



Te Aronga-a-Hine
Symposium Proceedings
28 July 2020



TE RAU ORA



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Māori Midwifery Symposium Proceedings 2020

Background

Te Rau Ora, Ngā Maia Māori Midwives Aotearoa and Counties Manukau Health (District Health Board), presented a comprehensive proposal to the Ministry of Health – Health Workforce New Zealand to establish a National Māori Maternal and Child Health Workforce Strategy to ameliorate the Māori health and workforce differences by expanding the Māori maternal health care continuum.

The opportunity was offered to Te Rau Ora (with its partners) to succinctly develop the evidence base to inform workforce priorities with a focus on Māori women, babies, children, and whānau. This evidence was developed in the form of the following documents:

- **Rapua te Aronga-a-Hine:** a literature review of the Māori Midwifery Workforce in Aotearoa. There is a wealth of Māori research that substantiates the need for change to achieve equitable health and wellbeing for Māori. The state of the midwifery sector and its effects on Māori midwives; Māori midwifery students, Māori women and their whānau is drawn together in Rapua te Aronga-a-Hine to identify opportunities to assist the aspirations of the Partners and a Māori midwifery revolution (Tupara & Tahere. 2020).
- **Kimihia te Aronga-a-Hine:** information and knowledge collected in both qualitative and quantitative survey form from the workforce industry who are tasked with caring for and meeting outcomes for Māmā, pēpi, tamariki and whānau ((McClintock, et al. 2020).
- **Whaia te Aronga-a-Hine a Ngā Kaiwhakawhanau Māori :** a comprehensive integrated qualitative focus group approach to look at Māori Midwifery Workforce needs in Aotearoa, described through the voices of Māori midwives (Te Huia, J. 2020).
- **Whaia te Aronga-a-Hine Ngā Māmā:** a kaupapa Māori analysis of the qualitative findings shared by Māori māmā of their experience of the maternity care workforce (Te Huia, B. 2020).

The Te Aronga a Hine Symposium was also a platform for other learned wāhine to present their valuable and informative existing Hauora Māori research alongside the Te Aronga a Hine collective.

- **Hinewirangi Kohu-Morgan:** *Spiritual health* is the capacity and ability to seek, experience, and express meaning and purpose in our lives. Hinewirangi offered a unique and moving presentation based on Te Ao Māori, her life and her experiences. She reminded us that there is more than one hauora pathway and it is one worth embracing.
- **Dr Naomi Simmonds:** Presented “*Ukaipo Mana Wahine*”, using the whakapapa and story of the journey of her tupuna Mahina-a-rangi whilst hapū.

Te Aronga a Hine Symposium

The Symposium was planned to occur to coincide with International Midwives Day on 5th May 2020 but was postponed until July 28th due to the COVID-19 Level 4 restrictions.

The Collaboration was honoured by Minister Nanaia Mahuta's (Minister of Māori Development) acceptance to formally open the Symposium. She, along with all other Symposium attendees, were welcomed into Ko Awatea and Tainui whenua by pōwhiri. Her opening remarks were heartfelt as she shared her depth of understanding of Māori Midwifery and the world of the Māori Midwife.



Photo: Speaker the Honourable Nanaia Mahuta, Member of Parliament for Waikato-Hauraki, Minister of Māori Development

Opening Address by the Honourable Nanaia Mahuta - Unamended

MP for Hauraki - Waikato

Minister for Māori Development and Local Government

Associate Minister for the Environment, Housing (Māori Housing), and Trade and Export Growth

- Kotahi te kōhao o te ngira e kuhuna ai te miro ma, te miro pango, te miro whero. I muri, kia mau ki te whakapono, kia mau ki te aroha, ki te ture. Hei aha te aha, hei aha te aha. After I am gone, hold fast to faith; hold fast to love; hold fast to law. Above all else do not be deterred.
- Thank you the invitation to speak today. While I do not hold any delegations in the health space I waited 18 years to be a mum, was raised and influenced by strong Māori women (and a determined father), am an aunty, sister, niece, moko, daughter, māmā and nana. So maybe I'm qualified to contribute to your forum today.
- Māori society continues to evolve and while the place of Māori women has been impacted by western values, colonisation and euro feminist perspectives, there is a reclamation of 'te ira wahine' and an assertion of our inherent role and contribution as Māori women to our children, whanau, hapū, iwi and communities.
- We need only to reach back into our creation stories and our own whakapapa to establish our rich narrative drawing on female leadership, innovation, inspiration and legacy contribution.
- In Te Ao Māori we refer to women as 'te whare tangata' (the house of humanity), recognising the vital roles women play in providing life and nurturing future generations.
- Just as Papatūānuku, is the creator of all life, women also have terms which are associated with te whare tangata.
- Whenua means both placenta and land, and the afterbirth was buried, binding people to their source of life, physically through women and spiritually to the land. For many whānau the 'pito' and the 'rauru' create a part of your child's narrative history and connection to their ūkaipō or ure tārewa. And of course the word whānau means both to give birth and family, and hapū means both pregnant and subtribe, illustrating the significance of pregnancy and childbirth to us.

Māori Midwives Underrepresented

- I'm pleased to see more Māori midwives training and in the workforce and bringing forward practices that reinforce how we see and perceive the world that our children will be raised in.
- But it is stark that midwifery is still under represented by the number of Māori equating to less than 9 percent of midwives across Aotearoa. In total that number adds up to about 320 Māori midwives.

