



TE WHARE WĀNANGA O
AWANUIĀRANGI

Our First Mothers

An exploration of Māori midwifery praxis

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Dedication

For my daughter,

Hannah.

and my mokopuna,

Anaira, Azai and Zeria – Leigh.

The countless hours to bring this work to fruition was made bearable watching your growth. Between blueberries squashed into the phone screen, mermaids coloured in via messenger, countless dance videos, an endless stream of photographs, and, long chats, with my now six year old mokopuna. All these treasured moments supported the momentum to complete my written thesis.

He aroha nui

aku taonga tuku iho

May my footsteps guide your pathways in life

Acknowledgement

To Our First Mothers, without your presence in my world, life would be mediocre. Ngā maunga tapu, my sentinels who covered me in their protective korowai as I learned under their watchful gaze. He aroha mutunga kore ki a koutou.

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For the many friends I met at the joining of rivers, please take this as my personal acknowledgement of your friendships, shared moments and insightful kōrero across my doctoral pathway. To name each and everyone of you, would require a thesis unto itself!

It is an honour to walk alongside you all.

Jacqueline R M Martin

Tāpuhi LMCTM

Abstract

New Zealand midwifery education would continue to train the colonised in the image of the coloniser. Although, Māori and Pākehā midwifery graduate knowledge and clinical skills were the same; in practice, the multiple faces of racism would continue to perpetuate Māori midwives as subpar to their Pākehā midwifery counterparts. Bottom line, assimilate or fail.

Twenty five years of New Zealand direct entry midwifery education, five midwifery educational providers, one bicultural midwifery programme, and only 375 Māori midwives practising in the world, in 2022. Something went wrong! It would appear, the midwifery profession of New Zealand failed Māori, as midwifery students, as Māori midwives, birthing Māori women, and whānau Māori.

The purpose of this rangahau is to engage with knowledge differently, and culminated in a three tiered approach. Firstly, it returned Our First Mothers, an Indigenous midwifery philosophy of Aotearoa back into our lands, and embedded Tāpuhitanga as a counternarrative to Pākehā midwifery. Secondly, pūrākau was affirmed as the rangahau method to speak back to the imaginings of both Māori and Pākehā assumptions of the Māori midwife phenomenon. Lastly, three distinctive threads of perspectives were woven into the rangahau; te pūrākau o Te Ira Atua (collective of knowledge holders), te pūrākau o Te Ira Tūpuna (Indigenous birth workers), and, te pūrākau o Te Ira Tangata (the voices of Tihei Mauri Ora and Direct Entry midwifery graduates 1996 – 2016).

It is time we implemented our own ara of Māori midwifery to support, the recruitment and retention of the Māori midwifery student from entry level until her career is complete. Consequently, without our own ara of Māori midwifery, we will forever be at the whims and wiles of midwifery politics and the rhetoric of New Zealand society. This rangahau is my attempt to conceptualise this ara, and, I offer it here as my contribution towards the unique Māori presence in New Zealand midwifery.

Tihei Mauri Ora!

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These illustrations open each chapter and are the creative expressions of my conceptual thoughts throughout the doctoral journey. Each stroke of the pencil or pen mirrors patterned thoughts upon pages, capturing moments in thesis construction, where writer's block and self-doubt were overcome with the subtle lines and curves of the feminine form.

J R M Martin Tāpuhi LMC™.

Hei Tīmatanga

It is impossible to know where the story may lead me without having taken the risk of exposing that intimate fragment...where every act of sharing is an act of translation (Nagar as cited in CU Boulder CAS, 2014).

In this doctoral thesis you will observe I include a considerable amount of my own practice experience, knowledge and reflections positing these as data alongside scholars and academic practitioners who publish in the domain of Indigenous midwifery. In addition my own reflections of practice experiences are used as primary data and woven alongside the puna kōrero who participated in the rangahau.

Rangahau is not mediocre, it aims to inspire the reader to think, to expand their mind and dare to dream their world into reality (Journal entry, November 8, 2018).

Each chapter is written in conversational format between a mokopuna (grandchild) and a Kuia (grandmother). You will note all italicised writings are the words and thoughts of the Kuia, whereas the words of the mokopuna are woven into the general storyline. Font styles are used to delineate from the regular text to display the change and genre of writing.

Through the medium of visual arts, sketches begin each chapter offering a glimpse into the conceptual thinking of the kairangahau. These illustrations fold stories within stories enticing the reader to break free from the shackled thoughts of annotated writing and scripted templates, so as to ignite curiosity and explore without preconcieved thoughts.

Chapter construction begins with Whakatau mauri, leading into Te puku o te kī, and concluding with, Kia tau te Rangimārie. These signifiers draw the reader into the rangahau, and with each turn of the page, Māori philosophies and pedagogies are woven seamlessly into the written thesis.

Whakatau Mauri is one medium of introduction from a Te Ao Māori context. Shorter in length its significance is equal to the formal pōwhiri process. Its purpose is to calm and weave everyone together under a specific kaupapa. In the context of academic writing, whakatau mauri does the same, opening the chapter, laying out the kaupapa, whilst being clever enough to lead the reader into a journey of self-discovery. The premise is, no two people are the same neither, are two readers.

Te puku o te kī speaks directly to the heart of the chapter, where passages of he kai a te Rangatira (concepts and arguments) are discussed in depth. Pūrākau is the medium of communication, where the story becomes the teacher across the thesis. Weaving pūrākau throughout the thesis posits Māori pedagogies as valid teaching techniques, whilst, inviting the reader to engage with the woven stories more intimately.

Kia tau Te Rangimārie is a space for contemplation, supporting the reader to settle their mauri, their thoughts, and musings into a more coherent fashion. It asks for no answers instead it invites the reader to contemplate and be at peace with their thoughts. In terms of chapter convention, it is a summary of the chapter and provides an opportunity for the reader to catch their breath. Like an excited child who wishes to share their new discovery, the kairangahau grabs the hand of the reader once more, leading them into the next chapter.

As you will come to learn, although the doctoral thesis has come to its natural conclusion, this is merely a series of new beginnings of exploring Tāpuhitanga in the context of midwifery in Aotearoa New Zealand. The potential is limitless.

Nei te mihi maiohā ki a koutou katoa.

Nā Jacqueline R M Martin

Tāpuhi LMC TM

I can still find home

The night sky and stars call. I gather my bearings, and follow the stars. The sky is different here. Whakataurapa Tauru helps me navigate my position. I look to the left, to the right, and see Puanga. Naturally Pūtātara is below Whakataurapa Tauru. I am excited now. Below slightly to the left, is Kokotā, yes, there is Kokotā, the bottom right star is visible; it will be overcast in the morning. I am really excited now! Swiftly, I resettle my eyes, and think of how our Atua see us, like the shimmering water in a still pool, my eyes look, and there she is. There they are! Matāriki and her children. My head turns to the right, there, right there, I see Takurua. Yes, I know where Atutahi is too. I smile and realise, the difference in perception, is based on the axis of the Earth and the Cosmos, and yet, I can still find home.

I sit and look at Matāriki and I recall stories of Skywoman, and where in the Cosmos she fell through to the world below, in her hands the sacred medicines of her homeland, the Skyworld. What did she feel when she fell through the Skyworld? What did she feel knowing she maybe unable to return again? Is this what Hine Ahu One felt? To leave all she had ever known and go to another place, without knowing? Were they fearful? Were they warrior women? Or were they ordinary beings with a specific purpose to their lives? Both created Worlds for humanity. Worldviews which continue to this day, and long after I leave the world (Journal entry, February 14, 2021).

Chapter One



1 Lines & Curves¹

¹ Lines and Curves explores developing strong boundaries. The musculature of the limbs suggests strength yet, the softness of the female form tells me to remain natural in thought and receptive to insight and intuition.

Dancing with Life

A doctorate qualification is considered the echelon of the academic world. Where the world is invited in by you. A vulnerability exists for the creator of a doctoral thesis akin to the budding artist who allows others to see their portfolio. Exposing their thought processes upon the canvas or medium of choice for all to critique. The bar is set higher, where each chapter reveals another series of immersive exercises into your inner worlds, seeking, forever searching.

I feel at times like I am sitting on a beach my thoughts running through my hands like sand. So many angles to come from so many leads to follow especially, when determining ways in which to reflect upon the inarticulate spaces of Māori in midwifery. I understand, this is the challenge of this doctoral thesis.

The more I raise my hands to reflect on these burdening thoughts, the greater my anxiety. The churning discomfort I feel in my pukumohio triggers my memory of the pūrākau of Hine Kauorohia, atua wāhine of reflection who encouraged Tānenuiārangi to sit in contemplation. Where every single moment he made to gather the three baskets of knowledge for humanity, were done with considered reflection and extensive contemplation. I see no difference in my doctoral journey, it is a time and space to search, gather, reflect and (Re)present my understandings of Māori midwifery to others, and bring these epiphanies into Te Ao Marama; into the World of Light.

How do these moments in time manifest? Hands ticking the seconds down culminating in minutes, hours to days on end, or something else? Could ‘something else’ be a series of lived events leading you towards some kind of epiphany, hoping you will find teachings in the too hard basket of mistakes lived. Captured in the degrading times where others laugh behind your back, and where, your shadow sniggers at your bravado to desire a different path. Lord² forbid, you actually want to do different. Your mind chatter begins to scream like car brakes before the truck comes screeching in at you. What do you do in that moment?

Two things will happen, one, the proverbial truck hits you head on and you die. Game over. Or two, you let go and become an observer, reflecting on your professional life, sitting quietly in the space of discomfort as your thoughts unfold before you.

² The Christian reference here is deliberate. I add it here to remind me religion has a lot to answer too. Also, it is better to know the devil then continue to pretend it comes in Prada.

I can cry at the injustice and keep my head down or stand up and face this challenge head on? I have a choice. What do my tūpuna³ say? You are Raukawa. You are Waikato. You are Tauranga Moana. I pick up the challenge.

As my foot comes off the brake, there is an epiphanic pause urging me to write into the abyss of Māori and Indigenous midwifery literature. Filling the gaping holes of knowledge in Māori midwifery in the academic space. Navigating a pathway without direction even though, the assumption remains, to move sequentially through each chapter as if making a direct line from A to B and tying it up at the end with a beautiful pristine bow. This couldn't be farther from the truth. I thought I could write my chapters consecutively in their construction – as if I was going one, two, three and so on. Easy enough. However, each step I took felt like walking the green mile, sluggish, afraid to make mistakes, of getting it wrong, of leading people astray, head cast down, bowing not in reverence, but from the growing weight of perfectionism.

Whakatau Mauri

I begin this chapter introducing influential characters in my doctoral story weaving their many characteristics and thought processes into the fray of conceptual space. Drawing upon pūrākau (creation stories) invites creative pathways to navigate potentially inarticulate conceptual spaces. Prompting me through journal and dream, to write, paint, and draw the multiple expressions of Tāpuhitanga⁴ into existence. It is in this vein the worldview of Hine Ahu One: Hine Hau One offers the ability to challenge the grand narrative of Western midwifery from an Indigenous epistemological standpoint, whilst, providing creative ways to retain Māori knowledge, utilise Māori pedagogies and validate Māori methods of learning, retention, and meaning into my writings.

Te Reo Māori⁵ and Te Reo Pākehā⁶ will be used interchangeably throughout these writings. My reason simply is, it is my native tongue. It is how I speak in everyday conversation. The best part of it all is the more I speak my language, the more my confidence grows. The use of Te Reo Māori in writing and spoken form allows me flexibility to think outside the constraints

³ Ancestors, Elders

⁴ Tāpuhitanga is my expression of what Māori midwifery looks like to me. It highlights my own decolonising processes from the practising midwife who happened to be Māori, to the Tāpuhi LMC I always was. A deep introspection of healing where I unlearned what I knew from a colonised view of midwifery, and remembered what I know, from the bloodlines of my whakapapa, through the eyes of Tāpuhi, one birth, and one whānau at a time.

⁵ The Māori language

⁶ The English language

of English empiroid thinking, and do as my ancestors did; navigate the conceptual world with intentionality and focused precision.

The Māori language is a conceptual language. Footnotes will be used sparingly across the pages of the thesis because it does not detract from the essence of what is being conveyed. Additionally, a glossary of relevant websites dedicated to Te Reo Māori⁷ will be given to encourage a deeper appreciation of the nuances of a complex and intricate Indigenous language. My suggestion here is to read and let your heart and body's response guide your thoughts. Afterall, this is not red hen education. I am not the teacher in front of the classroom. I am the student sitting in the back familiarising myself with all that I can see, from all angles. I sit and I observe. I am merely a Storyteller.

Each chapter is written as a dialogue between the mokopuna (grandchild) and the kuia (grandmother). It is a play on the idea stories are conversations. At times, I am the mokopuna the kuia is speaking to, and other times, the mokopuna is “all of us” listening to the wisdom of our grandmothers. These conversations weave in and out of theory, philosophy, practice, and spirituality whilst purposefully, disrupting the academic convention of the ‘disembodied’ and disconnected author as the authority over the story. It is written in this manner to reflect the teaching styles of Hine Murirangawhenua and Hine Māhuika, and how they helped their mokopuna Māui navigate the ways of the world. The Kuia is an amalgamation of many voices of my own whakapapa who walk with me, some alive and some passed. Like my tupuna Te Mete Raukawa, proficient in Te Reo Māori and Te Reo Pākehā, whose prolific writings were instrumental in the settlement claim of Tauranga Moana. I am one of his grand daughters, consequently, I am fully cognizant, I follow in the footsteps of my tūpuna.

The significance of this is multiple. Our words and our ways of knowing through colonialism have been written from another's way of understanding. Regurgitating applied understanding of us, back to our ears and eyes with the belief, it is truth. I make no apology for writing in the styles of oral tradition my Tūpuna used. Rich orality captured in the fluidity of Te Reo Māori

⁷ Te Aka Māori online dictionary is a good starting point. <https://maoridictionary.co.nz/> A word of warning this dictionary contains swear words prevalent in the English language. Te Reo Māori does not have swear words in its venacular. Those are transliterations from the author's thinking (he Pākehā ia). The words used to describe said swearing, are taken from the intimate anatomy of wāhine. It is this thinking as innocuous as some may think, it unfortunately represents how quickly we accept those things which defile our very philosophies. Change comes when people are made aware of these situations (H. Kohu-Morgan, personal communication, April 15, 2020).

and tikanga Māori were their tools. They spoke back to their oppressions by living true to their knowing despite the constant colonial efforts to eradicate Māori, in mind, body and soul.

My tools are the written word nestled within the rich whakapapa I am from. As such, the capitalisation of particular words are used purposefully to highlight something of importance. Poetry and journal entries are exploratory methods used across the thesis to illuminate key ideas discovered along my academic journey.

Uprooted and rewritten

Our Indigenous knowledges of Our Atua, were written out of existence by white ethnographers and Christian missionaries (Gabel, 2019; Mikaere, 2017; Murphy, 2014; Yates-Smith, 1999). In doing so, our birthing knowledge was cast aside “as mythological, invisible, irrelevant and incompetent and replaced with medicalised birth practices” (Skye, 2010, p. 31). **I want to speak to these spaces. I want to write back to this one grand narrative of midwifery and ask, in what ways does said midwifery systems contribute towards the mana and mauri of tangata whenua as the birthing practitioner?**

Kuia pulls her chair forward listening carefully to the words of her mokopuna. She knows this is very important for her. She closes her eyes picturing the words falling about her ears, hearing the angst, the confusion of many threads of thought her mokopuna is sharing. She pauses now and again, opens her eyes watching her mokopuna carefully. Her mokopuna no longer sees her as she talks, revealing inner worlds she has kept hidden deep inside. Tears come unheeded. Passion ignites. Fighting herself with answers she is not sure exists within. Questioning herself religiously. She is flowing...

Wow, mokopuna that sounds really flash...those big words you weave...you make some really interesting pictures in my mind... I am curious though, I know every great story has a great story teller, when do I hear your story woven into these beautiful words? Woven into the world?

Kuia, you are absolutely right. I toyed with those questions not really knowing where to begin, taking two steps forward, (Where do I start?), two steps back, (Who wants to know that?) moving like I was dancing with Life. With my life! What do I share? Goodness me who wants to hear someone waffling on about their world? Voyeuristic academics?

Ko Wharepūhanga te maunga

Ko Puniu te awa

Ko Tainui te waka

Ko Raukawa te iwi

Ko Aotearoa te papakāinga

Ko Raukawa te tangata

He uri ahau nō ngā pouwhenua o Raukawa, nō ngā hau e whā o Waikato, nō Tauranga Moana hoki

Ko Jacqueline Martin taku ingoa

My name is Jacqueline Martin. I am wahine Māori of Raukawa, Waikato and Tauranga Moana whakapapa. I have worked within New Zealand midwifery circles for over 20 years and have experienced first-hand the effects of institutional racism and implicit bias of a profession which endorses the empowerment of women – but to the exclusion of those who are ‘other’. I am the integration of Tāpuhi by whakapapa and a midwife educated and trained according to Pākehā midwifery ideologies and white motherhood principles.

Midwife and Tāpuhi are not synonymous with each other, nor are Pākehā midwifery and Tāpuhitanga. How could they be? Our worldviews are different, our values and our histories are different.

Pākehā Midwife.

With your ‘birth wars’

With your whims and wiles

The epitome of safe birthing practices?

Assimilate...breathe...appropriate...breathe

Contemporary colonial practices by design

I know you Pākehā Midwife

Do you know me? (Journal entry, January 9, 2014)

The many masks worn each day to protect me do not really seem relevant until your world is turned upside down by critical moments which force you to address the inner turmoil head on. Critical moments are integral to self-development and cause reactionary thinking and out of character behaviour affecting the way in which you relate to the world around you. Taina Pohatu (2003) calls this mauri oho suggesting it is the inevitable moment of awakening a

person's soul towards change of some kind. This notion is also influenced by the thinking of Paulo Friere (1970) who describes a conscientisation moment serves as a catalyst towards change and transformation of some kind.

Aunty Amiria⁸ (2018) refers to these critical moments as, “when your Pīkaokao⁹ scream” positioning a physiological response to something or someone causing your world to turn upside down. She further adds, how you deal with this phenomenon is dependent upon your core values and your desire to resettle your pīkaokao again (personal communication, May 20, 2018).

When your Pīkaokao screams

In 2014, I received a letter from the New Zealand Midwifery Council at the outset of disciplinary action. The letter banal in most places took on a different edge to it with the inclusion of a statement that caused my professional world to turn upside down.

We (Council) are concerned with Jacqui's attitude because it appears she is hiding behind her culture as an excuse to provide suboptimal practice (J. Martin, personal communication, December 18, 2013)

This statement became pivotal in my re-examination of my positioning in my professional world as a Māori midwife and the only reason I began my journey of post graduate studies. Searching answers for myself, as a midwife and as wāhine Māori. I began my journey towards finding explanations from a profession who decided to not only critique my clinical abilities but to also pass judgement upon me, as wahine Māori. On further examination, it was not just the racist attitude that ignited my Pīkaokao. In all fairness, I realised I had given my whakapapa to a profession I thought was different. Twenty years later, I realised I was wrong.

My Pīkaokao screamed for retribution.

Whakataurangi ake te here ki taku ate

Pūpū ake nei te mauri o te aroha e

He hononga ki te iwi kua whakangaro

ki te pō

⁸ Aunty Amiria is of my Father's line, through Raukawa whakapapa. It is tikanga, or correct etiquette to acknowledge my whakapapa links, as I would when referencing any author. Gathering scholarly insights is not always on a page of writing but found in the richness of conversation and of relationships.

⁹ Your cellular body, at cellular structure.

Te pōuriuri

Ki te pō i oti atu

Kei ngā whakaoati i herea ki te rangi

Hei huarahi atu

*Tihei Mauri Ora*¹⁰

Ngā mihi Kuia. The words of this waiata tangi¹¹ profoundly reach out to me softening the pāpourī¹² I felt as I tried to find meaning to the cultural arrogance of the profession instrumental in my life. I wanted retribution for my whakapapa and for myself from the midwifery profession of New Zealand. Ka whawhai tonu mātou. Mo ake tonu atu!¹³

To understand self, e moko, you must first revisit the footsteps you have walked, retracing steps here, there, and everywhere. The patterns created are not of your own. They are infused with whakapapa, and they stand with their mauri. We are never alone. Our mauri is the illumination found in every footstep we take. These footsteps are woven in the space of timelessness. Even the tears you cry are not yours alone. They are mingled with the tears of your tupuna and your mokopuna. You are part of the continuum; you are not only of self. You are self in relationship with.

