

Oriori Hapū Māmā Project

Programme Evaluation for Te Ara Teatea Trust



TE ARA TEATEA TRUST

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Me aro koe ki te hā o Hineahuone

Pay homage to the essence of womankind

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Executive summary

Te Whare Tāngata, the womb, is where pēpi lives and grows during hapūtanga. Hapūtanga is an important time for Māori, as it represents whakapapa and the connection to the whenua (land). Oriori, a programme specialising in Māori maternal support, has been developed from more than 20 years of experience supporting hapū māmā using traditional rongoā practices.

Oriori was created by Te Ara Teatea Trust and funded by the Rātā Foundation in Ōtautahi. The Oriori rongoā approach was designed to support māmā during the third trimester of their pregnancy, resuming six weeks post-birth and continuing for 12-16 weeks.

The purpose of this evaluation is to investigate how well this pilot achieved the intended aims. The evaluation takes an exploratory approach, understanding how the Oriori programme developed, what the practitioners learnt through the funding period, and what outcomes māmā experienced. The evaluation is a mixed method design, drawing on qualitative (interviews) and quantitative (survey) data. Interviews were held over a six-month period, the hapūtanga practitioner was interviewed three times to understand the process of learning and development. Three māmā were interviewed to understand their perspective of participating and to describe the outcomes they experienced. Twelve of the 25 māmā responded to the survey. The lead practitioners at Te Ara Teatea were interviewed at the beginning and the end of the evaluation period.

Previous research has demonstrated that wāhine Māori are in need of specialist culturally appropriate maternal health services (Savage et al., 2020). This evaluation demonstrates that the model of maternal care provided through Oriori goes someway in

addressing this gap in health provision for wāhine Māori. The skill of the practitioner immersed in the mentoring approach provided by Te Ara Teatea has resulted in a high-quality service that has retained māmā in long-term quality rongoā support. The impacts reported by māmā are many and varied, including increased connection, awareness, improved mental health and wellbeing, reduced pregnancy-risk behaviours and a willingness to continue their hauora journey and engage with other services.

The evaluation identified three recommendations for continued improvement.

- Sustainability of the service requires continued capability building. Investment in continued training and ongoing support is crucial to develop the hapūtanga approach.
- Continued collaboration with other Māori maternal support services and wider kaupapa social services.
- Investment in building hapūtanga services for wāhine Māori to address gaps in the continuum of care for māmā and pēpi. This could include developing connections to other pathway models of care that support the hauora of māmā and pēpi in the first 1,000 days.

Whakapapa

Oriori is a pilot bespoke kaupapa Māori maternal hauora innovation created by Te Ara Teatea Trust and funded by the Rātā Foundation in Ōtautahi.

Within te ao Māori everything has whakapapa and Te Ara Teatea Trust is no different.

Ruatau Perez (Ngāi Tuhoē, Ngāpuhi) is a well-known rongoā healer and has practised nationally and internationally since 2000. Ruatau was first introduced to mirimiri as a child by his grandmother, at the age of 20 he was honoured to train alongside Tōhunga Papa Hohepa Delamere, a renowned rongoā practitioner. Ruatau has continued to practise and share the art of the sacred healing traditions.

After settling in Ōtautahi, Ruatau and his partner Hannah established Te Ara Teatea Trust in 2019 and opened a Whare Hauora. They received early support from Te Pūtahitanga o Te Waipounamu¹ and mana whenua who believed in their vision to provide whānau with a space to access and participate in te ao Māori approaches to healing, health and wellbeing.

Oriori, a programme specialising in Māori maternal support, is designed to support hapū māmā using traditional rongoā practices. Te Ara Teatea has taken the opportunity, through funding provided by the Rātā Foundation, to develop and support a hapūtanga practitioner. This innovative programme has matured to be responsive to the needs of māmā by building a pre-and post-natal service. This service has strong roots in te ao Māori conceptions of birth and health.

Rātā Foundation is the South Island's largest philanthropic funder investing in community organisations in Canterbury, Marlborough, Nelson and the Chatham Islands. As part of its strategic investment in health and wellbeing, the Rātā Foundation aspires to improve maternal mental health for young Māori mothers by supporting the development of rongoā and innovative locally-based solutions. Te Ara Teatea received support to establish the Oriori innovation and also develop practitioner capability.

The Oriori rongoā programme was designed to support māmā during the third trimester of their pregnancy, resuming six weeks post-birth and continuing for 12-16 weeks. This approach enabled a practitioner to step into primary care and carry the care of māmā and pēpi during the late stages of pregnancy, birth and recovery.

The projected aims and outcomes at the outset of the pilot are:

- That the hapūtanga specialist will work with 10 hapū māmā a week².
- To provide a mentoring programme for 12 months to build practice capability.

Te Ara Teatea aims to meet these outcomes by:

- training a specialist to provide rongoā Māori traditional practices,
- provide hapū māmā with their own personally designed treatment plan,
- support the hapūtanga specialist to be competent in rongoā Māori and,
- build the capacity of rongoā practitioners.

“It was an honour to have studied under Papa’s tutelage while he was alive, and with my partner Hannah (Ngāpuhi), we continue to be guided by him through wairua/spirit. Weaving the threads between Papatūānuku and Ranginui, guided by the Whare Wānanga Lore, Ngā Atua/gods and our own Tūpuna/ancestors, we are humbled to weave the ancient Māori philosophies into this modern ever-changing world.”