- The current Māori population now sits at 16.5 percent throughout Aotearoa and we continue to be a young Māori population. In 2017 the median ages for Māori males and females were 22.9 and 25.9 years, respectively. At a time when there is an increased focus of lifting the skill training and qualification across our society – for Māori this should translate clearly as a strategic ambition to build the health workforce.
- This Government recognises this point and how we need to have a more collaborative approach to make and achieve meaningful outcomes. The Health and Disability System Review specifically looks at four overarching themes to create better outcomes for whānau:
 - Ensuring consumers, whānau and communities are at the heart of the system;
 - Culture change and more focused leadership;
 - Developing more effective te Tiriti based partnerships within health and disability and creating a system that works more effectively for Māori; and
 - Ensuring the system is integrated and deliberately plans ahead with a longer-term focus.
- This Review acknowledges that Māori are underrepresented in the midwifery profession and asserts that growing the workforce to better represent the diverse society of New Zealand is key to improving health and wellbeing outcomes.
- It also suggests that taking a population health approach within localities will improve equity of outcomes (including for māmā and pēpi) through the increase of both access and effectiveness.
- There is also work to be done to ensure the midwifery profession supports the cultural competence and Māori knowledge that Māori midwives can bring. This contribution and diversity within midwives in Aotearoa are also important for Māori women, babies and whānau to thrive.

What the Government has done

- In 2018 we committed \$103.6 million over four years to support community midwives. \$16 million was to address safe work hours and \$27.6 million get on top of population and demand pressures.
- In 2019 we welcomed the Midwifery workforce accord. This joint accord was to ensure safe and sustainable staffing levels across our Public Hospitals.
- For Māori it set out to develop a better strategy to support midwives in training especially Māori and Pacific midwives.
- Later that year the Government rebuilt the health workforce with 106 more midwives employed by our DHBs.
- This year as part of our response to Covid 19 we pumped in a \$5.48 million into community midwives for providing essential services during the lockdown.
- Government announced a further \$180 million in the Budget 2020 package for the maternity sector, which brings the total new investment in maternity services in Budget 2020 to \$242 million over 4 years.

- This is the largest ever funding boost for primary maternity services and is targeted to recognise the work midwives do when caring for women living rurally, and those who have high-needs pregnancies.
- Community maternity providers will receive an \$85 million boost over the next four years, in addition to the previously announced \$57 million to cover cost and volume pressures under Primary Maternity Services Notice, to acknowledge the increased workload of providing care to rural women and women with complex needs.
- As it stands, midwives supporting women in rural locations or with complex pregnancies are paid a standard rate, even though these women, and mother's-to-be, require longer travel times, and extra attention throughout pregnancy, labour and birth, and the postnatal period.
- Midwives will now be paid for a broader range of services – specifically providing antenatal home visits to women who need to be seen in their own home, coordinating care across agencies, and supporting families experiencing miscarriage or baby loss.
- The recent boost to the maternity sector is essential to meeting the needs of wāhine Māori and their whānau by supporting not only their physical needs but also their mental health and wellbeing.
- The announced \$35 million funding for the Maternity Action Plan will develop services that better reflect a kaupapa Māori approach to maternity care.
- These recent announcements are in addition to the \$300 million-dollar capital investment in health, as part of the New Zealand infrastructure upgrade programme.
- Of that, \$83 million is designated for child and maternal health, including improving birthing facilities.
- These investments are only part of a solution that must be integrated into a fully functioning health system and specialised to meet the distinct needs of the Māori population, and in many respects that may in turn equate to a health system that delivers better outcomes for Māori.

Covid-19 Response

- Indigenous ethnic inequities in infectious diseases are clear. Māori experience higher rates of infectious diseases than other New Zealanders. Māori generally have higher rates of chronic conditions and comorbidities and, following international trends, are likely to have an increased risk of infection should a community outbreak occur.
- We need to bring forward the salient lessons of the 1918 –19 influenza pandemic on Māori and the increased susceptibility of Māori to the 2009 H1N1 influenza into the Covid-19 response we are currently facing.
- A community and public health based approach must sit alongside the wider system response of the Health Sector. I want to acknowledge the role undertaken by Māori Health Providers to ensure an on the ground response that works with whānau Māori.
- Making sure that we are collecting the right data sets to support a response, building community capacity, and enabling rapid response plans that can activate in the potential

event of a community transmission scenario are so important to protect the health and wellbeing of whānau Māori, hapū, iwi.

- As a country we had to work in partnership to reduce the heavy socio-economic impacts of COVID-19 in our communities across the motu. Government and iwi partnered together wherever we could in the initial response, and this was a winning combination for whānau, iwi and Māori communities.

Research Insights

- Coming back to your kaupapa I wanted to acknowledge the leadership of Te Rau Ora in partnership with Ngā Māia Trust and Counties Manukau District Health Board who developed an evidence base to inform Māori workforce development priorities with a focus on Māori women, babies, children and whānau.
- Rapua Te Aronga-a-Hine is the first comprehensive literature review of the Māori midwifery workforce in Aotearoa New Zealand. It analyses the opportunity to grow and advance Māori midwifery within the health and tertiary education sectors, and ways to achieve ground-breaking change.
- The literature review summarises that the midwifery profession and individual midwives must ensure that they are not contributing to or compounding the inequities faced by Māori. To safeguard Māori women, babies and whānau, change is necessary to enable Māori midwives to thrive alongside their Tiriti partner.
- Having an evidence base will help solidify the need and heighten the spotlight on indigenous health and offer ways to build a culturally appropriate professional Māori health workforce. Without this, it would be hard to advance this cause.

