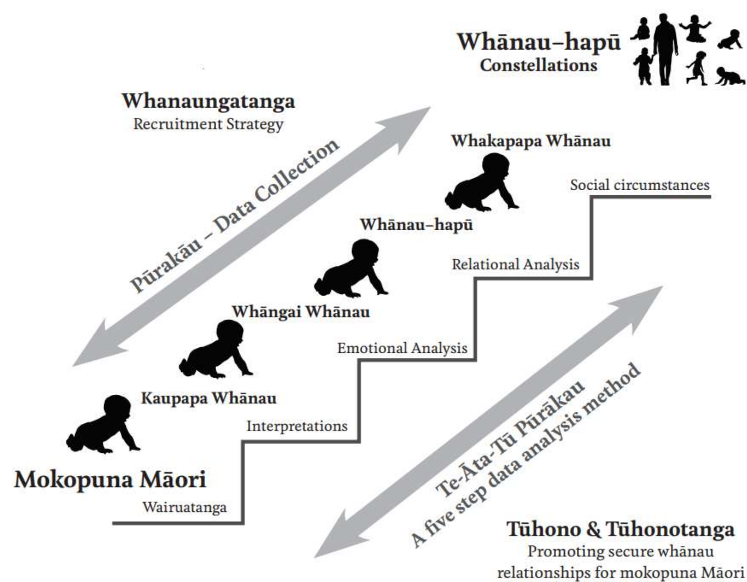

FIGURE 4. EXAMPLE OF TE-ĀTA-TU PŪRĀKAU DATA ANALYSIS METHOD (MIKAHERE-HALL, 2019, P. 69)

5.3 Poutama: The Five Steps

Hall (2015) aptly described Poutama as a journey likened to the tukutuku panels in a wharenui, resembling a stairway (as illustrated in Figure 3). The process we undertake when applying this data analysis method offers the researcher an opportunity to build layers within the experience of the pūrākau, while traversing the staircase towards understanding. The five Poutama of Te-Āta-Tu Pūrākau are outlined in Table 1 below.

Table 1. The Five Poutama

Poutama	Key Concept	Description
Poutama Tahi	**Linear Level**	The structural basics of the pūrākau (including social circumstances of the whanau).
Poutama Rua	**Relational Level**	Where we build more context to the pūrākau to understand the positioning of the person telling the story. We notice their relationships with other significant whānau in the story; their whakapapa connections; their spatial, sequential, and historically influencing factors.
Poutama Toru	**Emotional Level**	Emotions and feelings are observed throughout the pūrākau which convey subjective understandings of events. For example, sense of love, hate, acceptance, rejection, and, even more so, a sense of who was 'really' responsible and why, what "really happened", what parts of the story are considered 'right' and 'wrong'.
Poutama Whā	**Analytical Level**	The analytical level. This is where the researcher can add dimensions and layers of understanding and meaning to the pūrākau. It can include making connections with pūrākau that have similar messages in the narrative.
Poutama Rima	**Wairua Level**	This level is left for the reader to remain as a neutral observer throughout the process of engaging with the pūrākau, allowing for personal interpretations and key messages to be heard. Additionally, the reader acknowledges we recognise that our lives connect through the sharing of energy and wairuatanga.

In line with the pūrākau method, I would like to share a story from my own journey to help demonstrate how I have used this framework throughout this study. My journey begins with my awareness that my knowledge of Te Reo Māori is still in its infancy; however, I am in the process of reclaiming my native tongue. My maternal grandfather, who we affectionately nicknamed "Pappy", was fluent in his Reo and was an active participant within the Māori community. He took his duty as a kaumatua (elder) at the Marae seriously and was a respected man within our whānau and the wider hapū and iwi. As the stories go, he was raised in the era when Māori were horrifically punished for being Māori, speaking Māori, and "acting" Māori. He was shunned at school for only speaking his native tongue and not being

able to understand the English language. He was beaten and brutalised until he, himself, began to give up on his Māoridom and started to question his self-worth and place in Te Ao Māori. As a result, his early life experiences drove him to choose a more European-centric pathway for his children and whānau. My mother and her 15 siblings were not taught to speak Māori; instead, their lives revolved around speaking perfect English and being as 'Pākehā' as possible. They went to English schools. They wore European style clothing. My Nan was an expert seamstress—largely due to her exceptional raw talent; but, also, out of fiscal necessity to provide for her growing family, she would opt for handmade clothing rather than store bought. It speaks volumes about her skill that, to this day, it is often mentioned by the surrounding hapū that my mother and her siblings were the envy of the neighbourhood when they would step out in the most 'up to date' articles of clothing. It is said that my grandmother could often be found sitting up into the wee hours of the night weaving her magic to produce perfect garments that would rival the latest runway fashions. I do not mention this to boast about my Nan's sewing skills, more to demonstrate a point—they (my whānau) wanted to fit in. Despite the need for my Nan to clothe her tamariki, she wanted her whānau to be seen as equal, as good enough, and, sadly, that was part of the way that they attempted to assimilate. As an adult and an emerging academic, I now understand the deep intergenerational trauma that my whānau have experienced because of colonisation, and how this affects me still. Several generations forward from colonisation, I am left wanting. I yearn to be reunited with my precious Reo, to truly discover the depths of my soul and my psyche that are unreachable by any other means. To open the floodgates—knowledge steeped within Te Reo Māori that connect me to my tipuna (ancestors).

Having shared this story from my own life, I now demonstrate how Te-Āta-Tu Pūrākau data analysis tool might be used to dissect each pūrākau and the deeper meanings situated within (see Table 2).

TABLE 2. DEMONSTRATION OF TE-ĀTA-TU PŪRĀKAU IN ACTION

Poutama	Excerpt
Poutama Tahi	"He was raised in the era that Māori were horrifically punished…" "He took his duty as a kaumatua (elder) at the Marae seriously and was a respected man within our whānau and the wider hapū and iwi…"
Poutama Rua	"My maternal grandfather, who we affectionately nicknamed "Pappy"…" "My mother and her 15 siblings… My Nan was an expert seamstress…"
Poutama Toru	"He was raised in the era that Māori were horrifically punished…" "He was shunned at school for only speaking his native tongue…" "He was beaten and brutalised until he, himself, began to give up on his Māoridom and started to question his self-worth and place in Te Ao Māori…" "His early life experiences drove him to choose a more European-centric pathway for his children and whānau…" "Their lives revolved around speaking perfect English and being as 'Pākehā as possible…" "My mother and her siblings were the envy of the neighbourhood when they would step out in the most 'up to date' articles of clothing…" "They (my whānau) wanted to fit in Despite the need for my Nan to clothe her tamariki, she wanted her whānau to be seen as equal, as good enough…" "The deep intergenerational trauma that my whānau have experienced because of colonisation, and how this affects me still…" "Several generations forward from colonisation I am left wanting. I yearn to be reunited with my precious Reo, to truly discover the depths of my soul and my psyche that are unreachable by any other means. To open the floodgates—knowledge steeped within Te Reo Māori that connect me to my tipuna (ancestors)."
Poutama Whā	Poutama tahi and rua set the scene of my story by discussing the context—my journey of reclamation of my native language. By mentioning my "Pappy", I endear him to me, and situate him as a loving and kind grandfather; as well as a man of status through his social responsibilities and reputation as kaumatua. The discussion about him being punished at school puts a time stamp on the entire pūrākau, making it easy for the reader to situate the story prior to Te Reo Māori being accepted as an official language of Aotearoa New Zealand. Further along, I discuss my Nan and her tirelessly sewing garments for all of her children, partly due to fiscal necessity; this further reminds the reader that the timeline of this story is one where money was not easily wasted. Poutama toru refers to many emotions that are described in the process of telling the story through the choice of language and the tone. The love I have for my whānau is evident (through use of nicknames, personal memories); yet touches on the underlying sorrow expressed in statements such as "they wanted to fit in, they wanted to be

	equal." By revealing my whānau's attempts to assimilate to a perceived superior European-centric lifestyle, I highlight my grandparents' hope for a "better" future for their family, their desires to protect their whakapapa through "survival" in a seemingly Pākehā world, and by their demonstration of doing whatever it took to help their family thrive. The underlying tone here is that I believed as the storyteller, that the person who is "really" responsible for my inability to speak Māori is the 'coloniser'. This understanding is reinforced by statements such as "horrifically punished" and "shunned" which speaks to the trauma my Pappy endured, and his decision to speak English with his whānau demonstrates the intergenerational trauma that my whānau experience still. And, finally, at the end of the pūrākau I express a yearning to be reconnected both with my language and culture, and with the inner depths of my soul, which I know are inherently found in my own being.
Poutama Rima	This is left open for the reader to reflect and understand their relationship with the pūrākau. It also allows the deeper connection we all have through wairuatanga.

6 Summary

Sadly, much of the research about Māori is written by Western academics and distorted by their imperialistic worldviews (Hall, 2015; Williams, 2010). Inevitably, for Māori to decolonise, a transformative process is required where we redefine and reassert our own ancient knowing (Kiro, 2000; G. Smith, 1992, 1997; L. Smith, 2006, 2012). This research, therefore, privileges Kaupapa Māori research methods which, in itself, are another layer of the decolonisation process Māori need in order to thrive.

By adhering to Kaupapa Māori research methods throughout this study, room is made for critical thinking and examination of the impacts of colonisation within Aotearoa, which adds to Māori achieving autonomy. Pūrākau as a research tool offers me (the researcher) opportunities to gather and share important information, while Te-āta-tu pūrākau provides a platform to unpack the details and explore themes that emerge. While these long-treasured techniques are not new to Māori, they are relatively new to research and provide both a means of application to research and assist whānau Māori to reconnect with their whakapapa and find a way back to their innate sense of being, knowing, and doing within the world.

WĀHANGA WHA: CHAPTER FOUR

PŪRĀKAU: NARRATIVES

1 Introduction

Many Māori yearn to reconnect with Te Reo Māori, and with their cultural traditions to enable reconnection with their own identity (A. Te Huia, 2014), and situate themselves within the wider context of Te Ao Māori (Hall, 2015). Māori need to be embraced by culturally positive environments and relationships that nurture Māori reconnection, so aspirations of Māori wellness can be realised (A. Te Huia, 2014). For Māori, connection to culture and tradition and ways of being is necessary for health (Durie, 1994, 1998, 2001b, 2003, 2005; Hall, 2015; Mikaere, 2013; Mikahere-Hall, 2017; Pihama, 2001; L. Smith, 2012, 2015), and this is unlikely to occur when Māori are pushed into Euro-centric environments and systems (A. Te Huia, 2014). In the spirit of promoting pro-Māori environments that align with Kaupapa Māori theory, I position the pūrākau in this chapter as my findings to honour the voices of Māori without censorship.

These stories were not obtained through formal interviews; rather, they are a collection of my own memories of conversations and interactions with the birthing whānau with whom I have connected. These are my own observations and by no means are meant to replace the voices of the whānau to whom they belong, rather my aim is to use the learnings from these experiences to help change the face of Māori access to healthcare. To ensure anonymity is maintained, I have not used names or specifics that could identify anyone and have changed some of the smaller details so that confidentiality remains intact. I have only included information that is essential to the understanding of the heart of the matter so that the reader has ease of reading and can understand the points I am aiming to illustrate.

I begin this chapter with one of my own pūrākau, so that I might offer context to the reader of my own experiences as a wāhine Māori within the health system. As a wāhine who has not been privileged enough to physically bear children, my reasoning for better health outcomes for birthing whānau can be confused; however, my motivations are illustrated through the telling of my own stories.

2 My Pūrākau – My Health Journey

As I sit here committing my thoughts to paper, I firstly need to acknowledge my own resistance to share the most intimate parts of my health journey with the world. Writing this pūrākau has been an emotional and painful experience for me; but, after much deliberation I feel it necessary to share this story with the reader for multiple reasons. First, it situates me within the research on a new level, as a wahine Māori and a consumer of health services in Aotearoa. Second, this pūrākau articulates the foundational aspects of my journey that make up my ahi kā, my reasons for wanting to complete research such as this current study. My ahi kā fuels my desire to help Māori achieve better access to healthcare and hopes of reducing barriers for improved health outcomes so Māori are able to reach their full potential.

At the ripe age of 16, I became heavily involved in martial arts and, true to my nature, I threw myself into my training and focused on perfecting my skills. I was the only female in my club, and one of only a handful of females in the region, so it was no easy feat to compete at such a competitive level—mostly coming up against older and much more experienced women, or much larger and stronger men. This did not deter me however. I had huge aspirations of competing internationally and enjoyed working my way through various national competitions in preparation of my dream. It was right amidst an intense phase of my training that I began to notice the changes happening in my ikura. Somewhat young and naïve, I did not think much of it and just assumed that maybe this was how it was meant to be, and I brushed it off. The changes worsened to the point that I went to see my friendly tauiwi (male) GP. He talked me through all the hormonal changes I was going through as a woman of my age, and how being a competitive athlete can add to the disruptions I was experiencing. He suggested that with the help of an oral contraception tablet I should see some improvements. I tried four different types of pills, to no avail, and after some time I got annoyed with having to change things up so often that I gave up trying and just stopped all together.

The years went by and since finishing up my career in martial arts I had moved to Auckland to live in the 'big smoke'. I was now a woman in my early twenties, and the discomfort of my ikura was now turning into pain. I found the nature of my ikura extremely unusual, and I was starting to experience feelings of dread, confusion,

anxiety, and sorrow. I could not understand why, and so off I went to my new GP. He was kind and showed compassion, but also told me that I was just under stress dealing with university life, a new relationship, and a new job; and these factors were affecting my body's natural cycle. Even though my puku was screaming at me that stress was not the reason, I told myself that he was the professional and that I should follow his advice. Again, I managed to convince myself not to worry as I assumed this is what women go through all the time—not that I had proof of this because I had never talked to any of my friends or family about what was happening in my body. "That's just not what you do – these things are private" I thought.

It was not until my ikura began to control my life that I started to push my GP for further investigation. I was not able to get through an entire shift at work without having a problem. I was declining social activities due to the severity of the pain. The changes in my emotions and mood were becoming obvious, and it was causing damage to some of my relationships. I felt like I was losing control. I finally found the words to talk to my mum about what was happening, and she came to Auckland to support me. She suggested I needed to change my diet to include healing kai, and to perhaps include some rongoa Māori to help my body adjust. Sadly, our whānau knowledge of rongoa died alongside my grandfather, and we were at a loss as to where to go. The next closest option we knew was a local Chinese medicine man who was happy to see me and offer up the equivalent of what he thought might help me. Having the additional non-pharmaceutical help (although not inherently mine) was what I needed to feel settled, to feel like an active participant in my own health, and for my wairua to feel fuller. In the meantime, my GP finally agreed to refer me to a specialist who diagnosed me with two things. I was told I had polycystic ovary syndrome and endometriosis. Sitting in his office with my mum, hearing this information I felt an immense relief, finally having a label that helped me understand what was happening in my body. He was concerned about the increasing severity of my anaemia and told me that if I could not get my iron levels up soon, I would be forced to have an iron infusion. The words felt like a threat rather than a course of treatment, and I remember feeling fear and feeling like I had been reprimanded for something I had done wrong. My mum mentioned that I had seen a Chinese medicine man who had been treating me with ancient remedies, and the doctor smirked and

said, “Let’s just stick to what we know actually works”. We never spoke about it, but I could tell by my mum’s reaction and how I felt, that we both felt deflated and silly. I left his office that day with mixed emotions; however felt like I had no other option but to follow his treatment plan or face the seemingly dire consequences.