(Ruatau Perez)

¹Te Waipounamu Whānau Ora Commissioning Agency.

²The agreement acknowledged the number of māmā may vary depending on the learning and development needs of the kaimahi.

Purpose of this evaluation

The purpose of this evaluation is to investigate how well this pilot has achieved the intended aims. The evaluation takes an exploratory approach, understanding how the Orioi programme developed, what the practitioners have learnt through the funding period, and what outcomes māmā experienced.

Four key research questions directed the evaluation:

01 What is the model of support that has developed through the initiative?

03 What can we learn from this innovation?

02 How well is the initiative achieving its intended aims of:

04 What are the unintended consequences of the initiative - if any?

Increasing competency for the mentored practitioner: Understanding the experience and increasing competency of the practitioner.

Developing and implementing an effective and manageable mentoring model: Articulating the mentoring model and identifying areas of strength and improvement.

Having a positive impact on māmā who receive the service: Understanding the various impacts for māmā participating in the service.

Methodology

This evaluation is mixed method, drawing on both qualitative (interviews) and quantitative (survey) data. Interviews were held over a six-month period, the hapūtanga practitioner was interviewed three times to understand the process of learning and development. Three māmā were interviewed to understand their perspective of participating and to describe the outcomes they experienced. The lead practitioners at Te Ara Teatea were interviewed at the beginning and the end of the evaluation period.

A survey was shared with māmā who participated in the programme after their first appointment and again after they were at least mid-way through their programme. Of the 25 māmā who participated in the programme, 12 completed the first survey and 10 completed the second survey. The first survey for māmā was developed using aspects of Māori birthing practices found in the literature, including the importance of ancestry (whakapapa), spiritual connection, tikanga, and tūpuna. The survey was designed to understand the importance of immersion for māmā in te ao Māori throughout the period from the first Oriori session to the last.

The survey questions were centred around Te Whare Tapa Whā, to indicate the connection māmā experienced to the different aspects of health. The questions intended to indicate how and in what ways Oriori impacted māmā and if certain aspects, such as wairuatanga, were connected to an improved physical and emotional state. The evaluation was designed and conducted in a way that is consistent with kaupapa Māori research principles (Pihama & Southey, 2015; Cram, 2010).

Kaupapa Māori research principles

Kaupapa Māori research recognises the strengths and aspirations of Māori along with Māori rights to self-determination. The role of whānau is upheld while, at the same time, the negative pressures that are being brought to bear on many whānau through

socioeconomic disadvantage are acknowledged. Political, social, economic and cultural wellness is a collective vision and commitment, achieved through living and developing in a Māori way. Kaupapa Māori research encompasses the following values:

- Research that is controlled by Māori, conducted by Māori researchers and with Māori.
- The prioritisation of Māori in research questions, methods, processes and dissemination.
- It is not a prescribed set of methods, but rather about how research should be framed.
- It focuses on generating solutions and aspirations from within Māori realities.
- It contains a notion of action and commitment to change, and to Māori development.

Māori refer to the term 'kanohi kitea', the seen face. This indicates the importance of relationships and being known in the Māori community. Māori also refer to the importance of working and interacting 'kanohi-ki-te-kanohi' or face-to-face. These terms informed the engagement process. The methodology was enacted through kaupapa Māori principles.

The approach taken to this evaluation was built around whanaungatanga and developing connections and relationships with the practitioners and māmā. The purpose of the process was to capture, create, nurture, grow, and protect the mātauranga shared with us during this project.

Rationale

Indigenous approaches to maternal care

Indigenous populations around the world experience the highest health need, mortality, and morbidity of all peoples (Anderson et al., 2016).

Aotearoa New Zealand, like many other developed countries with Indigenous populations have substantial inequities, including in the health sector (Thayer et al., 2019). These health and socioeconomic inequities appear within maternal health and pēpi statistics. Wāhine Māori are over-represented within maternal risk statistics, such as premature birth rates, high-risk pregnancies, and smoking during pregnancy. These risks leading to further co-morbidity factors, such as heart disease and diabetes (Ratima et al., 2013; Berryman et al., 2022). Considerable evidence collected over decades has emphasised the failure of our national health system to achieve health equity for Māori and particularly wāhine Māori (Ministry of Health, 2021). Recently, the Perinatal and Maternal Mortality Review Committee (PMMRC) Sixteenth Annual Report identifying significant preventable mortality, particularly among the most disadvantaged groups. Wāhine Māori, Pacific women, and those living in higher deprivation areas bear a disproportionate burden of maternal mortality (PMMRC, 2024).

This research demonstrates that wāhine Māori and other minority groups are in need of specialist maternal mental health support (Savage et al., 2022; Ministry of Health, 2021). The concerns noted in physical health statistics are also apparent in mental health statistics for wāhine Māori. A 2016 research report using data from the E Moe, Māmā: Maternal Sleep and Health in Aotearoa/New Zealand study found 22 percent of wāhine Māori in the cohort screened positive for depression in late pregnancy, compared with 15 percent of non-Māori (Savage, 2022). Concerningly, individuals of New Zealand European ethnicity were 67% less likely than wāhine Māori to die by suicide, a direct contributor

to maternal mortality during the 2006-2021 period (PMMRC, 2024).