He Wāhine Toa

- In most ways it is similar to a Ngāti Irakehu and Rangitāne leader whose aroha for her own culture and people had a huge impact on how others viewed Māori, especially from a health perspective.
- Irihapeti Ramsden was an outstanding thinker on cultural issues and Treaty relationships.
- It was these ideas that were the basis for introducing Te Kawa Whakaruruhau, the cultural safety programme she helped to establish as part of the Nursing Council's programme of training.
- Te Kawa Whakaruruhau teaches nursing students to recognise that many of the things they took for granted about their attitudes and practice are determined by culture. Awareness of their own culture empowers nurses to care better for patients from different cultures.
- Te Kawa Whakaruruhau became a lightning rod for huge public controversy over Treaty issues and cultural awareness in 1995. Her work, while instrumental, is an example of how much change has been made – but there is still further work to be done.

Concluding Comments

- It goes without saying, all midwives work extremely hard to care for women and their babies nationwide. I acknowledge that work, the important mahi you all do.
- I want to acknowledge Ngā Maia Māori Midwives Aotearoa for their advocacy in this space for the past 27 years. To address the inconsistencies in maternity services for whānau throughout New Zealand. I commend your passion, and your determination. I acknowledge the work and sacrifice that has been made to progress Māori midwifery to date. Ka nui te mihi ki a koutou katoa.
- As the Minister of Māori Development, and co-lead Minister of the Mana Wāhine Kaupapa Inquiry, I would like to acknowledge the claimant and claims in relation to midwives and roles of wāhine Māori maternity sector.
- As mentioned before the system has effectively ignored the mana and status of wāhine Māori who show leadership in their everyday lives.
- It is essential that the leadership and contributions of wāhine Māori are recognised, at a whānau, a community, policy, and political level in order for Aotearoa to achieve the vision of thriving whānau and equitable future for wāhine Māori.
- Thank you for the invitation to open this Symposium. I know there is a long list of some of our pioneer researchers and thought leaders of Te Ao Māori, Māori midwifery and investigation so I have no doubt they will bring a broad range of kaupapa and ideas to ponder as your day goes on.
- I wish you all the best and look forward to hearing further the updates from today's Symposium.

Paimārire.

Attendees

The Symposium was attended by 103 participants covering a geographical area from Te Tai Tokerau to Ōtautahi, with the majority being Māori (92%). Most of the attendees were practising midwives, but many other Māori health related workforces were also represented:

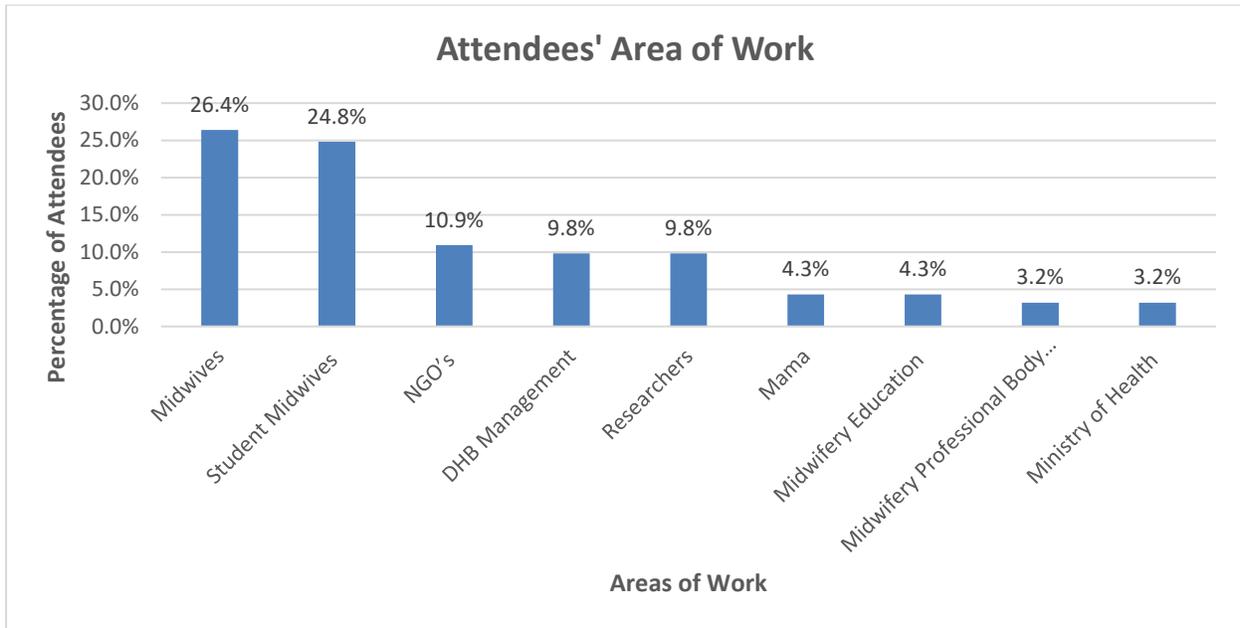


Figure 1. Attendees' Area of Work



Photo: Attendees Te Aronga a Hine Symposium 28 July 2020

News Coverage

Māori Midwives Symposium attendees demand more Māori nurses, 4:31 pm, Tuesday 28 July 2020. By Te Ao - Māori News Click [HERE](#) to view the news report

Te Aronga a Hine Presentations



The poster features a central illustration of a woman with long, flowing hair, holding a staff, set against a background of stylized, colorful waves. The text is overlaid on this background.