Fast forwarding into my late twenties, and two laparoscopic surgeries later (for removal of endometrial tissue) I felt I had reached a plateau where my health had levelled out and I seemed to be on top of things. I assumed the worst was now behind me. I spoke too soon. Just as I was entering my early thirties I felt all the symptoms returning tenfold. I feared the worst, that the endometriosis had returned and I would soon be faced with another surgery. I felt anxious thinking about how hard it was to get a diagnosis initially; however, being slightly older and more confident and outspoken I proceeded to consult with my doctor (the same GP I had had for many years) with my new symptoms. Unsurprisingly he focused on the fact I had recently separated from my long-term partner and, yet again, he told me that I was experiencing stress and grief at the loss of my relationship and once again this was upsetting my hormones and thus my cycle. He even questioned my mental state and talked to me numerous times about depression, suggesting that I speak with a counsellor and consider medication to help me “even out my moods”. These conversations crushed me, and it was at this point I began to doubt myself and mistrust my own judgement. I questioned everything I was feeling and wondered if the pain I was experiencing was even real or only existing in my head. Despite my GP’s insistence for counselling and medication, I did not feel depressed and declined his offers of a referral. Instead, I turned to my own friends and whānau for comfort and support. I managed to cope with my worsening symptoms for another couple of years and, on occasion, when I was feeling brave enough, I would mention them to my doctor despite the constant push back. He would always have an explanation based on his assumptions of my life. I was told many things over the years; you are “too fat”, “too skinny”, you haven’t “dealt with being depressed”, your “insomnia is causing imbalances”, you aren’t “looking after myself well enough”, you’re not “eating right”, and the clincher was, “are you sure this is as painful as you think?” With every one of his excuses, I found myself falling further and further into confusion and despair, and I eventually learned to say nothing. I started to believe him, that I probably was

depressed and that my mind was playing tricks on me, and I was beginning to buy into the drama I was creating in my own life. I had no idea what to do anymore. I felt hopeless and decided that this was what my health looked like now.

At some stage, I moved house into a different suburb that was an hour or so drive from where my GP was situated. I decided it was too far to travel to see him, so I decided to change to a different GP in my local area. On the very first meeting with this new GP, she asked me about my previous medical records and the status of my current health status and if there were any concerns I was having. We discussed my history and, for fear of rejection, I lied to her stating I was healthy and well. I was not healthy and well! I am not sure if I lied because I could not be bothered going through all the drama again, or whether I doubted she would believe me anymore than my previous GP would. I felt like my instincts had led me wrong before, so I should just keep quiet and I was sure that my ikura would sort itself out eventually.

A year into my relationship with my not so new anymore GP, she asked me if there were any significant changes happening in my life as she had noticed that my weight had dropped rapidly and she was concerned that I had lost too much too quickly. We went back and forth a bit with me sugar coating the truth, until I finally explained all the pain I was experiencing. Immediately she acknowledged what I was experiencing was unusual, and sent me for investigations. She ordered blood tests, scans, and various specialist consultations to understand what was happening for me and asked me to return the following week to discuss the findings. In all honestly, I expected to go back to find out that, yet again, I was being dramatic and there was nothing wrong with me apart from "stress". Boy was I in for a shock!

I remember going back into her office, sceptical and nervous. I immediately noticed the look of pity that came over the GP's face. I thought "here we go, she's gonna tell me I need psychiatric evaluation for depression or something" and I felt cheeks flush with embarrassment. She asked me if I wanted to have anyone here with me. I politely declined, thinking–"hell no! I don't want them to know that I'm losing it"! I remember her showing me the blood test results and explaining the normal ranges and how mine were outside what was expected. I had been anaemic before, and I thought that is what she had found. But then she proceeded to tell me about the different phases of menopause, and how they are measured in blood tests. And,

finally, she told me that the results were conclusive, and I was now peri menopausal. I did not even understand what that meant. She explained to me that the symptoms I had been feeling over the past few years were likely my experience of menopause, and that I was now in the final phases of my journey. As the confusion set in, I began to laugh out loud. I do not know why really – shock perhaps? The doctor looked at me concerned, rubbed the back of my hand, and asked me if she could call anyone for me. I continued to laugh. A million things were going through my mind. All these years I knew something was wrong. I *was* in tune with my body after all, and I had been recognising that things were not normal for me.

The weeks that followed propelled me into a familiar scenario of multiple specialist appointments and investigations to check hormone levels, ovulation cycles, and potential for harvesting eggs should I decide I wanted to have children. One of the specialists (probably well meaning) told me "If I hadn't waited so long to get checked out, I'd have higher fertility levels and I'd have more options". I stared blankly into space feeling upset and furious at the same time. Yet again another medical professional assuming that it was me that waited, that did nothing to seek help, when all along I had been pushing for answers and not getting any. It was a brief visit and no attention was paid to the fact that I was basically just told there were no options for me, and egg harvesting was not a possibility since I was already at the end of menopause. I went home and felt a grief so deeply in my soul at all that I had lost. I felt like I had been screaming at the top of my lungs but nobody was listening. It was the most frustrating thing I have ever experienced!

The fact that I had been seeking help from the medical system that I had trusted without any solution was absurd. I had faced obstacles and barriers and, consequently, here I find myself, unable to have children. The grief I felt for all I had lost was like none I have ever felt. I was raised to be a strong, confident, and empowered woman; yet at the hands of others I was made to feel inferior, unintelligent, and mentally unstable. I grieved for the children I would never nurture in my body, I grieved for the loss of self-confidence I experienced. I was furious at the betrayal I felt, at being diagnosed "depressed" and "unstable", and I was angry with myself for believing it was true.

3 Māmā Tahi

Māmā tahi presented to me as a polite and respectful woman of few words who was so excited to be welcoming another addition to her little family. At our first visit together, we sat in her home where she unravelled the journey of her first pregnancy. The pregnancy itself was medically uncomplicated; however, she spoke of the tension she faced as her parents were shocked at the news of her becoming a parent. Her mum and dad had strong religious beliefs and they felt being a young unwed mother was not what they had imagined for their daughter. Being a teen, māmā tahi knew she would need their support and guidance and she also understood how difficult this was for them, so she allowed them their space.

I often begin a booking visit with a new hapū māmā by asking her what she enjoyed about the previous experience/pregnancy (if they have had maternity care previously). When I offered this question to māmā tahi I could see her searching her memories to find the words to articulate her feelings. She hesitated, and then said she felt her previous midwife was a really nice person, always kind and friendly, but that she did not feel connected to her. Māmā tahi talked to her midwife about what was going on with her mum and dad but the midwife did not seem to care; in fact, she seemed uncomfortable and sort of changed the topic anytime the matter was raised. She automatically assumed this would be something she could talk to her midwife about since it was causing stress on her pregnancy. Māmā tahi remembered, at some point, she just stopped talking to her about her family since it caused so much awkwardness. I recall her saying that she wished she had more support regarding her personal life as she felt her troubled relationship with her mum and dad was the most stressful part of her pregnancy.

We continued to talk, and māmā tahi began to discuss about her first birth experience. She remembered the labour was quick and the midwife was surprised at how quickly she had dilated in a short amount of time. Before long, māmā tahi soon found herself with an epidural on board and nearing full dilatation. She remembers telling her midwife she could feel pressure “down there” and was convinced she could feel something coming. The midwife rebutted multiple times that she was just feeling the pressure of the contractions, and that because she had an epidural she must have been getting confused with what she was feeling. Māmā tahi explained that despite

her growing distress and insistence that she could feel something "down there", the midwife stood by the computer and did not take the time to come and examine her or reassure her. I remember her telling me she felt helpless and scared. Eventually, the unthinkable happened. The room was filled with a cry, and a look of shock swept across the midwife's face who was now rushing to lift the sheets to see that the baby had been born onto the bed. I remember māmā tahi describing how the room became a flurry of activity with the midwife jumping into action, cords being clamped, māmā tahi being given medications, and other midwives rushing in and out of the room helping with sutures, observations, and checking on her and her baby. My heart went out to māmā tahi as she explained that even to this day she still felt so much agony at the memory of her daughter's birth and now has a fear of hospitals.

Things progressed and eventually she gave birth to her current baby with me by her side. Everything went beautifully, and her mum and dad were active participants in both her pregnancy care and the labour and birth of her new pēpi. One day, while in her postnatal recovery, māmā tahi reflected on the experience of her pregnancy with me. I remember her telling me that she was not expecting to feel as overwhelmed with joy and love as she felt with her mum and dad being an active part of this pregnancy. She spoke about her feelings of completeness and said that one of her favourite aspects of my relationship with her was the way in which I constantly included traditional Māori teachings into her modern-day pregnancy. At one point, she described herself as "not very Māori at all because I live a pretty modern life", but she said despite this, she felt connected to me through our shared culture and felt that we were the same and, therefore, she felt comfortable with me. One of the lasting comments she made to me that I will always remember is that she knew I always had her best interests at heart.

4 Māmā Rua

Māmā rua is an experienced, capable māmā, having one of many pēpi to add to her large and growing whānau. She had had all but one pēpi outside of Auckland, as she was previously living in a smaller rural town. She had moved to Auckland approximately five years earlier and had settled in South Auckland. She had her last pēpi with a tauiwi midwife who was based at a local birthing unit, and when she spoke

of her experience, nothing significant came to mind about her care. The way she described the relationship with her previous midwife suggested they had a good working relationship, where things got done and much was organised. Māmā rua herself was an extremely resourceful and organised person, so I am sure she had an extremely proactive and positive approach towards her health and her pēpi's health. From our initial booking visit, everything seemed in check despite her late engagement with midwifery cares.

When I began to discuss what māmā rua hoped for this hapūtanga, I asked her if there were any traditions from her whānau she would like to include in her pregnancy or birth. She looked at me slightly confused clearly not understanding what I meant and she probed for clarification. I suggested things like muka for pēpi, use of rongoā Māori during hapūtanga, inclusion of her hubby and other tamariki at any stage she would like, having a home birth maybe to help accommodate her tamariki and to reduce childcare needs. The conversation went on to give examples of many other ways her individual needs can be encompassed. I remember a huge smile swept across her face, and she became teary eyed as asked if I was sure she was allowed to have her big babies and her Nan present at her birth. It filled me with joy and broke my heart all at once!

5 Māmā Toru

As usual, the booking visit with this experienced māmā was filled with whakawhanaungatanga where we exchanged whakapapa and stories while we shared kai, history, and ideas with each other. Within this exchange she shared significant information with me which I could tell through her body language she was apprehensive about. In one of her previous pregnancies, she was super excited that she had managed to find herself a Māori midwife. I listened as she told me about the midwife who was energetic and attentive to her needs, and although she did not claim to uphold the values of Te Ao Māori within her practice style, she was a kind and caring person. She spoke of the high hopes she had for the pregnancy due to the fact she had a Māori midwife.

After the birth of her pēpi, she was shocked to discover that she was experiencing feelings of anxiety, repulsion, and discomfort when she breastfed her baby. She could

not understand why she felt this way; however, the feelings and thoughts overwhelmed her to the point she thought she was mentally unwell. Confused and upset, she called her midwife to discuss the matter and was further upset at the abrupt response she received. The midwife was dismissive, telling the woman it was all in her head and that breastfeeding really is the best and most effective way to care for her baby. Māmā toru felt that the midwife had clearly stated that in her eyes, breastfeeding was the only option if she wanted to be a good mum. She felt ashamed, and never mentioned it again to the midwife or to anyone else.

She felt lost and unsupported and did not know what to do. Secretly she began bottle feeding formula to her baby. She would hide her bottles and formula whenever her midwife came to visit and put on a brave face pretending everything was fine. The midwife was none the wiser and would praise her for the amazing weight gains her baby was making due to her wonderful breastfeeding, and māmā toru remained silent.

Now, years on since this experience, it was clear to me that māmā toru was still struggling with this previous experience. I could see she was still searching for the answers and reassurance she needed at the time. We discussed dysphoric conditions associated with breastfeeding and milk let down, and how an overwhelming number of hormones in the postnatal period could have largely contributed to her negative emotions and thoughts. I watched this lovely māmā let out a massive sigh of relief as she began to realise she was not alone, and that she was in fact an amazing and clever mum for realising her struggle and making wise decisions for herself and her family to ensure they all continue to thrive.

6 Māmā Whā

Māmā whā is another experienced māmā who has had multiple babies. She was excited to be expecting another pēpi to add to her growing whānau. By the time I met her, she was well into her pregnancy and entering her third trimester. I asked māmā whā if there were any reasons she had chosen to wait so long before seeking midwifery care. She told me she had come from a small place in the South Island and had always had Pākehā midwives as there was nobody else available. She continued to explain that when she had her last baby, she presented with said Pākehā midwife to the hospital and, in her usual fashion, gave birth not long after arriving. Sometime

after the birth, she was packing up to go home with the newest addition to her family when the doctor on duty came in to ask her what her contraception plans were. Slightly confused about why he was asking her this merely hours after she had given birth, she looked over to her midwife who stood there in silence without adding anything to the conversation. So māmā whā told the doctor she had not even thought about it yet. He told her that she had quite a large family now, and that perhaps it was time to consider if having any more babies was the best decision for her and her family. The doctor also told her that he pre-empted she may want some contraception and had the contraception nurse ready outside to insert a Jadelle or give her the Depo Provera injection when she was ready. She told me at that point she felt the anger rising as his assumptions about her were abundantly clear and he had judged her without knowing her lifestyle, her preferences, and her situation and life-stage. She was furious that her midwife, who was present in the room during this conversation, did not offer any support despite her body language suggesting that she needed assistance. The clever māmā chose to ignore what the doctor said and did not even dignify him with a response, she simply continued to pack her bags, went home, and never returned to that hospital. She told me that this one interaction with this doctor hit her with a realisation that her lifestyle and choice to have a big family was extremely unfamiliar to her tauiwi healthcare team and stated that this would never happen back home. She decided that from then on she would never have a tauiwi midwife again and would take matters into her own hands and care for herself.

7 Māmā Rima

I had been the midwife for this māmā for her first and second pregnancy and birth, and we had a beautiful journey together. For her third pregnancy, she had moved address and decided to go with a midwife who was located closer to her new home to make access easier for her. Further down the track, she was hapū again, and this time had returned into my care. When I went to meet her, we reconnected immediately as if we had just seen each other yesterday. I was curious about why she had chosen another midwife for her previous pregnancy, so I bravely asked her to share whatever she felt was appropriate with me during the booking visit so I could ensure my care during her fourth pregnancy and birth was suited to her needs. What she shared with

me was very insightful. She said that when she reflected on her pregnancies with my care, she felt they were easy and straightforward, and she felt like her health was good. She felt informed and empowered to make her own decisions and she assumed it would be like this everywhere, so she made the decision to change midwives confident all would be well again. The only thing stopping her from returning to me on that occasion was my clinic location which was further from her home than the new midwife.

Now entering her fourth pregnancy, she explained that she completely regretted that decision. She talked me through the experience with pregnancy and birth with the other midwife, and how right from the start she should have realised early the signs that this was not right for her. She remembered the initial visit and assumed, like me, it would be an opportunity for her and the new midwife to establish rapport, to get to know each other, and to understand each other's backgrounds. She said, to her surprise, it could not have been further from the truth. She remembers she started to tell the midwife her whakapapa (in her own way), and the midwife stopped her mid-sentence, explaining they only had 20 minutes to get through the booking visit, so they needed to skip over the "fluffy stuff" and get to the important facts. She really learned nothing about the midwife, or her style of care, or what to expect going forward, aside from the fact that the midwife appeared busy and disinterested in sharing anything about herself with the woman.

As her pregnancy progressed, she began to struggle to keep up her iron levels. She was laughed at when she discussed with her midwives the use of nettles tea (a remedy I had used with her before) alongside oral iron therapies. She said that being a mum with a toddler and being pregnant she constantly forgot to take her tablets; yet nobody from her team of midwives followed up with her so she assumed it was not very important. She discussed how she felt discriminated against on multiple occasions. Her third baby was small, much smaller than her first, but she did not know why as nobody had discussed it much with her. On one occasion she asked her midwife for a voucher to help her access the growth scans she was required to complete, and she was asked why she could not pay for them herself. She was asked to outline her income and her rough outgoings to the midwife and felt embarrassed that she had to show her a bank account statement confirming the money she receives

from Work and Income New Zealand. She was asked to justify a koha that she had offered to her extended whānau for a recent tangi, and her midwife questioned whether this was appropriate given she could not afford to pay for her own scans. She felt so belittled by the interaction she was reluctant to attend the scan. Her husband had to remind her of the importance of scans for baby's wellbeing, and she decided to attend in the end, but it was not without some convincing. I listened to her as she remembered the confusion she felt at her finances being examined as I had never done this to her previously, nor had I made any comments about her spending patterns.