Āe, Kuia, a subtle shift in perception brought about by a simple pinch of my skin. Yes, I am real. Yes, I am Tāpuhi by whakapapa. I exist outside of Māori and Pākehā imagination. This academic trail reveals, the re-education of Tāpuhi is complete. I am no longer a midwife who happened to be Māori. Oh, I come from far greater stock than someone's imagination! A system that portrays Māori as a dying race, in thought and heart. Another pinch of my skin, Ow! Yes, I am real folks. Damn real! My eyes are open, my heart is too, and my voice husky through little use, is strong and determined.

Like the beauty found in the art of koha, where kō means to embed me within the whenua, and the hā, the sacred breath used to raise me.

I exist Kuia because you do.

I exist because Hine Ahu One: Hine Hau One do.

¹⁰ Waiata Tangi, composed by Charles Tauhou (Pumi) Taituha (1930 – 1993).

¹¹ A lament, a mournful song

¹² Mournful, a deep-seated sadness

¹³ This is a catch cry of Māori resistance movements. Our kuia of Raukawa, at the battle of Ōrakau shrieked this cry, Ka whawhai tonu mātou, mo ake tonu atu. Three hundred Raukawa, men, women and children fought the British soldiers, and lost. This is mantra has been used by successive Māori resistance movements across time

I have come to acknowledge, I am you and you are me.

Tihei Mauri Ora!

Kuia, why are you looking at me like a Taniwha ready to strike?

Our tupuna are very, very clever don't you think moko? I remember when you thought the Midwifery Council's statement was the be all and end all. Contracting and breathing out fire, ah moko. Forced to compromise yourself in a professional capacity and feeling like you had sold us out. Reconsider e mokopuna. This phase merely marked the initiation into your rites of passage. Shift your thinking, dive deeper...

Rites of Passage of Tāpuhi

I write forwards to come backwards. It's an irony. It's a dance with thought. It's a conceptual space beckoning reconsideration. Unashamedly, Tāpuhi. It is my story and it is the aho tapu¹⁴ of this dissertation. There is no secret nor magic when returning to your roots. It is a heart's calling. It is the whispering of Hine Hau One beating simultaneously with my own. I know Mother's heartbeat. I have known it all my life.

A journey which has crossed the ocean of Hine Moana reopening connections forged since time immemorial. Meeting new found friends at the joining of rivers. Friends learning to remember together, forging forward across times divide to find new ways, and new pathways as ancient as Papatūānuku herself. Reaching out and asking for help, moving away from this illusion of separation, of isolation, of feeling alone, and replace it with Indigenous ways of being, where building relationships is the key to bridge the mirage of disconnection.

Āe moko, ancient connections carved upon your whenuaikura¹⁵ What is the whenuaikura you ask? It is the placenta. This Latin word derived from the Greek words, plax and plakous which describe, a flate plate or flat cake (Definition of placenta, 2023). Auē Taukiri e.

The whenuaikura is the blueprint of Life itself. It is the life giving bloodied earth of Papatūānuku, saturated in the sacred breath of Io. A culmination of crackling sounds

¹⁴ Aho Tapu refers to the sacred thread of thought, usually described in terms of patterning across a korowai. It is the sacred weave.

¹⁵ Whenua is the common word used for placenta and land. Whenuaikura speaks directly to the human placenta and our connection with Papatūānuku and Hine Ahu One. Our birthing blood, our ikura, our menstrual blood connects wāhine Māori directly with our kaitiaki roles for giving birth, and our roles to continue to nurture our generations, as Whare Tangata.

of Life giving fire, the rush of Life giving water, the inert nature of Life giving oxygen created upon and sustained from the Life giving Earth upon which we are nourished and nurtured. The sacred birth place of Hine Ahu One: Hine Hau One. She is of the Earth. She is the beginning of the Human World. More than a flat plate or a flat cake, ah moko!

The purpose of the whenuaikura is far more influential in our lives than people care to acknowledge. Within the very structure of the whenuaikura exists all the the navigational tools we need, in order, to walk strongly through life. The very root systems of our whenuaikura demonstrates the importance of whānaungatanga (familial relationships) and how to sustain our connections with all of Creation.

As Māori Marsden (2003) speaks to “connecting the Crown of Divinity”, (the brain system) with the intricate root system of the Earth, Papatūānuku. The mother’s system which sustains the developing baby through the intimate connection between the iho (the umbilical cord) and the uho (the umbilical stump) (Royal, 2003, p. 67).

This sacred symbiotic relationship between Mother and Child is etched into the pūrākau of the pregnancy and subsequent birthing of Rūaumoko. The marking of his birth etched into the birthing body of his mother, Papatūānuku, reinforces our Māori birthing knowledge is embedded within our creation narratives (H. Moeke-Murray, personal communication, March 8, 2018).

These cavernous pathways are marked into the maternal side of the whenuaikura, known as cotyledons. These are the hidden places of Māori birthing praxis. Ancient rites flamed in geothermal flow and immortalised in the pūrākau of Hine Māhuika.

Āe, Kuia, these connections become significant in navigating extra-uterine life. I know. It is how I came back to the essence of me. Blinded in the darkness of my own inner turmoil, nursing my wounds, I remained in limbo. In my awakening, in my rebirth unsure as a new born baby, unable to see and unable to navigate alone. In that moment, Rūaumoko made himself known. Awakening my root systems etched into my own whenuaikura at my birth, igniting those connections, and unfolding my pathway before me. Hine Māhuika rekindled those ancient pathways carved by Rūaumoko. Rūaumoko took those ancient fires and blazed them to life. Flamed intention spreading like wildfire igniting connections long forgotten. Blazing pathways of ancient relations were brought to life.

In the initial year of my reawakening I had a vision,¹⁶ watching the constant fight of two unborn sons, Tūmatauenga and Rongomaraeroa inside the membranes struggling and fighting for space to grow, to move, to express and, be heard by me. Urging me to observe without judgement teaching me to understand the neutral space of equilibrium. Teaching me the definition of balance is the ability to experience both sides of the coin (war and peace) simultaneously. Understanding balance can be achieved not by censorship of one over the other but reviewing their complementarity and how they can work together cohesively. In other words, it was simply, the ability to find my tau. In the calmness amid chaos, introspection was useful in sharpening discernment and broadening my perception. In the calmness I came back to life.

Āe mokopuna, who would think the teachings of our Atua, Tūmatauenga and Rongomaraeroa could teach one of their own mokopuna, the blessings of the space of neutrality and balanced observation. Understanding where you come from and whom you come from is your grounding in the world. Visceral teachings from your blood rights. Your birth rites. Implicitly, whakapapa, e moko.

Kui, your observations are as sharp as the Kāhu.¹⁷ I am a very private person by nature I do not share my words with people for the sake of hearing my own voice. Relatively content to work the unsociable hours of a midwife in service to mothers and unborn babies. Then it all changed. You are right about breathing fire. Hilarious, but so true. You forgot to mention the fire breathing intent intermingled with the thunderous nature of an earthquake.

Granted Kui, there are two reasons I returned to the midwifery profession of New Zealand. Firstly, I walked whole heartedly into the academic field ready to engage the literate space and generate written knowledge about Māori birthing from a practising Tāpuhi. I call this field of expertise, Tāpuhitanga. Like Verna Kirkness (2013) in her observations as a First Nations educator, she could not see the teachings of her ancestors in the curriculum. I agree completely with her. My intention remains to move away from imagination and guesswork of Tāpuhitanga, and move towards intellectual engagement with insights that move me beyond the five senses of human existence into the depths of creative potential, also known as, Te Pō (Royal, 2009).

¹⁶ See Appendix I

¹⁷ Kāhu, hawk

My second reason for returning to the midwifery profession of New Zealand came as a shock. I left the profession of midwifery at the end of 2015, taking up a bread and butter job as a caregiver for intellectually disabled people. I loved it. One day I sat with a colleague and heard about the birth experience of her niece. A first time mother's horrific grisly birth at the local hospital. The decapitation of a newborn baby! This was not just a newborn baby. This was a Māori newborn. A Māori mother. This was whakapapa. How could this happen in 2016? I sat amid whānau listening to the heart of a whakapapa broken by the effects of severe maternal and midwifery professional misconduct!

It filled me with memories of a close friend. I had buried this memory deep inside Kui, I had forgotten. Memories flooding back of a friend whom I spoke with when I was coming off my afternoon shift in mid-2006 laughing with her and wishing her well with the labour of her child to come. The next morning I arrived on shift to the blinding news my friend had passed in theatre. Her child in the Intensive Care Unit passed in the coming days. Another Māori mother and another Māori baby. Both died. Whakapapa links destroyed.

*Ko te aroha mutunga kore ki a koe toku mokopuna.*¹⁸

*Where there is birth there is death. Birth as we know it to be, requires our mokopuna are born into either the World of Light or the World of Darkness, like Rūaumoko. Ka rongo te pō, ka rongo te ao.*¹⁹ *They are still born. Tāpuhitanga sees all sides of birthing, from womb to tomb care. Ka rongo te Pō, ka rongo te Ao. For Tāpuhi, we learned birthing across the life continuum. It was our way.*

Kuia smiles to herself watching her moko as she comes to the end of her kōrero. She has lightened her load. Kuia gently grabs her mokopuna and smiles. Being Tāpuhi is not an easy space to stand in mokopuna. Answering the call of Hine Ahu One: Hine Hau One requires your heart's attention. It folds in responsibilities and roles of leadership not seen before. Being visionary, speaking with strength of purpose and direction whilst not being consumed with the details, will be difficult mokopuna. You will feel like you are out on a limb.

In time mokopuna you will come to know, this is a shared responsibility. You are not alone.

¹⁸ My love for you is endless my grandchild.

¹⁹ As night follows day so to does day follow night. It represents natural rhythms and the cyclical nature of birth

Whisperings begin in the layered depths of Te Pō.

*Haramai e hine, puritia te aka matua*²⁰

In the silence of the night, Kuia reaches towards Hine Hau One.

Kia tau te Rangimārie

This chapter introduced the reader to the Storyteller and provided a whāriki²¹ of how to approach this thesis. The Storyteller has adopted a tikanga Māori approach where the style of writing and presentation disrupts the ‘norms’ of Western academic convention and process.

The recital of Mwende Katiwiwa (2015) fuels the passion of the Storyteller, citing:

Dear white people,

Every time we’ve written white people, we have written it in lower case because we are tired of you capitalising on our pain. We are angry and raw and tired. And angry and raw and tired and tired and tired. But we will not rest because we know the future belongs to those who prepare for it. **And, you have been getting us ready for centuries!** (as cited in Poetry Slam Inc, 2018, n.p.).

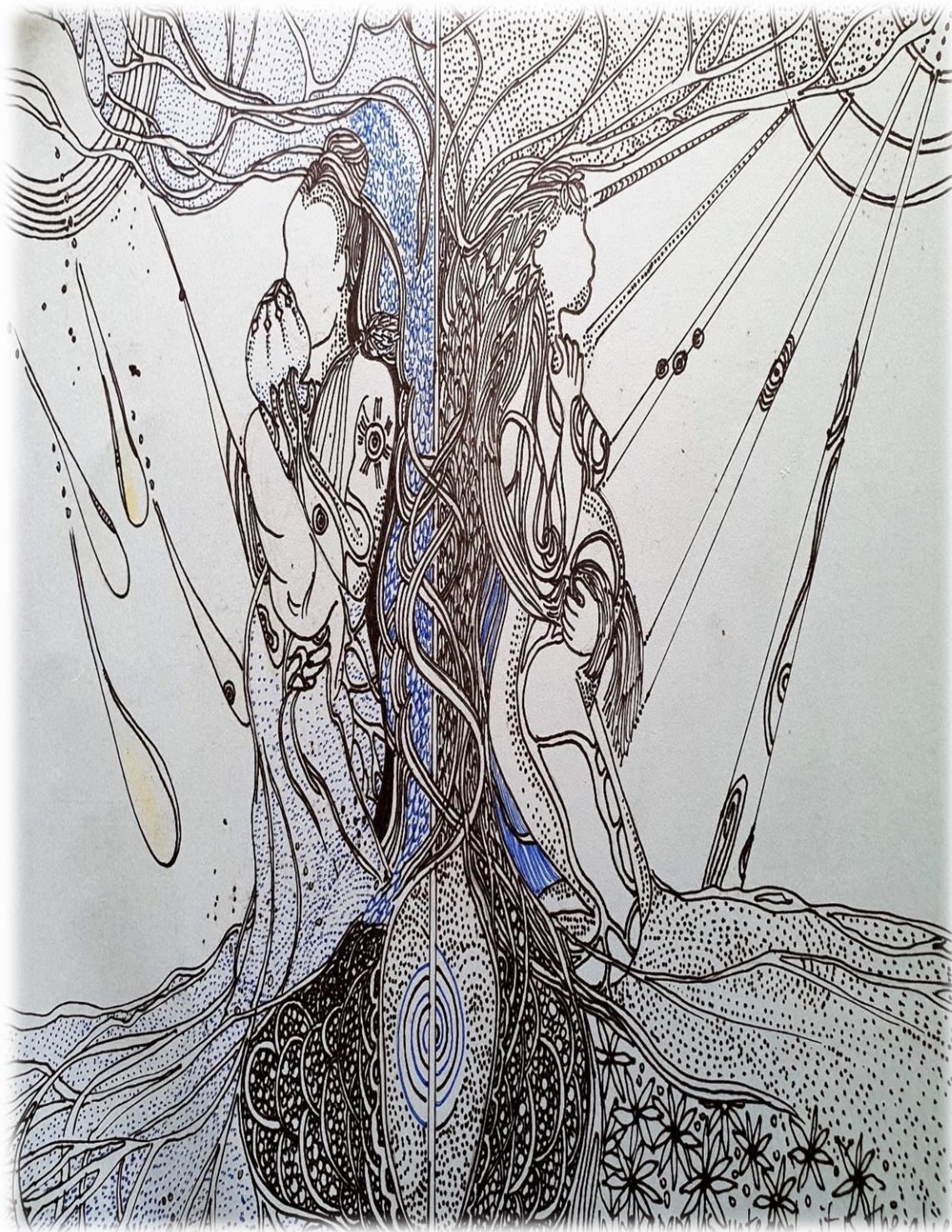
Rire, rire, Hau! Pai mārīre.

The next chapter will explore the philosophical underpinnings of Tāpuhitanga and Tāpuhi. Māori birthing praxis and the Māori midwife, respectively.

²⁰ Hine Hau One calls out to her grandchild, to grasp the main root, the cord that connects the World of Atua with the World of Tāngata. Keeping me grounded. Helping me see clearer.

²¹ Whariki is a woven mat, which is a generally placed in the whareniui on the floor. They are greatly sought after and hold the stories of whakapapa woven into them. I hold to this knowing of whāriki and add a context here, playing with the word itself. Whā can be the number four, a leaf, and also, to cause something to happen. All of the above apply with the inclusion of the English word ‘for’. So whāriki in this context also includes, For + Mat (Format). The whāriki of this thesis reveals the way in which it is to be read. For Te Reo Māori exponents, our language is living, it too gifts humour and can shapeshift depending upon its requirements.

Chapter Two



2 Te Aka Matua ²²

²² Whakapapa is integral. We are not separated, we are connected through our Creation narratives. Ira Tāne and Ira Wāhine. There is no separation in mind, body and soul. We are reflections of Te Aka Matua.

Te Aka Matua

The iho, the umbilical cord remembers our life force, continually weaving the heavens of Ranginui above to the womb of the Earth, Papatūānuku. Mauri is vibrant. Mauri is Alive. Mauri is Rejuvenating. Mauri is connected (Journal entry, January 20, 2019).

Everything has an origin (Pū), requires illumination (Rā), inspires growth (Ka), and needs nourishment and nutrients (Ū) to reach its full potential (Wirihana, 2013). Pūrākau is woven from layers of mātauranga (ways of Māori theorising) of all things effecting Māori ways of knowing and being, whilst affecting Māori ways of doing. By utilising the medium of pūrākau, as a method to privilege Te Ao Māori recognises the importance of whakapapa, as the “skeletal backbone to our knowledge system...accordingly, to know something is to know it’s whakapapa, its origins” (Roberts, 2013, pp. 106–107).

Whakatau Mauri

This chapter privileges Te Ao Māori, a Māori worldview as the central foci of the philosophical foundation of this thesis. It explores through the medium of pūrākau and its multiple expressions, the interpretation of Te Aka Matua and its symbiotic relationship with Tāpuhitanga and Tāpuhi. From a culture rich in oral tradition, the use of the written word is merely one more skill to add to the depth and breadth of a people, very much connected to the World of Light.

The quintessential foundations of the Māori worldview layered by, Ko Te Korekore, Ko Te Pō, Ko Te Whei Ao, Ko Te Whai Ao, and Ko Te Ao Marama. Layered mātauranga impregnated with multiple interpretations and contexts of Māori creation narratives.

The nuanced notions of Te Korekore by Moana Nepia (2012) bring it to life, adding:

Te Kore is a way to conceptualise spaces within movement... Pauses, stillness, silence, and syncopations which help to establish rhythm and structure in speech (Nepia, 2012, p. 70).

Additionally, Te Ahukaramū Royal (2009) describes the teaching elements inherent within our creation narratives, stating:

they are psychological in nature...contain symbols of, and pointers to the transformation of consciousness. Te Ao and Te Pō, darkness and lightness, are analogous to certain states of consciousness, and many human experiences are conceptualized by the symbolism of light and dark (Royal, 2009a, pp. 74 – 75).

Furthermore, Pei Te Hurinui Jones (2014) aligns Tainui cosmogony to these thoughts adding, yet another layer, an iwi specific layer of Māori creation, reciting:

Te Kore,
Kotahi tē kī,
Kotahi te kōrero,
Kotahi te wānanga (Jones, 2014, p. 37).

Despite the growing knowledge base of Māori scholarship (Gabel, 2013; Makareti, 1938; Mikaere, 2017; Murphy, 2014, 2019, Simmonds, 2014; Te Kao, 2020, Yates-Smith, 1999) which clearly identifies the intimate connection between Māori creation narratives, birthing, and midwifery. It appears the midwifery curricula of New Zealand continues to instruct in its Eurocentric ideologies, thus continuing the assimilative approach of New Zealand midwifery education. This ignorance ensures a Māori midwife will graduate as a Pākehā trained midwife who happens to be Māori.

Hope Tupara and Megan Tahere (2020) wrote in their report that Māori midwives continue to be subjected to racist behaviours and unsafe clinical environments, leading to poor retention of Māori in the midwifery profession. Any decrease in Māori midwifery retention plays a significant impact on the cultural wellbeing of birthing whānau Māori. These factors directly influence the Māori midwifery workforce and highlight the inability of midwifery educational providers to provide culturally appropriate care, education and clinical environments for Māori in the midwifery profession. If midwifery educational institutions struggle with this, then what are the chances for birthing whānau Māori navigating the maternity system of New Zealand? (Te Huia, 2020, p. 9)

Tāpuhitanga – The Philosophy

Tāpuhitanga is a collection of Māori birthing knowledge and birthing practices that far exceed the parameters of Pākehā midwifery. This way of engaging in the world is illustrated in the rich tapestry of Māori traditional birthing practices and embedded in Pūrākau, Māori creation narratives rich with allegory and metaphor. Pūrākau is a wonderful medium for giving voice to concepts, lending form and function to a process that goes beyond the physical mechanics of the human birthing process. Aligning the creation stories of Te Ao Māori as the philosophical foundation for the praxis of Tāpuhitanga creates a weave of intricate relationships (whanaungatanga) between philosophy and practice.

Māori Marsden (2003) supports this adding, “by analogy every living organism in the natural world, every tree, fish, bird, or object...has its own root foundations in the cosmic tree ...[and]

is sometimes depicted as having its roots in heaven and its crown on earth” (as cited in Royal, 2003, p. 31).

Additionally, Te Rangihiroa Buck (1932) shows us how to navigate whakapapa and return to its origins when he quotes:

e mau to ringa ki te toi huarewa. I kake ai Tane ki te tikitiki o nga rangi.
Take hold of the vine which climbs aloft which Tane climbed to the
heights of the heavens (as cited in Sorrenson, 1988, p. 160).

Te Aka Matua is both the pathway (the ascent and the descent) and the destination. It is the iho the umbilical cord. In Tainui cosmogony the creation of the iho, comes to light in the narrative of Hani a te waewae i kimi atu and Puna Rauaroa or “Puna Whakatupu Tangata” (McClintock, 2003). The creation of Mauri Ora, where Hani (The questing One, male essence) and Puna Rauaroa (The wellspring, female essence) oscillate through aeons around Te Tumu until one day, they come together upon Te Takapū nui o te whenua; upon the breast of Papatūānuku. Cooperation was created as Ira Tāne and Ira Wāhine are blended, joining the male and female essences across eternity, and directly into the whenua, we call Papatūānuku.