Te Aronga a Hine

Maaori Midwifery Symposium Programme

8am	Registration
8:30am	Poowhiri
9am	<i>Morning tea</i>
9:30am	Opening of symposium
9:45am	Presentation of Rapua te Aronga-a-Hine - Dr Hope Tupara and Megan Tahere
10:45am	Presentation of Kimihia te Aronga-a-Hine - Dr Kahu McClintock
11:45am	<i>Lunch</i>
12:30pm	Presentation of Whaia te Aronga-a-Hine - Jean Te Huia and Beverly Te Huia
1:30pm	Whaea Hinewirangi Kohu
2:30pm	<i>Afternoon tea</i>
2:45pm	Dr Naomi Simmonds
3:45pm	Overview and closing - Dr Maria Baker
4pm	Kua mutu

 **TE RAU ORA**  **NGĀ MĀTA**  **COUNTIES
MANUKAU
HEALTH**

Key Messages: Rapua te Aronga a Hine Literature Review

1. Traditional Māori birthing practices were based on lore handed down from generation to generation.
2. Childbirth inequities for Māori women in Aotearoa were extant in 1938 and persist in 2020.
3. A well-developed maternity system is finely tuned and everything is connected, with a purpose and function to make the system operate effectively. A Māori way of looking at systems is by using a whakapapa paradigm where everything is connected. Rite tonu ki ngā pakiaka o te rākau, rānei ngā ia toto e kawea ana te toto ki roto o te tinana. I tēnei wā, e pakaru ana.
4. Māori are navigators for ourselves. Kei a tatau ngā models, ngā mōhiotanga, ngā ritenga.
5. Te Tiriti o Waitangi is relevant for us all and should be the basis for equality.



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Key Messages: Kimihia te Aronga a Hine – Māori Midwifery Workforce in Aotearoa 2020

Pre-employment

Recruitment - Each of the following roopū must work together in a partnership and coordinated way

- Health Workforce New Zealand
- Training institutions
- Iwi/ Community

Retention - Each of the following roopū must work together in a partnership and coordinated way

- Health Workforce New Zealand
- Training institutions
- Iwi/ Community

Employment

Recruitment and Retention

- The Treaty of Waitangi is embedded
- Cultural competencies of health workers expected

Retention

- Have a professional development plan in place.
- Have cultural supervision in place.
- Provide dedicated leadership pathways.
- Employer support to engage marae/hapū/Iwi/ Te Ao Māori
- Remuneration aligns with employee contribution.



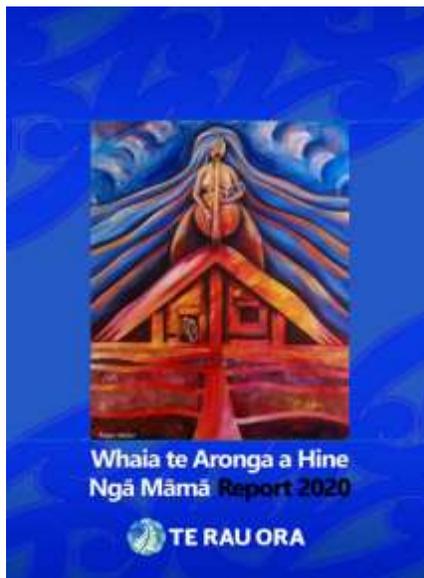
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Key Messages: Whaia te Aronga a Hine – Ngā Māmā Report 2020

It is not only important to enable Māori to incorporate tikanga Māori into their maternity care, but vital to enable whānau to reclaim their tino rangatiratanga and positive place in society and wellbeing. Māori Midwives enable whānau Māori to practice their cultural rituals and so, Māori midwives are sort out by Māori whānau for this reason. However, there is not enough Māori midwives and so they are forced to choose alternative ethnicity. Often this is a negative experience for Māori women and whanau.

Māori encounter racism more often when interacting with hospital and mainstream services. Māori women and whānau expect Māori midwives to act as a buffer or barrier between them and the hospital, shielding them from experienced and expected racism.

Practitioners need to find the space to support Māori to practice and live out their rituals, which include all the whānau.



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Key Messages: Whaia te Aronga a Ngā Kaiwhakawhānau Māori

Kaupapa Māori Mātauranga Māori birthing practices are not 'alternative' practices, they are our NORMAL- being forced to engage with mainstream birthing and maternity services is our alternative. We want what is 'Normal' for us, our birthing māmā, and our whānau.

The 'voices' of Māori are missing in the maternity and midwifery narrative. Without our 'voices' the inequities and disparities for hapū māmā and birthing whānau will never change. The work achieved by this project is the first step in understanding the needs of birthing māmā, hapū and whānau, and addressing Article Two of the Treaty of Waitangi - Te Kuini confirmed and guaranteed the chiefs 'te Tino rangatiratanga' - the exercise of chieftainship - over their lands, villages and 'taonga katoa' - all treasured things. We as Māori are guaranteed Tino rangatiratanga over our homes and the treasures within them - our tamariki, pēpi and our birthing knowledge.