Despite the increased need for wāhine, they are less likely to receive antenatal education (Ratima et al., 2013). Research suggests these figures are reflective of a gap within maternal health care which is culturally responsive and Māori centred, with inequities in access to obstetric and midwifery care (Ratima et al., 2013; Tikao, 2022). The PMMRC (2022; 2024) reports note that these persistent inequities highlight systemic failure of the maternal and health system, as well as society at large, to provide adequate care to the most at-risk groups. The 2022 report notes that 'the health and welfare system structured around Western values and biomedical ideals, continues to predominantly serve Pākehā. The persistent disparity underscores a longstanding neglect and indifference towards Māori and Pasifika within the perinatal care system' (PMMRC Report, 2022, p. 2). The concept of standardised care acts as a barrier to such a multifaceted approach, particularly for groups in Aotearoa who already face disproportionate burdens of poor health and poverty.

Maternal experiences of racial discrimination exacerbate the development of adverse birth outcomes, including low birth weight and pre-term birth, evidenced through the heightened levels of cortisol within wāhine Māori experiencing discrimination (Thayer, 2019). In addition, Māori mothers have greater levels of deprivation due to socioeconomic inequalities, which has implications for pre-natal health (Savage, 2022). These figures indicate a lack of responsive service during a

vulnerable time for both pēpi and māmā, and furthermore highlight systemic inequities which have longitudinal impacts on a child's life and growth.

Through colonisation, land confiscations, language and culture loss, intergenerational trauma is experienced by many whānau, particularly wāhine Māori (Pihama et al., 2019; Mikaere, 1994). The process of colonisation has reduced the status of wāhine Māori and destroyed traditional whānau child rearing practices (Mikaere, 1994). Pre-colonial knowledge related to pregnancy, childbirth and parenting were communicated through the generations by living together and personifying practices and understandings of ancestors, including spiritual and physical approaches (Berryman et al., 2022). Pre-colonisation, pregnancy, birth and tamariki were all sacred and imbued with these multi-dimensional understandings. These spiritual teachings influenced how women birthed and the way in which children were treated. Within te ao Māori, tamariki are seen as direct descendants of the Atua (Gods), and to slight them was to directly offend the creators (Leonard, 2020).

The silencing of Māori maternal knowledge has resulted in birthing within western institutions and ideologies with little regard for Māori ways of being and birthing (Berryman et al., 2022). This has impacted both the health systems and wāhine Māori views of birthing and birthing practices. Previous to the impact of western models of care, there were clear understandings around pregnancy, and mātauranga Māori (Māori knowledge) which

estimated gestation, ways of monitoring both māmā and pēpi health throughout the process of pregnancy, and holistic supports such as mirimiri, and rongoā (Hawaikitanga, 2021). These systems of care worked well for Māori, and reported documentations of complications during pregnancy and birth were not common (Best, 1975). The inter-generational loss of these practises related to pregnancy, birth and child-rearing mean that wāhine Māori are subjected to systems and knowledge that predominantly serve Pākehā (PMMRC, 2024).

Wāhine Māori have expressed strong preferences for access to whānau-centred services during their pregnancy, that is, services that recognise the value of whānau support throughout pregnancy (Ministry of Health, 2021; Savage et al., 2022). In response to whānau distrust in state agencies due to negative past experiences, innovative intervention and support services need to be by Māori for Māori (Ministry of Health, 2021).

Evaluation findings

Twenty-five māmā accessed the Oriori pilot kaupapa throughout the funding period, fifteen are currently still enrolled within the programme. The practitioners acknowledge it took time to get the kaupapa up and running, and to build relationships and connections in places which hapū māmā are visiting or connected to. This section of the evaluation uses the data gathered through interviews and surveys to respond to the research questions.

1. The model of support that has developed through the initiative

Te Ara Teatea Trust was created by Hannah and Ruatau Perez as a collective space for taura who are working towards becoming rongoā³ practitioners. Taura train in an apprenticeship/wānanga model alongside the guidance of Ruatau. Te Ara Teatea Trust seeks, as part of its wider kaupapa, to create sustainable access to rongoā Māori in Ōtautahi. The long-term goal is to build the capability of rongoā practitioners nationally and internationally.

Rongoā has been identified as a key need for supporting the revitalisation of kaupapa Māori health care in Aotearoa/New Zealand (Marques et al., 2021; Te Whatu Ora, 2023 & 2024). While rongoā Māori has become progressively more accepted as a health response, there are barriers to accessing rongoā Māori care in both Ōtautahi and nationwide, particularly a lack of experienced practitioners and organisations. ACC currently fund access to selected rongoā practitioners nationwide however, these services are overwhelmed with requests and often have closed books or long waitlists. Consequentially, the Oriori Pilot was developed in response to this growing need for accessible rongoā services for māmā.

The idea for a hapūtanga specialist arose from a clear need for culturally-centred maternal health services. Hannah and Ruatau intended to partner with a previously accredited rongoā practitioner and run a mentoring model of care, enabling the practitioner to be supported in their learning journey as a hapūtanga specialist. Te Ara Teatea applied to the Rātā Foundation for funding with the intention of building a supportive model that allows the practitioners to build capability in a safe and supported environment. This will inevitably contribute to the sustainability and availability of this service throughout Aotearoa.

From the outset, the service was designed to run independently. The Oriori practitioner has had autonomy around booking dates and times. This design worked well for Te Ara Teatea and for the Oriori practitioner, who valued the flexibility in the role. Māmā also reported there were no barriers to accessing rongoā because of the flexibility of the model to respond.