Amsterdam Reedy (2011) turns to ancient mātauranga, exploring Te Oriori o Tūteremoana extrapolating, our creation narratives hold the key to Māori birthing knowledge and practices.

Haramai e tama puritia te aka matua (as cited in Waka Huia, 2011).

The above kīwaha refers to “when the philosophy is right, the practice will be right” (Reedy as cited in Waka Huia, September 5, 2011). Thus, effectively connecting Māori philosophy with Māori practice. With this awareness Te Aka Matua is used in the thesis as a method to bridge ancient mātauranga specific to birth and embed this knowledge into our contemporary realities.

Moana Jackson (2011) reiterates this knowing, by setting the scene:

the soul of a people, the essence of their being exists within the warmth
of their philosophy...nurtured and sheltered by the wisdom of their
beginning world (as cited in Mikaere, 2011, p. 322).

It is here the beauty of pūrākau reveals the philosophical essence of Te Ao Māori.

Our Beginning World

This is a Love Story

A Romance

The Greatest Love Story of All

It begins with
Hani a te waewae i kimi atu and Puna Rauaroha
Created by Io
As Ira Tāne and Ira Wāhine
Born of the same source forever searching
Seeking each other's embrace
Forever held in abeyance by Te Tumu – the Concentric Pillar
So, it begins
Te Taura Here Wairua
Through the eight heartbeats of Io
Te Kore
Kotahi tē kī
Kotahi te kōrero
Kotahi te wānanga
Te Kore whiwhia
Te Kore Mākiki hī rere
Mākaka
Io
Searching for a space to embrace
Hungry for each other
Fleeting moments through time and space
Nothing long lasting
In the fashioning of the seven nights,
Te Pō kaura
Te Pō uriuri
Te Pō kākarauri
Pō aoao nui
Te Pō kerekere
Te Pō tamaku
Te Āio nuku
The birth of Papatūānuku and Ranginui
Hani and Puna relentless
in their search for embrace
Papatūānuku and Ranginui

laying in states of selfhood
Immortalized in time.
With the instruction of Io
Hani and Puna came to embrace
Upon the Ū of Papatūānuku
Ira Tāne and Ira Wāhine entwined for all eternity
Upon Te Takapūnui o te whenua
The flow of Wai e Rua took place
Awakening the need for coupling
Papatūānuku and Ranginui
passionately united for eternity
Prolific was their love
Came their children
Sons and Daughters
Within the Cosmos
Our Origins (Journal entry, April 10, 2019).

Tāpuhitanga – The Practice

Takirangi Smith (2012) states Māori creation stories reiterate the process of human birth pointing out the Māori language fundamentally entwines the creation of humanity and fertility. Māori concepts, such as “being human are fundamentally different because in Māori epistemologies, humans are intricately connected to atua²³ and to all species in Creation” (Smith, 2012, p. xvi).

Our Origins

As Ira Tangata
radiate from the sacred bloodied
īkura of Papatūānuku
Our Patheon of
Atua Tāne, Atua Wāhine,

²³ Commonly referred to as a god, also translated as a – the potential being, tua – from beyond. (Smith, 2012, p. 5) For the purposes of this thesis, Atua will be referred to as beings beyond humanity, including elemental, celestial, terrestrial and all other beings beyond the human experience.

o ngā Apa Whatukura

o ngā Apa Māreikura

Tākoha

symbolising their bestowed wishes and desires

In the formation of

Hine Ahu One

Our Kurawaka

Our sacred vessel

Forever, immortalised as Our Ūwha

In the early hues of Dawn arose Hine Tītama

Raising up

Te Ira Tangata into the World of Light

The irreconcilable took place

Transformation marking the period of rebirth

Ko Hinenuitepō

Tānenuiārangi bound by whakamā

Righting his wrongs.

Resetting the foundations

He gifted

Hei Tiki to Hine Te Iwaiwa

Celestial Atua Wāhine

Hine Te Iwaiwa situates herself

Birthing Ira Atua from the depths of her Whare Tangata

Our birthing knowledge

Our birthing practices

Our Birth Rites (Journal entry, June 22, 2019).

Creation narratives are not just an interesting story to read about, as Jenkins & Harte (2009) outline in their literature review of traditional Māori childrearing practices. Their argument suggests learning from our own cultural landmarks, from the exemplars of our Atua and our creation narratives to find solutions to our concerns of today. Similarly, Ani Mikaere (2011) reiterates: “the logic of whakapapa tells us that in the final analysis, we are our Atua, and they are us” (p. 319).

Inflections exist between whānau, hapū and iwi of Aotearoa which stem from different tribal histories, differing pūrākau, whakapapa kōrero and tūpuna. Birth, however, remains a universal event for all whānau and hapū, inevitably, a baby will be born, and new whakapapa will be created (Smith, 2012).

Whakatauākī is another reservoir of mātauranga heavily laden with Creation narratives, one prime example is:

Me aro koe ki te hā o Hine Ahu One

This whakatauākī acknowledges the symbiotic relationship with Te Aka Matua and newly created whakapapa. According to one tribal history, Hine Ahu One is “te whēako mo te ara tauwhaiti a Tāne,” the pathway of humanity into the World of Light (Nin as cited in Leatham, 2014, p. 87). It is Hine Ahu One who interweaves the layers together and watches over the birth of every single mokopuna. (The one being born and the one giving birth). It is no wonder, our creation narratives are so poignant, they hold the blueprint of who we are as Māori people. In the context of midwifery, our Māori birthing knowledge and practices are deeply embedded into our psyche and hidden within our Creation narratives.

Tāpuhi – The Practitioner

Depending upon context and purpose, Māori words convey multiple meanings and interpretations which may cause confusion for many people, especially those with limited fluency and comprehension of Te Reo Māori. Tāpuhi is no different. According to the Williams dictionary, (2010) Tāpuhi describes a verb (action) rather than a noun (name or label) implying it means “to nurse, to carry in the arms and to tend in sickness or distress” (p. 385).

In 1998, a collective of Māori midwives recognised Māori would continue to be disadvantaged as health professionals and health consumers unless a Māori voice was active within the midwifery profession. Papa Jo Delamere (a Tohunga ahurewa of Whānau a Apanui whakapapa) gifted two names appropriate for the Māori midwives present at Hoani Waititi marae, Auckland in 1998. Although, he gifted both, Tāpuhi and Kaiwhakawhānau to the Māori midwifery cause, he did not provide a whakapapa for either. Collectively, the Māori midwives present decided to opt for a transliteration of the Pākehā midwifery slogan, ‘being with women’ instead (Māori midwives gathering, Hoani Waititi marae, 1998). It was in this moment, the

Māori midwives national collective; Ngā Maia²⁴ o Aotearoa me Te Waipounamu (Māori midwives national collective) was born.

The working definition of Tāpuhi would come from Whaea Rita Tupe of Ngāti Haka Patuheuheu, in 2014, who taught me the intricacies of our language and what it can convey across generations. In the space of wānanga, she shared the kaupapa of Tāpuhi and its relationship with birthing and midwifery stating:

Tā speaks of the inherent knowledge within our DNA, as seen in the revitalisation of the tāmoko of old, the mataora and moko kauae (R. Tupe, personal communication, November 9, 2014).

Each an indelible impression of whakapapa to creation of all realms, weaving past, present and future into a space of timelessness.

Puhi refers to the birth lines of Ariki. For every whānau, hapū and iwi of this nation, every newborn child is a puhi. A taonga, a treasure of great importance (R. Tupe, personal communication, November 9, 2014).

With the kaupapa gifted by Whaea Rita Tupe of Ngāti Patu Heuheu it is interesting to note the New Zealand Nursing Organization and the New Zealand Nursing Council had claimed Tāpuhi as the Māori term for a registered nurse. Such a tactic although not necessarily wrong, it was not altogether right either. Taken from the William's dictionary (2010, p. 385) definition, to nurse, appears plausible, however, to nurse, begins with the first breast feed of the infant born into the World of Light. So too is the infant born into Te Pō, they return to the breast of Hinenuitepō, where we are nourished once again.

It could also be argued the inability to pay attention to the wisdom of a Tohunga Ahurewa has impacted on the experiences and lack of foresight for Māori midwives in the midwifery profession of New Zealand. Where our birthing knowledge and practices have been subsumed by a system of Western medical and midwifery narratives, who failed to understand the intersectionality between birthing, Creation itself, and tangata Māori. What is even more disturbing is the total lack of regard for the intimate connections for Māori entering midwifery as a career who are not given the opportunities to ignite inherent mātauranga within their blood lines. A key consideration of this thesis asks: **How can we improve the health and well-being**

²⁴ Ngā Maia is a transliteration of the Pākehā midwifery slogan, 'With women'. Ngā represents many (plural), ma refers to the idea of 'with', and ia, speaks of her, and in plural form, pertains to women. Nga Maia, is a direct transliteration of being 'with women'.

of Māori in midwifery education if the underlying philosophies and ideologies of Pākehā midwifery remain unchallenged?

Tāpuhi is the Māori birthing practitioner who aspires to grow an in-depth appreciation and a growing knowledge base of the philosophies and pedagogies of Tāpuhitanga. It is not a new way of engaging with the world but, it is a new way of understanding birthing philosophies and practices in the academy, and in healthcare.

In discussion with one of my whanaunga I would discover Tāpuhi was not only a name for midwife but was practised long before colonisation came to the rivers of the Whanganui, Ongarue and Whakapapa. Raukawa te tangata had progeny from two wives, his son Rereahu, had eight children. One of his daughters Hine Kahuariari, would be raised and educated to become a Tāpuhi. Taught all the ways of womb to tomb care she was renowned for her mahi and was given the name Hinematua (Hine meaning female, matua meaning parent) by the whānau of the babies and children she cared for. (Maniapoto FM, 2022).

With this understanding, I am merely the next generation of my Raukawa whakapapa who is adding to the continuum of mātauranga Māori in the context of midwifery today.

The following pūrākau is a prose that captures the essence of the birthing of Tāpuhi into contemporary times. It is used to illustrate the depths of mātauranga hidden within the way in which the Māori worldview can be translated directly into midwifery in Aotearoa.

The Earth is Shifting

*The Earth is shifting
Waters swirling with Life*

The Elders come, smiling, telling me not to be afraid.

It is time. Hand in hand. We journey.

The Heavens are Opening

Te Kahu o Ranginui descends

Te Whāriki o Papatūānuku ascends

Embracing

Tāpuhi awaits the Sacred Atamirā

*The Earth is agitated
Waters shift responding with Life*

My Kuia gather I can feel them
Karanga pierces the arai
My koroua, deep in thought
Whaikōrero humming resonance of tāhuhu
Echoes within Āhurumōwai

*The Earth she moves
Waters shift with layered consciousness*

Their voices are familiar,
their touch gentle and warm
Her heartbeat strong,
Lulling me inwardly
Oriōri acts like Pukātea,
Kōmirimiri encourages my descent
Notes of Laughter Cascade alighting the Waters
Into human consciousness

*The heaving Earth rises
The Atamirā is awash with my Elemental Waters*

Ko Te Whei Ao
Do not forget mokopuna...
Ko Te Whai Ao
I smile...I will not forget
He kākāno ahau i ruia mai i Rangiātea
Ko Te Ao Mārama

Ka puta mai ki Ahau
She is beautiful
My Mother is Life Itself
Mother and child

*The Earth continues to shift
Waters of Life returning to me*

Our heartbeats combined
Within this human form
Iho pulsating te Ngī o te Rā

Imbuing my Mauri
with all I need to sustain Life
Time stands still
My Elders gather smiling
Searching the planes of my Mother's nakedness
I partake of her, Ū

*The Earth shifts one last time,
As my Whenuaikura, comes into the World of Light*

Karakia intermingled with Oriori
showers me whole
My Elders kiss my forehead
And bid Me farewell
I send out a resounding Cry,
Tihei Mauri Ora! (Journal entry, October 10, 2016)

Weaving Te Aka Matua

Prose was used to capture the sacredness of the Māori worldview starting with *Our Beginning World*. The first prose debunks the belief Te Ao Māori began with a bang, on the contrary, the kīwaha 'ka puta ki waho' stresses the true nature of how our worldview came into being. As Ani Mikaere (2010) states, "with each new generation of whakapapa", including the Māori world, was and is, "born out of a woman" (Mikaere, 2010, n.p).

The second prose, *Our origins* weave the sacred connection between worlds. The spiritual and physical worlds brought together, interlacing divinity and human consciousness into being. It positions Te Aka Matua as the sacred iho which entwines Te Ira Atua and Te Ira Tangata into our consciousness.

The third and final prose, *The Earth is shifting*, illustrates the passage of birth, the intimate connections between worlds and the inevitable birthing of new whakapapa. In this case, it was the rebirth of Tāpuhi into contemporary times.

This is where Te Aka Matua, the sacred Iho becomes woven into the methodological format of this thesis. Te Aka Matua is the parent vine, the taura here or iho which bonds the worlds together. Similarly, it is compared to the human umbilical cord, where not only the connection between mother and unborn baby is symbolically used, but so too, are its internal structure.

The iho contains, a vein and two arteries. Te Aka Matua being the vein, where the gifting of the hā, (sacred breath) and nutrients occurs. One artery represents Te Ira Atua, and the other artery Te Ira Tangata. These arteries act as a reciprocal process whereby waste is removed from the growing baby and returned to the maternal system to be excreted. This exonerates the symbiotic relationship between mother and child in utero. Here, Te Aka Matua is the completed iho which nourishes and nurtures the developing understandings of the kairangahau in this academic journey.

The Māori worldview like many other Indigenous worldviews, is heavy in symbolism and metaphor. To continue to function as if, Māori birthing knowledge and birthing practices are buried and irrelevant, is ignorant of the colonial agenda prevalent in the health system and midwifery profession of New Zealand. Our Māori world is not lost, and it most definitely was not buried with our tupuna!

Reclaiming Tāpuhi and Tāpuhitanga as the Māori birthing practitioner and Māori birthing praxis respectively is foundational to enriching the experiences of Māori midwifery students and Māori midwives. This highlights the unique contribution Tāpuhitanga can make in the midwifery profession of New Zealand.

It is for these reasons this rangahau is vital and provides a significant intervention in both academia and midwifery curricula and practice. Tāpuhitanga is the articulations of Māori birthing praxis. It is not a browned-up version of European midwifery ideology. Tāpuhitanga speaks directly to the ‘herd mentality’ of Western midwifery, where a midwife is a midwife regardless of cultural diversity. The lack of research into the experiences of Māori midwifery training and practice has not occurred²⁵ and more specifically, from the bicultural pilot programme, Tihei Mauri Ora parallel midwifery programme, 1996 – 2016. Anecdotal evidence strongly suggests the failure rate of the Māori midwifery student is abysmal. Yet, without statistical evidence from the midwifery educational institutions being accessible, this will remain inconclusive (Tupara & Tahere, 2020; Te Huia, 2020).

I am not convinced bicultural midwifery education has the potential to change this reality. I would argue to provide biculturalism in the midwifery context requires the Treaty partners,

²⁵ The exceptions are sparse. Lidell et al (2014) is a study undertaken looking at the experiences of the Tihei Mauri Ora nursing student experience. Tupara & Tahere (2020) and Te Huia (2020) provide some evidence of Māori midwifery voices but do not specify Tihei Mauri Ora midwifery graduate voices or experiences. The exception being Estelle Mulligan’s master’s thesis (2003) which captured the voices of the creators of the programme itself, but not the midwifery graduates. The voices and experiences of Tihei Mauri Ora midwifery graduates remain unknown in New Zealand midwifery literature.

Māori and Pākehā to exist in the same space respectfully, as two parallel columns of birthing knowledge and practices. The key here is to navigate and articulate the shared space of birthing praxis. **What would that partnership look like?**

Whakahokia te ngāngao o te whatumanawa ki te kōpū o te whenua – Ko Te Pito²⁶

Kia tau te Rangimārie

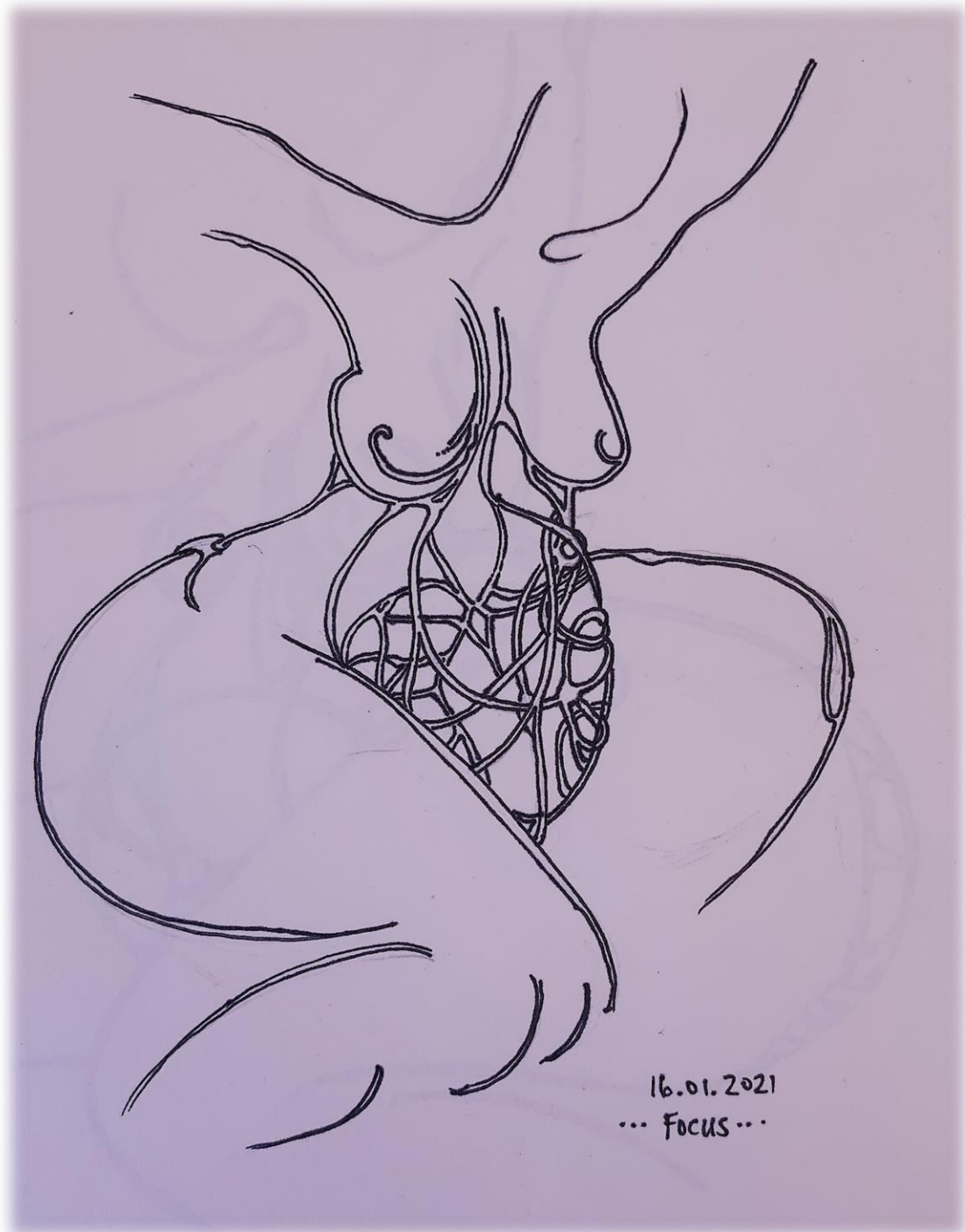
This chapter has provided a deeper insight into the philosophical foundations of Tāpuhitanga and Tāpuhi. The conscious decision to privilege Te Ao Māori in philosophy and pedagogy encourages concentrated effort to dive deeper into the multiple layers of whakaaro Māori (Māori theorising). Te Aka Matua is the umbilical cord of reciprocity of Mana Atua, Mana Moana, Mana Whenua and Mana Tangata. It is the promise we are made of Our Atua and by Our Atua. Our pito, our belly button is the reflection and promise we belong to something far greater than the world of illusion we live in.

The following chapter will dive deeper into the challenges and narratives of midwifery from the perspective of the Indigenous Tāpuhi LMC TM²⁷. The emergent Indigenous Māori midwife who accepted her colonised reality in midwifery and the determination towards personal change to stand strong in both worlds (Māori and Pākehā), without compromise.

