

A Tonga Health Professional’s Perspective on Midwifery Service in Aotearoa

By: *Violani ‘Ilolahia (Lani) Wills*

Abstract

I have highlighted the key factors in midwifery best practice that contribute to a healthy pregnancy and, currently, the best possible outcomes for both mother and baby.

The maternity services need to be delivered as an ethnic specific service and drive away from the economy of scale model. New Zealand needs to recognise its multiculturalism and train ethnic specific midwives with strong cultural competency and high ethnic specific social literacy to maximise pregnancy outcomes for all New Zealanders.

Growing up in Tonga, I was privileged to be a recipient of, *Kaliloa* and an eyewitness to, the best maternal care and baby healthcare delivery. As a nurse and midwife, I was mentored by my own mother and by a generation of wise Tongan midwives from a previous era. Their wisdom about how to nurture and deliver the best maternal and child care is their legacy. We left the islands to come to New Zealand with the expectation of better healthcare for everyone. The dream remains — the best health outcomes for the Pacific mother and child in Aotearoa and Oceania. PHD, 2009; (15) (2); pp. 139 - 141.

Introduction

I am moved to write since the recent demise of a Tongan neonate during delivery in Wellington. I believe that the midwifery services in New Zealand should be cognisant of issues about the Pacificans and ensure that the services address these important and essential features and contextual issues or the Inverse Care Law will persist indefinitely in Aotearoa (New Zealand).

Suitable midwives

For Pacific women, finding a midwife they can communicate and feel comfortable with is one of the biggest challenges. I know of only three midwives in the Wellington area who work primarily with Pacific women. In the past, I have seen Pacific women arrive at hospital in labour, without a midwife. Today, there is government funding to ensure an adequate supply of hospital midwives are always available for these cases.

Any pregnant woman has to be completely comfortable with her midwife; she wants to feel that the midwife sees her as a person, and is prepared to ‘work outside the box’. Not everyone will fit the same box! Not only is each individual different; there are also important differences between the various Pacific *ethnic* groups and how they think about pregnancy and childbirth. Among Tongans, for example – which is the community I know best – women do not usually go back to work until the baby is at least six months old. The babies are to stay home and not to venture out of that until baptism around three months. They will never take their baby to a crèche or childcare centre: the baby will always be looked after by a grandmother or another female relative.



Barriers to care

Language barriers affect Pacific women's relationships with their midwives, and may be the source of misunderstandings that create unhappiness and tension. In turn, this tension may prevent the woman from sharing her concerns with her midwife, or asking questions about matters she is unsure of. The poor and low cultural competency and social literacy of the midwives are the reasons many Pacific women allegedly seem to not communicate or show their real feelings and moods. Many Pacificans are very good at hiding what they really feel. To avoid sounding critical, a Pacific woman may simply say what she thinks the midwife wants to hear. The midwife needs to be aware of that, to be alert to possible misunderstandings, to look around and to ask the right questions.

Safe choices

There are other issues affecting Pacific women in pregnancy. Some migrants do not know how the maternal healthcare system works and what sort of care is available to them. Many midwives now require patients to visit them at their clinics, rather than seeing them in their own homes. But this does not suit most Pacific women, especially if they are reliant on public transport; do not know their way around; or have small children to care for as well. These are all reasons why not so many Pacific babies are seen by Plunket nurses, too. Financial opportunity costs and timing as well and the inability to navigate the Pakeha system are real additional issues for Pacificans.

Hospital or home?

As in the wider community, there are many different views among Pacific women about whether to give birth at home or in hospital. Unfortunately, when they are considering where to have their babies, the issue of safety is not always adequately discussed. Because of language difficulties, some midwives find it hard to hold meaningful conversations with Pacific women about the options and the safety implications of each. For the same reason, women may find it hard to ask questions that elicit the information they need to make their choice. Similarly the issue of informed consent is questionable under this circumstance of variable comprehensions.

Some Pacific women find home birth convenient, because there is no need to travel across town or make arrangements for older children to be looked after. But some women may feel that their home is not good enough; perhaps the facilities are not suitable, or the house is overcrowded and there is no privacy. Others choose to give birth in hospital because they think it is better to have all the medical back-up if they need it. Considerably more Pacific women living in New Zealand give birth in hospital than at home. Either way a comprehensive dialogue in an appropriate language needs to take place before reaching a satisfactory decision.