The hapūtanga practitioner has accessed wānanga and other support throughout the funding period to continue to build her kete of knowledge with komirimiri (talk therapy). Overall, the practitioner has appreciated the growth in all aspects of her care for māmā and this is reflected in the quality of service provided.

Ruatau and Hannah have supported the Oriori practitioner through,

- ensuring they have ample resources for the kaupapa (balms, equipment)
- a whare to practice from
- applied training experiences, supervision of the specialties of hapūtanga and;

³Rongoā Māori refers to the traditional healing system of Māori. It focuses on the oral transmission of knowledge, diversity of practice and the spiritual dimension of health. Rongoā Māori encompasses herbal remedies, physical therapies and spiritual healing.

- peer supervision.

Over time, this support model has increased the capacity of both the practitioner and the service, with the pilot demonstrating the success of a tuakana/teina mentorship. Throughout the pilot's delivery, māmā, stakeholders, and the Oriori practitioner engaged in research interviews.

The Oriori practitioner engaged in three qualitative interviews throughout the pilot process to describe the development of the Oriori role and new learnings over time. The practitioner reported feeling well supported and adequately educated to perform the hapūtanga specialist care. The main challenges encountered along the way were 'working out the finer details', such as ensuring the washing was done on time and bookings were organised.

Themes were identified in the interviews with māmā, practitioners, and owners, who described the underpinning values that have led to the programme's success.

1.1 A model of mentorship

The design and implementation of a tuakana/teina partnership in training has enabled a successful transition for the practitioner. This model of care, as explained above, has proved to be a sustainable and accessible way of building capacity to meet the growing need for rongoā as a response to maternal health.

1.2 Whakawhanaungatanga

The practitioners and owners both described a key enabler of success as building and sustaining warm affirming relationships. Whakawhanaungatanga between māmā and the practitioner encouraged māmā to continue attending. In addition, the relationships that the practitioner built with other service providers enabled a continual flow of māmā engaging with the programme. Time put into relationship building was valued. It took time to build relationships with māmā, time mentoring between practitioners and owners, and time to build relationships with other services (stakeholders).

1.3 Quality over quantity

The programme has a profound impact on māmā, indicating the high quality of care provided. While the practitioner and mentors indicated the initial targeted number of māmā may not have been met, they learnt that the quality of care was most important. The māmā who attended, continued to engage, and reported a positive therapeutic connection and high satisfaction levels.

Qualitative interviews went into depth about the mātauranga shared during the sessions. Māmā learnt about their body, the physiological changes they were experiencing during pregnancy, and what to expect during childbirth. They felt they gained knowledge about Māori birthing and birthing practices. Findings demonstrate the time and care that was put into the delivery of hapūtanga. Māmā indicated long-lasting impacts, including feeling empowered and knowledgeable about their body and the importance of hapūtanga. The model of care appears to return the power to wāhine Māori and assisted with the deconstructing of imbalanced power relationships between professionals and clients within the Western health and social systems.

1.4 Importance of holism in health

The beginnings of Oriori are grounded in te ao Māori conceptions of the wellbeing, health, whakapapa and whānau. This means that 'hauora' is viewed differently than that of the Western medical systems, rongoā hapūtanga provides both preventative and inter-connected treatment styles. Each session is viewed through the lens of Te Whare Tapa Whā. This indicates the health benefits for māmā and pēpi are felt throughout their whole lives by placing importance of the inter-connected nature of both the body, the land, and the people surrounding. Sessions include talk therapy, body work, and spiritual guidance.

"Yeah, it's changed me, I would never look at my mental health before. And she explains to me how they are connected, and it's connected to my body, and it's just something I never would have thought of before." (Māmā)

1.5 Wairua led

In response to the intentional dismantling of knowledge and practises of wairua throughout colonisation, Oriori offers a unique approach to care by prioritising the importance of spiritual dimensions. By emphasising this aspect, Te Ara Teatea is making space for māmā to re-immense and reclaim ancient traditional Māori knowledge.

Māmā experience being immersed in a support model that prioritises their wairua and the passing on of mātauranga around wairua. Māmā who participated in this evaluation reported this has changed the way they view their health, their life, and allowed them a place to explore this aspect of te ao.

“I used to love stuff that wasn’t good for me ... a little too much drinking, a little too much smoking ... this programme has helped me to stop that, and now I’m so focused on my health for me and baby.” (Māmā)

2. Achieving the intended aims

The aims of the service were to train a specialist to:

- Provide rongoā Māori traditional practices,
- provide hapū māmā with their own personally designed treatment plan,
- support the hapūtanga specialist to be competent in rongoā Māori and,
- build the capacity of rongoā practitioners.

The findings from this evaluation demonstrate that these aims have been met. A number of key themes emerged from the analysis demonstrating how over time the aims of the service evolved as the service developed. This section describes these developments over time.

2.1 Increased competency for the mentored practitioner

The practitioner was interviewed at three points throughout the pilot to discuss the development of the service and her practice.

Te Timatanga

The hapūtanga practitioner moved into the space of the Oriori practitioner swiftly. She felt the position was right for her. She has a passion for working with māmā and pēpi and had previously spent years working within the Te Ara Teatea healing space. She is a capable and experienced rongoā practitioner however, the move into hapūtanga did involve changes and new learning.