²⁶ My interpretation. This is one of the navigational tools of Tāpuhi. It reminds me that I belong to something far greater than the bag of bones, I inherited.

²⁷ TM After careful consideration, a trademark licence was made in 2020 to prevent the misappropriation of the Intellectual Property IP written into the thesis. Such a move was made to prevent misuse and misunderstandings of the woven thoughts of curriculum development, and resource content.

Chapter Three



3 Focus ²⁸

²⁸ Focus is required at all phases of this journey. Mental clarity requires solitude as I sketch out lines of thought interspersed with developing paradigms in practice. I can not know where to go if I do not understand where I have come from.

A Literary Conversation: Literature Review

In Tainui tradition, you see kuia sitting at the feet of the Kāhui Ariki holding the space as kaitiaki. This is one example of the protective qualities of kaitiakitanga in practice. The same can be said of times when a mokopuna heavy in thought sits at the feet of her kuia and slowly begins to relax. The kuia with a brush in hand begins to comb the worries from her mokopuna. Their bloodlines open communication (Journal entry, January 2, 2019).

Tēnā koe e kui. From time to time, my mind suffers from paralysis by analysis of written material by Pākehā scholars who write with a degree of authority to their works. It doesn't really help all this written material with the diverse approaches and thoughts surrounding childbirth and midwifery. Snippets of Māori practices scattered throughout written literature, seeming to have a depth of understanding jumping out as a counter-narrative to Pākehā midwifery ideologies.

As Tāpuhi,²⁹ I struggle relentlessly to find the relevance and whanaungatanga³⁰ of these non-Māori and non-Indigenous writings. Literature excludes me. I become just another midwife amid a sea of foam and spray, that clearly dissipates on the tides. It is as if I am constantly in the undertow of the moana,³¹ spinning, spinning forever being drowned and swallowed up in a tirade of transliteration, colonial imprints, and a sea of perceived understanding about Māori midwifery. How can I write of something that bears little resemblance to its origins? I am fighting against my own knowing and the imaginings of both Māori and Pākehā.

Kui, I am drowning...

Hā ki roto, hā ki waho.

He toto Māori, he whakaaro Māori

Hā ki roto, hā ki waho

*Kia tau te rangimārie e mokopuna*³²

Ka mihi ki te mauri o te tūhonohonotanga

O te hā ki te hā

Te aroha ki te aroha

Te roimata ki te roimata e

²⁹ Reclaimed name for Māori midwife as stated in previous chapter, Te Aka Matua

³⁰ Relationships, connections

³¹ Hine Moana, or Hine Moana nui a Kiwa is the Pacific Ocean

³² Deep breath in. Deep breath out. Your blood is Māori. Your thoughts are inherently Māori. Be calm and at peace my grandchild

Haere mai rā... ³³

To calm oneself is to simply whakatau mauri e moko

Me hoki koe ki tou maunga kia purea nei nō ngā hau a Tāwhirimātea ³⁴

Ko maunga ko au, ko au te maunga. I am the mountain, and the mountain is me, speaks not only of strength and place of purpose but also reveals, place of origin. Hine Ahu One, moulded upon the mons pubis (the sacred mountain) of Papatūānuku. “He Pākeho whakaare he Reinga herea” (Jones, 2014, p.37), the firmament between heaven and earth is likened to the maternal pelvis. As sacred as the firmament is, so too, is the maternal pelvis. In Te Ao Māori, the maternal pelvis protects all we hold sacred; he Whare Tangata – the house of humanity. “He Pākeho whakaare he reinga herea,” (Jones, 2013, p. 37) metaphorical in so many ways, illustrates how we traverse the passage of birth into the World of Light.

He Whare Tangata

Sacred threads of Ira Atua and Ira Tangata

nurtured upon the whenua and moana

Layering upon layering of whakapapa:

Interconnectivity

In the interstitial fluids of connection

Enveloped within the Whare Tangata

The sacred weave of wāhine Māori comes to the foreground

Comparable, to the biomedical lens of a uterus, a cervix, and a pair of ovaries?

Oh, mokopuna, he Whare Tangata, is so much more

Oh, mokopuna, he Whare Tangata, She, is so much more.

Across interstitial fluids, she spans

Between the worlds

Ira Tangata held within the sacred Kurawaka

Carrying forth the sacred kākāno

Lilted upon the tides of the waters,

Nei te mihi o Hine Moana

Coming to land upon the whenua

³³ Whakatau mauri gifted by A O`Malley (personal communication, February 5, 2019)

³⁴ Return to your mountain and let the winds of Tāwhirimātea cleanse you

Implanting her anchor into He Whare Tangata

Tēnā koe, o Papatūānuku

*The threads of He Taura Here take root, amid the fertile soil of
he Whare Tangata*

Ngā mihi o Hinenuitepō

Primal hormonal pathways

Governed by the waxing and waning of Hine Te Iwaiwa

Hormonal tides of hapūtanga flow like the tides of the ocean

Celestial lineage made manifest in the development of the fertilized kākāno

As the whenuaikura ³⁵grows more inwardly

Osteocytes multiply,

Infusing mātauranga into the developing embryonic Ira Tangata

So above, so below

Forever encapsulated in the toto and koiwi ³⁶

Tēnā koe, Hine Murirangawhenua

Nourished in the fertile waters of āhurumowai,

The kiri of the embryo acts like panipani preserving

the delicacy of the houheria o te tinana

Kept warm at the body core

Tēnā koe o Hine Mahuika,

Te āhua,

Te ātamai,³⁷

the developing embryo begins to take shape

The embryonic heart begins to beat

Ngā mihi aroha, Hine Ahu One: Hine Hau One

Circuitous patterns vibrate

The Mother begins to feel flutters

Baby begins to make itself known

As baby grows within

³⁵ A Mihaere (personal communication, April 2, 2016)

³⁶ 'Blood and Bone' (K. Delamere, personal communication, March 10, 2016)

³⁷(Jones, 2013)

He Whare Tangata responds in like

Elongation occurs

stretching the Whare Tangata,

preparing the body,

Infinitesimal shifts

Tēnā koe o Hinenuiteao

The puku begins to move and flutter

Like internal waterflows

The unborn child begins to stir

Consciousness moves within whakapapa

dreams filtering within the physical memories

of mother and child within

Waters shift with each rotation of the unborn baby

Each rotation, the turning over of another Whare Wānanga internally

Sharing of sacred mātauranga in utero

Nei te mihi aroha o Hine Moana and Hine Te Iwaiwa

Our First mothers, whisper

He kākāno ahau i ruia mai i Rangiātea e kore ahau e ngaro (Journal entry, November 16, 2016).

Whakatau Mauri

Kui, this is a beautiful way of opening our discussion on Tāpuhitanga clearly positioning our cosmological narratives at the heart of Māori midwifery. The many pūrākau woven into your thought-provoking prose leaves me contemplating the sacred act of birth, the illusion of separation, the folding in of time and space, and the unique position of wāhine Māori in midwifery.

Our female reproductive organs and the birthing process assume major importance throughout creation stories (Mikaere, 2003, pp 13-14).

In a similar vein to the above statement in her book, *An Unutterable Breath* (2013) Virginia Tamanui refers to Papatūānuku as Papatūānuku te korekore another pūrākau coming to light amid the colonial agenda to fragment our knowledge. Tamanui suggests even though our pūrākau have been tampered with significantly, this does not diminish the growing awareness

our pūrākau uphold the sacredness of wāhine Māori and our intimate relationship with the birthing process herself.

How do we discuss Tāpuhitanga moko if we do not stand and speak from our ways of knowing and being Māori? Trade not the whakapapa of Tāpuhitanga for academia that is found outside of “our noble intellectual tradition called mātauranga Māori” (Jackson, 2013).

Mātauranga Māori in my eyes moko, clearly tells me it is a Māori way of engaging with the world and in its simplest form uses kawa (structure and cultural practices) and tikanga (cultural principles) to critique, examine, analyse, and understand the world in which we live (Mikaere, 2013, Royal, 2009; Simmonds, 2014, Smith, 2012).

The heart of Whakapapa is not just a concept it is a way of living in the world, in relationship with the world where roles and functions are defined, and responsibilities are clear. More importantly, knowing your purpose and place in your world creates an awareness you are responsible for your way of being, because your presence affects your world (Royal, 2003; Barnhardt & Kawagley, 2005 as cited in Royal, 2009).

The human element, the Ira Tangata is both a blessing and a downfall especially when we remain unaware of the impact we have upon our world, inwardly and outwardly. Being ignorant moko is an excuse to not face your own growing awareness that what I share with you are not just words or pretty concepts. From the perspective of whakapapa there can be nothing more sacred than the birthing process. Why is this so?

We are expressions of Te Ira Tangata and with this birth rite came the gift of kaitiaki, to protect the Aka Matua that binds us to our divinity as we experience the physical dimensions of human life.

I am aware there are many expressions of mātauranga Māori e moko, such as Whatarangi Winiata and his reference to mātauranga as a continuum, where our knowledge is continually evolving (as cited in Mikaere, 2013). To Te Ahukaramū Royal (2009) who speaks of mātauranga as a deep reservoir of untapped potential. For me mokopuna, I look at it this way, every single person, place, and object has fingerprints and imprints. Each is distinct and different. Not one is the same. I use this analogy to show you the complexity and diversity of mātauranga Māori. It is not found in a university course or a building as such. Mātauranga is played out across the dynamics of whānau, hapū and iwi. Within, the whare wānanga of Life itself.

Look around you, our Taiao alone provides clues. Our natural world teaches us all we need to know of whakapapa, of relationships, of engagement and of living in balance with the world.

He mama noa iho, e moko!

Āe, Kui, Ani Mikaere (2013) describes mātauranga Māori as a “continuum of accumulated wisdom woven between generations, insisting it is more than a body of knowledge” (p. 74). Rather, it is an organic translatable process across time. It requires a commitment to nurture mātauranga Māori and expand and explore its many expressions across time and generations.

Āe, he tika e moko. Our ways of knowing are fostered on our ways of thinking and employed in our ways of being, Māori (Smith, 2012). The acquisition of knowledge is the active process of seeking this education in whatever form it is derived from. The journey towards mastery of self can be achieved when reflexivity and introspection are applied. Let me explain, reflexivity through practice allows knowledge to gradually become second nature therefore, bridging the space of knowing. When introspection is incorporated knowledge can then become internalised, thus transforming praxis, into knowing. Māori Marsden (2003) would say, thinking comes from the mind and knowing comes from the heart. When the heart and mind resonate together, then wisdom has been achieved (as cited in Royal, 2003).

However, in the space of knowing, dormant mātauranga Māori can be ignited, leading to a world of possibilities. We begin to formulate our understanding of the world and our place within it.

Do you see mokopuna everything is a journey, including the attainment of knowledge. Likened to Tāwhaki and Tāne who sought the baskets of knowledge (Buck as cited in Sorrenson, 1988) each wanting to bring knowledge to their people to live in a better way. It is a reciprocal pathway that belongs to nobody, and when the student is ready, it becomes a pathway accessible to the initiate.

Be ever aware and mindful of your own presence in our world. Remember moko, taonga tuku iho, is not outside of you, it is found within you. It lays dormant, inactive in your blood and bone, awaiting the flame of longing to understand yourself in relationship with the world. You are not separate from the world moko, you are as relevant as that rākau over there, the stars above you, and the whenua you walk upon (A. O'Malley,

personal communication, May 15, 2021). Your life lived adds to this body of knowledge through the teachings you share with your whānau. Your engagement with the world is not an accident. It is deliberate. It is purposeful (Webster, 2004 as cited in Rautangata & Rautangata, 2004, p. 61).

Āta haere e moko, before you run off into the Rangi Tūhāhā, channel your thoughts better and begin, what is your why, moko?

Kui, as I speak aloud thinking back to my run in with the New Zealand Midwifery Council in 2014, I start to well up. I thought I had got through this healed what I could. Seems not! Is it selfish to want for no Māori midwife to be ostracised, hung out to dry because she is Māori? Where somehow being a Māori midwife is seen as a deficit. A disability?

Colonisation certainly has a lot to answer for. It would appear the contemporary Māori midwife has been lost in translation subsumed beneath Pākehā midwifery ideology and practices and replaced with the drive to revitalise traditional Māori birthing practices (Nga Maia hui a tau, 2022). I fail to understand how these practices can be revitalised beneath a Māori midwife trained and educated in Pākehā philosophies and practices. It would appear, our traditional practices are viewed as quaint cultural landmarks of a dying race. I beg to differ! The practices of mother and baby central to whānau, exclusively breastfeeding, wet nursing, birthing outside of hospitals, skin to skin, baby wrapped up with mother/ father/ whānau member are not just the pinnacles of good Pākehā midwifery and mothering care; these are indeed success measures of Māori midwifery practices too! (Clarke, 2012; Simmonds, 2014)

In our colonised realities as Māori midwives, we diminish the mātauranga of our tūpuna, our taonga tuku iho and our kōrero tuku iho. Their knowing and lived experiences were applied directly to practice. Every skill and practice was performed to preserve the sanctity of birth and uphold the mana of whakapapa for generations to come (Pere as cited in Murphy, 2014).

It is interesting Kui to note the imaginings of Māori and Pākehā alike when discussing the Māori midwife. I say Māori midwife because they do not know about Tāpuhi. Repeatedly I have sat with whānau and heard pūrākau of their birthing histories that speak of practising Tāpuhi and their multiple birthing practices of old. On further examination, there appears to be a breakdown in the continuum of mātauranga, more specifically the philosophical reasonings behind these birthing practices of the nannies (A. Mihaere, personal communication, 15 May, 2022).

I have heard many accounts of Māori midwives being torn asunder by our own people calling them out for not abiding by kawa and tikanga when things go wrong. The irony of this thinking is what is the concern? Māori midwives of today are taught the same as Pākehā midwives. Is there an unspoken etiquette where, the Māori midwife needs to maintain herself among her own people? How can we practice being a Māori midwife when we are not taught Māori midwifery? Yes! colonisation and its ugly tendrils have a lot to answer for.

For my Pākehā colleagues, who have not the faintest idea of what it feels like to be a Māori midwife in a profession that negates our existence. I know this all too well. It has happened to myself and other Māori midwives I know personally. Our experiences weigh heavily upon our shoulders.

Kuia, is it selfish to stand strongly in mātauranga Māori and become equipped to talk back to not only Pākehā but to our own as well? Tāpuhitanga in action, education and practice is my vehicle towards what I want changed in this midwifery profession of New Zealand. What I want is the right to be me, unapologetically. To be educated in our mātauranga continuum first, and then, to align with Pākehā midwifery concepts and shared values, which may enrich my learnings and understanding of the life processes, of birth and motherhood. I am Tāpuhi who has been educated by Pākehā midwifery philosophies and practices. I know the difference. This is my positioning in this rangahau.

What will you do about it, mokopuna?

I hear your taukumekume e moko.

I feel it within you.

My next question,

What will you do about it?

Kuia, I will write about my experiences. I know those well enough to understand Māori midwife merely means a midwife who happens to be Māori. As tangata whenua I am lost in translation as I continue to straddle between two worlds, being Māori and a New Zealand registered midwife. These two positions do not blend well in practice, something is always compromised, and often, it is being Māori which is devalued.

I continually struggle with the idealised position of New Zealand midwifery, where the midwifery partnership is the cornerstone of its ideological positioning. Women are central to their birthing process, where empowerment is upheld, at the expense of anonymising the

midwife in the midwifery relationship (Guilliland & Pairman, 1995; Pairman, 2005, 2006). Twenty-five years later this idealised positioning continues to elevate women centred care with the cost of making the midwife and the whānau³⁸ invisible. As for Māori midwives, we were invisible then as we are now (Kenney, 2011; Tupara & Tahere, 2020; Te Huia, 2020).

I am tangata whenua. We are unique and yet in midwifery practice, we are ignored. I am all too aware Kui, the midwifery profession of New Zealand set up in 1990 was not created with Māori midwives in mind (Kenney, 2011). Māori midwifery praxis remains invisible in the education of the New Zealand midwife. I want this changed. Can I find a pathway forward and restore balance?

The truth of the matter is we have the task of:

pulling away from the path of the colonized [midwifery] way of being, we also have the monumental task of repairing our mātauranga continuum that “has been neglected, distorted, and abused (Mikaere, 2013, p. 74).

In midwifery there are no educational programmes currently with an ability to work from a Māori worldview. Every teaching and learning moment of Māori content given in midwifery programmes of New Zealand are based around the principles of the Treaty of Waitangi (J Thomas, personal communication, November 30, 2022). Well, forgive me, Te Tiriti o Waitangi is but a historical moment in time when Māori and Pākehā met, and a contractual agreement was signed.

I am not Te Tiriti o Waitangi. I am not the government principles of the Treaty of Waitangi either. My whakapapa did not begin on February 6, 1840!

I do not wish to battle Pākehā midwifery expending my energy on a system that has no space for anything other than its own grand narrative (Barnawi et. al., 2013). What I want is Māori midwives and midwifery students to be educated upon the foundational worldview of Hine Ahu One: Hine Hau One. Learning tools and skills inherent in Māori ways of knowing and being, which may assist Māori midwives to stand in both worlds, solid and deliberate. More importantly, is the option to graduate as a Tāpuhi.

³⁸ Whānau in this context refers to the significant family dynamics which make up the whole of a pregnant woman's world. One prime example is the repetitive exclusion of the father of the baby from the continuum of midwifery women centred care.

Āta tupato e moko, I see you are reacting to the status quo, this is both exhausting and numbs our thinking processes. It is true our own path needs our priority. Go back to Ani Mikaere (2013) when she says: “When our mātauranga continuum becomes our central focus – Our Touchstone...something interesting happens (p. 77). Kotahi tē kī, do you see mokopuna? Our foundations shift and our starting point moves from deficit and defeatist thinking towards, Kōtahi te kōrero.

We begin to imagine and move our minds to resonate with our hearts. We shift into Kōtahi te wānanga and begin to embrace and explore “our intellectual traditions, our philosophical frameworks and our approaches to the maintenance, transmission and expansion of our mātauranga continuum” (Mikaere, 2013, p77).

Again, mokopuna, what will you do about it?

I will formulate questions that prioritise the “reclamation, restoration and expansion of our mātauranga continuum” (Mikaere, 2013, p. 77) in midwifery. My rangahau will be guided by the following questions as I navigate forward:

- Which pūrākau inform the philosophical foundations of Tāpuhitanga?
- In what ways could Tāpuhitanga contribute towards the mātauranga continuum, and the profession of New Zealand midwifery?
- How does the midwifery profession of New Zealand contribute towards nurturing and nourishing the mana and mauri of Māori midwifery graduates?

What is of utmost urgency that you see, e moko?

Auē e kui, where do I begin?

Written literature which examines and explores Māori birthing is sparse and usually recorded from Pākehā imaginings (Clarke, 2012). Even with the increasing Māori scholarship (Makareti, 1938; Gabel 2013; Simmonds, 2014; Tikao, 2020) regarding Māori birthing; in 2021, little is known of the Māori midwife phenomenon.

Christine Kenney (2011) offered Kaiwhakawhānau as a professional title for the Māori midwife. She deconstructed the word to define how mātauranga Māori could increase the visibility of Māori in the midwifery profession of New Zealand.

I have seen t-shirts with Tāpuhi emblazoned upon them at a New Zealand College of Midwives conference. Again, what does that tell me? Inappropriate use of our reo? A justification for the appropriation of knowledge from another's culture?

I have learned, everything Māori has whakapapa; everything has origins. Choosing names is not to be taken lightly. Without the necessary checks and balances in place, where whakapapa upholds the mana and mauri of new life, how would we maintain mana motuhake of whānau, hapū and iwi, if we are uncertain of our professional title, of our own roles and responsibilities to whānau, hapū and iwi?

Another point of concern is the historical confiscation of our lands and the belief this has stopped. The stealing of whenua continues, it just has another face (Mikaere, 2011). Whenua ki te whenua portrays returning our whenuaikura (placenta) to Papatūānuku as an acknowledgement of our intimate connection with our tribal lands. From another perspective, whenua ki te whenua reminds me of the negative impacts of land confiscation and the misappropriation of our whakapapa through the annals of New Zealand midwifery practices.

The imparting of fragmented Māori birthing practices has espoused Tāpuhi, kaitiaki of whakapapa and replaced these birth knowledge keepers and practices, with midwives who happen to be Māori and midwifery practices of an imposed Eurocentric midwifery worldview (Kenney 2011, Simmonds 2014).

