Whakapapa Pepeha

Waimamaku

Te Whakamaharatanga
Breastfeeding & Maori Perspectives

By Amy Wray
A 3 ½ hour session covering:

1. Maori perspectives of Breastfeeding:
   - Acknowledging the past to understand our present & future.
   - Identifying the barriers and solutions for Maori breastfeeding.
   - How we can empower future generations by reclaiming knowledge
   - Making connections and effective communication with the whanau
   - The talk cards and their use in the workplace.

2. Getting to know the talk cards-how to use them effectively-covering the basics of BF

3. Trouble shooting in action-case studies
WORLD BREASTFEEDING WEEK 2012

Understanding the past, planning for the future....
“Ma te titiro whakamuri, ka kite I te huarahi haere whakamua”

You need to look back to see the pathway forward
The Journey…

Rukapana

Ngakuru Pana (5yrs)

Wiremu Tōi Ngakuru

Wiremu Tana Tōi Ngakuru (14)

Wiremu George Ngakuru-Judy O’Brien (7)

Amy Ngakuru-Justin Wray (Ferris)

Tyler 7ys, Keziah 4yrs, Kahurangi 3yrs, Manaaki 12 mths
Pre-colonisation

Social structure: Tribes (iwi) and sub tribes (hapu) and within the hapu-whanau-villages.

Strong support systems

Structure, leadership, functional whanau, order, heirachey.

Each individual had a place in the community-children were trained in the roles of adults. Slaves were treated as members of whanau.

Knowledge was shared orally and was passed down

Strong identity, connection to the land
Relationship to the natural world
Relationship to the spiritual world
Pre-colonisation

- The father played a huge role in caring for the child.
- The whole whanau contained multiple parents-grandparents, uncles, aunts, and older cousins, siblings.
- All were committed to raising the children.
Pre-colonisation

• The children participated in councils with the Kaumatua
• Both men and women were of chiefly status.
• ALL observers commented that the children & youth were years ahead of European children in all aspects of life.
• Women were as equals to men. Women were as important, if not more important than men in many of the legends passed down.
NGAKURU PANA

- Highly esteemed
- Respected
- Last tamoko
So what did breastfeeding look like in Aotearoa, in a traditional setting?
What is breastfeeding like in your culture? In your family?
What are some "Taonga" - Treasured Practices?
1769 James Cook arrived. Influx of settlers brought new technologies, trade, resources, disease’s, tobacco, lawlessness. Maori social structure began to break down.

THE TREATY OF WAITANGI 1840
NGAKURU PANA

- Wanted to find a balance between the new world and old world. Tried to accommodate the new settlers.

- Offered to sell the land that wasn’t being used.

- The crown changed the plans-STOLE

- WHAT HAPPENED?
LOSS OF MANA

• The mana of the Te Roroa chiefs was related to their ability to control their main economic resource - the land - for the benefit of the tribe. By the 1920s, they had lost most of their land.

• His Chieftainship eroded overtime & was replaced by the Crown.

• It all happened gradually…

• He spent the next 27yrs of his life fighting to get his land back. He died on 8/7/1914, leaving a new generation to continue the claim.
Some of the consequences were:

- the tribe's economic base was lost;
- access to traditional mahinga kai was lost;
- Te Roroa's ready access to their spiritual base in the Waipoua kauri forest was lost;
- the land was used in different ways, resulting in ecological damage; and
- wahi tapu became accessible to the general public, violating the sacred nature of these places.

1890’s Maori population almost extinct (disease & wars)

1902 Lious Morrell entered the burial caves and took the remains out for public display.
• In 1882, Parore Te Awha petitioned the Queen-
• “These things (the disappearance of native reserves) and many of the laws which are being carried into effect are, according to Maori ideas, very unjust, creating disorder amongst us, giving heart pangs and sadness of spirit to your Maori children who are ever looking towards you, Most Gracious Queen; and it is averred by men of wisdom that these matters, which weigh so heavily upon us, are in opposition to the great and excellent principles of the Treaty of Waitangi.”
Assimilation