This process included an induction and mentoring as she moved into the space of working with māmā and pēpi, including a period of working out technicalities that came with the role, such as ensuring she had the right balm, had ample linen and so on. The move into this role was described by the practitioner as rapid but smooth. Her previous experience and passion for working with māmā were clear motivators, alongside the continued mentoring and support from Te Ara Teatea.

Te Waenganui

When meeting again, the practitioner spoke about how the service had naturally evolved and settled. She felt that the way she was engaging in her mahi had developed. The practitioner had experienced her own life changes and reported her growth and development in responding to new challenges and experiences. Her learnings included the form of the Oriori itself, a pre-colonial birthing practice involving waiata and takutaku (incantation, ancient form of karakia), welcoming baby into the world. Throughout these changes, the practitioner reported being well-supported and uplifted by Ruatau and Hannah. Her practical and applicable knowledge base of hapūtanga had grown, with Ruatau providing instruction and mentoring her in new, more advanced approaches. There are difficulties with building capability in hapūtanga as these techniques only occur for hapū māmā. Practitioners need to be working with hapū māmā to experience the situation. The practitioner felt supported in this learning journey and noted the work environment was an enabler for the success of hapūtanga care.

Te Mutunga

At the conclusion of the evaluation, the practitioner expressed confidence in her abilities to provide

hapūtanga support. There were unexpected outcomes that the practitioner recognised, including the complex situations in which many of the māmā lived. This led to engaging and collaborating with multiple different kaupapa Māori services and supports to provide extended care for some māmā. The practitioner has been supported well by Te Ara Teatea through mentoring and supervision.

2.2 A positive impact for māmā who receive the service:

This section details the impacts for māmā within the context of Durie’s (1984) multi-dimensional model of health, Te Whare Tapa Whā.

Taha wairua

Oriori prioritises the influence and importance of wairua in the hauora model, in contrast to Western epistemologies/models of care where the taha wairua dimension is often ignored. The foundational principles of Oriori involve caring for and prioritising wairua - through takutaku, mirimiri, and the influence of our whakapapa and tūpuna on our bodies. The impact of this was noticeable in the data, with māmā communicating their changed perception of the world and their own health. Furthermore, māmā who indicated in the first survey they did not feel a spiritual connection with their land or ancestors, noted an increase in connection by the second survey.

“Oriori helped me connect to my tūpuna, to feel calmer and more prepared for labour and birth.” (Māmā)

Taha whānau

A strong, healthy, and empowered whānau can make the most significant difference to Māori health and wellbeing (Ministry of Health., 2020). During sessions, the practitioner noted some of the māmā were in situations that did not support their hauora, including the use of alcohol and other drugs, family violence and/or poverty. In response to these needs the Oriori practitioner created a wider net of social support where māmā could obtain assistance and continued inclusive care. In addition, practical

factors were introduced to remove barriers, such as using Uber to and from sessions. This removed the stress of finding transport for māmā and had a positive impact on service utilisation factors. Throughout data collection, māmā noted the changes in their lifestyle, which they progressed to, notably positively supported by the Oriori programme.

“Oriori has kept me grounded through my whole unsettling environment.” (Māmā)

Taha hinengaro

The impact of poor mental and emotional health on pregnancy is well-established in research. During the Oriori sessions, the practitioner shares mātauranga around mental wellbeing and emotional health. The holistic and educative approach from the practitioner was noted by māmā who reported the positive impact Oriori had on their mental health, the ‘relief’ they felt coming to sessions, and the impact of a ‘safe and trusting relationship’ with the practitioner. Practices such as breathwork and understanding the impact of hormonal changes associated with pregnancy were identified by māmā as skills they had learnt to support their mental and emotional wellbeing.

“I definitely recommend this service, especially at times of challenge when you get swept up in emotions and hormones and changes.” (Māmā)

Taha tinana

Throughout pregnancy, the changes to the body are significant to accommodate and sustain pēpi. Morning sickness, extreme fatigue, soreness and increased blood pressure are common pregnancy symptoms. The survey identified this, with 41% of respondents indicating they had not been physically well throughout their pregnancy. The physical benefits of massage, stretching, rongoā balms, tonics and other practices incorporated within hapūtanga relieve soreness, aid with sickness and provide some relief for māmā during this physically trying time.

“It helped so much with the soreness of my body.” (Māmā)

The connection of Te Whare Tapa Whā elements

While the elements of Durie's model are important, it is the connection between these elements that ultimately leads to hauora. This was evident throughout the data as māmā described the lasting impact of engaging with a spiritually bound project that focused on their wellbeing as māmā and pēpē connected. Māmā reported that Oriori shifted their perception of the world and enabled some of them to gain an understanding of te ao Māori through a pre-colonial lens. Baseline survey data indicated that most of the māmā were disconnected from whakapapa and highly valued the connection to te ao Māori through Oriori. Māmā described how

they experienced 'the holism' of their health - the importance of the connection between the body, spirit and mind, emphasising the importance of looking after their physical, spiritual, emotional and mental health. For many, this meant they discussed aspects of their wider environment and whānau that needed to be addressed to achieve hauora. This resulted in some māmā being connected with other social services to continue their wellbeing journey.



Case study

Aroha

Aroha⁴ is a 20-year-old wāhine Māori from Ōtautahi. At the beginning of 2023, Aroha discovered she was hapū with her first child. She described this as a huge shock at first, and a big change in her life.

At the time, Aroha didn't realise exactly how much she was going to have to adjust and shift her life. Although this pregnancy was a surprise, once she and her partner got past the initial shock, they were both excited to be parents.