Ngahuaia Murphy (2014) writes prolifically to the insidious nature of patriarchy and the intimate impacts of colonialism for wahine Māori noting these overarching Pākehā ideologies have severely affected the spiritual, physical, and emotional fabric of Māori impacting negatively on Māori identity and our place as Māori in the world (Simmonds, 2014, Mikaere, 2019, Murphy, 2019).

Pākehā midwifery is largely underpinned with patriarchy where women were seen as inferior to their male counterpart. Patriarchy took hold of the White midwife and forced her into subjugation, stripping her of any right to self-determination. Forcing her to become a piece of property, fit for procreative purposes. (Read, 1990). Embedding Christian doctrine into patriarchy continued the ideology women and their reproductive bodies were nothing less than dirty and unclean. Pākehā midwifery continues to foster remnants of their own historical trauma which stripped them of their right to their bodies and self-determination to be women.

Robin Kimmerer (2013) of the Potawatomi Nation, and botanist adds another perspective for consideration, through the plight of Eve, and the impacts of this ideology on the lives of the

Indigenous nations of Turtle Island, North America. Offering up, how Eve (mate to Adam) is situated in her own people's doctrine cast out like a leper to find her way back. To where? The Garden of Eden? Or Shangri La perhaps?

Predating Eve's creation is found the story of Lilith. Lilith, born equal to Adam who did not accept being under his authority. Lilith who took flight and left. Demonised for having her own sense of purpose and desire. Thereafter, Eve was made from the rib of Adam, to do his bidding.

I do not come from a man's rib e moko!

He kākāno ahau, i ruia mai i Rangiātea, e kore ahau e ngaro

Our creation stories remind me

I am made of our Atua

I am made by our Atua

I am wāhine. I am Hine (of Ira Atua) of all time (of the Wā)

Āe Kui, so am I.

Pākehā midwifery continues to foster white motherhood and Western midwifery as the grand narrative for birthing women substantiating the idea birth is a universal event for all peoples', and therefore, we must all birth the same way? (Townsend, 2015). The irony of this is, no two women birth the same, and nor, do two peoples' view birth and midwifery in the same light either.

The impacts when educating wāhine Māori in the New Zealand midwifery narrative continues to act as a colonial tool of assimilation. It is well recorded (Durie, 2017, Mikaere, 2013; Murphy, 2014; Royal, 2009, Yates-Smith, 1999) Māori philosophies understand the body cannot work without the presence of heart, mind, and spirit in any profession, and yet this is what is practiced in the New Zealand midwifery model of care. Where is our Māori worldview of Hine Ahu One: Hine Hau One and our relationship with our elemental Grandmother Earth, Papatūānuku, in New Zealand midwifery?

If our Māori worldview is not integrated into our midwifery training, then I would argue we are merely Pākehā midwives who happen to be Māori. If this is the case, how are we as midwives who happen to be Māori affecting the mana and mauri of whānau in the most sacred of spaces, he Whare Tangata?

Tāpuhi are kaitiaki of whakapapa. It is an embracing concept of protection and guardianship of whānau, hapū and iwi, woven together within reciprocal relationships maintained with clear responsibilities and accountability to those we serve. Like other Indigenous ideologies (Simpson, 2006; 2011) we hold new life in our hands and walk hand in hand with new whakapapa as they traverse the pathway of parenthood.

Our accountability as Māori midwives far exceeds the professional bodies of midwifery and its watchdog organisations such as, the Midwifery Council, the Ministry of Health and the Health & Disability Commissioner and their numerous procedures. It extends into our own whakapapa and is nestled within the familial connections of being Māori, whether we acknowledge this or not (Mikaere, 2013).

Curtis Bristowe (2018) a Māori scholar advocates our language not only demonstrates our connectivity, but it emphasises our shared moral compass, stating:

we are accountable to both the physical and metaphysical realms of whakapapa whether we understand this or not (personal communications, April 24, 2018).

Tāpuhi does not exist in the literature it is not even in the vernacular of New Zealand midwifery, Māori or Pākehā. What I am saying Kui, is we cannot exist without our mātauranga, to guide our understandings of the world and how we engage effectively with it. We are pushed to the margins and left there to remain outside of the power dynamics of the New Zealand midwifery profession.

This universal approach of New Zealand midwifery is challenging my own growing awareness of being Tāpuhi. I do not exist in the literature, and in effect, I am lost to our own memories. He taumaha tēnā, e kui...

Mokopuna, are you saying Tāpuhi does not exist?

Āe, Kui that is exactly what I am saying.

Is not the Kurawaka both the coming together of Ira Tāne and Ira Wāhine and encapsulated in the kākāno?

The kura is both the blood and the river; the waka is the vessel and container; combined it nurtures and nourishes the sacred kākāno.

Whakapapa

Our past, present, and future generations collectively.

The Kurawaka sets its direction from the questing heart.

Ko Rangahaua. Rā of Ranginui; life giving warmth, photosynthesis, and oxygenation.

Ranga is to weave many strands together, akin to Tāniko.

Hau [a] is synonymous with ahua and (a hau) It implies although akin to mauri, it is not life force. It is the DNA imprint left in the wake of a person, place, or thing (Jhanke, 2006).

Skyward, are the constellations, he tātai arorangi. There are countless pūrākau to call from, e moko.

You see moko, Ranginui and Papatūānuku lay due east due west. This explains the creation of the equator. There is no separation (Hall & Leather, 2004).

Pei Te Hurinui Jones (2014) describes, with arms outstretched Io spoke to Hani and Puna, “when the Pākeho begins to fall catch the fragments in your right hand [True North – Rehutai] and, when the fragments fall again catch them with the left hand [True South- Hukatai]” (p. 67).

This is the axis of Te Ao Māori and the world shifts upon this axis. So, too does the mātauranga continuum. It is forever oscillating in relationship with the tidal patterns of life (Jones, 2014, p. 67: Royal, 2003).

Kotahi tē kī, Kotahi te kōrero, Kotahi te wānanga. From thought, came discussion and deliberation with action for the greater of all. The collective wellbeing of the community precedes individual gain (Jones, 2014).

Tāpuhi, very much like Hine Ahu One whose voice was silenced by the white ethnographers. There is a greater pūrākau here. A story reflective of the imbalance created by Tāne and his desecration of Ira atua wāhine. Hear me out mokopuna, commonly, Tāne Matua is known for sleeping with his daughter Hine Tītama. On discovering this, Hine Tītama ran from this volatile situation leaving her children in the care of their father. It needs to be said, pūrākau are whakapapa kōrero specific to distinct whānau, hapū and iwi interpretations. Often sharing similarities but still maintaining distinctive tribal histories and knowledges. Again, none is right or wrong, merely a fractal of knowing dependent upon the lens from which you observe.

In Tainui tradition there is no Hine Tītama, instead the story goes, Tāne Mahuta took to his bed Hine Hau One while still maintaining his relationship with Kahukura (M. Murray, personal communication, June 10, 2018)

Originally, in her creation, Hine Hau One was to be gifted to Tūmatauenga, but Tāne and his ego decided otherwise. From this act Tūmatauenga enraged with the takahia of his mana took his tewhatewha and struck downwards through the pūmotumotu (anterior fontanelle) of Tāne, castrating him in the process (R. Solomon, personal communication, October 20, 2018).

Hine Hau One outraged, took Tūmatauenga in spite and anger and together they created Aitua. She is known as misfortune. Nevertheless, she was a child made from a volatile passionate relationship. Aitua, daughter born of Tū and Hine. A child who was written out of existence and demonised as misfortune. Was she a love child? I wonder, was love existent between Tūmatauenga and Hine Ahu One?

Let her name provide clues to this answer. Aitua, ‘ai’ (lovemaking) ‘tū’ (love that was passionate, boundless) and ‘a’, pertaining to Tūmatauenga and Hine Hau One.

Even though Aitua is embedded in the insignia of Te Paki o Matariki, she is not known. We do not hear of her other than as misfortune. Written out of our creation stories and written out of our memories.

Āe, Kui, Tāpuhi has been afforded the same. Written out of our conscious memories and portrayed as back in the day. Irrelevant, in contemporary times.

A koroua I knew, of Ngāti Whāwhakia shared a kīwaha of Kīngi Tāwhiao asking us to seek that which has been lost. “Rapua e ngaro, rapua e ngaro ināiane!” I did not understand what he meant at the time but listening to you my mokopuna, I see there is some significance to the wise words of this koroua. I miss him dearly (T. Waikato, personal communication, March 6, 2014).

Rapua e ngaro

Rapua e ngaro ināiane!

Rapua te ngaro o te Hine

Ko Hinengaro

Ko Aitua te hine e ngaro

Aitua stands in her own light, she is not misfortune. Perhaps the rewritten story seemed far more steamier, too tirelessly repeat, Hine Titama was fooled by her own father. Rather than hear of Hine Hau One saying, screw you Tāne, and goes and chooses the most formidable brother, virile and passionate. Now that sounds awfully mana wahine to me, e Kui!

Auē e mokopuna, whakarongo mai ki au

Tūmatauenga, was our geneticist³⁹ and protects whakapapa, his daughter Aitua and all his mokopuna, thereafter. His pūrākau examines the sanctity of the father and daughter relationship and the sacred bond of Grandfather and grandchild. To do harm to this bond is done at your own peril.

Not a good look for the white ethnographic scratchings of Elsdon Best and his little crew of white male mentality (Best, 2005) ah Kui.

Like Hinengaro, ko Aitua tana ingoa, Tāpuhi has been done the same injustice. Forgotten in the cloak of colonisation. Removed deliberately through the 1904 Midwives Act and the 1907 Tohunga Suppression Act. Beneath the veneer of midwifery partnership and directly behind the clawing rhetoric of treaty principles is the deliberate disruption to our ways of knowing, our ways of thinking, and our ways of being Māori in midwifery today. We need to recognise “accepting our obligations as kaitiaki of the mātauranga continuum requires us to acknowledge... to tackle, those sore spots... We need to be honest, not defensive, not defeatist, just honest (Mikaere, 2013, p. 76).

Ngā mihi aroha, e Kui, I am indeed humbled with your manaaki of my learnings. Your teachings remind me of what Amsterdam Reedy (2011) says:

it is not how far back in your culture you can go, but how far forward you can take it. because if we are to make sense of whom we are, then we need to acknowledge from where we come from (as cited in Waka Huia, 5 September 2011).

From this perspective, the ability for self-expression can add to the mātauranga continuum by formulating new ideas and new approaches to the old knowledge, pulling it forward and tempering it with relevancy in today’s world.

In the space of Māori midwifery what is missing is the ability to impress upon our thinking, what Tapsell (1997) asserts as the intrinsic value of our tupuna knowledge (taonga, taonga tuku

³⁹ (R Potts, personal communications, March 8, 2015)

iho, kōrero tuku iho) and its ability to “collapse time, allowing descendants to re-live the events of the past generations (p. 330)”. It “allows ancestors and descendants to be fused back into a powerful single genealogical entity,” known as, whakapapa (Hakiwai, 2014, pp. 3 – 4).

Katsi Cook (2018) reiterates the ability of collapsing time into a single entity where the ancient, historical, and contemporary knowledges are fused into one, to assist and inform our contemporary realities.

No literature exists surrounding Tāpuhi beyond fragments of traditional Māori birthing practices. With limited mātauranga on these practices by Māori midwives the ability to maintain our grip on Te Aka Matua is questionable.

It is in this space, Tāpuhitanga comes forward, to examine and explore the multiple interpretations of interrelatedness between, Ira Atua and Ira Tangata, and places the immediacy of form and function within the symbiotic relationship of birth herself. So begins the painstaking work of weaving he taura here muka tangata back into the consciousness of Māori midwifery praxis.

Āta tupato e moko, be aware of the trap of romanticising our mātauranga Māori in favour of a binary perspective. We know we are different. With the desire to understand the sanctity and sacredness of birth from Te Ao Māori comes a degree of danger in comparing and following the normative practice of “retrofitting Māori to Pākehā midwifery constructs” (H. Moeke-Murray, personal communication, May 12, 2019).

With that mindset e moko, leads to nothing more than browning up the status quo.

Ironically Kui, Moana Jackson (2013) shares a similar cautionary slant stating:

if knowledge is power, then we need to be clear about what knowledge we are defining, because if knowledge is power, and it is the colonizer’s knowledge then one day we may be devoured by it. However, if it is our knowledge and if it gives us the power to be who we are, then we can conduct ethical research...and research that seeks to reclaim whom we are is a brave act indeed (p. 62).

With the tempering of all we have shared so far Kui, my thinking is this, if, “Eldson Best was the great redefiner of Māori” (Jackson, 2013, p. 62), then I too, can be instrumental in redefining Tāpuhitanga today.

Delving into the depths of Tāpuhitanga requires a leap of faith as what is known of this praxis has not been written of beyond a temporal space. Kui, I am shaking beneath the weight of

responsibility to write with integrity of a view barely known and then, sharing what I have come to know? I am afraid.

Hā ki roto

Hā ki waho

He toto Māori

He whakaaro Māori

Hā ki roto

Hā ki waho

Kia tau te rangimārie e mokopuna e

From unconscious thought to the conscious intellect moko, I see your relationship with Aitua, daughter of Hine Hau One, grows. Ka pai.

Are you aware our kaleidoscopic thinking is multifaceted? Your growing relationship with Aitua is hiding the most important wāhine for us all. Hine Hau One. Our Ūwha. Our human mother. I say she is the most important. She is the beautiful orchestration of Ira Wāhine and Ira Tāne in physical manifestation. Ko Hine. Gifted and brought into being by the Sacred Breath of Io - The Hautapu.

Upon Papatūānuku, our Elemental mother - Te Oneone (the Earth)

She is the first. The Ūwha. She is the beginning.

And in Tainui tradition, she is the ending. She becomes Hinenuitepō.

She is the Alpha and the Omega. Combine the A and the O and you have Ao. She began the world which would nurture and nourish tangata Māori. Our origins proclaim our sacredness. Hine Hau One teaches us, how we engage with the natural world begins within our very own bodies. Sadly, many have forgotten these teachings of Hine Hau One (A. Mihaere, personal communication, December 6, 2016).

Help your Kui, understand your growing awareness of all that is hidden, moko.

Kotahi tē kī

Kotahi te kōrero

Kotahi te wānanga (Jones, 2014, p. 37).

Not only is this stanza intensely Tainui it is also the processes I use to bring ideas and concepts from the darkness (unconscious) into the light (conscious). As kaitiaki we have a responsibility

to leave a legacy for generations to come. Learning to understand the purpose of gifts and attributes passed on to me (taonga tuku iho and kōrero tuku iho) are tools to help make sense of my internal workings. The cyclical processes of wīwī wāwā enable me to use introspection and reflexivity in my growing abilities to fashion my thoughts into reality. I cannot know the answers if I do not observe their patterning. I cannot know if I prematurely cut off the musings of each insight. For me, each turn is yet, another series of teachings.

He piko, [Awaken to the journey]

He taniwha [A teaching awaits your path]

Waikato, Taniwharau [People and place specific]

I acknowledge it is not the outcome that is of importance but the journey itself and my responsibility Kui, is to, “Learn to Listen and Listen to Learn” (M. Goldsmith, personal communication, June 18, 2019).

Come to the edge and dive deep into the moana because the route to mātauranga Māori is not through arid abstract interpretation, but through a “passionate, subjective approach to life” (Royal cited in Murphy, 2011, p. 48). Remember e moko, in all things Ao Māori, there is a level of ambiguity we live with informing us we are not all-knowing, nor do we strive to be.

What once was lost has merely been hidden right in front of our eyes. Seek not the truth moko, for that pathway limits your thinking and your exploration. Instead, search for the whakapapa or the origin of the thought, the issue, and the concept at hand. Explore the wild and wonderful. You may be surprised what returns.

To stand upon your tūrangawaewae mokopuna requires immersion in your own whakapapa kōrero, within our pūrākau and embraced within the worldview of Hine Ahu One: Hine Hau One.

Meeting Hine Ahu One

Numerous Māori scholars write of Hine Ahu One citing her as the beginning of humanity, of tangata Māori and whilst I read with fascination and a sense of pride for the depiction of our creation stories my thoughts return me to 16 years of age, reading Elsdon Best’s rendition of her creation (Best, 2005). Although, I had no comprehension of his underlying misogynistic ramblings, nor his methods of taking mātauranga Māori from known tohunga of the day and reinventing this pool of mātauranga, to suit his own agenda.

Back then I was intensely intrigued with the idea of Hine Ahu One being created by our gods and from our gods. Piquing my curiosity Hine Ahu One became a forgotten story in my world only to be reignited in my musings of what it means to be Tāpuhi today. Reacquainting myself with Hine Ahu One has been a turbulent journey and frustration its catalyst as I coiled around insights, I was not certain of. In the end, I let go and allowed the tohu to guide. Different thoughts and views would begin to fashion my own deep questioning, and today, I realise not one fragment was wasted. In fact, these many insights would bring me back to Hine Ahu One herself.

Whakahokia te ngāngao o te whatumanawa, ki te kōpū o te whenua, Ko te Pito

Ko au te Awa, Ko te Awa ko au⁴⁰

Our natural environment, our Taiao is our teacher. The awa is the umbilical cord that flows across the whenua nourishing life. The awa follows a natural sequence held between two riverbanks, its currents fashioning and shaping the formation of the landscape as it moves. I liken the riverbanks to consciousness; one riverbank is Māori the other is Pākehā. Apirana Ngata (as cited in Sorrenson, 1988) alludes to this as two parallel columns of knowledge, where each has its place and its function, to shape and fashion the awa as it flows.

Angus McFarlane (2019) adds context, to this understanding through his He Awa Whiria framework extrapolating,

It is inappropriate to seek indigenous solutions to indigenous challenges solely from within Western knowledge streams and hold that a blending of Indigenous and Westerns bodies of knowledge creates an approach that is potentially more powerful than either knowledge stream is able to produce unilaterally (p. 5).

Do you see mokopuna? You are the River, and the River is you.

Katsi Cook (2018) a Mohawk Grandmother and a midwife views Indigenous cosmology and Native worldview as interchangeable. Where our identity begins with our creation stories built upon “many ancestral dreams, knowledges, and ceremonies which impregnate our people and our land with structures of meaning of who we are and where we come from”.

⁴⁰ This is a saying from a greater whakatauhākī, Ka rere kau mai te Āwanui, mai te Kāhui maunga ki Tangaroa. Kō au te Āwa, kō te Āwa ko au. The great River flows from the mountains to the Sea. I am the River, and the River is me. A saying that weaves the person into their ancestral lands not distinctive of, but as an integral member of the whakapapa. Binding the tangata with the whenua immemorial.

Furthermore,

these bundled concepts of a specific people in a specific place on earth are embedded in their creation story (Cook, 2018).

Hine Hau One validates the existence of tangata Māori in the world, specifically in terms of understanding whom we are as human beings and where we originate from. Taken from a static image and activated with the sacred breath of Io. She is the embodiment of humanity and the manifestation of Ira Atua and Ira Tangata in the natural world.

Many names and conceptualisations are attributed to her, from Hine Hau One, Hineahuone, Hine ahu mai te one, Ūwha, Kurawaka, he Whare Tangata and Ira Tangata. Her name infers the female human element formed with the reddened clay, upon the most sacred of altars, the genitalia of Papatūānuku.

The beauty of talking in pūrākau e moko, as we share our understandings, we become both learner and teacher (Lee, 2009). It seems more than fitting to share the kōrero I was privileged to listen to about the gifts given to the creation of Hine Hau One.

The head gifted by Rūakeroiho, Haepuru, Haematua...The sinews by Tūmatauenga...The eyes by Uru Te Ngangana...The muscles Te Akaaka Matua...The whites of the eyes Aokapua...The stomach Rongomaraeroa...The nose Rongomaitūiaho...The entrails Tūramarama a nuku, Haumietiketike...The ears Tūpai whakarongo...Wānanga...The kidneys Tūmatahuki...The lips Tūmatakākā...The liver Tūmatarauiri...The tongue Tamaiwaho...The spirit, blood and water, Io te waiora ...The throat Ruataumata...The heart Io te waiora...The lungs Tāwhirimātea...Thinking power, Whatukura, in the uppermost heavens...The Bones Tūpai...The skin – Papatūānuku (H. Moeke-Murray, personal communication, May 12, 2019).

Drop into the depths of Te Pō and explore e moko.

Charlotte Mildon (2018) gives a sequential account of the creation of Hineahuone:

conceived at creation with the gifts brought down from Te Toi Huarewa by Tawhaki, Te hau (breath), Te toto (blood), Te wai (water), that upon the Ha – u (breath of life), ...given by Tane-nui-a-rangi – Tihei Mauri Ora! (I sneeze, it is life) (Ngatai as cited in Mildon, 2018, p. 16).