• Nuclear families
• Loss of language-strapped at school for speaking Maori
• Matauranga Maori and tikanga Maori remained out of sight and absent from school curricula for over a century. Designed to phase out Traditional Maori practices
• Were only allowed to sing waiata and dance-
  Loss of traditional practices
• Felt ashamed/scared to be Maori-In order to progress and develop we needed ‘proper knowledge’ from the western world.”
Urbanisation

- Post war
- everyone drifted to the cities for employment. Whanau separated, break down of structure & Support
- Diversity-Interrmarriages, Urban Maori
- In today’s world, the term whanau is used in much broader ways, through urbanisation Maori culture has become much more diverse. For some Maori they have very strong whanau links and traditional lifestyles while for others they are as isolated as any other culture. One woman describes herself as “quintessentially urban Maori” (cited in Glover, Manaena-Biddle & Waldon, 2006). By providing individualised midwifery care you will be able to adapt the communication styles needed for each woman and her whanau without realising it.
Medicalisation

• Change in Birthing environment
• Shift from home to hospital-Twilight sleep
• “Our famous Dr G Smith devised a wonderful system of having women give painless birth. Rawene Hospital became famous after that…” (Aunty Dolly, 2012)
• Loss of control and traditional birthing practices-Trust the body.
• Loss of knowledge
• Western influence-Bottle feeding Culture
Alienation

- Isolation from whanau, hapu, and iwi
- Fragmentation of traditional society
- Social deprivation
- Loss of land - no identity, roots.
Legislation

- Native Health Act 1909
- Infants Act 1908
- Tohunga Suppression Act 1907
- Only 14 weeks paid Maternity Leave
“Times have changed…

• ...Man, they make a big issue over breastfeeding. Breastfeeding is as natural as day is day and night is night and the sun shines. Mothers of my early days just sat and fed their babies. No big deal. No baby bottles in those days, just the titty. Healthy babies, clean milk. Babies were drinking off their mothers at all ages, 1 year, 2 years, even up to school age.

• See a mother at the end of the big gardens feeding on the spot. All was accepted and natural. Mothers were mothers. They cared for the lot and didn’t go out the home like today’s mothers. Times have changed and not for the better. There are lots of problems now” (Aunty Dolly)
So what does breastfeeding look like in New Zealand TODAY?
Breastfeeding Stats today

May 2012-NZBA

National breastfeeding rates:

Exclusive and Fully breastfed

<table>
<thead>
<tr>
<th></th>
<th>Maori</th>
<th>National Target</th>
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<tbody>
<tr>
<td>6 weeks</td>
<td>62%</td>
<td>74%</td>
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<tr>
<td>3 months</td>
<td>46%</td>
<td>57%</td>
</tr>
<tr>
<td>6 months</td>
<td>18%</td>
<td>27%</td>
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</tbody>
</table>
What has happened?

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What is happening?

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Breastfeeding support in the Tairawhiti Region: A formative evaluation. (Monique McLeod, 2008)

- To identify ways in which Maori mothers from the Tairawhiti can be better supported to BF exclusively for six months and partially BF beyond 6 months...

- This will assist TDH to find support to increase BF rates, reducing inequalities among Maori and non-Maori.
WHO 4 support?...
Who 4 support?

PARTNERS
WHO 4 support?...
Who 4 support?
THE HEALTH PROFESSIONAL
When? & Where?

- Antenatal - more focus
- Antenatal classes
- Immediately following the birth
- Regular ongoing support
- In the home
WHAT is the most appropriate/effective type of support?

• VISUAL & VERBAL
  • Info not helpful unless explained
  • Portray real images
  • Traditional and cultural practices and knowledge
  • Stories of success
IMAGES SEND POWERFUL MESSAGES

“Show babies at different ages, mum feeding tandem, older ones, smaller ones, twins...”
WHAT is the most appropriate/effective type of support?

• “For me, the consequences need to be explained. If I hear it verbally I’ll take it. Give it to me on paper-no. I don’t understand it unless you say it to me.”

“Show younger girls, older women, different ethnic groups...with people in the community, everyday mums....and with men in them....
Likely retention rates for adults for different methods of learning

- Read: 10%
- Listen: 20%
- Look: 30%
- Watch movie, slides, demonstration, tour: 50%
- Participation in discussion: 70%
- Simulate a real experience: 90%

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Influences/barriers...