Because her baby was small, she was induced, and she felt that the care she received at the hospital was extremely racist. She was struggling financially to provide for her family with other children and a baby on the way, so she was not able to afford nice things for herself. She went to the hospital with a reusable supermarket bag filled with her baby's belongings and she noticed the disgust of the midwives who asked her why she did not have a proper baby bag. She could hear the whispers and giggles from the midwives as they discussed her situation, and she felt embarrassed about her body, her baby, and her situation. She did not know what to say so she just remained quiet and tried to focus on her baby.

As the induction progressed, she wanted to get in the shower for 10 minutes, as she could feel herself being watched by the midwives. She knew that lying on the bed with people staring at her was not helping her labour progress. She wanted to be alone, to feel the water on her skin, and to just be with her partner for a few minutes as she could feel herself tensing up as they watched her. The midwives denied her request to get up despite the baby's heartbeat and movements being normal. They did not give her any other options to mobilise and would not let her sit on a Swiss ball while still attached to the monitors. When the baby was being born, she wanted her husband to help deliver the baby (just like he had done with me before), but the midwives said no as that was not his job and instead asked him to stand next to the bed and hold her hand. I watched her cry as she anguished over the lack of consideration for their family traditions despite their multiple requests to use muka and to facilitate a breast crawl once baby was born. She had her muka ready to go and asked to have her husband tie it onto her baby but was told that "those flax thingies are always leaking"

so we prefer to use cord clamps here. By now she told me she felt so defeated she did not even try to argue.

Immediately after the birth, she told me how she bled heavily and there were bells ringing and people running around the room putting needles in her and "punching" her in the stomach. She said at no stage did anyone tell her what was going on or why. Even afterwards, the explanation her and her partner received was "you were bleeding a lot, so we just had to stop the bleeding".

Now, entering her fourth pregnancy and coming back to me, she has had time to reflect. I was flattered to hear that in her mind, she felt that the reason why her other pregnancies with me were so easy was because of the relationship we had with each other. She said that she realises now how much information and education I shared with her throughout her pregnancy, and she said this made her feel in control of her body and her health. She also missed how often I checked in on her between appointments, reminding her to take her supplements, stay hydrated, and keep eating nutritious food and gently exercise. She also missed the connection I built with her mum and aunty and remembered fondly that I would often ask after them when they were not able to attend appointments with her. She did not realise how all of these aspects of my care were so important to her.

8 Māmā Ono

I received a phone call one day from this young Māori māmā-to-be who was looking for a midwife. Despite her youth, she was confident as she explained to me that she just knew she wanted a Māori midwife. I asked more questions about what it was that she felt a Māori midwife could offer her. She responded by saying, "because I just know in my heart it's what is right for me, and I know even though we don't know each other – we are the same and all Māori are connected". She went on to tell me that she had been registered with a tauiwi community midwife whom she felt did not understand her, and assumptions were already being made based purely on her youth. She went on to say that she thought that having a Māori midwife would mean she would be better understood and not judged. This young woman was determined to have a positive pregnancy experience and she knew she needed a culturally responsive maternity carer. We discussed many important issues in this one phone call, and I was

blown away at the maturity this young woman demonstrated. She beautifully articulated her hopes and fears for her pregnancy and life beyond birthing and was open about her realisation that being a teen mum would be a big journey, but she was up for the challenge.

When we met in person, our booking visit was much the same and consisted of more rapport building and establishing the basis of her specific needs. She was honest about her life and shared some of the sad experiences she had already faced as a young girl which added to her guarded exterior now. We did not go into details at this point; however, I could hear and see the pain hiding behind her bright eyes and knew that there would be more to come once she felt comfortable with me.

Eventually, after the weeks rolled by, she began to open up about her life. She spoke about growing up and the physical disconnection with her immediate whānau as her mum had decided to relocate their family to a bigger city in hopes of more work opportunities. She talked about feeling sad that her mum and dad decided to leave their tūrangawaewae, but it was out of her control. She talked openly about her past struggles with anger, rebellion, depression, and anxiety, but was already wise enough to talk about how much she wanted something different for her baby. She spoke about being a child of "the system" who had had many interactions with various government or social services sectors, and I eventually learned that I was one of the few adults with whom she had a trusted relationship.

Once a strong bond between her and I was established, I would often ask her what I could do as her midwife that would help her the most. She would often say that just having me by her side and knowing she had my support was all she needed. She was a humble young woman and was completely engaged in her pregnancy; and despite the many obstacles she faced, she never missed an appointment with me. She would often send me sweet messages between antenatal check-ups updating me on her progress, or the small wins she was achieving, and we would celebrate these together. She told me she felt confident and capable because I believed in her. So, I continued offering moral support to her.

More time rolled by, and her puku began to grow, and she asked many intelligent questions about her body and her baby that yet again demonstrated her love for her

baby and her keenness to be a great mum. She excitedly engaged in the antenatal wananga I enrolled her in specifically aimed at teen Māori māmā. She would come back to each check-up with me ready to share her new learnings from the wananga, and would ask lots of questions about how our Māori ancestors would have dealt with these things in traditional times. I could tell she enjoyed the learnings from the ancient world, and although my own knowledge of traditional Māori birthing had its limits, I shared them with her openly as it appeared to help her pregnancy flourish. I remember one day she asked me how I knew so much about birthing in ancient Māori times and was fascinated as I shared the stories of acquired knowledge through my own whānau, and through my Māori midwifery sisters. We continued to conduct her care in this manner, as this seemed to encourage her to strive for wellness and she thrived with this style of tutelage.

The day came when baby was born. I was so impressed, with her ability to cope, her ability to remain calm, her ability to allow her body to take over, her ability to trust in the process of birth, her ability to trust in the power of her body, and her ability to trust that her baby knew what to do. I felt like a proud mum as I witnessed the most beautiful transformation from teenager to parent during this wonderful birth. She was calm, centred, and focused; and, as such, she birthed her baby boy beautifully without any interventions. There was not a dry eye in the room when her partner helped to bring their baby into the world, and their son took his first breath. Her partner and I tied muka on their baby's pito while māmā ono said the karakia she had specifically learned to welcome her baby. We sobbed together, as we all realised this birth had been transformative for us all. In that moment, I was grateful for the learnings from my ancestors and my Māori midwifery sisters that enabled me to share them with this young couple and equip them for this beautiful journey.

Postnatally, this young māmā thrived. She breastfed like a champion, and I felt like at times my advice and help were surplus to requirements which is a wonderful thing! Her breastfeeding was so wonderful that her baby managed to gain weight in his first week, a milestone that we celebrated together! She was confident with her baby, holding him and comforting him without any nerves or uncertainty. As she continued to travel through her postnatal journey she glowed and was constantly telling me how thankful she was for my support and how proud of herself she was. She was in

disbelief that she grew such a healthy and happy baby boy and felt that bringing him into the world has changed her universe and she could not wait to create an amazing life for the two of them.

As I reflect, I can recall multiple occasions where she would pour out thanks to me for supporting her, believing in her, and helping to facilitate education/services/resources that helped enhance both her pregnancy and her life in general. I would hear her gratitude for me; however, sometimes not fully appreciate and recognise the significance of my actions until I had had had time to reflect. A pivotal moment for me was when we sat postnatally with her expertly breastfeeding her baby, and she told me that she has never felt so confident and strong in her life than she had while being pregnant and giving birth. She said more than anything, she appreciated that I never doubted her and I always believed in her which made her want to be better and provide a great future for herself and her son. She said that she loved hearing the ways in which Māori might have managed pregnancy and birth, and this helped her to feel connected to her own tūpuna and feel closer to her heritage. She told me that she sometimes felt really far away from her culture because she was so far away from her whānau, but having a Māori midwife had helped her to remember who she is, and after her pregnancy journey she felt closer to herself and has a beautiful pūrākau to share with her son when he is older. She poured gratitude on me for supporting her decisions which made her feel clever and powerful, and capable of doing anything. Sitting here now, I can still hear her words echo in my mind, and it makes my eyes well up knowing that I have encouraged her to realise her own potential and have provided the space for her to thrive in her own power. It was always there within her—I simply provided opportunities for it to come to the fore and shine.

9 Conclusion

After searching the far reaches of my memories and reflecting thoroughly on the experiences had within my midwifery practice, I have an abundance of stories which echo similar aspects. I am spoiled for choice when it comes to articulating observed experiences; however, in the interests of keeping confidentiality I have been limited in my selection of stories within this chapter. What I have realised while exploring these stories is that Māori people, in my opinion, do want Māori midwives as evidenced

within the fibres of the narratives above. It appears that some Māori are not even sure why they are drawn to Māori midwives, but they know instinctively that this is what is right for them. In conclusion of this chapter, I hope that I have honoured the mana of the people who own these pūrākau and that I am able to use the learnings within to positively influence the shape of midwifery moving forward.

WĀHANGA RIMA: CHAPTER FIVE

TE AO MĀRAMA: FINDINGS

1 Introduction

Histories are preserved within pūrākau, and while I do not wish to alter these truths, I will now intertwine my own observations to add another level of understanding and uncover additional meanings to the narratives that inform my research. The Te-āta-tu Pūrākau method urges the researcher to fully imbed themselves deep into the pūrākau to enable transformative revelations to come to the fore, to identify new relationships and subtleties (Hall, 2015). The pūrākau shared in Chapter Four have been gifted to me over the years and as such I have been able to revisit them often and find new characteristics each time. Now, through the formal process of data analysis, these pūrākau have unravelled further, and an array of new associations has emerged. To ensure conciseness and relevancy to this research, I have chosen to select extracts from the pūrākau and have laid them out in tables for ease of reading, and to help organise my observations into digestible sections.

I remind myself and the reader that privileging Māori voices, Māori experiences, and Māori knowledge—including physical, social, and spiritual truths—is an ever-important aspect of conducting Kaupapa Māori research (Rigney, 1999; L. Smith, 2012). By celebrating the voices of Māori in the pūrākau, and throughout the data analysis, I continue to uphold the principles of kaupapa Māori research. The title of this dissertation "I don't know why I want a Māori midwife, I just do", reflects the essence of this research, suggesting a deep internal dialogue with oneself urging connection with culture. Perhaps this emphasises the thinking that Māori whānau have an innate tendency to engage with Māori midwives through a spiritual inclination that may not always be easily articulated. In this chapter, I use the data analysis method Te-āta-tu Pūrākau (Hall, 2015) to highlight the findings within the pūrākau and layer various meanings to encourage robust thoughts and ideas.

I realise it would not be fair or realistic of me to claim that I have discovered the complete list of possible meanings that have emerged from the pūrākau. The connotations discovered are subjective and will differ from person to person, or even

differ as various life-stages develop and change. Therefore, within this chapter I have chosen to focus on certain aspects of the pūrākau that have appeared prominently to me. I acknowledge that they may not resonate with everyone who reads this, and that alternative narratives might be more relevant to different readers, which is the beauty of Poutama rima within the data analysis method which welcomes personal insights. Because poutama rima holds space for the reader to consider their own relationship with the material as they engage with it, I have chosen to do exactly that within the tables below. I have chosen to outline the main or reoccurring themes as I read the pūrākau and have made note of the commonalities as they present. Again, these identified number of themes are not finite; rather, are determined to be notably featured and, therefore, important within the context of this study.

To ensure confidentiality for the owner of these pūrākau, I have adjusted some of the details of the pūrākau so that anonymity can be maintained. I have not used any names or pseudonyms and have only included aspects of the pūrākau that are essential for the reader to understand the heart of the matter.

To remind the reader, a brief outline of the five Poutama that make up the Te-āta-tu Pūrākau method (full details can be found in Chapter Three) are:

TABLE 3. BRIEF OUTLINE OF THE FIVE POUTAMA

Poutama	Key Concept	Description
Poutama Tahi	**Linear Level**	The structural basics of the pūrākau
Poutama Rua	**Relational Level**	Build context to understand the storyteller (relationships, whakapapa; sequential and historically influences)
Poutama Toru	**Emotional Level**	Emotions and feelings are observed. Sense of love, hate, acceptance, rejection, and/or who was 'really' responsible
Poutama Whā	**Analytical Level**	The researcher adds layers of understanding and makes connections that have similar messages in the narrative.
Poutama Rima	**Wairua Level**	The reader self-reflects while engaging, personal feelings are heard, recognition of interconnection through wairuatanga. Here I will identify the more prominent themes identified for me, and group any commonalities noted

2 My Pūrākau – My Health Journey

TABLE 4. MY HEALTH JOURNEY

Poutama	Kōrero
Poutama Tahi	"As a wāhine Māori and a consumer of health services in Aotearoa..."
Linear Level	"At the ripe age of 16, I became heavily involved in martial arts…"
	"It was right amidst an intense phase of my training that I began to notice the changes happening in my ikura…"
Poutama Rua	"Young and naïve, I didn't think much of it … and I kind of brushed it off…"
Relational Level	"The changes worsened, to the point that I went to see my GP…"
	"I managed to convince myself not to worry as I assumed this is what women go through all the time – not that I had proof of this because I had never talked to any of my friends or family about what was happening in my body…"
	"That's just not what you do – these things are private…"
	"I finally found the words to talk to my mum about what was happening, and she came to Auckland to support me…"
	"Sadly, our whānau knowledge of rongoa died alongside my grandfather, and we were at a loss as to where to go…"
Poutama Toru	"Writing this pūrākau has been an emotional and painful experience for me, but after much deliberation I feel it necessary to share this story…"
Emotional Level	"My ikura was extremely unusual, and I was starting to experience feelings of dread, confusion, anxiety and sorrow…"
	"My ikura began to control my life…"
	"I was declining social activities due to the severity of the pain…"
	"It was causing damage to some of my relationships…"
	"I felt like I was losing control…"
	"I finally found the words to talk to my mum about what was happening, and she came to Auckland to support me…"
	"Sadly, our whānau knowledge of rongoa died alongside my grandfather, and we were at a loss as to where to go…"
	"Having the additional non-pharmaceutical help (although not inherently mine) was what I needed to feel settled, to feel like an active participant in my own health, and for my wairua to feel fuller…"
	"I felt an immense relief finally having a label that helped me understand…"
	"The words felt like a threat, rather than a course of treatment and I remember feeling fear and feeling like I had been reprimanded for something I had done wrong…"
	"I could tell by my mum's reaction and how I felt, that we both felt deflated and silly…"

"I left his office that day with mixed emotions; however, felt like I had no other option but to follow his treatment plan or face the seemingly dire consequences…"

"He told me that I was experiencing stress and grief at the loss of my relationship and once again this was upsetting my hormones and thus my cycle…"

"He even questioned my mental state… numerous times…"

"I began to doubt myself and mistrust my own judgement…"

"I questioned everything I was feeling and wondered if the pain I was experiencing was even real or only existing in my head…"

"Despite my GP's insistence for counselling and medication, I did not feel depressed…"

"I managed to cope … and on occasion, when I was brave enough, I would mention them [symptoms] to my doctor despite the constant push back…"

"I found myself falling further and further into confusion and despair, and eventually I learned to say nothing…"

"I started to believe him, that I probably was depressed and that my mind was playing tricks on me…"

"I had no idea what to do anymore, and I felt hopeless…"

"For fear of rejection I lied to her stating I was healthy and well…"

"I lied because I couldn't be bothered going through all the drama again, or whether I doubted she would believe me anymore than my previous GP would…"

"My instincts had led me wrong before, so I should just keep quiet…"

"I expected to go back to find out that yet again, I was being dramatic and there was nothing wrong with me apart from stress…"

"I remember going back into her office, sceptical and nervous…"

"I don't want them to know that I'm losing it…"

"As the confusion set in, I began to laugh out loud. I don't know why really – shock perhaps..."