Rose Pere, proffers another view wherein:

the first human was a woman...because it is women who give birth to children The first woman was not formed by Tane, or any male God. She was from Papatūānuku...from earth and water. All of us have sprung from the very beginning, from the womb of a woman. This is the natural

link with the natural laws, the natural way that things happen (as cited in Mildon, 2018, p. 17).

What most interests me Kui about Charlotte Mildon's (2018) writings are her thoughts surrounding her Kura Waka theory which focuses on pulling forward "our ancient mother energies" (p. 13) by returning to the original blueprint of tangata Māori – Hine Ahu One. She challenges misogynistic retellings of our creation stories ⁴¹ preferring to examine the fundamental principle of the ūwha that upholds "the synchronicity of Ira wāhine (female essence) and Ira tāne (male essence)" (Mildon, 2018, p. 13).

Tainuitanga depicts this synchronicity with the pūrākau of Hani and Puna. The relevance of their pūrākau gives further insight into the sequential events of the whakapapa of mauri. The life force that spirals through time forever moving the sacred breath of Io.

These ancient mother energies Mildon (2018) speaks of, are familiar to me, however, I prefer to call those ancient mother energies, Our First Mothers.

I wonder mokopuna, why do you use English words to describe our sacred Atua Wāhine?

Ngā mihi e Kui, I opted to use the language of Pākehā as a reminder the systems of Pākehā are a constant in my life. It is a reminder there are many challenges ahead as Tāpuhi and as wāhine Māori. I mull over the words of Katsi Cook (2018) where she says the "white man" is nothing to do with race and everything to do with consciousness". She is right. How do I find balance with this dilemma?

Hā ki roto On the indrawn breath, the tides of the blood and waters begin to draw near

Hā ki waho The outdrawn breath is released like tidal waves forcing the hā through the ventricles of the heart. Blood flows.

He toto Māori The pause in breath, the pulse of the hā continues in circuitous motion expanding the lungs and filling the atriums of the heart with life giving blood. The point where Io is activated.

He whakaaro Māori Consciousness comes into being.

⁴¹ Retellings by White ethnographers, Elsdon Best, Percy Smith, and many Māori scholars too, Ranginui Walker, Pei Te Hurinui Jones, who appear to proscribe to the Christian view of male superiority and female inferiority.

Ko Hine Ahu One: Ko Hine Hau One.

The worldview of Hine Ahu One: Hine Hau One, celebrates the sacredness of her transitioning period from the static image fashioned, to the alive and breathing world she became. Io te waiora gifted the sacred breath, the flow of the waters, and the blood which were held within the four chambers of the heart. Each aspect integral to the circulation of her consciousness.

Let me help with your thinking mokopuna,

Tirotiro kau au ki marae

Kāinga, e rā

Kei whea koutou

E ngāro nei e te iwi

E rā...⁴² (Anaru, n.d)

E Kui, that is part of a mōteatea of Ngāti Raukawa ki Otaki, written by Karaina Anaru of Ngāti Pareraukawa. It is a mōteatea and to be used only in tangihanga. I am not certain I can use this in my writings (tmoa.tki, n.d.).⁴³

Our mātauranga knows no boundaries nor limited to specific areas. Yes, everything has a place and a reason, but I think moko, your relationship with Tāpuhitanga and your desire to understand this whakapapa work, enables you access to places others have barely seen or felt. Speak in pūrākau, e moko.

I look within to my own kāinga. I stand as Whare Tangata searching the pouwhakairo and begin to consider, as I observe and pay attention to the reverberations, returning unto me. I return to the time of Whare Wānanga, and I use those senses to traverse the din of the outside world. Using the papa of my mind, my mārae, to explore and investigate eyes shut, surging out sensory perception to find understanding. I have place of purpose. I am Whare Tangata. I know my origins.

I need to recalibrate and start from the beginning and weave my way forward carefully. E rā, there is hope found in illumination. To think and question the status quo and explore from our mātauranga continuum outwardly. Like the pou of our wharenui, who converse with each

⁴² You can access a version of this mōteatea a Raukawa here <https://hana.co.nz/online/tirotiro-kau-au/>.

⁴³ I would like to acknowledge my deepest gratitude to Te Whetūmārama o te pae o te rangi o Rehua, great granddaughter of Kuia Karaina Anaru. Composer of Tirotiro Kau Au. Presenting 'A Literary Conversation' to the 2019 cohort of Kaitiakitanga Bicultural Professional Supervision in Papaoiea. I was privileged to meet Te Whetūmārama o te pae o te rangi o Rehua who gifted me with whakapapa kōrero of her kuia and her whakapapa. I am deeply honoured for this blessing from whakapapa and the personal knowing I can use this mōteatea in my writings. Nei te mihi koutou xxx (personal communication, August 26, 2019).

other, exploring ways forward. They speak in languages of the Land and Sea. All we need do is listen, suspend our logic for a moment and hear with all our senses, the voices of nature. The voices of our Pouwhenua. The answers will come.

Taku aroha ki ngā tai

E ngunguru e rā

E rite mai

Ki te iwi

E ngurunguru noa nei,

e rā ⁴⁴ (Anarau, n.d).

And my love will flow like the tides of the ocean to cleanse and to heal the tears and pain so violently inflicted upon all my mokopuna. I am Hine Ahu One: Hine Hau One. I am Aitua. I am Hinenuitepō.

We sing to you through these words, of a time we know all too well. We have been forgotten. We are ever present hidden in the beat of the heart and the papa of your mind. Let the balance be returned to my mokopuna, to cascade through the generations, the calming salve of knowing.

What are your pouwhakairo for Tāpuhitanga, e mokopuna? How do you determine these fundamental principles in your rangahau?

Everything is held within a name, e Kui. Hirini Moko Mead (1996) ascribes the gifting of names was based upon two main principles, ancestral or immemorial. Each name chosen carried ideal characteristics and traits favoured by the whānau, traits that would ensure the health and wellbeing of the child as they grew up.

He goes on to add a name was thought of and given in the celebration of the second maiohā, usually around day eight, and after the coming away of the pito. Each name contained a specific code for the child, and therefore, ceremonies were used to acknowledge the sacredness and gift of the newborn child (Mead, 1996). Hine Hau One was no different. Within her name contains the pouwhakairo Tāpuhitanga prescribes to, Ko Hine, Ko Hau, and Ko One.

Ko Hine, the divine feminine is centralised by Ngahuia Murphy (2011) as the heart of ceremony where the internal qualities of her Whare Tangata afford her the ability to transition and move between the worlds (pp. 24 – 25).

⁴⁴ You can access a version of this mōteatea a Raukawa here <https://hana.co.nz/online/tirotiro-kau-au/>.

Ko Hau, (breath, spirit, likeness of), ahu, both altar and the inflections of ūwha, (human element) and āhua. (Likeness of) (Jhanke, 2006). These concepts reflect the importance of the maternal heartbeat in whakapapa, because without the heartbeat of the mother, there can be no life, no whakapapa.

The power of the breath is more than an unconscious action. In birthing it is brought to the foreground to be used as it was always meant to be used. With conscious effort, the sacred breath traverses the space of time, pulling forward, and collapsing time across generations, infusing the sacredness of whakapapa, into the physical realm of Te Ao Mārama. It is not a mechanistic process to be divided up into and only understood as anatomical processes. Birthing herself, is indeed a beautiful orchestration of the undulating fluidity of, he Taura here muka tangata. Transitioning internal spaces outwardly.

Ko te One, or onetapu (Sacred Earth of Hawaiiki) identifies the place of origin, of our interrelationships and interconnectivity with our Ira Atua, as both physical and metaphysical domains of relationality. Ko te One, speaks of Papatūānuku, our Grandmother Earth who brought forth, Hine Ahu: Hine Hau One.

As Whare Tangata we are the physical foundations of whakapapa. Where the land provides sustenance and purpose, so too, do wāhine Māori, in all transitional phases of her life (Simmonds 2014). The kīwaha, whenua ki te whenua reiterates our inextricable relationship with Papatūānuku, and the ritual returning of our whenuaīkura after the birth of our children. This practice acknowledges the continuity of relationship with Papatūānuku, as whare tangata and as tangata whenua, or people of the land. People made from Papatūānuku.

Me aro koe ki te hā o Hine Ahu One, is a whakatauākī which infuses everything with whakapapa. It informs the origins of Tāpuhitanga instructing what is to be protected, who is to be honoured and what principles are nurtured within the conceptual framework, Our First Mothers (see Chapter 4). Every step is to be made with conscious awareness. Nothing is to be taken for granted.

Takoto mai

I runga i te atamira, e rā

Ka tōkia

Tōu kiri

E te anū mātao,

*e rā*⁴⁵ (Anaru, n.d)

Let the sacred atamirā, of Ranginui and Papatūānuku be the philosophical foundation of Tāpuhitanga. ‘Ka tōkia’ be the recognition of Ira Tangata as the DNA imprint of tangata Māori instilled into the atamirā. Let the coldness of dispossession from our whenua be a gentle reminder, where there is coldness, the warmth will return. Like winter into spring, the seasons will come and go.

He kākāno ahau, i ruia mai i Rangiātea.

Colonization is our reality. Yet, it can be reconceived as a means, to an end. It can be viewed as no more than a quickening of the germination process. Splitting the seed casing, as painful as it has been, it allows the sacred kākāno to be unearthed, and ready for planting.

E kore au e ngaro

Once awakened, we are planted into the fertile soil of Rangiātea, nourished on our philosophies and nurtured from our rich oral histories of tupuna kōrero. We begin to reimagine our lives in contemporary times. Āe, we will never be lost, we remember where we come from, and who we are. We are the whenua and the whenua is us.

E Kui, how do we as wāhine Māori create an honourable relationship with the natural world that sustains us? How do we as wāhine Māori live inside our own bodies? (Cook, 2018)

This is where nature begins for us. These are the teachings of Hine Hau One.

She will guide you in your rangahau, e moko.

Mokopuna turns and looks up at her Kui eyes brimming with tears. Mokopuna knows their time together has ended for now. Kuia leans forward touches her cheek and kisses her forehead. A grin sweeps across the face of Kuia,

until next time ah moko

Kia tau te Rangimārie

This chapter spoke directly to the lack of literature surrounding the phenomenon of Tāpuhitanga and Tāpuhi as indicative of the colonial agenda of erasure and eradication of the native problem, by writing our birthing knowledge, birthing practices, and midwives out of our own memories. Relegating our birthing knowledges and birthing practitioners to the

⁴⁵ You can access a version of this mōteatea a Raukawa here <https://hana.co.nz/online/tirotiro-kau-au/>.

peripheries of both, Māori and Pākehā imagination, was a deliberate act of cultural genocide (Monture-Angus, 1995 as cited in Mikaere, 2019, p.6).

Of equal importance, this chapter spoke back to the colonial midwifery agenda through Māori philosophy and pedagogies positing the Worldview of Hine Ahu One: Hine Hau One as a counternarrative to the Western midwifery paradigm.

The ability to write back to, and reclaim, and restore Tāpuhitanga and Tāpuhi, into the collective consciousness of Māori midwifery arguably, may be profound. The implications for the education and training of midwifery students and in particular, Māori midwifery students will be far reaching.

The sacred atamirā is unfurled

The next chapter is dedicated to the methodological processes of this rangahau and examines the many different threads of Indigenous thought and philosophical interpretation which inform Tāpuhitanga.

Chapter Four



4 Thought ⁴⁶

⁴⁶ Methodology is insanity in text! It takes deliberate attempts to remove the shackles of my colonised reality and still I succumb to my upbringing! Weighted thought, weighted effort. Perfectionism you suck!

Dare to Dream - Methodology

Kuia wakes up, in the middle of the night, eyes unseeing, recalling the conversations with her mokopuna. Tears come unchecked as she senses the taumaha of the pathway before them. Wharikihia tō reo kia ngū...Ka mate haere te whakapapa o tō reo. Our people have forgotten...The first voice calls out...

Tūwhera ki a Ranginui

Tāmaua ki a Papatūānuku...Ko Te Pito

Puritia te mauri

Hei oranga wairua

Hei oranga hinengaro

Hei oranga tinana

Hei oranga whānau...Ko Te Pito

Ko te Taha Wāhine

Ko te Taha Tāne

Hoki ki muri o ngā tūpuna

Aro ki mua o ngā uri whakatupu...Ko Te Pito

In the silence of the night, she is revealed...

I am Hine Ahu One

Formed in the image of Tūmataurangi

Created from the body of Papatūānuku

I was greatly received

Fervently wanted

I am Ūwha

Cherished in my creation and made whole

I am Hautapu

Water flows cascade through

my chambered existence

Resonance of vibrations not heard before

I am Ira Tangata

I am the first heart

I am the first heartbeat of humanity

I am Ūkaipō

Shifting within internal waters of my new form

As I embrace Tāne
I am washed whole
Aflamed in consciousness
I am cleansed in the waters of Hine Moana

I arise – vibrant ...ever watchful...Present (Journal entry, September 15, 2020).

The night weaves in depths and layers as Hine Ahu One moves all around Kuia... her voice echoes across timelessness...tears flow in recognition as Kuia kneels in humility...

“Ko wai koe? the shifting night asks.

“From who’s birthing waters do you flow from?”

I am wāhine Māori, I am Whare Tangata, I am Tangata Whenua, and I am Kuia to our mokopuna. Ko Tāpuhi ki a ia. I speak from what is naturally mine, from the love of a kuia for her mokopuna. She is feeling the weight of this monumental task. I am not sure how to help her. I am struggling too. Please guide her journey into worlds who have forgotten who we are.

My mokopuna, my granddaughter...

Thank you for asking for my guidance

I am always with you

In the beating of your heart

In the hallowedness of your breath

And, in the papa of your mind

I implore you... What is forgotten is merely unused, dormant

Quickening...

Do not fret

Mokopuna has already begun this process...

She hears our whisperings in her heart...

She follows our tohu within her mind...

She walks between the worlds...

I lay my tātau pounamu in this fertile soil of conceptual spaces,

And consciously weave the many voices of our pantheon into the World of Academia.

Kuia awakens from this deep meditative process. Ahikōmau astir.

I am coming moko...

Whakatau mauri

The above preamble opens this methodology chapter deliberately bringing forward Hine Ahu One: Hine Hau One and our many pouwhenua⁴⁷ into this pathway of academia, knitting their influence into knowledge construction and knowledge production. Italics are used to add the voices of my Kuia to the development of a story within a story, consciously weaving the presence of Our Atua Wāhine into these writings. The intentionality of written prose in my methodology aligns to the value placed on pūrākau.

Pūrākau are laden with values intrinsic to Māori perceptions of knowledge production, knowledge transmission, and my obligations to support the mātauranga continuum. It advocates the movement between generations (spatial, temporal and familial) is fluid and open. Kuia mā stand as kaitiaki (guardians and protectors) weaving their presence into the world collapsing time and space encouraging me to be well organised and systematic in thought and action, whilst gently asking me to drop into the depths of Te Pō, as I write.

Te Ahukaramū Royal (2009b) indicates how to navigate conceptual spaces and see from Māori eyes, explaining the North Island of New Zealand is known as, Te Ika a Māui, consequently, Wellington would be the head of the fish, and Northland, its tail. As such, we would go up to Wellington and travel down North. Ani Mikaere (2015) adds to this discussion where the perception of whakapapa has been replaced with a written Pākehā ancestral tree, placing the ancestor at the top of the page, stating,

if anything, whakapapa means layer upon layer of genealogy which suggests...later generations should appear higher up the page than their tupuna, rather than the other way round (Mikaere & Hutchings, 2015, p. 46).

Interestingly, the path of the Waikato River begins on the eastern slopes of Ruapehu, joining the Tongariro river system, flowing down the North Island until it reaches Port Waikato and empties out into the Tasman Sea. This natural waterscape teaches me how to shift perception and see through, Māori eyes.

⁴⁷ Pou whenua relates to the importance of Our Atua Wāhine in our lives. Pou refers to the Guardian posts we sleep beneath in our whareniui, and whenua refers to land. We call the land Papatūānuku.

I realised, I had been looking at this rangahau, upside down! It irritates me to know I have been looking at this methodological theory making process from my ‘default setting’ of Western eyes and academic templates! My colonial gaze! Auē!

I breathe deeply, and in the pause before that exhale, beyond carefully scripted research questions, I am gently reminded of the conceptualisations which walk with me; whanaungatanga⁴⁸ and kaitiakitanga⁴⁹ (these concepts will be discussed at length in Chapter Five – Ko Te Pū) which help me to make sense of this methodological process.

I came to the academic world seeking answers about what a Māori midwife means to me. Essentially, I was gathering my tau.

He Korowai Aroha

Speaking with my Kuia I have come to understand my obligations to the rangahau process;

- generate knowledge about Tāpuhitanga
- ensure the knowledge generated is reliable and valid; and
- position Māori birthing knowledge back into the World of Light and into the realm of academia.

As Tāpuhi and as a Māori academic I am in a privileged position. My voice privileges my stance to uphold my promise to Our First Mothers where their presence will be known in the birth world. On a personal note, my passion and commitment to initiate change across the midwifery profession in undergraduate and postgraduate education, create infrastructure to support Māori midwifery, and challenge the colonial agenda embedded in New Zealand midwifery.

It is in this context, Our First Mothers, an Indigenous methodological approach was developed to explore the depth and breadth of Tāpuhitanga through the convergence of Māori cosmological narratives, the voices of midwifery graduates of the Tihei Mauri Ora midwifery programme 1996 – 2016 and, the unique insights of Indigenous birthworkers,

⁴⁸ Whanaungatanga is about relationality and can be described as an active process of building and maintaining relationships (Hamley et al., 2022)

⁴⁹ Kaitiakitanga is an active process of responsibilities. It can simply be the protection of and guardianship over something and/or someone. Its main obligations are to ensure the integrity of something or someone is maintained (H Moeke – Murray, personal communications, Kaitiakitanga wānanga, 18 April 2018).

As a Māori midwifery methodological approach, Our First Mothers utilises Māori methods of investigation through the medium of pūrākau, paying particular attention to:

- What pūrākau would support the philosophical foundations of Tāpuhitanga?
- In what ways could Tāpuhitanga contribute towards the mātauranga continuum and the discipline of midwifery in Aotearoa New Zealand?
- How does the midwifery profession of New Zealand contribute towards nurturing and nourishing the mana and mauri of Māori midwifery graduates?

As kaitiaki of this doctoral thesis my tasks are multiple. To privilege Our First Mothers as centric to our mātauranga continuum can provide me with the strength of place and purpose and help rebalance the impacts of colonisation in our contemporary world (Ratima, 2006).

As Brant-Castellano (2010) cites:

if it is true, we have been researched to death, then it is time we researched ourselves back to life (as cited in Tauri, 2014, p. 144)

Kuia, I intend on doing just that.

Breathing life back into Māori midwifery.

Rangahaua

As long as Maori continue to allow themselves to be positioned as part of a broader fundamentally Eurocentric research perspective, the beauty, the clarity, and the depth of what is Rangahau will continue to be lost in translation (Winiata as cited in Hawkins, 2018, p. 88).

Morehu McDonald (2019) advocates, Māori always had methods of research where, “the intense scrutiny of information and material to discover something that is missing, hidden or lost” (pp. 11 – 12) describing, ‘lost’ to mean something out of sight, beyond the veil, beyond the horizon of human sight. He argues, “it may not be seen but that does not mean it does not exist. It is simply hidden” (McDonald, 2019, pp. 11 – 12). He refers to this process as Rangahau explaining it is more than the production of knowledge, but also encompasses the painstaking responsibility of unravelling the colonial distortions of individual whānau, hapū and iwi histories.

Rangahau is liminal in perspective and strives to engage in ways which allow the kairangahau “to live and breathe each day and engage with insights which take you beyond the moment,

leaning back into your thoughts and reflecting from a position which allows voice to be given to things that do not have one” (Nepia, 2012, p. 34).

Kotahi tē kī

Haami Hawkins (2018) eloquently asserts,

I am Kai-rangahau. ‘Kai’, a Māori language prefix...added to verbs to form nouns denoting a human agency, or the person doing the action. Adding, the action is Rangahau.... I define Rangahau as our god-given intuitive instinct to want to know. In learning we live, in living we grow, in growing we evolve (Hawkins, 2018, pp. 87 – 88).

Similarly, Morehu McDonald (2019) argues,

to imply Rangahau is research is to do a grave injustice and shows a lack of understanding and empathy with the depth of knowledge contained within the sacred teachings of Tainui Whare Wānanga, Tainui creation story, and the Tainui Io religion (McDonald, 2019, p. 10).