Aroha talks about the big adjustments in her life at the young age of 20. She had her future plans set out for herself, visions of what she thought her life was going to be like, and having a pēpi at this time of her life was a challenge. Aroha is a gifted and active sports player who has been part of many teams and events since childhood. Sport was a huge outlet for her and, in fact, a part of her identity. Aroha managed to play sport until she was 20 weeks pregnant; however, when she stopped, she felt quite disorientated and unsure about missing something that was always such a big part of her life.

"So, I couldn't play netball again, because obviously pregnant, or league. So that stopped me. But it was definitely a learning period. Personally, now that I think about it, it was probably like I needed a break because we were playing sports non-stop every year for my whole life. So, all I could do was just work. I was still gyming at the time, right up until I was, I think I stopped when I was like 39 weeks."

In retrospect, Aroha sees this change as a learning period in her life and is grateful for what she learned. During this time, Aroha's midwife mentioned to her about the new Oriori programme. Aroha was a bit

apprehensive about engaging with this service, she described herself as a person who is usually very grounded, quite sceptical about spiritual healing and rongoā, and at the time she felt uncomfortable in her changing body.

After reading about the project online, and seeing that it was free, she decided to give them a ring.

Aroha's initial impressions of her first sessions were that they were different from what she imagined they might be. She was rather anxious before her first session. She realised the whole process and environment was low-key, welcoming, and relaxing. She talks a lot about the attitude of the hapūtanga practitioner, who 'could tell she was nervous'. The practitioner put effort into whakawhanaungatanga which made Aroha feel at ease.

"(she) Talked me through the whole thing. It wasn't weird, it was actually really good. Because I got to know the person who was actually doing all of this to me, and we just pretty much sat for an hour talking, way past her working hours. She got to know me first."

This made the process so much easier for Aroha, and when she did have her first romiromi session she was comfortable and ready. Aroha felt her initial uneasiness was remedied by the Oriori practitioner's warm approach, and if she hadn't had that experience, she may not have continued to engage further with the Oriori project.

Becoming a māmā for Aroha was a huge adjustment physically, mentally as well as to her life goals and aspirations. Although Aroha felt she was incredibly lucky to have a healthy pregnancy, there were times

⁴ A pseudonym has been used to protect confidentiality and anonymity.

when the change was hard. The changes occurring in her life and body were made easier through the support of the Oriori programme.

After each romiromi massage, Aroha left feeling so much better physically. All of her anxiety disappeared afterwards, her shoulders and back were no longer sore, and she reported sleeping well afterwards. She began looking forward to her sessions, knowing that her body was going to feel soothed afterwards.

She also feels that Oriori helped her emotionally and spiritually. Aroha describes herself as not a very open person, and over time she started to notice that she was more open with the practitioner; afterwards, she would reflect on the sessions and consider the discussions they had.

“So, I definitely took a few steps into my mental, emotional, and spiritual, kind of mixed with the physical stuff as well. And it was so good. The programme here, they bring up stuff that I don't even have to bring up. It's like they're like, what are they called? Those ones who can - They know. And I'm like, 'Oh my God, how do you know?' I didn't say anything. It's so cool. I don't know what other māmā might think, but I definitely trust her with everything.”

Aroha described how informative and reassuring the whole Oriori process had been. The level of understanding, explanation and care from the practitioner meant that Aroha learned much as she progressed. The practitioner was able to pass on knowledge about the way that pēpi was positioned while still in her puku, some movements/poses that would help to re-position pēpi, give her advice on ways that she can ease discomfort, and general learnings about pregnancy. Aroha felt more confident after these visits and enjoyed learning about the changes her body was going through at the time. Aroha commented that because of the extra information and support, she would feel more confident with her next pregnancy because of everything she had learned.

“My midwife didn't always answer those questions for me. It was always the same answers, just, 'Oh, it's okay, it's probably just the baby, take a panadol'. Obviously, it's the kid you know. But when I had my appointment with Oriori the next day, and I'd ask the practitioner, she would open up with all these answers, and it was just like, oh my god. At least you're telling me and not just saying the same thing. She'd say, 'Maybe you could move around or try to get on your knees. But this is what's causing it', you know.”

Aroha had grown up within te ao Māori and was familiar with rongoā and mirimiri. However, she was always sceptical and had little belief in it working, she had never felt any interest in accessing rongoā. Since coming to Oriori, she believes her whole perspective on health has changed. She thinks that being a part of Oriori has given her proof that rongoā works and is real. She feels it made her whole pregnancy easier, and it meant she stayed reasonably well throughout. She felt she was able to continue working, exercising, and participating in sports well into her pregnancy because of the support from Oriori. During her birth, she utilised the breathing techniques the practitioner taught her, which she felt helped her birthing process.

Case study

Poppy

Poppy⁵ is a 22-year-old wāhine Māori living in Ōtautahi. Poppy's whakapapa is to the North Island, but she has lived in Ōtautahi for about three years after moving from Invercargill. Poppy works in hospitality. However, she has been unable to work over the past few months because of the physical impacts of pregnancy.

This time off work has allowed Poppy to focus on her home life and getting ready for a whole-life change. She has been working on a māra-kai and learning about rongoā through Te Wānanga o Aotearoa.

"It's been a bit of a discovery for me, and a walk back into te ao Māori. My whole whānau is Māori, but as a young girl I feel like I rejected that side a wee bit. It's only been recently that I've thought about it and wanted to learn about myself, and my culture."