"All these years I knew something was wrong. I *was* in tune with my body after all, and I'd been recognising that things were not normal for me…"

"I stared blankly into space feeling upset and furious at the same time…"

"No attention was paid to the fact that I was basically just told there were no options for me…"

"I felt like I had been screaming at the top of my lungs, but nobody was listening, and it was the most frustrating thing I've ever experienced…"

"The grief I felt for all I had lost here; was like none I've ever felt…"

"I was made to feel inferior, unintelligent and mentally unstable…"

"I grieved for the children I'd never nurture in my body, I grieved for the loss of self-confidence I experienced…"

"I was furious at the betrayal I felt, at being diagnosed "depressed" and "unstable" and I was angry with myself for believing it was true…"

Poutama Whā Analytical Level	The story outlines the journey of a young woman, and her struggle with health. It is a chronological timeline that details the experience from mild and manageable symptoms, until the discomfort peaks and major health setbacks are experienced. The relationship between the young woman and the medical doctors slowly deteriorates as the health disorder worsens. Distrust and scepticism of the health system are noted and feelings of self-doubt and uncertainty about herself are observed as poor health progresses. The effects of colonisation are subtly noted when the young woman decides not to discuss the health concerns with her whānau in its early phases as she assumes this is normal for all woman and convinces herself that “these things are private” and continues to manage on her own. In a traditional setting, issues such as health (and in particular health pertaining to women and childbearing) would have been the concern of the whānau and hapū for the interests of ensuring wellness and future generations could flourish (Mahuika, 1975; Mead, 2003; Salmond, 2017; Walker, 2004). The young woman goes through an emotional journey that is transforming with the progression of her unwellness. Her emotions appear connected to her physical being; and as the illness develops, her connection with her self-confidence seems to wane. Much like the cycles of grief, there are varying stages observed as the woman travels back and forth through denial, suffering and pain, anger, bargaining, depression, self-reflection, and feelings of helplessness and isolation. Eventually there is a sense of acceptance that the disorder is now her new normal, and sadly she convinces herself to accept that her own intuition was wrong, and the doctors knew better. When examining the story through the eyes of the woman, there is an underlying tone that she gradually believes she is to blame, and that she is confused by her own body and senses. However, reading the story through the eyes of the researcher, I have a tremendous sense that the medical professionals in this scenario are the ones who are ultimately responsible, and who have failed this woman who sought their help. The level of mistrust experienced in this scenario was insidious. There are multiple occasions where the health professionals have failed to value the woman’s intuition about her own body and have not done their due diligence by exploring her concerns further. In addition to the medical negligence observed, the young woman’s instincts have been questioned and suggestions of mental unwellness are rife. Sadly, after years of seeking for resolution, the young woman is told many things to “explain” away the symptoms, and her self-confidence is completely crushed which ends up being the actual catalyst to her emotional and mental unwellness. Ultimately, she pays the price of years of misdiagnosis which eventuates in infertility. On another level, my thoughts focus on the relationship between the woman and her whānau which have possibly been affected by the loss of mātauranga Māori through the process of colonisation. She mentions that she did not discuss these concerns early with her whānau, as “that’s private”. Within Te Aō Māori, menstruation was a topic open for

	discussion within the entire whānau, hapū, iwi, and in particular things that affect menstruation and child-rearing were the concern of everyone (H. Kohu-Morgan, personal communication, May 2021). Traditionally, if there was an issue arising, this would be discussed and faced head on. There was no shame in suffering from a health concern, and the entire iwi would want to ensure as much as possible the person suffering would be cared for and supported (H. Kohu-Morgan, personal communication, May 2021).
Poutama Rima **Wairua Level**	The key concepts that have emerged for me through this pūrākau include (but are not limited to): • A deep sadness and grief at the loss of sovereignty, loss of confidence, suppression of whānau mātauranga and eventual loss of childbearing ability • There was no deep or meaningful connection with the healthcare professionals • Informed consent was missed • Inclusion of whānau, wairua, and cultural identity in her care were missed • Intertwining of ancient knowledge (rongoa) and western knowledge was needed • The woman's intuitive knowing was dismissed • Blame was placed on the woman rather than solutions being found • Misdiagnosis based on assumptions pushed the woman into uncertainty, and lead to eventual depression • Whānau centric care was desperately needed Ultimately, the woman suffered a dire consequence due to insensitive, non-inclusive, and inadequate care. As the care continued to deteriorate, so did the woman's resolve and her confidence in her own body and her own knowing. She loses faith in the system, and notes a blatant lack of connection with her healthcare professionals who have no regard for her holistic health needs.

3 Māmā Tahi

TABLE 5. MĀMĀ TAHI

Poutama	Kōrero
Poutama Tahi **Linear Level**	"Who was so excited to be welcoming another addition to her little family …" "Being a teen…"
Poutama Rua **Relational Level**	"The pregnancy itself was medically uncomplicated; however, she spoke of the tension she faced as her parents were shocked at the news of her becoming a parent…" "Her mum and dad had strong religious beliefs and they felt being a young unwed mother was not what they had imagined for their daughter…" "Being a teen, māmā tahi knew she would need their support and guidance but she also understood how difficult this was for them so she allowed them their space …"

	"She felt her previous midwife was a really nice person, always kind and friendly, but that she didn't feel connected to her..." "She automatically assumed this would be something she could talk to her midwife about since it was causing stress on her pregnancy…"
Poutama Toru **Emotional Level**	"Being a teen, māmā tahi knew she would need their support and guidance but she also understood how difficult this was for them so she allowed them their space …" "She felt her previous midwife was a really nice person, always kind and friendly, but that she didn't feel connected to her..." "Māmā tahi talked to her midwife about what was going on with her mum and dad but the midwife did not seem to care, in fact she seemed uncomfortable and sort of changed the topic anytime the matter was raised..." "At some point, she just stopped talking to her [midwife] about her family since it caused so much awkwardness..." "I recall her saying that she wished she had more support regarding her personal life as she felt her troubled relationship with her mum and dad was the most stressful part of her pregnancy..." "Māmā tahi wished she had more support regarding her personal life..." "She automatically assumed this would be something she could talk to her midwife about since it was causing stress on her pregnancy..." "The midwife rebutted multiple times that she was just feeling the pressure of the contractions, and that because she had an epidural she must have been getting confused with what she was feeling..." "I remember her telling me she felt helpless and scared..." "I remember māmā tahi describing how the room became a flurry of activity..." "She explained that even to this day she still felt so much agony at the memory of her daughter's birth and now has a fear of hospitals..." "māmā tahi reflected on the experience of her pregnancy with me.... I remember her telling me that she was not expecting to feel as overwhelmed with joy and love as she felt with her mum and dad being an active part of this pregnancy" "Spoke about her feelings of completeness this time, and said that one of her favourite aspects of my relationship with her was the way in which I constantly included traditional Māori teachings into her modern-day pregnancy..." "she described herself as "not very Māori at all because I live a pretty modern life", but she said despite this she felt connected to me through our shared culture and felt that we were the same..." "One of the lasting comments she made to me that I will always remember is that she knew I always had her best interests at heart..."
Poutama Whā **Analytical Level**	We immediately learn she is an experienced māmā who is expecting her second baby. We establish that she comes from a family with two parents who have strong religious

	beliefs. Their shock at their daughter's unexpected teen pregnancy outside of wedlock suggests that they have much love for their daughter; however, the strength of their relationship is tested by this sudden news which inevitably challenges the hopes and desires they have for their daughter. The anguish māmā tahi experiences as she inevitably failed to meet the ideals her parents held dear, again affirms the closeness of her relationship pre-pregnancy. Māmā tahi wanted to appease her parents, cares greatly about the support and guidance from her whānau and this is a topic of much concern for her as she continues to raise this issue with her previous midwife. She learns to stop bringing this issue to her midwife's attention, however, when she is met with insubordination in the form of awkwardness and tension. Later in her journey, Māmā tahi talks about feeling complete with the active participation of her whānau and having the acceptance and support of her parents. Many Māori academics (Durie, 1998, 2001b, 2003, 2005, 2011a; Elder, 2008; Hall, 2005, 2015; Leatham, 2014; Mikaere, 1994, 2013; Pihama, 2001, 2017; Simmonds, 2011; Wepa, 2001, 2016) emphasise the importance of the inclusion of whānau for Māori to be truly healthy and well. Māmā tahi's journey demonstrates the difference that having whānau support can make. I also wonder about the effects that religion has had on this whānau. In times of colonisation, religion has played a role in helping to force Māori to assimilate to Western ideals, and through this process much of Māori knowledge systems were lost. Within a Te Ao Māori worldview, a teenage pregnancy was considered normal and would be celebrated and cherished. I wonder if this whānau favoured traditional Māori values over a religious lifestyle, would they would be as upset about a teenage pregnancy? Māmā tahi also expressed multiple times when she was in labour that she could feel "pressure down there" and was openly expressing her distress. She was ignored by her midwife, which would inevitably have discouraged her from raising concerns or questions.
Poutama Rima **Wairua Level**	The key concepts that have emerged for me through this pūrākau include (but are not limited to): • A deep and meaningful connection with the midwife was missing • This was a chance to repair and strengthen relationships • Expectations of the midwife included her entire wellbeing not just physical • Desire for whānau centred care • Midwifery expertise that can navigate the uncomfortable topics • Revisit past trauma in a safe environment to understand and breakdown scenario • Wairua and whakapapa connection with Māori midwife In summary, this pūrākau illustrates the benefit of care that is whānau centric and based on strong relationships and connection to the principles of Māori preferred ways of

	knowing and being. This story demonstrates why it is important for Māori to remain connected to their core values, and why they seek out Māori midwives.

4 Māmā Rua

TABLE 6. MĀMĀ RUA

Poutama	Kōrero
Poutama Tahi **Linear Level**	"An experienced, capable māmā having one of many pēpi to add to her large and growing whānau…" "She had had all but one pēpi outside of Auckland, as she was living in a smaller rural town previously…" "She had moved to Auckland approximately five years earlier and had settled in South Auckland…" "Māmā rua … was an extremely resourceful and organised person… she had an extremely proactive and positive approach towards her health and her pēpi's health. From our initial booking visit, everything seemed in check despite her late engagement with midwifery cares…"
Poutama Rua **Relational Level**	"She had her last pēpi with a tauiwi midwife based at a local birthing unit…" "When she spoke of her experience, nothing significant came to mind about her care…" "The way she spoke about the relationship with the previous midwife suggested they had a good working relationship…"
Poutama Toru **Emotional Level**	"The way she spoke about the relationship with the previous midwife suggested they had a good working relationship…" "I began to discuss what … traditions from her whānau she would like to include in her pregnancy or birth, she looked at me slightly confused…" "A huge smile swept across her face, and she became teary eyed as she asked me if I was sure she was allowed to have her big babies and her Nan present at her birth…"
Poutama Whā **Analytical Level**	Another experienced māmā who has had multiple pregnancies and is a consumer of the health system in Aotearoa. New to Auckland, she is now looking for a new midwife. Being a consumer of the health system in Aotearoa several times, she knows what to expect for her midwifery care and has a standard of care she has experienced previously that she now expects to receive again. The simple mention of whether she would like to include any traditions from her whānau into her care unravelled emotions of surprise, confusion, and delight for this māmā as she had not been made aware that this was a possibility. She expressed much joy when she realised she was able to include her babies and her Nan at her birth. The care this woman had received previously was adequate and sufficient for her needs; however, she had been missing the opportunity to have her whānau be participants in her journey. Working in partnership within Aotearoa is what

	our entire midwifery profession is built upon, and her emotional response suggests that she has never truly had anyone work in partnership with her previously.
Poutama Rima **Wairua Level**	The key concepts that have emerged for me through this pūrākau include (but are not limited to): • Consultation with and inclusion of whānau should be automatic, not requested • Midwifery care that is fully informed and supports individual choices • A deep and meaningful connection with the midwife was missing in this pūrākau although initially, despite this lack, the relationship appeared to work. In the long run though, the missed depth of relationship affected the support received • Midwifery care that advocates for the woman's decisions even if they differ from others opinions • Midwifery care that encompasses all her needs and reflects her values • Expectations of the midwife included her entire wellbeing not just physical • Wairua and whakapapa connection with Māori midwife In summary, this pūrākau illustrates the benefit of care that is whānau centric and based on strong relationships and connection to the principles of Māori preferred ways of knowing and being. This story demonstrates why it is important for Māori to remain connected to their core values, and why they seek out Māori midwives

5 Māmā Toru

TABLE 7. MĀMĀ TORU

Poutama	Kōrero
Poutama Tahi **Linear Level**	"In one of her previous pregnancies, she was super excited that she had managed to find herself a Māori midwife…"
Poutama Rua **Relational Level**	"The booking visit with this experienced māmā was filled with whakawhanaungatanga where we exchanged whakapapa and stories while we shared kai, history, and ideas with each other …" "In one of her previous pregnancies, she was super excited that she had managed to find herself a Māori midwife…" "She shared significant information with me, and I could tell through her body language she was apprehensive…" "she told me about the midwife who was energetic and attentive to her needs, and although she did not claim to uphold the values of Te Ao Māori within her practice style, she was a kind and caring person…" "Confused and upset, she called her midwife to discuss further and was further upset at the abrupt response she received…"

	"The midwife was dismissive, telling the woman it was all in her head and that breastfeeding really is the best and most effective way to care for her baby…" "She secretly began bottle feeding formula to her baby. She would hide her bottles and formula whenever her midwife came to visit and put on a brave face pretending everything was fine…"
Poutama Toru **Emotional Level**	"She spoke of the high hopes she had for the pregnancy due to the fact she had a Māori midwife …" "After the birth of her pēpi, she was shocked to discover that she was experiencing feelings of anxiety, repulsion, and discomfort when she breastfed her baby …" "She couldn't understand why she felt this way …" "the feelings and thoughts overwhelmed her to the point she thought she was mentally unwell …" "Confused and upset, she called her midwife to discuss the matter and was further upset at the abrupt response she received …" "The midwife was dismissive, telling the woman it was all in her head and that breastfeeding really is the best and most effective way to care for her baby…" "Māmā toru felt that the midwife had clearly stated that in her eyes, breastfeeding was the only option if she wanted to be a good mum…" "She felt ashamed, and never mentioned it again to the midwife or to anyone else …" "She felt lost and unsupported and did not know what to do…" "she secretly began bottle feeding formula to her baby. She would hide her bottles and formula whenever her midwife came to visit and put on a brave face pretending everything was fine…"
Poutama Whā **Analytical Level**	We identify that this experienced māmā expecting another baby has past trauma surrounding her breastfeeding journey and her relationship with previous health professionals. Feelings of guilt, shame, and embarrassment surface through this māmā's discussion about feeding her baby, and the associated feelings of dysphoria she felt when attempting to breastfeed. The story chronicles the gradual breakdown in communication and relationship with her previous midwife, which appears to remain a mystery to the midwife who appears unaware of the underlying issues. There is a huge gap between working in partnership and women centred care in this women's journey. The expected approach here could have included the midwife unpacking the reasons why this māmā was experiencing these feelings to try to understand what was going on for her. Sadly, this woman has felt so unheard by her midwife she began bottle feeding formula without the midwife's knowledge which meant the necessary information about bottle sterilisation, correct preparation of formula, and all the support available to her was missed. In addition, rather than receiving support for her informed choices she was made to feel like an inferior parent who was not doing the best for her baby. Interestingly, wet nursing and milk donation was overlooked as māmā toru did not

	consider having her sister (who was also breastfeeding) to help her with breastfeeding and milk supply. The woman's mental health and intuition about her body suffered greatly as a result, and now, approaching her next pregnancy years later, she is struggling with the negative emotions resurfacing from previous trauma.
Poutama Rima Wairua Level	The key concepts that have emerged for me through this pūrākau include (but are not limited to): • Shared whakapapa does not always result in a strongly bonded relationship • The midwife (although Māori) was disconnected from her own cultural values • The depth of relationship with kaupapa Māori values was missing • The ability to be empowered and self-determining was missing • Informed consent was missing • The māmā's cultural needs were not met • Whānau centred care was missed • The relationship with the midwife was damaged beyond repair, to the point the māmā no longer believed she could talk to her • The expectations the māmā had for her pregnancy were not met by the midwife • Desire for midwifery care that can traverse the difficult topics • Reassurance of the woman's condition was not provided The midwife missed multiple opportunities to provide well-rounded care for this woman based on her unique needs. If there had been consultation with her whānau, the discovery of a breastfeeding sister would have been useful. Instead, the woman felt that their common link of shared Māori heritage equated to nothing, as this Māori midwife did not reflect any of the principles of Māoritanga that she had expected. This validates the notion that whakapapa is the key to unlock the door; however, application of Kaupapa Māori values is what makes the difference in people's lives.

