

## **The 2nd National Pasifika Midwives and Pasifika Midwifery Students Fono presented by Pasifika Midwives Aotearoa**

I attended this event representing both the HomeBirth Aotearoa Trust and the Auckland HomeBirth Community, and went along with Holly Neilson of the Maternity Services Consumer Council.

The speakers were Hon. Jenny Salesa, MP for Manukau East, and Labour Associate Health Spokesperson; Dr Kara Okesene-Gafa, Obstetrician at Middlemore Hospital; Dr Judith McAra-Couper, Director of Midwifery Studies at AUT; Elani Mafi, midwife; and a panel made up of Dr Okesene-Gafa, Helenmary Walker (Chairperson NZCOM) speaking from her position at Botany Birthing Unit, Namoe Veaila, a consumer rep for midwifery reviews, and Nora Bukateci, an LMC from SpringLife Midwifery Centre.

Discussion across the day included the lack of numbers of midwives in general, and of Pasifika midwives in particular, with the Labour MP discussing Labour's plans to focus attention on this important area as they draft their health policies over the next few weeks; the struggles and challenges that face Pasifika maternity health professionals, both being such a minority in the workplace and trying to meet the needs of their people; the impact of the Auckland housing crisis on families, and on retaining health professionals in Auckland; the needs that are not being met by the current way things are done.

At the panel Q&A, I stood up and asked what could be done to make home birth more of an option for Pasifika mothers and what, if anything, the HomeBirth community could do to support that. There were a number of comments made both there and later in discussion over lunch with various people that I will summarise here:

- That poverty and the housing crisis, overcrowding etc meant that home was not a safe environment for birth for a significant number of Pasifika families, and that for a number of people, allowing community health workers into their homes was too embarrassing, to permit someone else see the way that they were forced to live.
- That some Micronesian cultures, for example Papua New Guinea and the Solomon Islands, traditionally women gave birth outside in the bush because it was believed that to give birth in the home would spoil the relationship between husband and wife.
- That for a number of Pasifika cultures, the birthing woman doesn't have the autonomy to make decisions for themselves, even for decisions like having an epidural. This is instead decided by the authority person for the family which, even in a hospital setting, can cause delays and different decision outcomes as the person in authority for the family makes the call.
- That the high numbers of people living in the same house means it might not be possible to create a private birthing space for the necessary time, as the other family members from that household may not have somewhere else to go for what may be some hours.
- That the guidelines regarding BMI levels and what should or shouldn't be done with higher BMI mothers regularly comes into play as BMI numbers are often much higher in the Pasifika population. For a midwife to support a home birth with a high BMI mother, if complications ensue, would be very risky for their future as a practising midwife.
- To provide home birth support, an independent midwife must arrange her own back up, whereas if her client births in hospital, the back up is provided by the on duty staff there.
- That Pasifika mothers birth beautifully so they should be able to birth wherever they choose, hospital or elsewhere, because they are less at risk of interventions.
- That Pasifika women are more likely to bleed and suffer other complications due to their obesity etc and so it's better off for them to be birthing in hospital.
- That Pasifika women fear poor outcomes if they don't birth in hospital (security blanket).

- That they may not have, or feel that they have do not have, the appropriate facilities at home, as in a large enough bathroom space to birth in.

Dr Judith McAra-Couper gave us a brief overview of a small research study the AUT Midwifery Dept are about to publish (Dr McAra-Couper, Dinah Otukolo, Nga Marsters and Annabel Farry) which was prompted by Helenmary Walker contacting the department to seek suggestions on why the Botany Birthing Unit is predominantly used only as postpartum recovery rather than as a birthing unit for Pasifika mothers. The study was a pilot study, interviewing six mothers on why they chose to birth in Middlemore Hospital over Botany Birthing Unit. A summary of the key reasons given were:

- that they didn't know that they had a choice to birth anywhere other than hospital.
- that they thought the Botany Unit was only for postpartum care.
- that that was where their family and friends had all given birth and they were doing the same.
- that Middlemore Hospital had a good reputation from friends and family as a place to give birth, the staff care was excellent, why would you birth anywhere else?
- that Middlemore Hospital was significantly closer and easier to travel to for both themselves, and their family to visit.
- that their midwife had told them that was where to go.

With regard to their follow up visit at the Botany Birthing Unit, some of their issues included too many strict rules such as not being able to eat in their rooms, their partner couldn't stay the night, and they found being left in a room by themselves very isolating and too quiet. They preferred being in a room with several other beds because there was the feeling someone else was there, support was available if they needed it, and it made them feel more secure (I assume this is comparing their time in Middlemore before their transfer to Botany). A comment in later discussion was that being in a combined room meant that a first time mum would be able to learn from the shared experiences of a third-time mum, for example, in the same room so that community support of learning from other women was continued in this shared setting, and not possible when in single rooms.

I sincerely hope that further research is done following this study.

The Panel were given 15 minutes each to address the question "How Do YOU Keep Birth Normal for Pasifika people?"