View this document [HERE](#)

Key Messages: Spiritual health - Whaea Hinewirangi Kohu:
Ngāti Kahungunu, Ngāti Ranginui, Ngāti Porou

1. Strengthen your Maori self.
2. Work totally from a Māori narrative rather a western paradigm.
3. Help others to find the healer within.
4. Learn to sing your soul back into being.
5. Decolonise 1. Your way of thinking 2. Your processes 3. Your reo.
6. Mauri ora nā Hinewirangi,



Key Messages: Ūkaipō – Land Based Maternal Knowledges Dr Naomi Simmons Ngāti Raukawa

- Ūkaipō is loosely translated as ‘the night feeding breast’ or ‘the breast that feeds in the night’, it is said this concept was born from the words given to Tāne advising him to return to his mother ‘kei wareware i a tātou te ūkaipō – lest we forget the mother who nurtured us at her breast’ (Gabel 2013). For Raukawa iwi it is also a term that was used when Māhina-a-rangi first breast-fed her new-born son Raukawa and this is commemorated in the naming of Ūkaipō marae at the foothills of the Kaimai ranges.
- 
- It is the birth story of the ancestor Raukawa that can serve as a pathway for our whānau, hapū and iwi for healthy and thriving maternity experiences. In fact, I argue that all our tupuna stories provide real and conceptual pathways to healing and wellness. These stories are alive, they are not just interesting to remember but they are examples of love, care, resilience, and strength.
 - Retracing the journey of Māhinaarangi, the mother of Raukawa, is an opportunity to understand what it means for me, for her descendants to connect with her as an act of rangatiratanga, healing and transformation. We all have these stories within our whakapapa that can serve as role models of what we can be and what we can strive for.
 - Within the journey of Māhinaarangi she laboured and birthed her baby down the side of the Kaimai Ranges and the places within this area, Ūkaipō marae, Whenua-ā-kura (the place Raukawa was born), Te Poipoitanga a Raukawa (Te Poi, the place where she settled Raukawa) are but a few examples of how the maternal knowledges of our ancestors, and of the ancestress Māhinaarangi, are inscribed on and in the physical landscapes of Aotearoa. Knowledge of these names, and the events that lead to them, transforms how I understand and experience these places and how I understand and experience pregnancy, childbirth and mothering.
 - Ūkaipō is both place and people. Those places and people that physically and spiritually sustain us. The importance of our whānau collectives, of collectives of role models and support people in ensuring healthy birthing outcomes is crucial and I argue that we can extend those networks of support back in time to our ancestors and draw from their experiences and strength to transform maternities for Māori women and whānau.

Overview: Dr Maria Baker CE Te Rau Ora

Wahine Māori experience some of the poorest of health and social outcomes across all areas compared with non-Māori women. Addressing the generations of trauma, colonisation and a system that is western dominated with patriarchal inclinations needs to be included in any strategy to improve the wellbeing of Wahine Māori and their whānau.

Te Aronga a Hine Symposium has been our opportunity as a collaborative of Te Rau Ora, Ngā Maia and Counties Manukau to share the outcomes of this interesting programme of work. We were funded by the Ministry of Health (Health Workforce Directorate) to bring the evidence base to fruition that would centre on Māori women, babies, children and whānau that in turn would inform workforce development priorities. To do this job well, we have deliberately gone beyond the remit set before us because of the importance of putting right the facts, and evidence of what does and could impact the wellbeing of Wahine Māori.

It has been our privilege as Te Rau Ora to be part of this once in a lifetime collaboration, with expert Māori Midwives and those dedicated to enhancing the wellbeing of Wahine and their whānau. We are appreciative of the expertise of Dr Hope Tupara; Megan Tahere, Heather Muriwai, Jean Te Huia, Beverley Te Huia, Ngā Maia Māori Midwives, Counties Manukau Health and Ministry of Health in enabling this project to occur.

We have taken into account the importance of Wahine Māori and their whānau, and we hope the outcomes of this work will inform the national responses needed now for policy and investment that will better guide how health services are provided to meet the needs of Wahine and their whānau. We heard from Honourable Minister Nanaia Mahuta at the beginning of the Symposium about the national commitment to wellbeing. We can only hope for the development of Wahine Māori and whānau centred health policy that addresses equity focuses on Māori evidence base and life-course approaches that privilege Te Ao Māori and Wahine Māori.

In regard to workforce development, we must acknowledge the role of Māori midwives and Māori women in health care roles as first points of contact for Wahine Māori and their whānau, where broader health and social issues are addressed in tandem with their needs for motherhood. These strongly Māori female workforces require more investment and support to grow and develop, as they have more likelihood of reaching groups of whānau who experience greater health problems and poorer outcomes socially and culturally than any other professional role. Ideally, the outcomes of this collaborative work programme will inform policy frameworks going forward to address the needs of Wahine Māori in a holistic manner whilst taking into account the historical and contemporary social determinants of their health. It would be great to see the agreement of a new approach with a high level of commitment to raise the prospects of substantial improvements in the health of wāhine Māori and to build a workforce that gives specific attention to wāhine Māori in frontline roles and leadership.

Evaluation: Online Survey Report

Design and Methodology

A post-symposium online survey was agreed to by the three partners to be the most efficient process to obtain feedback. The partners agreed to utilise Survey Monkey and agreed to a mixed method of both qualitative and quantitative data collection. The survey was optional.

Quantitative Questions

- How satisfied were you with the research presented at the Symposium?
- To what extent was the research presented relevant to your practice as a health professional?
- To what level will the research presented inform your practice going forward?

Qualitative Questions

- What would you recommend the next steps should be in terms of embedding the findings? Who by? Who with?