- Glover 2009, Published in the Journal of Human Lactation.

1. Lack of support when establishing BF
2. Lack of support when life circumstances change
3. Lack of timely, culturally relevant and comprehensible information
4. Confusion about smoking while BF
5. Uncertainty about the safety of bed sharing
6. Perceived lack of acceptability of BF in public
Solutions/Recommendations

1. An intensified effort into smoke cessation into pregnant Maori women.
2. Best practice guidelines be presented in a manner consistent with Maori belief systems
3. Guidelines for Maori mothers should emphasise and make clear the health benefits for both mothers and babies
Recommendations cont...

4. Information on bed sharing and breastfeeding, tobacco smoking and BF and the relationship between breastfeeding and repeat pregnancy should be made more available and accessible to Maori.

5. Health service providers should recognise the social and cultural circumstances of Maori mothers and their whanau and attempt to target their advice, in particular, using plain language and Maori Language terms.
THE 10 AREAS OF ACTION
The Global Strategy

1. National policy, programme and co ordination
2. BFHI
3. The code-stop aggressive marketing
4. Maternity protection-paid leave-6mths
5. Health and nutrition care system-BFCI
6. Mother support/community outreach (mum-to-mum)
7. Infant feeding and HIV
8. Infant feeding during emergencies-Skilled aid workers
9. Information support-accurate/appropriate info
10. Monitoring and Evaluation
“Traditional knowledge, clinical expertise and collective responsibility were key factors for successful Breastfeeding in Traditional Maori Society.” (Raeileen de Joux, 2012)
“How do we transfer that model into contemporary society to ensure Maori women are well supported to initiate and sustain breastfeeding and achieve the best possible outcome for their babies?”

(Raeleen de Joux, 2012)
ANTENATAL EDUCATION PACKAGE...(power point)
“Clinical expertise & collective Responsibility”

Imagine if...

Antenatal

Maternity/BFHI

PN midwifery care/Lactation Consultants

Well Child/GP’s

Breast Buddies

The front line troops-strong & powerful!
DISTRIBUTION

• Approx. 1200 sets have been distributed so far!
• Southland DHB
• Waitemata DHB
• Waikato DHB
• Bay of Plenty DHB
• Have all made bulk purchases and distributed within the DHB
Across the world

Australia

East Timor

England

Hawaii

India

USA
Reclaiming

• In 2009, Te Roroa finally got compensation awarded after many years-5 generations later.
• “A continual cry and heartache of our ancestors…carried on through each generation up to the present day” (Daniel Ambler)

Reclaiming of knowledge-Other areas within Maori-Waitangi Tribunal, Kohanga Reo movement, Kura Kaupapa, Wananga,

THERE IS NO TURNING BACK!
KNOWLEDGE IS POWER

“Give a man a fish and he will feed his family for a day....

‘TEACH’ a man to fish and he will feed his family for a lifetime.”
UKAIP0
The place of nurturing

Waiu
milk from the breast

Ko te whenua te wai-u mo nga uri whakatipu
The land provides the sustenance for the coming generation

BREASTFEEDING SHOULD NOT BE A CHOICE BUT A TIKANGA
FUTURE
What tools do you have in your tool box?

HAVE YOU GOT THE RIGHT TOOL FOR THE RIGHT JOB?
THE DROP -IN

They are an easy, quick reference-simpe language, good pictures/diagrams

I’d be lost at times without them. Better than searching through books for information.
TURANGA HEALTH ANTENATAL CLASSES
The LMC-AN visits

“Having them as a tool has made me feel more confident in discussing BF and as a result, I honestly feel like my BF rates are increasing. They love looking at the real images.”

Would you recommend these to your colleagues, why?
“Yes, they can’t wait to get their hands on them. When can we get a set! I don’t want to give my trial set back. I think these cards are such a great BF resource. I can see my mums feel confident in themselves when I share this information with them, which means they are more likely to BF for longer. At each AN visit we pull out one card at a time and discuss the points, by the time she has baby we have covered all the basics around BF.”
LMC-At PN home visits/ph calls
In the Maternity Unit-Nurses & MW’s

“Often mums are really tired when they get to the PN ward and are able to take in very little information. These cards are straight to the point and encourage you to sit and talk with the mum rather than just leave the info with her. Often I find our handouts left in the room. When ever I use the cards mums ‘get it’ very quickly, you can see it.”