Poppy grew up in a large whānau as the oldest tamariki. All of her younger siblings went to kura kaupapa, but Poppy was too old by the time the kura opened, she felt she missed out. She was the only tamariki in her whānau who didn't have their reo. She has recently been making the journey back inside of herself in preparation for becoming a māmā.

Pregnancy was unexpected for Poppy and her partner, but she has always wanted to be a mum. Since being hapū and connecting with Oriori, she has felt more mental and spiritual clarity. Poppy was connected with Oriori through a close friend who knew a relative who had engaged with the programme.

From the first visit, Poppy felt calm and relaxed. She didn't expect to feel as comfortable as she did, but she connected with the practitioner quickly.

"I feel like when I have this space and time just for me, you know, it's an hour, hour and a half, and all I'm thinking about is my son in my tummy, and being looked after, and it's shown me how I want to be for my son. To feel that love and support in my body, I know I'm going to relate that to my son when he is here."

The Oriori programme has helped Poppy learn how to take care of herself and how important it is to fill your own cup. She has loved preparing for the baby, and she thinks that if it wasn't for the programme, she wouldn't realise that she needs to do some things for herself too. Poppy described how she was better able to cope with stress and anxiety because of what she learnt through Oriori. The breathing and the small practices that the practitioner passed on to Poppy have been applicable in her home life and have helped her deal with obstacles along the way.

This kaupapa has supported Poppy's own journey back into te ao Māori, and reconfirmed her beliefs around a holistic view of health and wellbeing.

"Just being in the programme has strengthened those things I know are true. For example, when she uses kawakawa balm on me and karakia, things like that, reminds me of being young, collecting kawakawa with my mum. It's been like a connection back to my memories, and connecting me back with the whenua. It's strengthened my passion to study Māori medicine as well."

Poppy feels the Oriori process has enabled her to learn more about her body, and about the changes she is going through during pregnancy. It has helped her to grow and encouraged her to make healthy decisions and no longer engage in things that aren't good for her.

⁵ A pseudonym has been used to protect confidentiality and anonymity.

3. Learnings from the Oriori innovation

This evaluation demonstrates⁶ several important learnings.

3.1 The importance of connection

A key finding from this evaluation was the importance of connection. Māmā reported the connection they felt to the practitioner enabled them to share deeply, and to feel they were getting the most from each visit. Interviews indicated that feeling heard, feeling safe, and building a connection with the Oriori practitioner impacted māmā deeply and left them looking forward to their appointments. In both surveys, multiple references related to the practitioner enabling the hauora journey. The interviews with the practitioner noted the value placed on the time to make connections and the importance of this in ensuring safety and health for māmā. Māmā participating in the survey highlighted the importance of whanaungatanga when engaging with any agencies.

3.2 Māmā were more likely to engage in other services

The relationship built throughout the hapūtanga process with the practitioner supported māmā to engage in other services they may need. Many of the māmā connecting with Oriori have had, or are experiencing, adversity in their wider home lives such as drug and alcohol use, domestic violence, and poverty. As a result of the close relationship that was built, the māmā opened up to the practitioner, and were connected to wider social support services.

3.3 Increased awareness and knowledge of being hapū

Māmā reported that they gained knowledge throughout the process, about their body, their spirituality, their culture and the process of pregnancy and childbirth. This is an important

finding, as research indicated there are low utilisation rates of pre-natal and ante-natal care and classes for wāhine Māori. Māmā spoke of the health benefits they gained through this kaupapa and learning about the physiological changes that occur in their body, and their growing pēpi. Māmā discussed how what they had learned during the Oriori session would be used in raising their pēpi, and subsequent pregnancies.

3.4 The importance of wraparound support during an unexpected pregnancy

All māmā who were interviewed mentioned that their pregnancies were unexpected. They believed the significant changes they experienced in their body and their outside world were made easier through the support from the Oriori experience. It was an opportunity to engage in talk therapy, relax their bodies and they reported it helped significantly with their health. When going through these significant changes, having a supportive intervention focused on mental, spiritual and physical wellbeing within te ao Māori enabled them to face challenges and change.

3.5 The importance of being immersed in a culturally appropriate care

All of the data collected through the evaluation confirmed how important the connection to culture through Oriori was for the māmā. Interestingly in the survey data, only three māmā reported that they had a strong understanding of their own whakapapa or rongoā, however all except one⁷ māmā strongly agreed their Māori whakapapa was important to them, that tikanga was important to them and that their pēpi is a taonga. These findings align with other research which demonstrates the impacts of colonisation of loss of whakapapa and mātauranga, along with the ongoing desire to reclaim what has been dismantled.

These findings reinforce the need for culturally appropriate hapūtanga support, and for spaces to be made where māmā can reclaim knowledge and connection to te ao Māori.

⁶ This includes data gathered from interviews and pre-post surveys.

⁷ Overall, only one participant disagreed with two of the statements regarding Māoritanga. It is difficult to determine why as the survey did not expand on this aspect.

3.6 The need to change how ‘services’ view health

The re-emergence of rongoā Māori as a model of care within recent decades has emphasised how health is viewed differently between Western and Indigenous cultures. Through colonisation, Western medicine has created a reactive intervention approach focused around resolving symptoms. Furthermore, a power imbalance between healthcare professionals and whānau has been built through Western epistemologies. This evaluation demonstrates how important it has been for wāhine Māori to gain knowledge, to understand their own bodies and their cultural practices. By providing quality care, which is focused on preventative and educative care, wāhine are uplifted and left feeling informed and prepared for motherhood. Oriori embodies rangatiratanga (self-determination) through knowledge, connection and cultural immersion to create healthy futures for māmā and pēpi.