It is not uncommon for many people to be present at the birth itself. Usually the husband or partner attends, and perhaps the grandmother or another female relative to help the midwife. The health professionals need to be aware of any language barriers, and recognise that the woman may be reluctant to ask for pain relief or other intervention; they should be prepared to take the initiative if they think intervention is the right thing to do. Pacific women are sometimes seen as "bad" patients. We may be seen as too obliging, or else not obliging enough!



Placenta/fonua

After the baby is born, different families will have different wishes about what to do with the placenta. Even though burying the placenta and umbilical cord is part of traditional Pacific cultures, Pacific people living here in New Zealand will not necessarily want to. If they do not own their house, they would not want to bury it and then leave it behind, unattended, when they move. That would never happen in the Islands.

Postnatal and maternal care

Traditionally, a woman who has just given birth will be nurtured both by her family and by her community – they will bring her food, and look after her in many ways. That nurturing attitude continues among Pacific communities in New Zealand, but there are important differences. New mothers may miss out on the support and shared knowledge that other women can offer, especially if the local Pacific Islands community is small. For these isolated mothers, there is only the midwife to fulfil that role; therefore, it is even more critical that they have a good relationship based on mutual understanding. The level of Pacific community support available to new mothers is also different in New Zealand because older relatives are usually still in the workforce, meaning they are unable to help out as much as they might like.

Breastfeeding

The rate of breastfeeding in the first six months is reasonably low among Pacific women. There are many reasons. When the mother has to go back to work soon after her baby is born (which happens in most cases), it is simply not possible. Alternatively, she may not have the support and resources she needs to breastfeed, especially if she has older children. Again, these points to the need for good communication in the appropriate language with the midwife, so they really understand what is going on in the home and can make suggestions. As long as the mother and the midwife have tried as best they can, a mother who cannot breastfeed should never feel like a failure.

Bed-sharing

It is still very common among Pacific families for babies to share a bed with their parents. In traditional village life, the whole family often sleeps in the same area on mats and without heavy bedding so there is no risk of suffocation or smothering. Mothers often find breastfeeding is much easier to manage. But the situation here, where mattresses and blankets and cots are *fashionable* is very different. It is sometimes necessary to make people aware that there are real risks associated with bed-sharing in these conditions, especially for smoking and alcohol imbibing parents care givers.

A settled baby, a happy family

Another issue that midwives need to appreciate is that Pacific mothers do not like to hear their baby cry. In the first few days, before her milk comes in, a mother may prefer to give her baby a complementary bottle feed rather than having him cry from hunger. But she will still want to breastfeed once her milk supply is well-established. I feel that this Pacific cultural attitude to breastfeeding does not always meet the expectations of western midwives. In our culture, when the baby is happy and settled, the whole family is at peace.

Acknowledgement

Violani 'Ilohia (Lani) Wills was a midwife in Tonga and New Zealand before becoming charge nurse of the neonatal unit at Wellington Hospital, a role she held for twenty-six years. She was a founding member of the New Zealand Council of Tongan Women, and the national President (now Patron) of the Tongan Nurses' Association. In 1999, she was awarded the MNZM, for services to nursing and the Pacific Islands community. She is now a community nurse for Pacific Health Services Wellington.



Talanoa Oceania 2010



Talanoa Oceania are gatherings for persons who are interested in the dynamic ways and diverse peoples of Oceania (or Pacific Islanders, abbreviated as PIs) who have migrated overseas (as did our ancestors, who crossed the paths of Oceania). These gatherings are in response to:

1. PIs being torn between where we live and our home islands, partly because we have not been fully understood (in our new locations) and released (from our island homes)
2. PIs continuing to look for directions from our home islands, partly because a sea of talanoa* has not been gathered to root us in our current locations
3. PIs searching for meaningful ways of staying connected to our island cultures, churches and homes
4. PIs misunderstanding other cultures, partly because we are confused with who we are, in our current locations, and we are consequently easily misunderstood
5. PIs not being homogenous, so we need to name and come to terms with our diversity, complexity, richness, ambiguity, and more ... as we seek to kindle cross cultural creativity