Would you recommend these to your colleagues, why?
Yes, I can’t go to work without them now, I’m not giving mine back. Often the other staff ask if they can use them when they are having difficulty. It is very clear to see that we need to implement these on the ward and allow everyone to use them because they are such a great resource.
I can see THEY ARE REALLY MAKING A DIFFERENCE!!! Hurry up and get them out there!
In the NNU-Nurses

“Great for assisting with positioning and latching, the cards show clear visual info on how exactly to do it! They are a great resource when explaining latch and position.”

“The Talk Cards are very useful in our NNU. A lot of our work is focussed on supporting breast feeding with unwell or preterm infants and also with babies who are experiencing feeding difficulties. The cards help reinforce a back to basics approach ie working on good position and latch which are so well illustrated on the cards..
In the community...

“We would use the cards to discuss what the problem was and would go through the key points—she could identify the issue easily. Would you recommend these to your colleagues?

“Yes, Because they are to the point, identifies the issue and how to manage it.”

“The Plunket nurses have looked at the cards and have found them to be a perfect tool.”
Maori Midwife/Lactation Consultant - Waikato DHB...

- They are visual, attractive, have photos of women and babies and women can relate to them.
- There are a range of women-ethnically in the photos also, so they can appeal to different populations and have the potential to be translated into diff. nationalities-languages to have greater audience impact/targeting.
- They cater for visual/auditory learners and yet the simple bulletted points are helpful also for people teaching the information on them.
- They will help health professionals say the 'same thing' and give consistent advice and they are up to date with current evidenced practise guidelines.
• THEY ARE AS EFFECTIVE AS THE PERSON USING THEM!
<table>
<thead>
<tr>
<th>Card</th>
<th>Side A</th>
<th>Side B</th>
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<tbody>
<tr>
<td>01</td>
<td>Advantages of Breastfeeding – Baby</td>
<td>Advantages of Breastfeeding – Mum</td>
</tr>
<tr>
<td>02</td>
<td>Breastfeeding – General</td>
<td>Anatomy</td>
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<tr>
<td>03</td>
<td>Support – Whanau</td>
<td>Support – Partners</td>
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<td>04</td>
<td>Colostrum / Mature Milk</td>
<td>Breast Milk Composition</td>
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<tr>
<td>05</td>
<td>Preparing for Breastfeeding</td>
<td>Labour / Birth</td>
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<td>06</td>
<td>The Breast Crawl</td>
<td>Why Skin to Skin?</td>
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<td>07</td>
<td>The First Week</td>
<td>Breastfeeding Chart</td>
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<td>08</td>
<td>Milk Storage Capacity</td>
<td>Supply &amp; Demand</td>
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<td>09</td>
<td>Let Downs</td>
<td>Let Downs</td>
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<td>10</td>
<td>Cluster Feeding</td>
<td>Foremilk vs Hindmilk</td>
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<td>11</td>
<td>Feeding Cues</td>
<td>Feeding Cues</td>
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<tr>
<td>12</td>
<td>Positions</td>
<td>Angles</td>
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<tr>
<td>13</td>
<td>Latching</td>
<td>Latching – Beginners Hold</td>
</tr>
<tr>
<td>14</td>
<td>Latching – Football Hold</td>
<td>Latching – Laid Back</td>
</tr>
<tr>
<td>15</td>
<td>Signs of a Good Feed</td>
<td>Signs of a Good Latch</td>
</tr>
<tr>
<td>16</td>
<td>Postnatal Depression</td>
<td>Coping Strategies</td>
</tr>
<tr>
<td>17</td>
<td>Hand Expressing</td>
<td>Milk Storage</td>
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<tr>
<td>18</td>
<td>Sleep</td>
<td>Sleep</td>
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Still to come

- Risks of formula
- Smoking
- Alcohol & Drugs
- Tongue tie
- Tools of the trade
- Power point
- Mums set
- Iphone/ipad application
- A3 Flip charts
- Flyers for mums
Maori Perspectives
Reference List

• Ministry of Health (2010)