In Tainui tradition, the whakapapa for Rangahau re-enacts the pūrākau of Hani a te waewae i kimi atu (Ira Tāne – male essence) and Puna whakatupu tangata (Ira Wāhine – female essence) who came together and created Tikiāhua. When the shaping and forming of Tiki-āhua was completed the lifeless male form was given a heart (Royal, 2009; Hawkins, 2018).

Io⁵⁰ blessed this heart,

| | |
|------------------|---|
| This is Rangahau | The Questing breath of Life |
| It is Manawatina | The beating Heart |
| It is Manawatoka | The throbbing Heart (Jones, 2013, p. 97). |

Then Hani and Puna created a female figure and named her Tiki-āpoa. Humanity is said to come from the intermarriages of Tiki-āhua and Tiki-āpoa with the children of Ranginui and Papatūānuku⁵¹ (Jones, 2014, p. 107).

Morehu McDonald (2019) reaffirms, this is the whakapapa of Rangahau through Tainuitanga (Tainui epistemology) and is concerned with “philosophical thought of the highest order” (pp.

⁵⁰ I acknowledge the Io religion is a contentious issue among Māori scholarship and in particular, mana wāhine writings. It is argued the creation of a Supreme male god was merely a colonial construct to convert Māori, in doing, colonization destroyed the backbone of traditional Māori society (wāhine Māori) and systematically set out to destroy and make invisible, the inherent roles and sacredness of wāhine Māori (Mikaere, 2003).

⁵¹ The creation of Tiki āhua and Tiki āpoa retells the whakapapa of Rangahau. They are the second wave of creation. Hine Ahu One is the first woman form created. All beings thereafter of human origins were fashioned from her blueprint (Jones, 20131)

9-10). This philosophical process reflects the circuitous fashion of blood flow of the heart of Tikiāhua and Tikiāpoa, Māori philosophy coursing through the blood stream of humanity where it “inspires the soul of man,⁵² urges him on to aspire and acquire the knowledge of ngā atua” (Jones, 2013, p. 107). Rangahau can be seen in a similar light, where its processes are often heart led, circuitous in motion, with well-intentioned focus.

Āe mokopuna, the beauty of Māori is we do not all share the same philosophies. Our diversity is what makes us who we are. We come together and work as one under common Kaupapa, but that does not mean we share the same philosophies and histories. Nonetheless, it does demonstrate all hapū and iwi have their own specific philosophies and understandings of the world. Let us not be fooled into making sweeping statements nor talk as if we are one people or one true voice of reason. We are many whānau, hapū and iwi who share the same sacred landscape, Aotearoa me Te Waipounamu.

Rangahau is a “traditional Māori process of inquiry, discovery, invention and innovation, resulting in the development of new knowledge from old knowledge” (McDonald, 2019, pp. 9 - 10). Engaging in rangahau is to advocate the acknowledgement of my tribal connections with Tiki-āhua and Tiki-āpoa. Reciting the whakapapa of rangahau illustrates,

rangahau [is] an innate part of who we are...rangahau drives us to learn, it is our quest for life ...It inspires us to be who we are, the beating heart. It excites us about who we could be; the throbbing heart (Hawkins, 2018, p. 89).

I must be vigilant and remain fully aware, our birthing knowledges were destroyed deliberately, our birthing practitioners forced into hiding, our birthing knowledges and practices fragmented, and hidden in plain sight. Yet, in spite of the systematic colonial attempts to eradicate the Māori problem (Kenney, 2011) our birthing knowledges and practices continue to this day.

I am undertaking Rangahau not research.

Kōtahi te kōrero

In this space I take on board the words of Martin Nakata (2006) who warns such exploration needs to consider;

⁵² It was suggested I change the word man in line with gender politics. I appreciate the importance of gender politics; however, this is a direct quote from a Māori scholar around the 1960s who participated in collecting pūrākau from kaumātua of the early to mid 1900s. To change a word would diminish the context of their kōrero, and their political landscape of the period, not to mention, the mana imbued in their retellings of Tainuitanga.

Colonial discourses and their narratives are now so dense that it is very hard to make out whether one speaks from within them, or whether one can speak outside of them, or whether one can speak at all without them (as cited in Rigney, 2006, p. 37).

His words have my full attention, as I continue in this methodological process. Finding solutions means looking toward the Indigenous world of birth to ascertain and gather courage in their many examples of resistance and resilience in the face of insurmountable challenges.

Decolonising methodologies

Indigenous scholars worldwide continue to reshape the ‘realm of research’, questioning the validity of Eurocentrism of research methodologies by asking, “How do we as Indigenous people maintain our strong Indigenous identity in both worlds?” (Wilson, 2001, p. 175).

Te Ahukaramū Royal (2009) strengthens this argument stating:

Indigenous knowledge is a quest for social justice, cultural retention, and restoration...where the creation of new knowledge, new ideas and new responses to our contemporary situation...are inspired by ideas and wisdom found in pre-existing mātauranga (Royal, 2009, pp. 1-7).

For Indigenous researchers’ methodology provides a place to stand and speak from, a place of strength, giving voice to Indigenous worldviews, and other ways of relating with knowledge, reinforcing, that many Indigenous worldviews embrace relationality as key to all engagements (Hart, 2010).

Linda Smith (2012) explains decolonising methodologies as the:

ongoing theoretical and political processes used to contest and reframe narratives by Indigenous peoples oppressed by the effects of colonial expansion, genocidal and cultural assimilation practices (Smith et al., 2016, pp. 136 – 138).

Moreover, adding it is characterised by,

Revolutionary thinking where the creation of new ways of engaging with knowledge adds meaningfulness for those the research is for, rather than to (Smith, 2012, pp. xiii – xix).

Margaret Kovach (2009) emphasises the same positioning citing,

epistemology and methodology work together because it recognises the self-in-relationship to all that makes us the “complexities of being,

privileging a particular way of knowing within a cultural context” (Kovach, 2009, p. 43).

Likewise, Kim Tallbear (2013) offers a wider perspective noting:

Indigenous creation narratives are exceptional examples providing clear understandings of our Indigenous selves. Cosmological narratives provide not only values for living, narrate a common history, cohere us as peoples...share a common moral framework...bind us to sacred living landscapes...acknowledge our intimate relationships with places and sacred landscapes (p. 1).

Similarly, Leanne Simpson (2011) shares:

an important process for visioning, imagining, critiquing the social space around us, and ultimately challenging the colonial norms fraught in our daily lives...Dreams and visions provide glimpses of decolonized spaces and transformed realities that we have collectively yet to imagine (Simpson, 2011, pp. 34 – 35).

Positioning this rangahau within a decolonizing context suggests the solutions to our contemporary realities of Indigenous birthing, are found in our original instructions, within our cosmological narratives, our worldviews, and our Indigenous ways of understanding the world we live in (Mikaere, 2017; Cook, 2018).

I am Kairangahau.

Kotahi te wānanga

Kuia, this “revolutionary thinking” and “decolonised spaces to transform realities” Linda Smith and many Indigenous scholars are speaking to, interests me very much. Playing with conceptual spaces is the exciting part. I am not afraid of getting my hands dirty with theory and philosophy, dare to dream with me, Kui?

Of course, mokopuna! Let me see, the journey towards rebuilding and strengthening our relationships with our Atua Wāhine requires a different way to connect. It is intensely personal and requires an embodied expression of connection. Patience and gentleness with yourself moko, are the tools you will need in the journey ahead.

May my footprint be light, Kuia.

As Deep as it is Wide

Whatarangi Winiata (1997) views mātauranga Māori as:

Māori knowledge and...an explanation of human behaviour that is based on traditional concepts handed down through the generations...Māori knowledge is created by Māori to explain their experience of the world (as cited in Royal, 1998, p. 2).

Daniel Hikuroa (2017) argues mātauranga:

is the pursuit and application of knowledge and understanding of Te Taiao (the natural world) ...a systematic methodology based on evidence, incorporating culture, values, and worldview (Hikuroa, 2017, p. 1).

Ani Mikaere (2012) affirms mātauranga Māori is a:

convenient term used to describe our truth...it embodies a philosophical tradition that stretches back through the ages, linking us to our past, enabling us to explain our present and providing us with the intellectual tools to envision our future (Mikaere, 2012 p. 7).

Kuia, isn't Hine Ahu One: Hine Hau One the embodiment of Māori philosophical thought which transcends generations, space, and time? Can we not use Hine Ahu One: Hine Hau One as "our intellectual tools to envision a future" (Mikaere, 2013, p. 78), a Māori midwifery future? After all, our atua embodies everything pertaining to Māori birthing knowledge and practices.

Indeed moko, this space of mātauranga is as deep as it is wide.

What if Kui, that's the problem, we are merely skimming the surface, partaking in skin deep analysis? Perhaps, if we searched an inch wide and a mile deep, we could reduce the feeling of taumaha, and concentrate on what we unearth in our rangahau.

Maybe e moko, maybe

Kuia I read with fascination, the words of Daniel Hikuroa (2017) who implies whakapapa is "a cognitive genealogical framework" in which the world as we live in, demonstrates the interconnectivity with everything.

So is Hikuroa (2017) implying we can reconceive Tāpuhitanga through "our [very own] cosmological altar and the embodiment of atua wāhine" through our very own Whare Tangata? (Murphy, 2019, p. 94).

In the words of Ani Mikaere mokopuna, “When our mātauranga continuum becomes our central focus – Our Touchstone, something interesting begins to happen (Mikaere, 2013, p. 78)”.

My mind is spinning, Kui,

Our foundations shift, and our starting point moves from deficit and defeatist thinking. We begin to imagine and move our minds to resonate with our hearts (Mikaere, 2013, p. 78)”.

I can hear Our First Mothers, Kui,

Āe mokopuna, we embrace our intellectual traditions...We shift...Begin to explore...our philosophical frameworks and our approaches to the maintenance, transmission, and expansion of our mātauranga continuum (Mikaere, 2013, p. 78)”.

This is getting exciting, Kui.

*Hoki mai e moko,
Hā ki roto,
Hā ki waho
Kia tau te Rangimārie*

Kaupapa Māori

Graham Smith (1997) repositioned Kaupapa Māori not as a cultural practice within the academic space, but as a structural intervention which made space for cultural practice, drawing heavily upon Critical Theory and the writings of Paulo Friere’s Pedagogy of the Oppressed which used ‘dialogue and praxis’ (theory, action, and reflection) as tools to challenge oppression in all forms through a linear process of conscientization, resistance and transformative action. (Smith, 1997; Smith, 2012, p. xiii). Kaupapa Māori theory was born.

Kaupapa Māori was a call to action for Māori scholars to develop methodologies which gave validity to the “voices of Māori knowledge, culture and experiences in the academy” (Royal as cited in Hoskins & Jones, 2017, p. 110). Positioning Kaupapa Māori as an assertion of Rangatiratanga in the academic space recognised it as a:

dynamic process of organic enactment and critical reflection...directly linked to tangible outcomes that are transformative (Smith, 2004 as cited in Hoskins & Jones, 2017, p. 79).

Graham Smith (2004) asserts the key to Kaupapa Māori theory is its ability to move beyond conscientisation (becoming aware of something) initiating the motivation of transformation (to make a positive change) for Māori now, and generations to come (Hoskins & Jones, 2017, p. 79).

According to Mason Durie (2017), the relationship between Kaupapa Māori and mātauranga Māori informs the former as “an approach to learning, teaching, healing, researching, parenting and caring” (as cited in Hoskins & Jones, 2017, pp. 4-5). Kaupapa Māori therefore, maybe likened to tikanga, the active practices of doing, often evoking social liberatory change for Māori in the contemporary setting.

Wherein, Te Ahukaramū Royal (2017) concludes, Kaupapa Māori can be “broadly used by Māori to reflect any particular plan of action created by Māori, expressing Māori aspirations and certain Māori values” (as cited in Hoskins & Jones, 2017, p. 109). Commonly referred to as, by Māori, for Māori and with Māori.

On the other hand,

mātauranga Māori can be perceived as kawa; an always present continually evolving body of/ or continuum of knowledge with Polynesian origins...which can guide practice and understanding (Royal, 2017 as cited in Hoskins & Jones, 2017, pp. 110 - 113).

Te Ahukaramū Royal (2017) succinctly points out critical differences between the two, highlighting:

mātauranga Māori does not require explicit action to exist, does not refer explicitly to any kind of methodology or actions and goals, (as Kaupapa Māori warrants) and it does not use the ethnic lens to know it is Māori of Polynesian origins (as cited in Hoskins & Jones, 2017, p. 113).

Mātauranga Māori is merely used to label, “a body of knowledge. It does not tell us what to do with this body of knowledge rather it frames knowledge in certain ways” (Royal as cited in Hoskins & Jones, 2017, pp. 114 – 116). Essentially speaking, Kaupapa Māori theory is a way of doing things, and mātauranga Māori is a way of understanding things.

In addition, Te Kawehau Hoskins (2017) speaks about the domestication of Kaupapa Māori in which there appears to be a repetition of Kaupapa Māori principles but a lack of “intellectual

and creative engagement with Kaupapa Māori”. Like any new relationship there is a pervasiveness and a newness to it all at once and therefore requires full engagement, for the relationship to evolve.

Ani Mikaere & Jessica Hutchings (2015) advance this notion inferring our ways of knowing and being:

have suffered significant interruption and distortion over the past two centuries and will require the development of a community of critical thinkers who are committed to the reclamation, consolidation, and expansion of the mātauranga continuum (Mikaere, 2015, p. 7).

Kui, we could posit Hine Ahu One: Hine Hau One and Our First Mothers as the philosophy of Tāpuhitanga. Placing Our First Mothers firmly as the repositories of the mātauranga continuum of Māori midwifery, reposition the importance of our fragmented birthing knowledges, whilst developing Indigenous philosophical approaches to advance Indigenous aspirations, specific to birth and midwifery.

We could engage in strong discourses and assumptions surrounding traditional Māori birthing practices and explore ways of blending Māori philosophical birthing knowledge with birthing practices. By doing that, we could “fully explore the innovative potential of the mātauranga continuum” (Mikaere, 2015, p. 7) specific to birthing and Māori midwifery, whilst creating opportunities to “develop a pool of critical thinkers” (Mikaere, 2015, p. 7).

Āe, mokopuna, he tika tau.

Rapua te ngaro,

Rapua te ngaro ināianeī⁵³.

Return the sacred Hine to midwifery praxis in Aotearoa New Zealand.

Introducing Our First Mothers

No one owns the conceptual landscape – it is a place where impossibility is created. Tāpuhitanga does not sit on the peripheries of society, it lives within every single mokopuna. It is both conceptual and vital, existing despite colonisation. To reclaim our ability to reimagine our futures and take greater control over our minds from the colonised realities we live in, requires we sit in those places of contention, between the individual conscience and the

⁵³ Find that which is lost, Find that which is lost now (T Waikato, personal communications, August 14, 2014)

collective social consciousness, and, envision new ways of being into existence (Simpson, 2011, p. 34).

In her book, *Red Medicine*, Patrisia Gonzales (2012) gifts Indigenous insight, stating:

Native knowledge is experienced directly through the body whether it is in direct relationship to land and place or felt in ritual ceremony. The body acts, receives and transmits information and experience...The body is part of sacred geography (p. xxiv).

Patrisia Gonzales is right!

Ko te mea nui o Te Ao, e moko?

He (Whare) Tangata

He (Whare) Tangata

He (Whare) Tangata, e Kui.

Āe, he tika tau, e moko.

With that said Kui, it is an honour to return Our First Mothers presence into Māori birthing praxis, and reclaim our ancestral birth rights to our divine, “Hine whakapapa” (A Yates-Smith, personal communications, March 9, 2019).

Our First Mothers illustrate an Indigenous midwifery philosophy of Aotearoa. Their presence as the pou of He Whare Tangata are pronounced. Each pouwhenua share their gifts of characteristics and methods of engagement in the birthing space for Māori.

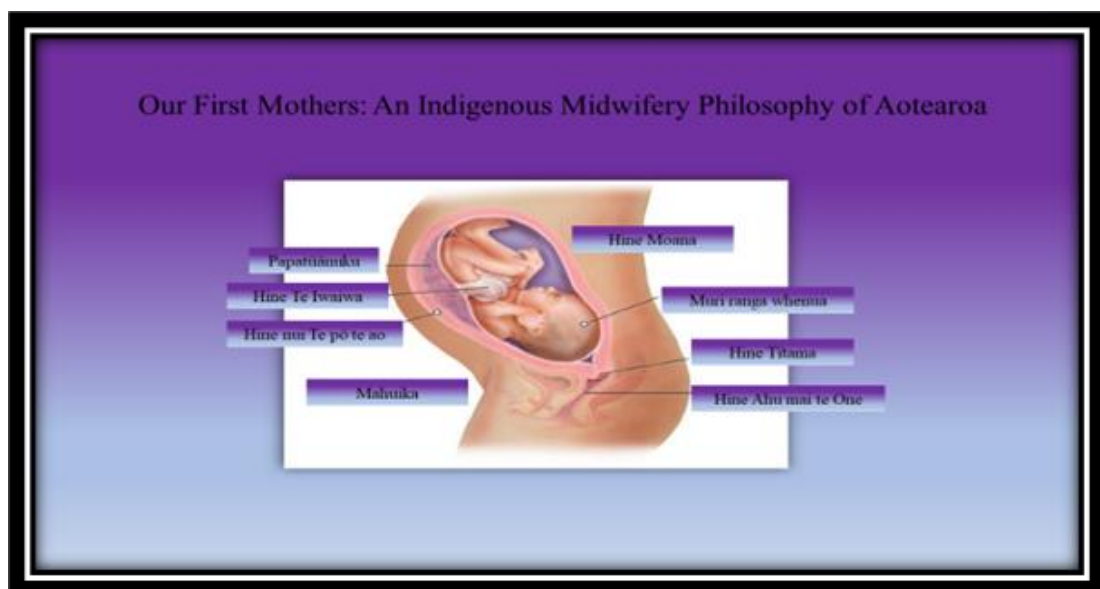


Figure 1 Our First Mothers. An embodied Māori birthing philosophy.

May I introduce Our First Mothers, the embodied Indigenous midwifery philosophy of Aotearoa.

Papatūānuku speaks of the foundations of whakapapa. Hoskins & Jones (2017) provide a Māori worldview of whakapapa explaining:

connection with the land, river and mountain and all non-human relationships is not simply metaphor but a deep visceral identification as the animated embodied river, mountain, or Ancestor (p. 52).

In Māori and Indigenous thought, interactions with objects are to be understood as:

all animate and inanimate objects share mauri...inducing interactions are to be understood as determining events, as exerting forces, as volitional, or as instructing people (Hoskins & Jones, 2017, p. 52).

In the context of midwifery, she comes to the foreground with the development of the placenta at implantation and its core role in the growth of the developing baby in utero. Papatūānuku, is not an object distinct from theorising Māori midwifery, because we continually interact with her intimately across all our contexts.

Hinemoana carves the notion of whanaungatanga across her realm. She influences consciousness, and relationships with all things human and non-human. She is responsible for internal and external waterways within the human body, and throughout the natural world. Within her tidal rhythms she moves solute (salt of the Earth) effecting the patterns of the Earth. The presence of Hine Moana in birthing occurs with the continual renewal of the āhurumōwai, or the amniotic fluid. With support from Hine Te Iwaiwa, she balances hormonal flow and impacts on consciousness and emotionality.

Hine Ahu One embraces reciprocity. Her creation story acknowledges the many giftings from ngā Atua katoa to bring her into being. She was and remains the epitome of tākohā. Formed of Papatūānuku she is a constant reminder of the value placed on collaborative practice for the greater of all. She is the image of the female human form and the manifestation of the vaginal canal. Ka puta ki waho, where all human birth occurs through the passage of Hine Ahu One.

Hinenuitepō is the dual wāhine atua of Hine Tītama (dependent on iwi histories) who owned her history and stood resolute in her pūrākau. Leading by example she epitomises what mana Wāhine methodology looks like in action. She manifests in numerous ways in birthing. Anatomically speaking, she is the entire corpus of the Whare Tangata. To this is added, the constant awareness, life and death are synonymous with each other. No matter the outcome of

birth, we are still born. Into the World of Light, or into the embrace of Hinenuitepō; where she resides in the World of Te Pō. She becomes our Ūkaipō.