6 Māmā Whā

Table 8. Māmā Whā

Poutama	Kōrero
Poutama Tahi Linear Level	"Māmā whā is another experienced māmā who has had multiple babies… She was excited to be expecting another pēpi to add to her growing whānau" "By the time I met her, she was well into her pregnancy and was entering her third trimester…" "She had come from a small place in the South Island and had always had Pākehā midwives as there was nobody else available…"

Poutama Rua **Relational Level**	"She continued to explain that when she had her last baby, she presented with said Pākehā midwife to the hospital, and in her usual fashion gave birth not long after arriving…"
Poutama Toru **Emotional Level**	"Slightly confused about why he was asking her this merely hours after she had given birth, she looked over to her midwife who stood there in silence without adding anything to the conversation, so māmā whā told the doctor she had not even thought about it…" "At that point she felt the anger rising as his assumptions about her were abundantly clear and he had judged her without knowing her lifestyle, her preferences and her situation and life-stage…" "She was furious that her midwife who was present in the room during this conversation, did not offer any support…" "This one interaction with this doctor hit her with a realisation that her lifestyle and choice to have a big family was extremely unfamiliar to her tauiwi healthcare team and stated that this would never happen back home…" "She decided that from then on, she would never have a tauiwi midwife again and would take matters into her own hands and care for herself…"
Poutama Whā **Analytical Level**	This knowledgeable māmā had purposely chosen not to engage in midwifery care until very late during this pregnancy due to a combination of trust in her own skill, and due to a lack of confidence in the medical professionals she might encounter. Based on the fact this māmā had returned to her usual midwife for another birth, we can assume they had a solid and functional relationship. It is possible that māmā whā has thought their relationship to be rock solid, hence turning to her midwife for support when being questioned by the doctor. When she did not receive the expected reinforcement from her midwife, I wonder if in this moment it was the first instance that she has questioned the substance their relationship or whether she had doubted it beforehand? The insults offered have attempted to undermine māmā whā's ability to be self-determining, and to negate her own ability to make informed choices for herself and her growing whānau. The tauiwi doctor and midwife have allowed their own personal judgements about appropriately sized families to affect their care of this woman. I can imagine that māmā whā may have been confused and upset that rather than basking in the joy of celebrating this new life, she has been thrust into conversations about future family plans which were far removed from her mind in that moment. Discussing contraception in this moment in time degraded the significance of this major life event, and leaves a lingering feeling of shame with the subtle suggestion her large family is a "problem" that needs to be thwarted from further growth. An opportunity has been missed antenatally for the midwife to ascertain what māmā whā's future plans were for family planning. If these discussions were held previously, the midwife might have known what her desired options for contraception were (if any)

	and been able to facilitate this request appropriately. I acknowledge that there may have been valid reasons why this conversation was not possible prior to the birth but, in any case, the midwife could have politely stepped into the conversation with the doctor and offered to discuss this later at a more appropriate time. When she mentions that "this would never happen back home" she was referring to the context of living in her natural papakāinga which was a small rural area to where her whakapapa connected her. She left this area when she married; however, remained connected to her whānau who lived there and visited often. Although she herself had never birthed her babies there, she knew that should she be residing in this area and birthing there, the judgements about the size of her whānau would not be questioned and would in fact be celebrated and encouraged. Ultimately, the midwife was responsible here as family planning following pregnancy is a routine part of maternity care, and the midwife has let the woman down through lack of communication and support. Sadly, this resulted in the woman being hesitant to engage with midwifery care for her next pregnancy which leaves her vulnerable to a multitude of potential risks.
Poutama Rima **Wairua Level**	The key concepts that have emerged for me through this pūrākau include (but are not limited to): • The ability to be self-determining was missing • Consultation and Informed consent were missing • The depth of relationship with the midwife was lacking • The māmā's cultural needs were not considered including whānau centred care • The expectations held for the midwife were questioned when her support waivered In conclusion, the care provided was standard and met the basic needs of the woman; however, lacked any inclusion of whānau and culture. Assumptions made and the lack of support irreparably damaged the relationship with the māmā and the midwife. Her intelligence is undermined, and this māmā feels unsupported and mistrusting of the healthcare system.

7 Māmā Rima

TABLE 9. MĀMĀ RIMA

Poutama	Kōrero
Poutama Tahi **Linear Level**	"I had been the midwife for this māmā for a previous pregnancy, and we had a beautiful journey together. For one of her pregnancies, she had moved address and decided to go with a midwife who was located closer to her new home to make access easier for her.

	Further on down the track, she was hapū again, and this time had returned back into my care…”
Poutama Rua Relational Level	“When I went to meet her, we reconnected immediately as if we had just seen each other yesterday …” “She said, that when she reflected on her pregnancies with my care, she felt they were easy and straightforward, and she felt like her health was good. She felt informed and empowered to make her own decisions and she assumed it would be like this everywhere, so she made the decision to change midwives confident all would be well again…” “Now entering another pregnancy, she explained that she completely regretted that decision…” “She was laughed at when she discussed with her midwives the use of nettles tea (a remedy I had used with her before) alongside oral iron therapies…” “Nobody from her team of midwives followed up with her so she assumed it was not very important…”
Poutama Toru Emotional Level	“Now entering her third pregnancy she explained that she completely regretted that decision…” “From the start she should have realised early the signs that this was not right for her…” “assumed like me, it would be an opportunity for her and the new midwife to establish rapport, to get to know each other and to understand each other’s backgrounds. She said to her surprise, it could not have been further from the truth…” “she started to tell the midwife her whakapapa (in her own way), and the midwife stopped her mid-sentence, explaining they only had 20 minutes to get through the booking visit, so they needed to skip over the “fluffy stuff” and get to the important facts…” “She learned nothing really about the midwife, or her style of care, or what to expect going forward, aside from the fact that the midwife appeared busy and disinterested in sharing anything about herself with the woman…” “She talked me through the experience with her second pregnancy and birth, and how she had struggled…” “She was laughed at when she discussed with her midwives the use of nettles tea (a remedy I had used with her before) alongside oral iron therapies…” “She discussed how she felt discriminated against on multiple occasions….” “Her second baby was small, much smaller than her first, but she did not know why as nobody had discussed it much with her…” “On one occasion she asked her midwife for a [growth scan] voucher…… she was asked why she could not pay for them herself……[and] was asked to outline her income and her outgoings to the midwife and felt embarrassed that she had to show her a bank account statement confirming [this]…”

"She was asked to justify a koha that she had offered to her extended whānau for a recent tangi, and her midwife questioned whether this was appropriate given she could not afford to pay for her own scans…"

"She felt so belittled by the interaction she was reluctant to attend the scan. Her husband had to remind her of the importance of scans for baby's wellbeing, and she decided to attend in the end, but it was not without some convincing…"

"I listened to her as she remembered the confusion she felt at her finances being examined as I had never done this to her previously, nor had I made any comments about her spending patterns…"

"She felt that the care she received at the hospital was extremely racist…"

"Struggling financially … she was not able to afford nice things … went to the hospital with a reusable supermarket bag … and she noticed the disgust of the midwives who asked her why she did not have a proper baby bag. She could hear the whispers and giggles from the midwives … she felt embarrassed about her body, her baby, and her situation…"

"She wanted to be alone… with her partner for a few minutes as she could feel herself tensing up as they [midwives'] watched her. The midwives denied her request to get up … did not give her any other options to mobilise and would not let her sit on a Swiss ball while still attached to the monitors…"

"She wanted her husband to help deliver the baby (just like he had done with me before), but the midwives said no as that is not his job and instead asked him to stand next to the bed and hold her hand …"

"I watched her cry as she anguished over the lack of consideration for their family traditions despite their multiple requests to use muka and to facilitate a breast crawl once baby was born…"

"Immediately after the birth she told me how she bled heavily and there were bells ringing and people running around the room putting needles in her and "punching" her in the stomach. She said at no stage did anyone tell her what was going on or why. Even afterwards, the explanation her and her partner received was "you were bleeding a lot, so we just had to stop the bleeding…"

"She has had time to reflect. In her mind, she feels that the reason why her other pregnancies with me were so easy was because of the relationship we had with each other…"

"She realises now how much information and education I shared with her throughout her pregnancy, and she said this made her feel in control of her body and her health…"

"She also missed how often I checked in on her between appointments, reminding her to take her supplements, stay hydrated and keep eating nutritious food and gently exercise…"

	"She also missed the connection I built with her mum and aunty, and remembered fondly that I would often ask after them when they were not able to attend… and she did not realise how all of these aspects of my care were so important to her…"
Poutama Whā Analytical Level	This māmā was known to me from previous pregnancies so had a real experience of comparing kaupapa Māori style care (that I offered her) to a tauiwi midwife offering standard midwifery care. Driven by financial limitations and assumed ease of access, māmā rima chose a midwife who was located close to her new home. In her mind she was making a wise and practical decision for her whānau since having a midwife closer to home would make life a little easier. Unfortunately, the lack of relationship and common ground with her new midwife resulted in increased stress levels which complicated her pregnancy. Māmā rima's mana was diminished on several occasions. There was a lack of information sharing at various points in her care, and I imagine she felt unprepared and possibly scared as she was unsure of what was happening with her health and her baby. In particular, I can imagine how scary it would feel to be induced without fully understand why baby's growth was a concern and what this could mean. Sadly, there are explicit examples of racism within māmā rima's story. Comments were made towards this woman (both directly and indirectly) that have affected her self-worth and made her feel ashamed and embarrassed. Including whānau in the birth of a pēpi, use of muka, use of rongoa are all normal aspects of my midwifery practice which māmā rima had experienced on multiple occasions. I can imagine being denied these significant rituals with the other midwife would have further confused her and crushed her ability to be self-determining yet again. To be told "those flax thingies are always leaking" undermines mātauranga Māori, undermines the relationship and trust I had built with this woman, and undermines her own knowing and cultural needs. I can understand the pressure during the management of maternity related emergencies, and I imagine that while in the depths of dealing with the primary postpartum haemorrhage there would have been little time to discuss things with the woman and her whānau. Furthermore, facilitating a breast crawl during this moment would have been dangerous and impractical so I can understand the decision to delay. Sadly, there was no opportunity for debriefing about either events, nor were the woman and her partner offered another chance to offer a breast crawl once the situation had been managed. Her journey, while truly sad in some places, has been helpful for me to understand more about my style of care, and where I have excelled. I can see that for māmā rima, it was the close connection and rapport that we built that made a difference, and the human factors that tied us which made a difference for her.
Poutama Rima Wairua Level	The key concepts that have emerged for me through this pūrākau include (but are not limited to): • Sadness and grief are noted within this pūrākau

	• The contrast of having two different midwifery styles confirmed her need to have a deep and meaningful relationship with her midwife • Her cultural needs were ignored • Whānau centred care was missing • The care she received from her tauiwi midwives was racist and offensive and her mana was insulted on multiple occasions • Key aspects of relevant education were not shared • There was no informed consent • There was no opportunity to debrief after a significant medical emergency • The ability to be empowered and self-determining was missing • Her mātauranga was questioned This māmā had an embodied experience of comparing maternity care with a kaupapa Māori midwife and a tauiwi midwife. Her experiences were vastly different and highlight the importance of having a culturally competent midwife. We can see the need for birthing Māori whānau to remain connected with their precious cultural norms, and to have Māori midwives so the subtle nuances that exist within the culture do not need to be explained.

8 Māmā Ono

Table 10. Māmā Ono

Poutama	Kōrero
Poutama Tahi **Linear Level**	"Despite her youth, she was confident as she explained to me that she just knew she wanted a Māori midwife…" "She had been registered with a tauiwi community midwife who she felt did not understand her…" "I was blown away at the maturity this young woman (barely 16 at this point) demonstrated…" "She beautifully articulated her hopes and fears for her pregnancy and life beyond birthing and was open about her realisation that being a teen mum would be a big journey, but she was up for the challenge…"
Poutama Rua **Relational Level**	"because I just know in my heart it's what is right for me, and I know even though we don't know each other – we are the same and all Māori are connected" "She had been registered with a tauiwi community midwife who she felt did not understand her, and assumptions were already being made based purely on her youth…" "She went on to say that she thought having a Māori midwife would mean she would be better understood and not judged…"

	"[She] was determined to have a positive pregnancy experience and she knew she needed a culturally responsive maternity carer…" "She was honest about her life and shared some of the sad experiences she had already faced as a young girl which added to her guarded exterior now…" "Eventually … she spoke about growing up, and the physical disconnection with her immediate whānau … about feeling sad that her mum and dad decided to leave their tūrangawaewae, but it was out of her control. She talked openly her past struggles with anger, rebellion, depression, and anxiety, but was already wise enough to talk about how much she wanted something different for her baby. She spoke about being a child of "the system" who had had many interactions with various government or social services sectors, and I eventually learned that I was one of the few adults with whom she had a trusted relationship…" "She was a humble young woman and was completely engaged in her pregnancy and despite the many obstacles she faced, she never missed an appointment with me…"
Poutama Toru **Emotional Level**	"because I just know in my heart it's what is right for me, and I know even though we don't know each other – we are the same and all Māori are connected" "She thought that having a Māori midwife would mean she would be better understood and not judged…" "She was honest about her life and shared some of the sad experiences she had already faced as a young girl which added to her guarded exterior now… I could hear and see the pain hiding behind her bright eyes and knew that there would be more to come once she felt comfortable with me…" "Eventually … she spoke about growing up, and the physical disconnection with her immediate whānau … about feeling sad that her mum and dad decided to leave their tūrangawaewae, but it was out of her control. She talked openly her past struggles with anger, rebellion, depression, and anxiety, but was already wise enough to talk about how much she wanted something different for her baby. She spoke about being a child of "the system" with many interactions with various government or social services sectors and I eventually learned that I was one of the few adults with whom she had a trusted relationship…" "She would often say that just having me by her side and knowing she had my support was all she needed…" "She would often send me sweet messages between antenatal check-ups about her progress, or the small wins she was achieving, and we would celebrate these together. She told me she felt confident and capable because I believed in her…" "She asked many intelligent questions about her body and her baby that yet again demonstrated her love for her baby and her keenness to be a great mum…" "She excitedly engaged in the antenatal wananga I enrolled her in specifically aimed at teen Māori māmā. She would come back to each check-up with me ready to share her

new learnings from the wananga, and would ask lots of questions about how our Māori ancestors would have done dealt with these things in traditional times..."

"one day she asked me how I knew so much about birthing in ancient Māori times... [and] we continued to conduct her care in this manner, as this seemed to encourage her to strive for wellness and she thrived with this style of tutelage…"

"I was so impressed, with her ability to cope, her ability to remain calm, her ability to allow her body to take over, her ability to trust in the process of birth, her ability to trust in the power of her body, and her ability to trust that her baby knew what to do…"

"There was not a dry eye in the room when her partner helped to bring their baby into the world, and their son took his first breath..."

"Her partner and I tied muka on their baby's pito while māmā ono said the karakia she had specifically learned to welcome her baby. We sobbed together, as we all realised this birth had been transformative for us all..."

"I felt like at times my advice and help was surplus to requirements which is a wonderful thing..."

"As she continued to travel through her postnatal journey she glowed and was constantly telling me how thankful she was for my support and how proud of herself she was..."

"She was in disbelief that she grew such a healthy and happy baby boy and felt that bringing him into the world has changed her universe and she could not wait to create an amazing life for the two of them…."

"I can recall multiple occasions where she would pour out thanks to me for supporting her, believing in her and helping to facilitate education/services/resources that helped enhance both her pregnancy and life in general..."