Analysis

Descriptive analysis was utilised for the quantitative data, which utilised Likert-like scales; And thematic analysis was employed for the qualitative data.

Recruitment and Participation Rate

The post-symposium online surveys were sent by Counties Manukau to all registered attendees, approximately 103. Over 50% of the attendees completed the survey. They were:

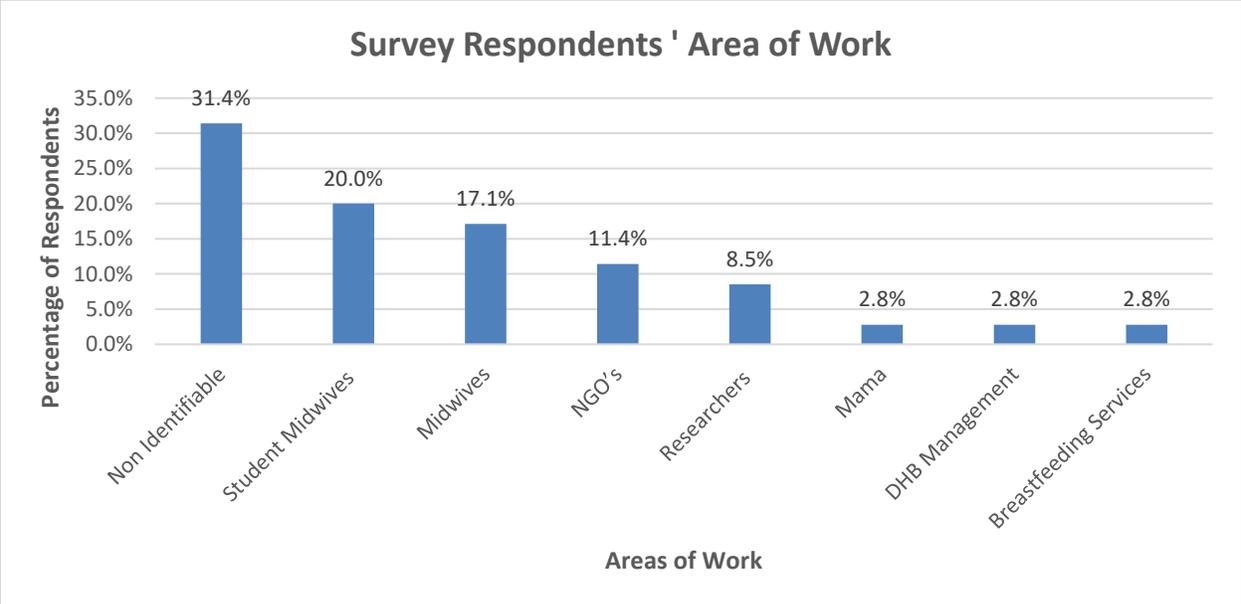


Figure 2. Survey Respondents' Areas of Work

Results and Analysis

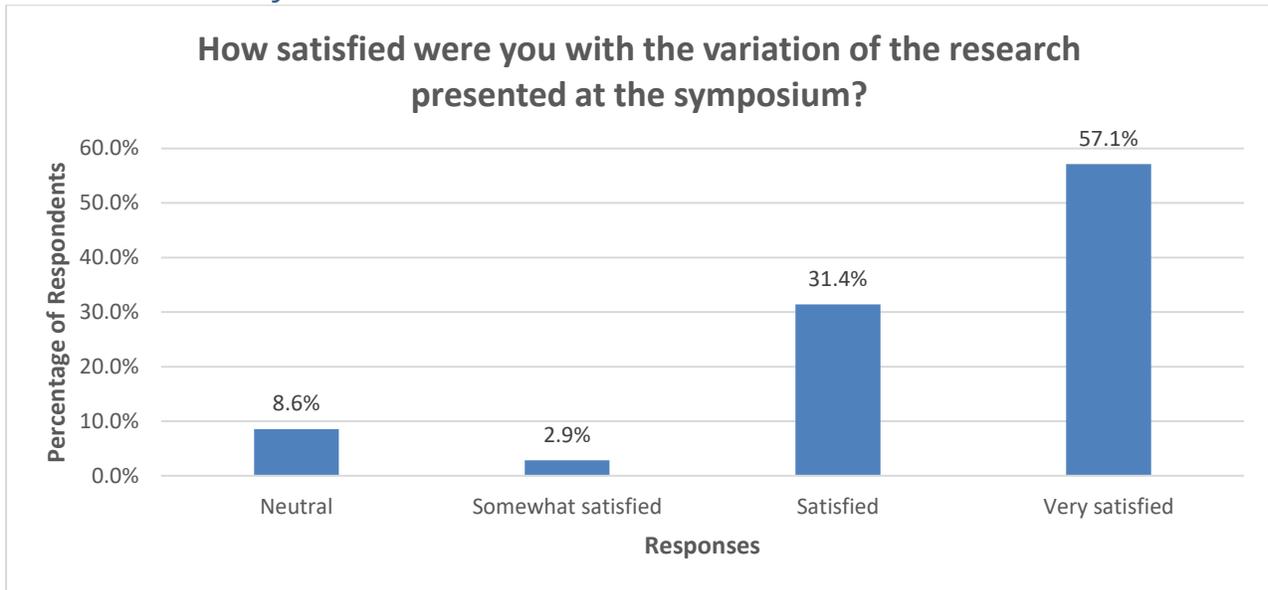


Figure 3. How satisfied were you with the research presented at the Symposium?

88.5% of survey participants were satisfied to very satisfied with the research presented at the Symposium.