- Helenmary Walker discussed findings of statistics such as found in the Annabel Farry paper, that outcomes were better in primary birthing units than in hospital. And she seemed almost baffled as to why birthing in a primary unit wasn't more supported, with such research to back up the work her team does.
- Namoe Veaila pointed out the importance of helping the mother-to-be to prepare her body, throughout pregnancy, to give birth, so that no matter what circumstances arose, she was still strong in herself for that goal, as well as the midwife believing in the mother's ability to birth her baby. She pointed out that we often can't control whether a birth will be "normal" or not.
- Kara Okesene-Gafa, after pointing out that when she was called in to be part of a birth, it was not likely to actually be a normal birth (we laughed), but she pointed out some other pertinent points such as that when you work in the health system, you are controlled by guidelines and schedules. That in Pasifika cultures, a pregnancy was not just something for the mother and father, but something that was a blessing for the extended family as well, and so celebrated and deemed important to the wider family group. That midwives often were hands off with their labouring mother, respecting her space, whereas in contrast, in Pasifika families, a birthing mother's own mother would more likely be right there with them, helping to guide them, telling them how to breathe, rubbing their back, etc, as labour progressed, and when she got tired, an auntie would step up and take over, followed by another auntie... and that the extended family would be wanting to be near, to sing, to pray, to support in whatever way they could. And this is at odds with the expectations in a hospital or primary birthing unit. That a key nugget of truth for the wide majority of Pasifika cultures is that you don't need a lot of things if you have your family, that family is number 1 and will always get you through. That in the hospital, the attitude is that the staff have the knowledge and the experience and that family don't know anything, which

disregards the knowledge and experience that they do indeed bring with them. That the necessary understanding about what will actually happen is often lacking (an anecdote of a first time mother that thought she would just turn up to hospital, the staff would do their thing and then she would leave with her baby), as well as what they need to do, healthwise, to support a healthy pregnancy and baby, for example not smoking, nutrition and exercise etc. That to load the other up with all these needed changes along with the changes they are going through anyway being pregnant was too much and not surprising it wasn't working well. That this education was needed before a woman became pregnant. And that normal was everyone being involved, and supporting and teaching and sharing the knowledge.

- Nora Bukateci said that in her opinion a good normal birth outcome was due to the work the midwife did with the mother during the third trimester, each session repeating the details about what to expect, what to do when this happened, how to manage that, and going over and over the birth plan so that it was thoroughly understood and absorbed. She supported her clients to labour at home for as long as possible and then they were most often only in Middlemore Hospital for a few short hours. She found that there was a common misconception that the midwife was in charge, called the shots and ran the birth. She found she had to work on changing this perception to that it was the mother's responsibility to understand and make the decisions. Nora's other strong point was the importance of building a strong relationship with the client and the family as well, to get close and understand them, even if they were of a different Pasifika culture to her, she made the effort to develop that appreciation and understanding of what was important to them and it made all the difference.

At a morning tea chat with Hilda Fa'asalele (Chief Advisor for Pacific Health for the Ministry of Health), it was suggested that more Pasifika women would be interested in home birth but they didn't know enough about it as an option. And also reconfirmation that for some women, they were not the one in the position to make that decision. Hilda suggested that having someone come to an existing group of Pasifika mothers to share stories and ideas about home birth as an option, such as those that SouthSeas Healthcare hold, might be a more effective way to get some info out there. I have the email address for a person from SouthSeas Healthcare who was at the same table at the time.

I was asked if there were any Pasifika people involved with Auckland HomeBirth Community and I am sorry to say that I myself am not aware of any.

I was asked by Thelma Thompson from CMDHB what the home birth rates were for Counties Manukau (I don't actually know, other than not high enough!). But we had a great chat anyway. Other DHB representatives in attendance at the conference included Melissa Brown (Auckland) and Dr Jocelyn Peach (Waitakere?) and as well as the previously mentioned Hilda Fa'asalele, Bronwyn Pelvin from the Ministry of Health (another advisor role) was also there, and I appreciated her statement from the Ministry "How do we make sure that we keep our mothers and babies safe?" (A good question that begs for an answer including words like a focus on undisturbed birth, paying midwives what they are worth, and creating a system where fear is not the driving factor in a midwife's decision-making, I feel...)

I also had an excellent conversation with Tokarahi Tobeck, who initially invited HBAT, about her experiences working out of the Papakura Birthing Unit and how it compared to what Helenmary was reporting from Botany. Her key response that their use as a birthing unit was directly related to the LMCs that worked with them, for example they have one less LMC than usual working with them at present and they have discovered there is a noticeable decrease in birthing numbers as a result. Another factor is if an LMC already has clients in Middlemore, that they might encourage another labouring mum who was a good candidate for the Papakura unit to instead go to Middlemore so that the midwife can continue their care there at the same time.

I intend to follow up conversations with catching up for a coffee with Judith McAra-Couper to discuss the HB conference later in the year and how best to have midwifery students involved, with

Nora Bukateci at her clinic in Manurewa to talk more about making connections with the home birth community, and with Jacinta Faalili-Fidow from the TAHA Maternal and Child Services at Uni of Auckland because we didn't get time to talk to each other.

We were acknowledged and thanked several times for making the effort to attend, it was a warm and heart-felt gathering and while there are clearly a number of significant challenges, there is a wonderful group of people working to make a difference in the Pasifika community.

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Auckland HomeBirth Community