"A pivotal moment for me was when we sat postnatally, with her expertly breastfeeding her baby and she told me that she has never felt so confident and powerful in her life than she had while being pregnant and giving birth..."

"She said, more than anything, she appreciated that I never doubted her and I always believed in her which made her want to be better and provide a great future for herself and her son..."

"She said that she loved hearing the ways in which Māori might have managed pregnancy and birth, and for her this helped her to feel connected to her own tūpuna and feel closer to her heritage…"

"sometimes felt really far away from her culture because she was so far away from her whānau but having a Māori midwife had helped her to remember who she is, and after her pregnancy journey she feels closer to herself and has a beautiful pūrākau to share with her son when he is older …"

"She poured gratitude on me for supporting her decisions which made her feel clever and powerful, and capable of doing anything…"

	"I can still hear her words echo in my mind, and it makes my eyes well up knowing that I have encouraged her to realise her own potential and have provided the space for her to thrive in her own power…"
Poutama Whā Analytical Level	This young woman spoke with conviction and clearly articulated her expectations showing good maturity levels and determination. She determines that a Māori midwife is the right fit for her and asserts her rights in ensuring this is facilitated. She takes it upon herself to seek me out and shares her hopes with me for her ideal type of maternity care. Throughout her journey we observe her fully engage within her maternity care and, ultimately, she determines her own health care plan and health status. She thrives into her mothercraft without fear, and delves deeper into exploring her own intuition, her own mātauranga, and connects with the teachings from her fore-bearers. Eventually she identifies and discusses her own progress, the areas of our relationship that served her well and how powerful and capable she felt with the right supports. This pūrākau highlights another example of disconnection that many Māori face from their turangawaewae, and thus their support systems and ancient knowledge. There is a sense that this young woman knows there will be barriers associated with being a teen mum; yet, somehow, she understands that through reconnection with her ancient cultural traditions and Māoritanga she will find the support she needs. She is able to tap into practical ways to reconnect through the process of her pregnancy and parenting journey, rather than in an academic format. This is also an uplifting narrative of how a midwife can work synonymously with the hapū māmā to meet all her midwifery needs, while facilitating opportunities for reconnection which promotes holistic wellness. Here māmā ono has also been able to develop a strong sense of self, and where she fits within a Te Ao Māori worldview.
Poutama Rima Wairua Level	The key concepts that have emerged for me through this pūrākau include (but are not limited to): • Undertones of disadvantage and past trauma are evident, yet not focused on • A deeply meaningful connection is built with the midwife • Her cultural needs are encouraged and embraced throughout her care • Her mana and intelligence are upheld • She is informed, and fully engages within her own education • She is an active participant in her care and makes her own informed decisions • Whānau centred care was upheld • Her age was not considered a risk factor within her pregnancy • Tino rangatiratanga and motuhaketanga were actively encouraged • Her mātauranga was honoured, and new growth nurtured The care this māmā received was entrenched within the principles of kaupapa Māori ideals. As a result, the young woman and her baby are physically well and have their

wairua and mana intact. This is a great demonstration of the symbiotic care possible when Māori women have Māori midwives.

9 The Themes Identified

The process of formally analysing the pūrākau which are intimately known by me has helped me, as the researcher, to uncover new concepts and identify similarities that appear at different points. The data found in the pūrākau were deconstructed and separated into theories to accentuate the experiences had. These threads have also been considered in light of supporting literature and with the knowledge that experience is influenced by multiple facets (rather than physical health alone). For ease of discussion and conciseness the threads have been grouped and the four main themes are:

- Denial, grief, and dispossession
- Wairua, cultural identity, and the desire to reconnect
- Expectations placed upon Māori midwives
- Tino rangatiratanga and motuhaketanga

Across all pūrākau, a cross-generational connection to tikanga and connectedness with Te Ao Māori was either obviously apparent, or obviously missed. Some of the pūrākau blatantly outlined these connections, whereas others were underpinned by it. Each theme will be discussed in more depth in Chapter Six.

10 Conclusion

Childbirth is a significant life event and birthing wāhine are often predisposed to certain ideas about birth that have been passed down by previous generations. These inherited experiences affect our own experience of childbirth and influence our approach going forward. Using other people's journeys of childbirth and the maternity system in Aotearoa enables us to understand and enhance our care for future generations.

As the themes revealed themselves, they often appeared intertwined within the pūrākau and are nonsensical when removed from their place within the narratives. As

these theories have evolved from my understanding of the findings, I encourage additional interpretations to elevate these foundations to new heights.

WĀHANGA ONO: CHAPTER SIX

WHAKAKAPI: DISCUSSION & RECOMMENDATIONS

1 Introduction

As you (the reader) have read the pūrākau and data analysis, I am certain various ideas and understandings have surfaced adding dimension to the observations I have already made. The identification of new undertones helps us to further encourage healthy discussion and the growth of new critical theories. Here, I will expand on the themes that have emerged from the pūrākau and discuss them further. This chapter will also outline the limitations of this study, and recommendations for future research, midwifery education, and midwifery practice.

1.1 Denial, Grief, and Dispossession

A persistent pattern of grief, loss, and suffering was evident throughout the different pūrākau. When reflecting on my own story, I have certainly been able to inspect my own narrative through an objective lens and have entertained the possibility of additional layers that were not previously acknowledged. On a surface level it is clear that in my own emotionally charged storytelling I have experienced distrust, loss of self-autonomy, loss of self-esteem, disempowerment, and mistrust.

Deeper than this, lays the roots of the devastating effects that colonisation has had on myself, my whānau, and in this particular narrative—my health and wellbeing. Pihama et al. (2014) argued that for Māori to reach their full health potential, we must acknowledge the enormity of the acts of colonisation and speak honestly about the cataclysmic events suffered by Māori, including the contribution these traumas have on the health discrepancies many Māori experience.

Research focusing on the impacts of historical trauma on an individual's wellbeing evidences the notion that difficulty identifying and expressing emotions, depression, low self-esteem, resentment, and self-destructive behaviours are among many of the noted manifestations observed (Brave Hart, 1999; 2000; Brave Heart & DeBruyn, 1998). In my story I demonstrate many of the symptoms of the historical effects of trauma and loss, where both my recognition of my health status and ability to articulate my needs has been impaired at various stages. It is reasonable to assume

that a contributing factor to my negative health experience includes the inheritance of my ancestors' personally experienced trauma and the ill effects this causes.

For the māmā whose experience I have reflected on, grief and historical trauma may not have been easily recognisable at the time of the experience. However, as I sat with the pūrakau, grief and historical trauma feature prominently. In the pūrākāu, māmā tahi failed to understand the deeper feelings that were being experienced which indicated a constant lack of connection. In māmā rua's pūrākau, there was a sense of a loss of opportunity without her even realising it. This pūrākau captures what many have shared—that they were never offered the quality of care they should expect and their cultural needs were ignored resulting in a missed opportunity to enhance their journeys. Similarly, in māmā toru's pūrākau, there was not a chance to fully understand and feel empowered in choices of feeding her pēpi. Instead, there was even encouragement to suppress thoughts and feelings. As a result, she suffered from low self-esteem, depression, and engaged in dangerous behaviours often pushing herself and her whānau further into oppression. In māmā whā's pūrākau, walking away from the hospital meant she inadvertently made a stand against the oppression she had experienced by the health carers she once trusted. They had undervalued her health literacy and self-autonomy, questioned her ability to make judgements for herself and her whānau, forcing her to feel anger and resentment. Ultimately, this māmā, like others, made a conscious decision not to engage in midwifery care during her next pregnancy, leaving room for potentially harmful scenarios to unfold without the watchful eye of an experienced midwife. In māmā rima's pūrākau, there was an effort to advocate for herself while in the care of the hospital staff as she articulated her emotions and needs. Each time she was dismissed or disempowered, she too experienced grief, loss of power, and low self-esteem. Ultimately, māmā ono experienced multiple symptoms of the manifestations of intergenerational trauma throughout the course of her pregnancy which manifested itself in her early years of rebellion, disconnection, and her many experiences of being in "the system". Thankfully, this young woman had the courage to follow her instincts and knew that having midwifery care that reflected her own values would be right for her. In the right environment, this teen mum was able to nurture herself and her baby, and she

blossomed into motherhood beautifully as she reconnected herself with her precious cultural values.

1.2 Wairua, cultural identity, and the desire to reconnect

For Māori, cultural identity is a prerequisite for wellness (Elder, 2008) and is intimately linked with harmony and balance of land/place mind, body, spirit, emotion (Durie, 1998, 2001a, 2001b, 2003, 2011b; Pihama et al., 2014). To discredit one of these aspects is to destabilise health and wellbeing (Pihama et al., 2014), including disconnection from land which results in an identity crisis (Walters et al., 2011). While the sadness of such losses can be felt throughout the shared pūrākau, desires to reconnect are abundant. Within each pūrākau there was a desire to connect with a Māori midwife. In my experience, people are often unable to fully articulate why they feel such a strong inclination; however, they are all sure that it feels right for their needs.

The process of reconnection can be fraught with tension and feelings of shame, uncertainty and loss, and the process can be complicated by lack of knowledge about the practicalities of reconnecting (Armstrong, 2016). The possibility of discrepancies between one's own Māori identity and the Māori identity of others may further confuse matters (Elder, 2008); however, whakapapa and connectedness with cultural norms remain central aspects of Māori identity (Hall, 2005; King, 2019; Mead, 2003; A. Te Huia, 2015). Hall (2005) added that to deny spirituality is to deny being Māori, and therefore acceptance of spiritual ideas becomes an innate aspect of cultural identity. Acceptance of spirituality as an intrinsic identity marker supports the notion that birthing wāhine Māori need to feel a connection with their midwife, even if they are not able to explain it.

1.3 Expectations placed upon Māori midwives

For me, exploring my own Māori identity has been synonymous with this research, and has even prompted other areas of interest for potential future studies. Unsurprisingly, while conducting this research I have read accounts of other healthcare professionals and their experiences of self-exploration and identity, and can see similarities within these accounts. I have come to accept that a large part of my identity as a Māori woman is deeply rooted in my work as a midwife since my mahi aligns strongly with the principles of Te Ao Māori.

Admittedly, the responsibility of midwifery can weigh heavily on a person and can even provoke fear of incompetence or failure. Elder (2008) wrote about Māori psychiatrists and registrars experiences of cultural identity issues, and unsurprisingly there were differences found between traditional psychiatric training when compared with Tikanga Māori ideals. One interesting idea that resonated with me was the significance placed on connectedness that the psychiatrists had with themselves and their identities. For some, their Māori identity was the key that unlocked the door to building trust with their patients. For others, the encouragement of leaning into their connectedness to culture was not a suggestion; rather, an expectation (Elder, 2008). For me, reading the experiences of other healthcare professionals validated my own experiences of identity, and somehow gave me the words I had been searching for all along.

When I reflect on the pūrākau that have been shared in this document, I feel the hopes of my people resting on my shoulders, beckoning me to propel them further into good health. Concurrently, I feel humbled and honoured to be trusted with such a prestigious task as caring for the future generations of these whānau. While balancing these responsibilities, one thing remains constant, brings me back to my calm, and reminds me of my ahi kā. That is, my desire to help my own people, to affect change on the negative health experiences frequently experienced by Māori, and to add to the growing body of Mātauranga Māori. I do not claim to have the answers to everything, but what I am sure of is the unique connection Māori share through wairua which is often communicated through whakawhanaungatanga (Elder, 2008; King, 2019). When I meet a new birthing whānau for the first time, we always begin with whakawhanaungatanga and, in some ways, I have not been cognisant of the reasons why I begin in this way. In my unconscious knowing and my cellular memory it has just felt like the right thing to do, and I have, at the very least, been a believer that this approach helps me to build strong and reciprocal relationships. Now, on a deeper level, I understand this to be a manifestation of my proud Māori heritage, and the profound connection I feel with my ancestors who guide me on my path.

1.4 Tino rangatiratanga and motuhaketanga

Within the pūrākau I have noticed a commonality of disconnection from being self-determining over one's own health. In 1862 and 1867, legislation imposed the Native

Schools Act which would assist in the urbanisation of Māori (Bell, 2014). Through these social policies (and other similar statutes), Māori assimilation was enforced through various structures such as dispossession of whānau land, miscegenation, removal of Te Reo Māori in schools. Although the pūrākau in this document are set in a different time and place featuring modern day whānau Māori, they reek of the remnants of the learned behaviours of assimilation that their ancestors have learned to adopt. The stench of assimilation contributes to Māori feeling disempowered and unable to be confidently self-determining over themselves and their own bodies and wellbeing.

2 Answering the Research Question

Traditionally, Māori lived lives centred on whānau, community, and balance. The magical influences passed down from ancestors through whakapapa, karakia, and pūrākau were intertwined in every aspect of life. Pregnancy was a celebrated event, filled with the same spiritual values as all other areas of life, and many rituals were held to ensure safe passage of the baby and maternal wellness (Clark, 2012; Durie, 1994, 1998; Metge, 1995; Mikaere, 2013; Murphy, 2011, 2017; Salmond, 2017; Walker 2004).

In modern day Aotearoa, childbirth remains tapu for Māori and is an event that is crucial for the futures of whānau and iwi everywhere (Leatham, 2014; B. Te Huia, 2020). It is clear from the data gathered in this dissertation that tikanga and connectedness to culture and whānau remain integral to celebrating this major life event.

The midwifery profession in Aotearoa aims to wrap-around the birthing woman, centralising her in a partnership relationship to achieve individualised care of her holistic needs (Guilliland & Pairman, 2010; NZCOM, 2015). Within this framework, the importance of culturally specific processes are lost, and innate cultural norms are often misinterpreted or dismissed due to inadequate training and skill (Kenney, 2011). The importance of a strong and richly knowledgeable Māori midwifery workforce is desperately needed, so that birthing Māori whānau have the opportunity to be cared for in a way that reflects their values.

For Māori, inclusion of kaupapa Māori within midwifery care is synonymous with good health, and should be threaded into every strand of standard midwifery care, rather than being considered as an addition (B. Te Huia, 2020). The findings within this dissertation suggest that not only is this true for many Māori, but it is also expected of Māori midwives to be knowledgeable in tikanga Māori alongside clinical science.

Normalising Māori ways of knowing, being, and doing helps to dispel negative labels with which Māori are branded, and validates indigenous knowledge. Elder (2008) succinctly stated that for Māori cultural identity is a basic criterion for good health, and having doubts about identity can lead to significant mental unwellness. Within this data, the effects of being unable to confidently incorporate mātauranga Māori can be seen, and I fear that the after effects of these traumas will leave long lasting damage. This study asserts that connecting with a Māori midwife who offers kaupapa Māori principles within their care can help to mitigate some of these conflicts.

I recognise that this dissertation has been a minor drop in a larger pool that begs for broader research to be completed, but the initial blueprint is here. Whānau Māori do want midwifery care that is deeply rooted in the principles of Te Ao Māori. They want the opportunity to celebrate who they are, and they want care that honours their past, present, and future.

3 Limitations of the Study

I am acutely aware that my level of Te Reo Māori is in its infancy and could be seen as a limitation to understanding the esoteric characteristics of Māori knowledge. Nepe (1991) claimed that proficiency in Te Reo Māori is essential to decipher the deeper meanings hidden within its context, and is the means to accessing Kaupapa Māori theories. Nepe also warned against confusing Kaupapa Māori knowledge as Pākehā knowledge simply translated into Māori; and that true Māori knowledge is steeped in meta-physicality which is distinctly Māori. He asserted that this type of fallacious Māori knowledge can impact Māori and how they think, act, and comprehend the world. Kaupapa Māori theories were intended to guide and liberate Māori (Hall, 2015; Hooks, 1994; L. Smith, 2012); rather than oppress further by imposing impossibly difficult prerequisites, and as such Māori do not have the luxury of time and need to act quickly to engage in more Kaupapa Māori research to

prevent further loss of mātauranga. With both these key points of view in mind, I have undertaken this research while my Te Reo Māori remains in its infancy, and have promised myself to prioritise the reclaiming of my Reo in my immediate future, so that this is no longer remains a significant limitation for me.