Great beginning for research in this kaupapa, great variety in presentations and how they were presented, maybe include workshops next time.

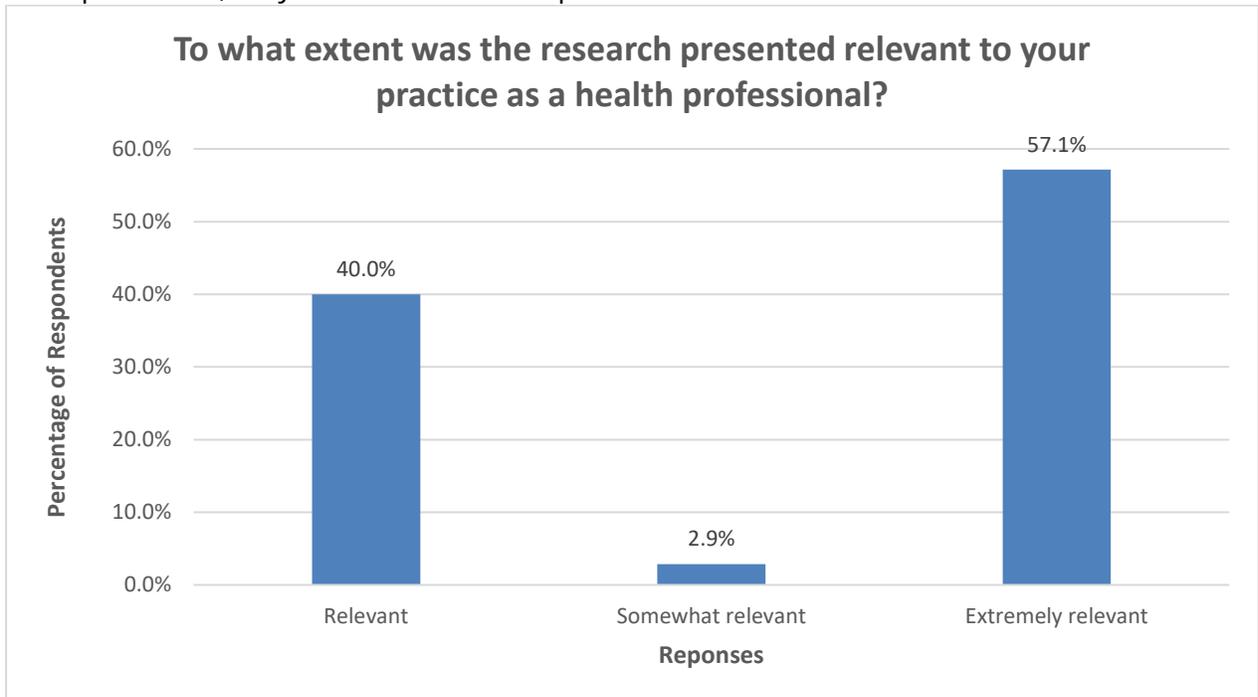


Figure 4. To what extent was the research presented relevant to your practice as a health professional?

97% of survey participants believed the research presented was relevant to0 extremely relevant to their practice as a health professional.

“He Whānau Ora He Mokopuna Ora”

“Relevant to all health practitioners as there were take away messages not only professional but personal as well”

“The messages were definitely from the realm of haputanga not only for our māmā and whānau but Māori who yearn to be nourished and nurtured from a Māori perspective”

“Currently studying to be a Midwife so a lot of info was very relevant to my field of practice. Also, while, I’m not a midwife the presentations were not limited or limiting”

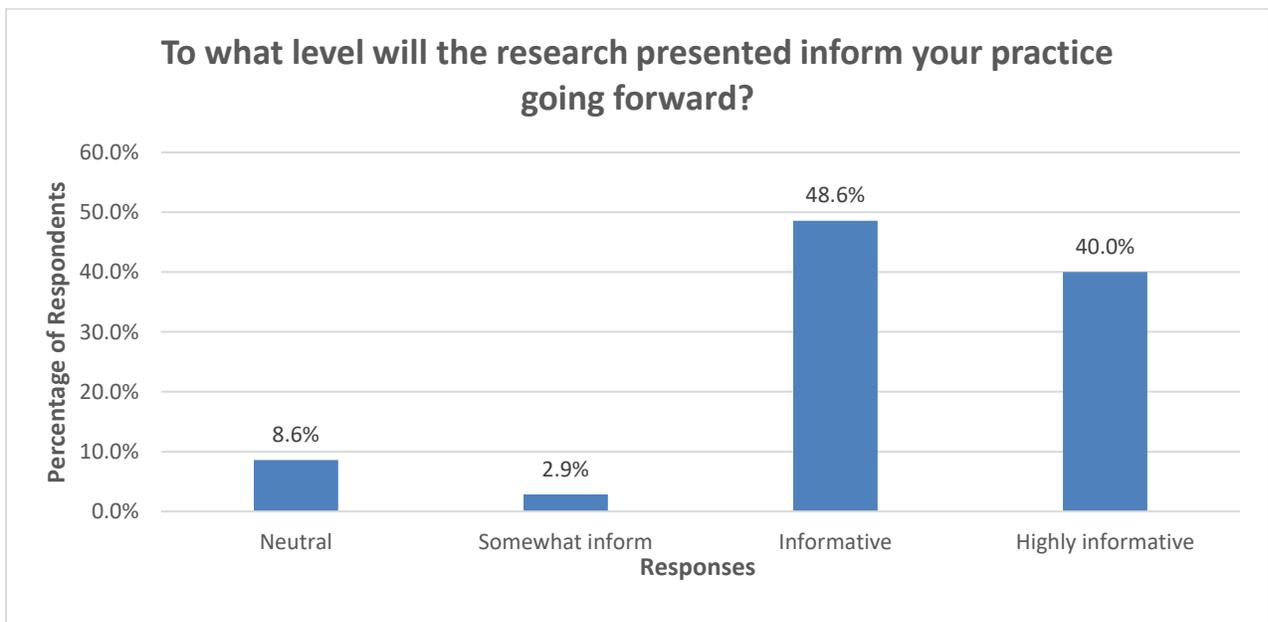


Figure 5. To what level will the research presented inform your practice going forward