3.7 Capability funding supports innovative sustainable practices

The funding from the Rātā Foundation enabled the innovation and provided the space to develop a service focused on high-quality care rather than around quantity. The funding enabled capability building through appropriate training and supervision for the practitioner. As a result of support for training, supervision, and space to create and provide quality service, the māmā reported high-quality outcomes, feeling empowered, connected, and informed - both pre and post-birth.

4. Unintended consequences of the initiative

Results indicate that an innovation like Oriori takes time and investment to establish. Time was spent building relationships with stakeholders and midwives, increasing visibility and awareness, and training for the practitioner to competently provide hapūtanga. Some of the relationships and connections did not turn out as planned. However,

throughout the funding period Te Ara Teatea was able to build relationships and develop pathways for māmā to engage with the service.

Because of the specialist nature of hapūtanga care, ensuring the practitioner is trained in this knowledge is imperative. The role requires years of rongoā practitioner experience before learning specific hapūtanga mātauranga. While the ongoing training Te Ara Teatea has provided is building rongoā capability in Te Waipounamu, skilled and experienced rongoā practitioners are scarce and highly valued.

Currently, there is just one hapūtanga practitioner within Te Ara Teatea. The purpose of the pilot was to trial a training and supervision model that would allow for future capability building. Evidence from this evaluation has demonstrated that the Oriori model of care was successful and future work will be aimed towards sustainability of the method and increasing practitioners. Training additional practitioners in the Oriori method will increase the sustainability of rongoā practices specifically for hapūtanga. This is the aim of Te Ara Teatea, as the demand for services outweighs the current capacity of the practitioner.

As a result of the trusting relationships and holistic hauora nature of Oriori, māmā were more likely to disclose the wider challenges they were experiencing in their lives with the practitioner. In turn, they were open to engaging with other social services for support. This is an important finding, as many of the māmā described challenges which were out of the scope of the rongoā service and would require on-going additional support to address. Being open to engaging with support and being connected to other services will likely have a lasting positive impact on the life of both māmā and pēpi.

Significance of findings and recommendations

Results from this evaluation demonstrate the many positive outcomes of the Oriori hapūtanga rongoā service provided by Te Ara Teatea Trust.

Te Ara Teatea has delivered a high-quality service for 25 māmā while building the capability of the practitioner through a mentoring model.

Evidence from this evaluation demonstrates māmā consistently engaged with the service, reported quality outcomes that positively impacted their wellbeing, and some accessed further services to improve their hauora.

Concerns regarding Māori maternal wellbeing are well documented. Māori women report lower levels of satisfaction with antenatal, labour, and birth care and report inequities in access to obstetric care. As a result, wāhine are less likely to receive antenatal education (Ratima et al., 2013). As discussed previously, wāhine Māori have a higher likelihood of being classified as high-risk, with an increased likelihood of complications. Research suggests these figures are reflective of a gap within maternal health care which is culturally responsive, Māori centred, with inequities in access to obstetric and midwifery care (Ratima et al., 2013; Tikao, 2022).

Māmā who experienced the Oriori service, noted increased connection, a reduction of pregnancy-risk behaviours, an increase in positive self-care practices and demonstrated high levels of service engagement. Overall the wāhine interviewed and surveyed for this evaluation reported high levels of satisfaction with the Oriori approach describing

increased cultural connection, knowledge and hauora.

The evaluation notes the model of care appears to return the power to wāhine Māori, deconstructing the imbalanced power relationships existing between professionals and clients established through Western health services. Māmā reported increased confidence, knowledge and in some cases engaged with other support services to meet their ongoing needs.

Key findings from this evaluation include:

- Connection, knowledge and experience are key qualities exhibited by the practitioner that elevated the therapeutic experience.
- The time taken to develop the model contributed to building capability and a quality holistic service. The funding approach through the Rātā Foundation was enabling has allowed space for quality practice to develop alongside capability development.
- The many and varied approaches within the model, encompassing talk therapy, body work, mātauranga, provided a physical

experience, and spiritual connection and new learning for māmā.

- The convergence of the Te Whare Tapa Whā elements is where hauora was found for māmā as they were able to address aspects of their tinana, wairua, hinengaro and whānau to support wellbeing.
- The hapūtanga approach was highly valued by māmā. The impacts noted were significant, indicating culturally appropriate models of care for wāhine Māori are crucial in addressing health disparity in Aotearoa.

The evaluation identified three recommendations for continuous improvement

- Sustainability of the service requires continued capability building. Investment in continued training and on-going support is crucial to develop the hapūtanga approach. The value of the approach in addressing Māori mental health and wellbeing should not be underestimated. Evidence indicates the impact is significant for those involved.
- Continued collaboration with other Māori maternal support services and wider kaupapa social service. As noted in this evaluation, wider social and whānau issues impacted on the lives of māmā. Oriori provided a valuable connection to these services which can support whānau as tamariki grow.
- Investment in building hapūtanga services for wāhine Māori to address gaps in the continuum of care for māmā and pēpi. This could include developing connection to other pathway models of care that support the hauora of māmā and pēpi in the first 1,000 days.

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