This research has been focused on my own personal observations which some might determine results in obscured information. I have made conscious efforts to include a range of knowledge and information; however, these thoughts are specific to me, and my experience so will inevitably affect the breadth of this study.

The pūrākau shared within this study are all recited as a collection of my experiences with whānau I have cared for in my own midwifery practice, again limiting the scope of this study. Although specific to my midwifery experiences, I have provided opportunities for further in-depth discussion and the creation of new ideas and research.

Working fulltime as a midwife is unpredictable, and this has been further exacerbated by the COVID-19 pandemic. Working in an already busy industry which has been affected by unforeseen circumstances has majorly altered my availability and I have been forced to constantly adjust my timeline to completion.

4 Recommendations

Sadly, much of the research written about Māori is written by Western academics and is distorted by their imperialistic worldviews (Hall, 2015; Williams, 2010) and, in some instances, is in direct opposition with Māori common sense (Beatham, 2014). Inevitably, for Māori to decolonise, a transformative process is required where we redefine and reassert our own ancient knowing (Kiro, 2000; G. Smith, 1992, 1997; L. Smith, 2006, 2012).

This study has provided a platform for Māori voices to be heard, and address Māori issues to begin the process of decolonisation. In conducting this research, I have experienced first-hand the healing nature of pūrākau and how this process can be transformational. This research has offered me an opportunity to honour the multiplicity of my own identity, understand how my history binds me to my future, and

how this affects my roles within different communities. As such, some of my recommendations as a result of my findings are as follows.

4.1 Education and retention

Recognition of the unique skill set held by Māori midwives upholding Kaupapa Māori birthing practices is imperative. Much of the wisdoms of Māori birthing practices are passed on from midwife to midwife as an act of love and generosity, and much of this education and sharing of information is done voluntarily and without compensation. More attention needs to be paid to the inclusion of mātauranga Māori within the official learnings of midwives with these specialised skills being legitimised as equal to Western midwifery skills. Moreover, birthing whānau Māori have demanded care from culturally competent midwives who can embrace all their needs, so it is our obligation as healthcare professionals to provide this service.

4.2 Social policy

The findings within this research highlight the need for social policies that recognise the impacts of colonisation and the contribution of intergenerational trauma on the health disparities Māori face as a necessary step for the betterment of Māori health. Once acknowledgment of these atrocities is faced, we can begin to build the foundations of good health for Māori.

He Korowai Oranga is a framework seated within the New Zealand Ministry of Health which aims to implement a collective approach to achieving health equity for Māori. Three key elements of this framework are Wai Ora (Healthy Environments), Whānau Ora (Healthy Families) and Mauri Ora (Healthy Individuals). The framework promises to promote rangatiratanga and equity for Māori so that they might enjoy healthy futures. These ideas are reflective of Māori worldviews and provide an exciting opportunity for Māori to be driven by solutions and promotion of wellness, rather than the deficit-focused approaches we have seen in the past.

The Partnership Model has been a major interface within the midwifery profession that centralises the pregnant women within maternity care. While this is an obviously true aspect of maternity care, it fails to recognise the significance of whānau, whenua (land), and wairua on a person's health. Conceptualisation of a midwifery model that

encompasses Māori worldviews and knowledge systems would ensure culturally competent care and improve health outcomes for Māori.

4.3 Future research

While completing this research my morals and ideas have been constantly challenged and shaped which has been an exciting and, at times, uncertain journey. Ultimately, the transformative nature of conducting research has sparked new ideas urging me to engage in further research. As a Māori healthcare professional, I feel strongly that this is a necessary part of my mahi, where the results benefit not only Māori communities, but also affect the way in which I can provide care to others.

In telling my own pūrākau, I have uncovered some of the wounds of intergenerational trauma which have not been fully explored within this study. An opportunity for potential research could focus on the telling of pūrākau within my own whānau, in order to fully explore the depth of experiences held across the generations.

Future research opportunities could include collation of birthing experiences of Māori whānau on a wider scale, with the inclusion of a larger number of participants from other Māori midwifery practices (outside of my own practice) where formal interviews could be conducted. The details of their experiences will provide valuable information to inform future midwifery practice.

5 Closing Remarks

When I began my midwifery journey, I had naïve notions that midwifery would be one-dimensional, clinically focused, and easily separated from my own personal life. This could not be further from the truth I know as I grow into my midwifery knowledge through time and experience. Midwifery for me is indivisible from my Māori identity, and I am unable to perform my duties as a midwife without leaning into my own Māoritanga. Much like the birthing whānau for whom I care, I feel an unconscious inclination to connect with my culture and to embrace it whole-heartedly.

My hope is that this research will contribute to the positive health experiences of birthing whānau Māori, and the wider Māori community. This study is merely the tip of the iceberg which has revealed numerous possibilities for continued research that

celebrates Māori knowledge and empowers future generations. Misconceptions about Māori made by non-Māori need to discontinue and allow space for Māori academics to accurately record and celebrate our own truths. Like all cultures, Māori have a unique set of idiosyncrasies that are often misunderstood by those who are non-Māori. This is often not the fault of non-Māori; however, it is a realisation that healthcare for Māori is complex and full of characteristics that are much easier to understand if the healthcare provider is also Māori. There are many tauiwi practitioners who are working hard for whānau Māori, and are doing all they can to provide equity; however, another key learning for me at this point is that there are gaps that can only be filled by Māori health carers.

As a wahine Māori, and a descendant of Ngāti Kahungunu, I stand to benefit equally from this research as do the birthing whānau I serve. Through my own storytelling I have begun to heal, and to be reminded of my own power and potential inherited from my tūpuna. My journey of self-discovery and connection with my cultural identity is far from complete; however, the learnings I have made during this dissertation have validated my own processes as a Māori midwife.

The pūrākau in these pages have offered rich sources of knowledge that will continue to inform our practice as midwifery professionals. While limited in its size, the data collated provide the basis for recognition of embodied experiences, intergenerational trauma, and how these events might drive whānau Māori to seek out Māori midwives.

Finally, this body of work concurs with current topics of discussion on the lips of Māori communities everywhere that demand urgent steps are taken to address the multitude of health discrepancies Māori face. If we continue to leave these important issues unaddressed, we perpetuate negative health experiences and unwittingly contribute to the detrimental health statistics Māori endure.

Reference List

Adams, E. (2007). *An overview of health and cultural competency.* Paper presented at the Cultural Safety Symposium, University of British Columbia, Kelowna, Canada.

Alvermann, D. E. (2000). Narrative approaches. In M. L. Kamil, P. B. Mosenthal, P. D. Pearson, & R. Barr, R. (Eds.), *Handbook of reading research*: *Vol. 3* (pp. 123–139). Erlbaum.

Armstrong, V. (2016). *Our Māori connection: The impact of colonisation on one Southland whānau.* [Masters dissertation, Auckland University of Technology]. Tuwhera. http://hdl.handle.net/10292/10225

Atkinson, J. (2007). Indigenous approaches to child abuse. In J. Altman & M. Hinkson (Eds.), *Coercive reconciliation: Stabilise, normalise, exit Aboriginal Australia* (pp. 151-162). Arena Publications.

Aveyard, H. (2014). *Doing a literature review in health and social care: A practical guide* (2nd ed.). McGraw-Hill Education

Bell, H. S. (2006). Exiting the matrix: Colonisation, decolonisation and social work in Aotearoa: Voices of Ngāti Raukawa ki te tonga kaimahi whānau. [Master's thesis, Massey University]. Massey Research Online. http://hdl.handle.net/10179/662

Best, E. (1974). *The Maori as he was.* A. R. Shearer Government Printer.

Best, E. (1975). *The whare kohanga and its lore.* A. R. Shearer Government Printer.

Bishop, R. (1996). *Collaborative stories as Kaupapa Māori research*. Dunmore Press

Bryman, A. (2004). *Social research methods* (2nd ed.). Oxford.

Cajete, G. (1999). Look to the mountain Reflections on indigenous ecology. In Gregory Cajete (Ed.), *A people's ecology: Explorations in sustainable living* (pp. 1–2). Clear Light Publishers.

Clark, A. (2012). *Born to a changing world. Childbirth in nineteenth-century New Zealand*. Bridget Williams Books.

Cunningham, C. (2008). Diversity and equity for Māori, In K. Dew & A. Matheson (Eds.), *Understanding health inequalities in Aotearoa New Zealand* (pp. 55-66). Otago University Press.

Denzin, N. K., Lincoln, Y. S., & Smith, L. T. (Eds.). (2008). *Handbook of critical and indigenous methodologies*. Sage.

Dewes, T. K. (1975). The case for oral arts. In M. King (Ed.), *Te ao hurihuri: The world moves on*. Hicks Smith & Sons.

Durie, M. (1998). *Whaiora: Māori health development*. Oxford University Press.

Durie, M. (2001a). *Cultural competence and medical practice in New Zealand* [Paper presentation]. Australian and New Zealand Boards and Council Conference, Wellington, New Zealand. http://temata.massey.ac.nz/massey/fms//Te%20Mata%20O%20Te%20Tau/Publications%20-%20Mason/M%20Durie%20Cultural%20competence%20and%20medical%20practice%20in%20New%20Zealand.pdf

Durie, M. (2001b). *Mauri ora: The dynamics of Māori health*. Oxford University Press.

Durie, M. (2003). *Nga kahui pou: Launching Māori futures*. Huia Publishers.

Durie, M. (2005). *Nga tai matatu: Tides of Māori endurance*. Oxford University Press.

Durie, M. (2011a). *Ngā tini whetū: Navigating Māori futures.* Huia Publishers.

Durie, M. (2011b). Indigenizing mental health services: New Zealand experience. *Transcultural Psychiatry, 48*(1-2), 24-36. https://doi.org/10.1177%2F1363461510383182

Elder, H. (2008). Ko wai ahau? (Who am I?) How cultural identity issues are experienced by Māori psychiatrists and registrars working with children and adolescents. *Australasian Psychiatry, 16*(3), 200-203. https://doi.org/10.1080/10398560701875199

Eruera, M. (2010). Ma te whānau te huarahi Motuhake: Whānau participatory action research groups. *MAI Review, 3*(1), 1-9. http://www.review.mai.ac.nz/mrindex/MR/article/view/393/549.html

Geia, L. K., Hayes, B., & Usher, K. (2013). Yarning/Aboriginal storytelling: Towards an understanding of an Indigenous perspective and its implications for research practice. *Contemporary Nurse*, *46*(1), 13-17. https://doi.org/10.5172/conu.2013.46.1.13

Goold, S., & Liddle, K. (2005). *In our own right: Black Australian nurses' stories.* Verdant House.

Graham-Bermann, S. A., & Edleson, J. L. (2001). *Domestic violence in the lives of children: The future of research, intervention, and social policy*. American Psychological Association.

Guilliland, K., & Pairman, S. (2010). *The midwifery partnership: A model for practice* (2nd ed.). The New Zealand College of Midwives.

Haami, B., & Roberts, M. (2002). Genealogy as taxonomy. *International Social Science Journal, 54*(173), 403-412. https://doi.org/10.1111/1468-2451.00392

Hall, A. (2005). *Cultural Identity in the child psychotherapy environment: A Maori perspective* [Masters dissertation, Auckland University of Technology]. Tuwhera. http://hdl.handle.net/10292/523

Hall, A. (2015). *An indigenous Kaupapa Māori approach: Mother's experiences of partner violence and the nurturing of affectional bonds with tamariki.* [Doctoral thesis, Auckland University of Technology]. Tuwhera. http://hdl.handle.net/10292/9273

Hamilton, M. L., Smith, L., & Worthington, K. (2008). Fitting the methodology with the research: An exploration of narrative, self-study and auto-ethnography. *Studying Teacher Education, 4*(1), 17-28. https://doi.org/10.1080/17425960801976321

Henare, E., & Pene, H. (2001). Kaupapa Maori: Locating indigenous ontology, epistemology and methodology in the academy. *Organization 8*(2), 234-242. https://doi.org/10.1177%2F1350508401082009

Heuer, B. (1969). Maori women in traditional family and tribal life. *The Journal of the Polynesian Society, 78*(4), 448-494.

Hooks, B. (1994). *Teaching to transgress: Education as a practice of freedom*. Routledge.

Hudson, M. M., Reynolds, P., Russell, K., & Smith, B. (2010). *Te ara tika: Guidelines for Māori research ethics: A framework for researchers and ethics committee members*. Health Research Council.

Irwin, K. (1992). Towards theories of Maori feminisms. In R. Du Plessis., P. Bunkle, K. Irwin., K. A. Laurie, & S. Middleton (Eds.), *Feminist voices: Women's studies texts for Aotearoa/New Zealand*. Oxford University Press.

Kenney, C. M. (2011). Midwives, women and their families: A Māori gaze: Towards partnerships for maternity care in Aotearoa New Zealand. *AlterNative, 7*(2), 123-137. https://doi.org/10.1177%2F117718011100700205

Kerr, S. (2012). Kaupapa Maori theory-based evaluation. *Evaluation Journal of Australasia, 12*(1), 6-18. https://doi.org/10.1177%2F1035719X1201200102

King, A. (2000). *The New Zealand health strategy*. Ministry of Health.

King, M. (1983). *Māori: A photographic and social history*. Heinemann.

King, M. (2009). An overall approach to health care for indigenous peoples. *Pediatric Clinics of North America, 56*(6), 1239–1242. https://doi.org/10.1016/j.pcl.2009.09.005

Kirmayer, L. (2015). The health and wellbeing of indigenous youth. *Acta Paediatrica, 104*(1), 2-4. https://doi.org/10.1111/apa.12843

Lawson-Te Aho, K. R., & Liu, J. (2010). Indigenous suicide and colonisation: The legacy of violence and the necessity for self determination. *International Journal of Conflict and Violence, 4*(1), 124-133. http://hdl.handle.net/11072/1101

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, http://hdl.handle.net/10292/7979

Lee, J. (2005, June 24). *Māori cultural regeneration: Pūrākau as pedagogy* [Paper presentation]. Centre for Research in Lifelong learning International Conference, Stirling, Scotland.

http://www.rangahau.co.nz/assets/lee_J/purakau%20as%20pedagogy.pdf

Lee, J. (2015). Decolonising Māori narratives: Pūrākau as a method. *MAI review, 2(*3), 1-12. http://ojs.review.mai.ac.nz/index.php/MR/article/viewFile/242/268

Lowe. J., Liang, H., Riggs, C., Hensons, J., & Elder, T. (2012). Community partnership to affect substance abuse among Native American adolescents. *American Journal of Drug Alcohol Abuse, 38*(5), 450-455. https://doi.org/10.3109/00952990.2012.694534

Mahuika, A. (1975). Leadership: Inherited and achieved. In M. King (Ed.), *Te ao hurihuri: The world moves on: Aspects of Māoritanga* (pp. 86-114). Hicks Smith & Son.

Marsden, M. (2003). *The woven universe: Selected writing of Rev. Māori Marsden.* The Estate of Rev. Māori Marsden.

McLaren, P. (1989). *Life in schools: An introduction to critical pedagogy in the foundations of education.* Pearson Education.

Mead, H. M. (1993). Te Māori in New York. In W. Ihimaera (Ed.), *Te Ao Mārama: Regaining Aotearoa Māori writers speak out* (Vol. 2). Reed Publishing.

Mead, H. M. (2003). *Tikanga Māori: Living by Māori Values*. Huia Publishers.

Metge, J. (1964). *A new Maori migration: Rural and urban relations in northern New Zealand.* Robert Cunningham & Sons.

Metge, J. (1967). *The Maoris of New Zealand.* Routeledge & Kegan Paul.

Metge, J. (1995). *New growth from old*. Victoria University Press.

Mikaere, A. (1994). Māori women caught in the contradictions of a colonised reality. *Waikato Law Review, 2*(1), 125-149. https://www.waikato.ac.nz/law/research/waikato_law_review/pubs/volume_2_1994/7

Mikaere, A. (2010). Māori critic and conscience in a colonising context - Law and leadership as a case study [Paper presentation]. 27th Annual Conference of the Law and Society Association of Australia and New Zealand, Victoria University of Wellington. http://whaaingawahine.blogspot.com/2010/12/maori-critic-and-conscience-in.html

Mikaere, A. (2013). *Colonising myths – Maori realities: He rukuruku whakaaro*. Huia Publishing.