86% of survey participants believed that the research presented was informative to highly informative for their practice going forward

“Cultural appropriation, further insight on recent literature concerning the inequities of our Māori māmā and health practitioners”

“Learning and or changing the way I engage with whānau. To have insight into what some women’s lives could be like”

“That students play an important role in the future of midwifery”

“Finding ways to keep Māori in midwifery programmes”

“We are sharing what's currently available online on our website to support mokopuna and whānau ora across our workforce and to whānau, hapū and Iwi”

“As a final year student that is sculpturing her practice this information was so so formative for how I consider practicing in the future. It’s not just a case of hearing about research and evidence and then implementing it, here are often other barriers to implementation of research findings and also the mere presentation of research does not mean it has been peer reviewed or the methodology appropriate for application in our settings. As I said before there were take always which provide a basis for going forward”

“Nice to have options for the women. The knowledge and experience of midwives was reiterated to me throughout the day”

What would you recommend the next steps should be in terms of embedding the findings? Who by? Who with?

Next steps have loaded under the following four themes:

1. Strategic partnerships
2. Ongoing research importance
3. Offer learning opportunities that resonant with the Tāpuhi Workforce
4. Venue and Manaaki

Strategic Partnerships are Needed and Desired. These include -

- Māori, supported by MOH midwifery council, NZCOM and Ngā Maia
- As Ngā Maia works with NZCOM informed to either develop and provide robust guidelines or embed in current standards for practice.
- Formation of a working group to determine practical solutions for what we already know the obstacles are being a Māori midwife working with Māori whānau.
- How can we support more Māori to become midwives, financial etc
- Establishing a Māori midwifery school by Māori for Māori that works for Māori to increase
- Holding DHBs accountable to the research.
- Put the funding where it's needed. By Māori for Māori

Ongoing Research Importance was also Highlighted

- Circulating research around midwifery, provide and present to students
- To actually have some evidence based research now is invaluable, and for tauiwi colleagues to see that and respect those findings is very helpful. For ourselves to actually see this research in black and white (although we may already know, live eat and breath it). It is very informative and makes you more conscious of what whānau expect, what we are providing, and how to better care for not only our whānau but ourselves.
- More Kaupapa Māori Research- More Kaupapa Māori Midwifery Projects- More Māori Presenters, on Māori Tikanga.
- Would be great to use this kind of forum as a platform for those Māori midwives doing postgraduate research who can speak to their peers. The Māori Midwives and Māori researchers need all our support.
- This was a very high level programme and we need to support the findings of Kaupapa Māori to enhance and guide our practice.

Offer Learning Opportunities that Resonant with the Tāpuhi Workforce

- As a first year student of Midwifery I felt privileged in stepping onto the same platform, being in the same space as so many leading wāhine toa in the field of te whare tangata.
- Felt the research kōrero earlier weren't engaging, new information and could have been read.
- I would have liked to have heard more tikanga Māori talks and positive research around midwifery and birthing as well as the day to have been a bit shorter.
- I found Hinewirangis kōrero to be most useful, have new information and interesting. I was unable to stay for Naomi Simmonds kōrero which I thought sounded interesting.
- I learnt a lot about myself at the Symposium as well as understanding how to better work with women and whānau that I am looking after.
- I would like to see a more diverse audience across health professionals or those involved with planning services with Māori.
- Each attendee has a responsibility to share and use the information presented to benefit whānau
- I'm not sure I appreciate Pakeha in attendance, however the hui was exceptional. Well done to all.
- I would like more Tauiwi to be present to also appreciate research such as this as to gain a deeper understanding of our people and how to best provide their care.

- Needed more time to discuss the findings and come up with recommendations/solutions
- Maybe having time throughout or at the end for people in the audience to share their thoughts in depth should they wish to do so.
- A commitment to ongoing symposiums - the experience of bringing everyone together was invaluable.

Venue and Manaaki

- The symposium would benefit from being held on a marae to include more of our primary care colleagues health workers and out of KA.
- It would be lovely to hold this Symposium in different areas of NZ and over maybe 1-2 day
- It was a fantastic collaborative Symposium - can't say I have seen so many Māori Midwives in the one place - well done
- Everything was well presented and organised I loved how the MC got everyone's attention the waiata in between she did such an amazing job keeping us on track.
- Really enjoyable day, lots of singing, lots of tikanga ` Māori enjoyable change from the normal sitting and listening.
- Thank you to the team for arranging this event. I felt privileged to be in attendance.
- The kai was great! I would like to see the event being held on a Marae and more wānanga practices embedded into the day
- This was one of the best run research summit I have attended and I thoroughly enjoyed the diversity across the presentations and the wairua that was present in the room.

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