Mikahere-Hall, A. (2017). Constructing research from an indigenous Kaupapa Māori perspective: An example of decolonising research. *Psychothery and Politics International, 15*(3), 1-14.

https://doi.org/10.1002/ppi.1428

Mikahere-Hall, A. (2019). Tūhono Māori: A research study of attachment from an indigenous Māori perspective. *Ata: Journal of Psychotherapy Aotearoa New Zealand, 23*(1), 61-76. https://doi.org/https://doi.org/10.9791/ajpanz.9019.07

Ministry of Health. (2017). *Māori health models: Te whare tapa whā.* Author. https://www.health.govt.nz/our-work/populations/maori-health/maori-health-models/maori-health-models-te-whare-tapa-wha

Ministry of Health. (2020). *Report on Maternity 2018*. Author. https://www.health.govt.nz/system/files/documents/publications/report_on_maternity_further_information.pdf

Mitchell, D. (2008). Spiritual and cultural issues at the end of life. *Medicine, 36*(2), 109-110. https://doi.org/10.1016/J.MPMED.2007.11.011

Murphy, N. (2011). *Te awa atua, te awa tapu, te awa wahine: An examination of stories, ceremonies and practices regarding menstruation in the pre-colonial Māori world* [Master's Thesis, The University of Waikato]. Research Commons. https://hdl.handle.net/10289/5532

Murphy, N. (2017). *Te awa Atua: Menstruation in the pre-colonial Māori world.* He Puna Manawa.

Nash, R., Meiklejohn, B., & Sacre, S. (2006). The Yapunjah project: Embedding Aboriginal and Torres Strait Islander perspectives in nursing curriculum. *Contemporary Nurse, 22*(2), 296-316. https://doi.org/10.5172/conu.2006.22.2.296

Nepe, T. M. (1991). Te toi huarewa tipuna: Kaupapa Maori, an educational intervention system [Unpublished doctoral thesis]. The University of Auckland.

New Zealand College of Midwives. (2015). *Midwives handbook for practice*. Author.

Palmer, S. (2002). Hei oranga mo ngā wāhine hapū (o Hauraki) i roto i te whare ora [Doctoral thesis, The University of Waikato]. The University of Waikato Research Commons. https://hdl.handle.net/10289/12151.

Pere, R. (1997). *The Wheke: A celebration of infinite wisdom*. National Library of New Zealand.

Pihama, L. (2001). *Tihei mauri ora: Honouring our voices: Mana wahine as kaupapa Maori theoretical framework* [Unpublished doctoral thesis]. University of Auckland.

Pihama, L., Cram, F., & Walker, R. (2002). Creating methodological space: A literature review of Kaupapa Maori research. *Canadian Journal of Native Education, 26*(1)*, 30-43.*

Pihama, L., Reynolds, P., Smith, C., Reid, J., Tuhiwai Smith, L., & Te Nana, R. (2014). Positioning historical trauma theory within Aotearoa New Zealand. *AlterNative: An International Journal of Indigenous Peoples, 10*(3), 248-262. https://doi.org/10.1177%2F117718011401000304

Pōhatu, T. (2004). Āta: Growing respectful relationships. *He Pukenga Kōrero*, *8*(1), 1-8. https://ndhadeliver.natlib.govt.nz/delivery/DeliveryManagerServlet?dps_pid=IE22164315

Polit, D. F., & Hungler, B. P. (1995). *Essentials of nursing research: Methods, appraisal and utilization* (5th ed.). Lippincott, Williams & Wilkins.

Pool, I. (1991). *Te Iwi Māori: A New Zealand population: Past, present, projected*. Auckland University Press.

Riessman, C. K. (2008). *Narrative methods for the human sciences*. Sage Publications.

Rewi, P. (2010). Culture: Compromise or perish. In B. Hokowhitu, N. Kermoal, C. Anderson, A. Petersen, M. Reilly, I. Altamirano-Jimenez, et al. (Eds.), *Indigenous identity and resistance: Researching the diversity of knowledge* (pp. 55-74). Otago University Press.

Rigney, L. (1999). Internationalization of an Indigenous anticolonial cultural critique of research methodologies: A guide to indigenist research methodology and its principles. *Wicazo Sa Review, 14*(2) 109-121. https://doi.org/10.2307/1409555

Rimene, C., Hassan, C., & Broughton, J. (1999). *Ukaipo: The place of nurturing: Maori women and childbirth*. Te Roopu Rangahau Hauora Maori o Ngai Tahu.

Salmond, A. (2017). *Tears of rangi: Experiments across worlds*. Auckland University Press

Sharples, P. (1994). Kura Kaupapa. In H. McQueen (Ed.*), Education is change - Twenty viewpoints* (p. 11-21). Bridget Williams Books.

Simmonds, N. (2011). Mana wahine: Decolonising politics*. Women's Studies Association of NZ, 25*(2), p. 11-25.

Sleeter, C. (2012). Confronting the marginalization of culturally responsive pedagogy. *Urban Education, 47*(3), 562–584. https://doi.org/10.1177%2F0042085911431472

Smith, G. (1992). *Tane-nui-a-rangi's legacy: Propping up the sky: Kaupapa Maori as resistance and intervention* [Paper presentation]. NZARE/AARE Joint conference, Deakin University Australia. https://www.aare.edu.au/data/publications/1992/smitg92384.pdf

Smith, G. (1997). *The development of Kaupapa Māori: Theory and praxis* [Unpublished Doctoral Thesis]. University of Auckland.

Smith, G. (2003). *Kaupapa Maori theory: Theorizing indigenous transformation of education & schooling* [Paper presentation]. NZARE/AARE Joint conference, Auckland, New Zealand. https://www.aare.edu.au/data/publications/2003/pih03342.pdf

Smith, L. (1995). *Re-centering Kaupapa Maori research*. Paper presented at the Matawhanui Conference, Palmerston North, New Zealand.

Smith, L. T. (2012). *Decolonizing methodologies* (2nd ed.). Otago University Press.

Smith, L. T. (2015). Kaupapa Māori research: Some Kaupapa Māori principles. In L. Pihama & K. South (Eds.), *Kaupapa rangahau a reader: A collection of readings from the Kaupapa Maori research workshop series led* (pp. 46–52). Te Kotahi Research Institute. https://hdl.handle.net/10289/12026

Smith, P. (1978). *The lore of the whare wananga: Te kauwae runga*. Polynesian Society.

Staszak, J. (2008). Other/otherness*. International Encyclopedia of Human Geography, 8,* 43-47. https://www.unige.ch/sciences-societe/geo/files/3214/4464/7634/OtherOtherness.pdf

Stevenson, K. (2018). A consultation journey: Developing a Kaupapa Māori research methodology to explore Māori whānau experiences of harm and loss around birth. *AlterNative, 14*(1) 54-62. https://doi.org/10.1177%2F1177180117744612

Steward, T. G. (2020). A typology of Pākehā "whiteness" in education. *Review of Education, Pedagogy, and Cultural Studies, 42*(4), 296-310. https://doi.org/10.1080/10714413.2020.1773177

Te Huia, A. (2014). Indigenous culture and society: Creating space for Indigenous Māori cultural linguistic development within a discriminatory post-colonial society. *Psychology Developing Societies, 26*(2), 233-261. https://doi.org/10.1177%2F0971333614549142

Te Huia, B. (2020). *Whaia Te Aronga-a-Hine – Ngā Māmā.* Ngā Maia Aotearoa. https://terauora.com/wp-content/uploads/2020/10/Te-Aronga-a-Hine-Nga%CC%84-Ma%CC%84ma%CC%84-Final-1.pdf

Te Huia, J. (2020). *Whaia te Aronga a Ngā Kaiwhakawhānau Māori: The Māori midwifery workforce in Aotearoa.* Te Rau Ora. https://terauora.com/wp-content/uploads/2020/10/Whaia-te-Aronga-a-Nga%CC%84-Kaiwhakawha%CC%84nau-Ma%CC%84ori-Final.pdf

Tikao, K. (2012). *Iho: A cord between two worlds: Traditional Māori birthing practices* [Master's thesis, University of Otago]. OUR Archive. http://hdl.handle.net/10523/8069

Tomlins-Jahnke, H. (1996). *Whaia te iti kahurangi: Contemporary perspectives of Māori women educators* [Master's thesis, Massey University]. Massey Research Online. http://hdl.handle.net/10179/5825

Tupara, H., & Tahere, M. (2020a). *Rapua te Aronga-a-Hine: The Māori midwifery workforce in Aotearoa, a literature review - February 2020.* Te Rau Ora. https://terauora.com/wp-content/uploads/2021/01/Rapua-te-Aronga-a-Hine.pdf

Tupara, H., & Tahere, M. (2020b). *Te Aronga-a-Hine: Consolidated summary of evidence and recommendations - September 2020*. Te Rau Ora. https://terauora.com/wp-content/uploads/2020/10/Te-Aronga-a-Hine-Consolidation-Report.pdf

Walker, R. (1989). Māori identity. In D. Novitz & B. Willmott (Eds.), *Culture and identity in New Zealand* (pp. 35-52). Government Printing Office.

Walker, R. (1996). *Nga pepa a Ranginui: The Walker papers*. Penguin.

Walker, R. (2004). *Ka whawhai tonu matou: Struggle without end.* Penguin Group.

Walters, K., Beltran, R., Huh, D., & Evans-Campbell, T. (2011). Dis-placement and dis-ease: Land, place and health among American Indians and Alaska Natives. In L. E. A. Burton (Ed.), *Communities, neighbourhoods and health, social disparities in health and health care Vol. 1* (pp. 163-199). Springer Science Business Media.

Wepa, D. (2016). *Struggling to be involved: A grounded theory of Māori whānau engagement with healthcare.* [Doctoral thesis, Auckland University of Technology]. Tuwhera. http://hdl.handle.net/10292/9981

Werkmeister, L. R., & Klein, W. C. (2010). The value and purpose of the traditional qualitative literature review. *Journal of Evidence-Based Social Work, 7*(5), 387-399.

https://doi.org/10.1080/15433710903344116

Williams, H. W. (2000). *Dictionary of the Māori language* (7th ed.). Legislation Direct.

Wilson, D. (2004). *Nga kairaranga oranga – the weavers of health and wellbeing: A grounded theory* [Unpublished Doctoral Thesis]. Massey University.

Wirihana, R. (2012). *Ngā pūrākau ō ngā wāhine rangatira Māori ō Aotearoa: The stories of Māori women leaders in New Zealand* [Unpublished Doctoral Thesis]. Massey University, Auckland, New Zealand.

GLOSSARY OF MĀORI WORDS AND TERMS

Te Reo Māori is not my first language and I feel it is important to acknowledge this upfront. I have used as much of my reo that feels natural to me, and this is based on my knowledge from my iwi (Ngati Kahungunu). I would like to acknowledge that Te Reo Māori may have slight difference in various regions, and the reo used within this document may alter from other iwi.

Ahi kā	Burning fires. In a figurative context, ahi kā refers to the burning fires or the passion/reasons/aspirations of a group or individual. In a traditional context, it references ownership of land through continuous occupation by Māori (through whakapapa). The titleholder maintained influence over the land through military power and defended it against potential attacks; thus coining the term "keep the fires burning"
Āhuru mōwai	Calm place, safe haven
Aotearoa	Indigenous name for New Zealand
Āta	Morning/dawn
Hapū	To be pregnant OR kinship group (sub-tribe)
Hapūtanga	Pregnancy
Ia	He, she, him, her, or it
Ikura	Menstruation
Iwi	Extended kinship group (tribe)
Kai	Food
Kaikaranga	Caller (a woman) who takes the role of making ceremonial call to visitors onto a marae at the start of a pōwhiri
Kaitiaki	Guardian, keeper, caregiver, trustee, minder
Kaiwhakawhānau	Midwife
Karakia	To recite ritual chants, recite a prayer
Kaumātua	Elder, a person of status within the whānau
Kaupapa Māori	Māori approach, Māori agenda, Māori principles. Refers to the collective vision and aspirations/purpose of Māori communities
Kawa	Primary values and policies that inform procedures/process
Kōrero	To tell, say, speak, talk, address, discussion
Koroua	Grandfather
Kuia	Grandmother
Kupu	Words
Kupu Māori	Māori words
Mahi	Work (occupation), to do work, accomplish, practice, perform
Māmā	Mother
Mana	Prestige, authority, power, status, spiritual power. Mana is the supernatural force in a person, place or object
Manaakitanga	Hospitality, kindness, generosity, support
Mana tāne	Recentering Māori masculinity to express all aspects of their identity including strength, love, mana, affection
Mana wāhine	Recentering Māori femininity to express all aspects of their identity including power, prestige, charisma
Māori	Indigenous peoples of Aotearoa/New Zealand

Māoridom	The world or sphere of the Māori people
Māoritanga	Māori culture and traditions/Māoriness/Māori way of life
Marae	Traditionally Māori meeting house
Mātauranga	Māori knowledge/Māori wisdom. Sometimes described in modern context as education or skill
Mokopuna	Grandchild/grandchildren
Mōteatea	Lament, traditional chant/sung poetry
Motuhaketanga	Independence/self-determination/self-rule
Muka	Inner fibres of flax, stripped and bound to tie around baby's pito
Ngāti Kahungunu	Tribal group of the North Island stretching from east of the ranges from the area of Nūhaka and Wairoa to southern Wairarapa
Ngāti Porou	Tribal group of East Coast area north of Gisborne to Tihirau
Noa	Unimpeded/without restriction
Oriori	Lullaby composed for the birth of a child about their ancestry
Ono	Six
Pā	Fortified village, city, collection of communal dwellings
Pākehā	Word to describe non-Māori people, usually European descent
Papakāinga	Original home, home base, village, communal Māori land
Papatūānuku	Earth Mother/Mother Earth
Pēpi	Baby
Pito	Umbilical cord nearest the baby's body
Pono	Truth/honesty
Poutama	Steps
Pōwhiri	Ceremonial welcome
Puku	Stomach
Pūrākau	Factual story/narrative
Rakau	Baton/tree/stick
Rangatiratanga	Authority/sovereignty
Reo	Language
Rima	Five
Rongoa Māori	Traditional Māori medicine and/or to treat/apply medicines
Rua	Two
Tahi	One
Tamariki	Children
Tangata whenua	People of the land/Indigenous people of the land
Tapu	Prohibited, under protection
Tau	Calm
Tauiwi	Non-Māori
Te Ao Māori	The Māori world
Te Ao Marama	World of light
Te Ao Pākehā	The Western world
Te Ao Tūroa	The physical world we live in
Te ara tauwhāiti a Tane	Birth canal
Te Reo Māori	Māori language
Te Taiao	Natural environment
Tika	Correct/right

Tikanga	Processes/procedures adopted to carry out a policy
Tino rangatiratanga	Authority/sovereignty
Tiriti o Waitangi	The Māori version of The Treaty of Waitangi
Tohunga	Expert/specialist in their field
Toru	Three
Tuhinga o mua	Techniques of integration
Tūhonotanga	Connection
Tūpuna	Ancestors
Tūrangawaewae	Place of belonging/place where one has rights of residence through kinship and whakapapa
Wahine	Māori woman/Māori women
Waiata	Song, singing
Wairua	In a literal sense, Wairua is commonly used to describe a person's soul or spirit. It is also used in reference to the innate power and essence that dwells within people and things. Wairua can also be the tangible representation of connections a person has with themselves, other people, their environment and the metaphysical realms
Wairuatanga	Spirituality
Wero	Challenge
Wha	Four
Whakapapa	Genealogy/ancestry/family tree
Whakawhānaungatanga	Process of establishing relationships, relating well to others
Whānau	Family/families
Whānau Māori	Māori families
Whāngai ū	Breastfeeding/nourish/nurture/feed
Whare Tangata	House of the people/uterus or womb
Whenua	Land/country OR placenta/afterbirth