Hine Te Iwaiwa is the exemplar of the structure of whānau relationships, embracing the familial practice of whāngai. She watches over all mokopuna of Hine Tītama (dependent upon tribal histories). Her influence with birth is phenomenal. She is the first atua wāhine to give birth from her Whare Tangata, via the tara, or the vaginal canal (M Tupe, personal communication, 6 March 2014). Many pūrākau acknowledge the birth of her son, Tūhuru, and the practice normal vaginal birth. The use of birthing poles and birthing positions are attributed to Hine Te Iwaiwa, in her very own birthing narrative (Simmonds, 2014).

Hine Māhuika and Hine Murirangawhenua are two atua wāhine, Kuia to Māui tikitiki a Taranga, who teach us about the lessons of respect, love of mokopuna and the transmission and protection of knowledge. Their stories inform us mātauranga Māori is held within the puna of the moko, that being, the kuia. Their influence as Kuia upon successive generations is well known in the Māori world. The love of Kuia and mokopuna is in most instances, memorable and loving. Hine Māhuika who drives the passion within us all and Hine Murirangawhenua, who provides a stability felt in the stoic nature of our Kuia. They are exemplars of the way in which we are guided to nurture and nourish our mokopuna and whānau.

The characteristics of Our First Mothers are not to be taken as prescriptive nor as an exhaustive list of principled practice fashioned from creation narratives. They are exemplars of how mātauranga Māori, can assist Māori to live in the world with relative ease. What I ask here is to, suspend judgement and interpretation, and let your mind explore.

Me whakawhiti tatou ki te au o te moana, ki reirā, ka whiwhi ai i te taonga nui. Let us go to the deepest part of the ocean (our imagination), there we shall find our treasure (Royal, 2009b, p. 105).

With a shift in perspective, Our First Mothers positions the pūrākau, the cosmological narratives of Māori as the philosophical foundations to articulate Māori birthing knowledges and praxis upon. In doing so, positing a question which is both, sacred and secular.

*He aha o te Whare Tangata? What is the Whare Tangata?
More importantly,
Ko wai o te Whare Tangata? Who is Whare Tangata?*

Our pūrākau continue to accentuate the sacredness of our birthing knowledge as existent and existential, fluid and flowing, and directly applies to Māori midwifery praxis. Māori birthing practices are more than a set of learned clinical skills, they envelop a matrix of belonging and identity. Ngahuia Murphy (2019) alludes to this thinking, stating, our whare tangata as “our cosmological altar that embodies our atua wāhine” (p. 177). This clear statement acknowledges the importance of weaving the sacredness of wāhine Māori as Whare Tangata, back into the World of Light. Wāhine Māori as the physical outwardly expression of Whare Tangata and inwardly, as the inner sanctum of Whare Tangata; where new life is conceived and developed. In its entirety, Whare Tangata is the creation place of Tūrangawaewae. Our place where we stand and gather our sense of belonging and cultural identity. The concept of He Whare Tangata is in-depth, sacred, and powerful.

Our Whare Tangata is what makes us mana tangata, tangata whenua or literally, placenta people (Murphy, 2019, p. 177)

Additionally, Hoskins and Jones (2017) recognize the interrelationships of everything is not to be understood as discrete or independent of each other, instead they emerge through seeking connection and understanding “the symbiotic relationship between land-earth-placenta-human, where each informs the other” is inextricably connected to Māori identity (Hoskins & Jones, 2017, p. 53).

Expanding a Māori worldview

Katsi Cook (2018) challenges us to think laterally explaining, “mother is the first environment, therefore understanding nature itself begins within our very own bodies” (Moon Magazine, 2018). I sit back and consider the resonance of Katsi Cook’s words, filtered through the writings of Shawn Wilson (2008) who states unequivocally, relationality is key to Indigenous research approaches. My question is Kui, how do I build honourable relationships with Our First Mothers that will sustain me in this midwifery profession of New Zealand?

Hogan & Topkok, (2016) support the importance of relationality in Indigenous thought adding:

the wholeness and interconnectedness (relationships with/ and) of ontology, epistemology, axiology, and methodology...are not separate components...one must have a methodology that simultaneously considers knowledge, ethics, being and doing (Hogan & Topkok, 2015, pp. 61 – 62).

Can I move these ideas around to accommodate my growing ideas towards philosophy? What is a Māori worldview? Is there more than one? Can I fall back into the waves of Indigenous philosophy, and pause in preparation for what may come?

Kuia, Our First Mothers are the natural world to me, within and without. How do I take these conceptualisations beyond my intellect and engage in this new way of being? How would I develop an honourable relationship with Our Atua? How do I become consciously aware of engaging with Our Atua through biorhythmic feedback? Any suggestions, Kuia?

To locate your questions moko, of coming to know your relationship with Hine Ahu One and your own body is “not about distant abstraction but rather about immediacy, about ‘our relations’ and the elements of the world of our experience” (Burkhart as cited in Royal, 2009, p. 90). Ngahuia Murphy (2019) addresses the “intimate impacts of colonisation on Māori women (pp. 161-163) where the retellings of our pūrākau, where our atua wāhine were, “replaced with or omitted from historical record and replaced with simplistic colonial narratives of female insignificance and profanity [and] reflected in the silencing of language, histories, and stories” (Murphy, 2019, pp. 161 – 163). Like our atua wāhine, we were reframed in the image of the coloniser.

Do you realise mokopuna, the planes of your body bear those scars of colonisation?

By internalising these colonial messages about female inferiority, wāhine Māori inferiority, we unconsciously view our female form through colonised eyes. As a result, we are struggling with how to fully accept our sacredness. We struggle to comprehend, our, “whare tangata as the cosmological altar and embodiment of atua wāhine” (Murphy, 2019, pp. 161 – 163).

Kuia, how do we shift this colonial mindset? The colonial gaze?

To unpack these introduced stories mokopuna is to consider the ways our mātauranga continuum informs knowledge production and its application to practice. Anne Salmond (1985) advances, all knowledge is stored within our puku (as cited in Royal, 2009, p. 10). This resonates within healing circles, where the pukumōhio is a reservoir of knowledge (M Tupe, personal communication, March 6, 2014).

Become familiar with your own Whare Tangata, moko, listen to your body and the way it speaks with you.

The World view of Hine Ahu One: Hine Hau One

There are two ways to observe the worldview of Hine Ahu One: Hine Hau One. Firstly, through the internal Whare Tangata, as the biological reproduction functions for whakapapa, and secondly, Whare Tangata as an entire ecosystem known as, wāhine Māori. It is in this vein, Our First Mothers become the philosophical foundation upon which to articulate, Māori birthing knowledge, and the re-evaluation of midwifery practices, and midwifery curriculum.

Ko Hine Hau One: Kauae Runga

Hine Hau One is the external conceptualisation of Whare Tangata. The entirety of an ecosystem known as wāhine Māori. She exonerates the ‘Sacred breath of Io’. She is Hautapu. She exemplifies the beauty and the strength of wāhine Māori, instructing us that we are the living representations of our embodied atua. Consciously or unconsciously, we are walking Māori philosophical thought. We breathe Whare Tangata.

We are the First Voice. We are the Karanga. When we reclaim our cultural roles, contexts, and responsibilities we can begin to envision a different future. We can begin towards the restoration of the principle of Aio in Māori midwifery practices. These are the teachings of Hine Hau One to perceive through our cultural lenses, and speak back to Pākehā midwifery, asking, where do our philosophies factor in New Zealand midwifery education?

Ko Hine Ahu One: Kauae Raro

Hine Ahu One is the “internal cosmological altar and the embodiment of atua wāhine” within the reproductive system of wāhine Māori (Murphy, 2020, p. 177). Our first Whare Wānanga. Our First Environment (Cook, as cited in Moon Magazine, 2018). The womb of Creation. Hine Ahu One is our Kuia. Her origins weave together the world of spirit and the world of humanity. Our beginnings as Tangata Māori.

Hine Ahu One is one of many atua wāhine involved in the inner conceptual spaces of our reproductive system. She sits amid her mother and her relations infusing mātauranga in utero. Our Whare Tangata is far more than the biomedical arrangement, of a uterus, a pair of ovaries, a cervix, and a vaginal canal. It goes well beyond such limited thinking. The form of Hine Ahu One is the sacred altar. She represents the vaginal entrance, the doorway to the Whare Tangata. How do we teach these fundamental philosophical thoughts of Māori midwifery?

Mokopuna, the many transitional phases of your body require understanding your body's voice in all its moments. Like birthing in which your pinnacle of strength is met equally, in the moment when you touch the unknown and draw strength, from the inner sanctum of Te Pō. These are some of the teachings of Hine Ahu One and Hine Hau One.

Would developing a personal relationship with Hine Ahu One encourage a deeper connection with our own physical bodies, our own natural landscape, Kuia?

He Whare Tangata is a value system, a philosophical standpoint we as wāhine Māori have in our immediacy, to consider, peruse, and explore. The ability to conceptualise through our puku mohio, can support you to understand personally what it means to be Whare Tangata (Murphy, 2019, pp. 161 – 179). Our engagement with Our Atua Wāhine is intensely personal. There is no right or wrong way. Everything is a learning curve, a teaching. Who am I to say, otherwise?

Ko wai te Whare Tangata e moko?

Ko Hine Ahu One rāua ko Hine Hau One te Whare Tangata, e Kui

Āe, e mokopuna,

I sit pondering, an image comes to mind as I contemplated the space nearing the completion of Hine Ahu One in her creation. I hear a dialogue. Hine Ahu One an inert earthen female figure sculpted upon the reddened earth of Papatūānuku,

Tēnā koe e Hine', whispers Hine Hau One. I am the sacred breath from the heavens brought forward to walk in the unseen with you. I am the sacred breath who aligns with your creation. It is portrayed we are one in the same. Seen as interchangeable. In a way, it seems possible, after all, we are the manawa. When I look at the form of you Hine, I see your role, your realm, you govern blood flow, you move circulation. I think about my role in your creation, and I consider my realm. I govern flow of breath. I am the sacred hā. So yes, it is plausible, we can mistakenly be seen as interchangeable but, only at the point of gaseous exchange within the human form. The heart is the ātea. At the point of your creation in the deliverance of the hautapu, the breath of life. Our heart began to beat across the cosmos. The ūwha was born (Journal entry, November 20, 2020).

Insightful mokopuna, this exchange between Hine Ahu One and Hine Hau One. I do not think I have ever looked at these Atua Wāhine in the way you speak about them.

Hine Ahu One as inert and earthen and Hine Hau One as formless, like the wind, unable to be seen, but felt all the same. These are new ways of looking at ourselves as wāhine Māori. It removes the notion our whare tangata bears resemblance to only our reproductive organs, our kōpū, our wharekano and our tara, but, in the sacred hā shared, the manawa began to beat. It is a beautiful explanation mokopuna.

It is fascinating to listen to your visions and your thoughts mokopuna. What you share with me is another layer of our Whare Tangata. It certainly is a different spin on my own perceptions of Whare Tangata.

It makes me wonder Kui. By Māori tradition, karanga is the expression of sacred breath, who called Hine Hau One to come and entwine with Hine Ahu One? Who was the kaikaranga of such a monumental task? Who stood at the sacred altar and called forth?

Perhaps, Hine Apakura o te aroha. Atua wāhine who stands at the waharoa, with humility, measured with the character traits of compassion and forgiveness (L Stephens, personal communication, December 10, 2021). In pōwhiri, as we walk through the waharoa, naturally we begin to walk slower as we bow our heads in remembrance. We begin to remember those who have passed on. It is here we unconsciously move into the realm of Hine Apakura o te aroha. Holding the characteristics of this atua wāhine is a time of reflection, to put past hurts down and find reconnection with others.

My mind is racing, Kui.

So is mine mokopuna, so is mine.

Kia tau te Rangimārie

This chapter looked at the methodology of this rangahau, firmly anchoring Our First Mothers as a Māori midwifery methodology. Secondly, it expanded upon the Māori worldview unveiling the worldview of Hine Ahu One: Hine Hau One as a counternarrative to the Eurocentric narrative of midwifery education in Aotearoa New Zealand.

The next chapter will investigate the methods of the rangahau through pūrākau with a focus on ethical principles used to capture the narratives and insights of the puna kōrero.

Chapter Five



5 Repose ⁵⁴

⁵⁴ Let me rest in the expansive writings of Indigenous scholars and dream. What a relief, the papa of my mind begins to shimmer.

Ko Te Pū

Every story begins with an original idea. In a traditional manner, Kuia leads our journey through the methods chapter and with every turn of the page, she skilfully embeds the mauri⁵⁵ of pūrākau into the thesis.

The call of Kuia

The night shifts in ebbs and flows across the mind of Kuia. Deep in thought Kuia calls forth,

Tēnā koe, Hine Hau One. My mokopuna she is beginning to understand the intricacies of taking on board such a monumental task, weaving in and out of worlds. I am worried she will lose sight of the bigger picture and get lost in the details. How can I help her?

The chill of the night falls about Kuia, bringing her blanket closer, she sits eyes blank, staring into the approaching night.

Our mokopuna is quick and listens intently. Preferring perfection, and its child, procrastination, over progress. I hear what your heart is saying Kuia, mokopuna listens to you. Guide her growth and learn how to dance with your mokopuna in this conceptual world.

Kuia sits composed, deep in thought, her eyes begin to twinkle with mirth, imagining patterned thoughts dancing across crisp white paper

I wonder if my mokopuna knows how to kopekope?

What would those movements look like upon a page of academic writing?

Pūrākau as Method

Pūrākau is a form of Māori discourse which contain “philosophical and epistemological constructs informed from worldviews laden with cultural values” and practices fundamental to Māori identity (Lee-Morgan, 2009, p. 1). Pūrākau are more than narratives, they are stories which not only define who we are as Māori, but also provide tools for teaching, learning and the intergenerational transfer of knowledge (Hikuroa, 2017).

In a traditional sense, pūrākau are the retellings of mātauranga from Creation narratives to specific tribal histories, geographical understanding of place and purpose, to tribal events of significance. They range from events with absolute detail (i.e., genealogy) to more stylistic

⁵⁵ Mauri is referred to as life essence and is the x factor which makes us come alive.

embellished stories which capture the essence of a narrative, and the complexities of teachings held within (Archibald et al., 2022, pp. 89 – 90).

Āe mokopuna, Kīngi Tāwhiao provides a prime example of the transmission of knowledge. His tongikura, were inspirational messages created in a time of land wars, land confiscation, poverty and grief. His tongikura would inspire hope and foster a sense of self and collective pride to remember who we are and where we come from. Today, the significance of these tongikura guide and sustain the strategic direction of Waikato - Tainui identity.

Indeed Kui, his ability to fortify future generations with tools of resilience and resistance amid diabolical odds, is a testimony, to the mana of Kīngi Tāwhiao, and his incredible foresight.

Do you see, e moko? Pūrākau is more than Story. They are woven metaphors of lived experiences of our tūpuna. Gifted ancestral knowledge expressed in allegorical prose, mōteatea, pao, karakia, kīwaha, whakatauāki, and other forms of orality.

Āe Kui, with the groundbreaking work already achieved by Māori and Indigenous academics alike, advancing the importance of decolonising methodologies to support solution focused research to meet the needs of their communities remains crucial. As Kaupapa Māori research grew in popularity, pūrākau would become known as “a culturally appropriate methodology of narrative inquiry” where, the lived stories of contemporary Māori would become, “our evidence” (Lee-Morgan as cited in Archibald et al, 2022, p. 90). Additionally, Jenny Lee-Morgan would align pūrākau with Joanne Archibald’s (2008) Indigenous Storywork and shift the idea of narrative from isolated experiences, towards a holistic approach where the Story would hold a practical purpose as a teaching tool, allowing the past (ancestral knowing) would be woven into the present (contemporary storied experience); and not to be forgotten again (Hawkins, 2018, p. 90).

Whakatau Mauri

This chapter reflects the conscious decision of the kairangahau to announce pūrākau as the rangahau method within the context of **Ko te hā tuatahi o Te Ira Tangata**, a model of kaitiakitanga (see model below). A framework which highlights the intimate cultural values and practices the kairangahau uses throughout the doctoral journey. From there **Preparing the whāriki** examines how pūrākau is interpreted across the data phases of the rangahau. **Kotahi tē kī**, concentrates on the gathering of narratives, **Kotahi te kōrero** focuses on the analysis of

narratives, and **Kotahi te wānanga**, the interpretation. The chapter concludes with **Mahia te mahi**, the ethical considerations undertaken in the rangahau process.

Ko te Hā tuatahi o Te Ira Tangata

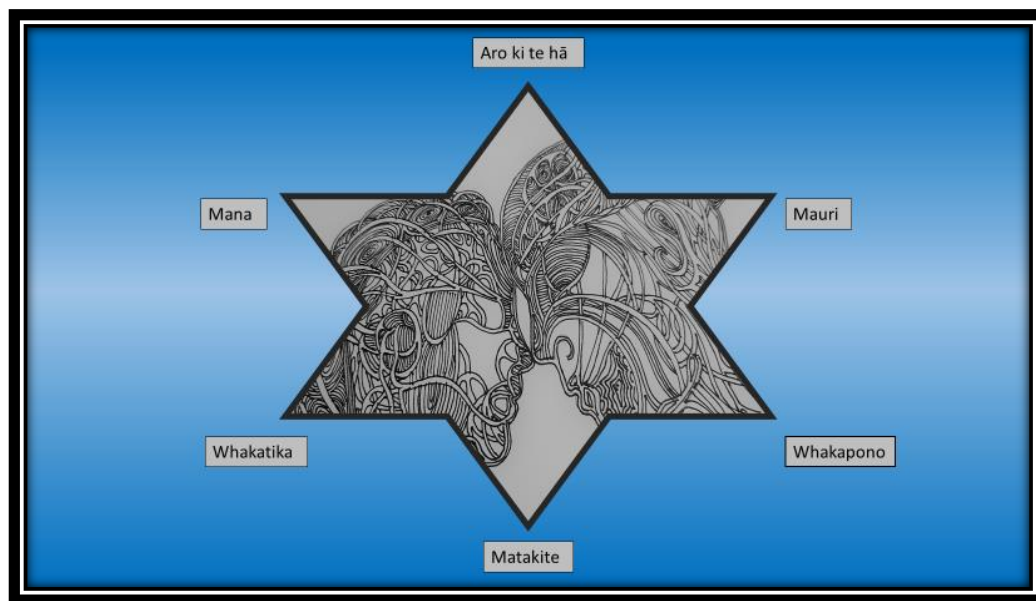


Figure 2 Ngā tikanga o te Hā tuatahi o Te Ira Tangata

Our Elders tell us that everything we need to know is encoded in the structure, content, and context of these stories and the relationships, ethics, and responsibilities required to be our own Creation Story...for me, this is the only place to begin (Simpson, 2011, p. 33)

Situating Māori creation narratives as the primary source of Māori ethics identifies the significance of relationships, that, “determine rights and wrongs, and the analysis of harms and benefits of any research undertaken” (Hudson et al, 2010, pp. 2 – 4). To achieve these goals Hudson et al. (2012) encourages rangahau to devise new ways of engagement to:

enable us to consult non-humans more closely... we turn to that thing outside and inquire of it, foregrounding the possibility that it might have something to say to us in the process of our consultation...All we can do methodologically in the face of these complexities is to remain engaged and quietly and openly forestall interpretation (Bennett, 2010 as cited in Hoskins & Jones, 2017, p. 57, 60)

Ko te Hā tuatahi o Te Ira Tangata is a model of understanding created to inform my professional space as Tāpuhi LMC™. Our First Mothers (as discussed in Chapter Four – Dare to Dream) provides the conceptual philosophy and the application of kawa (immovable ways of knowing) whilst, Ko te hā tuatahi o Te Ira Tangata demonstrates the underlying ethical positioning that informs the tikanga (malleable ways of doing) throughout this rangahau. The design is

deliberate and describes a six pointed star, where each point represents a principle underpinned by a Māori worldview, more specifically, the worldview of Hine Ahu One: Hine Hau One. The importance of this is detailed in Chapter Four – Dare to Dream.

Ko te hā tuatahi o Te Ira Tangata is an act of decolonisation. It is an embodied model of understanding through the observations of Tāpuhi LMC™ which combines ancestral pūrākau (Creation narratives) with contemporary pūrākau (Stories in creation). More importantly, this model of Kaitiakitanga aligns with multiple interpretations of decolonising methodologies.

He Whakapiki o Te Ira Wāhine

He whakapiki o Te Ira Wāhine illustrates the rising of the feminine essence of wāhine Māori. It reflects the innate beauty of femininity and embraces every aspect of our life cycle. It is a defiant act of re-telling our expressions of beauty in our voices, and by our standards. Mana wāhine Māori does not mean we throw out our femininity, our gracefulness, nor do we disregard the beauty we walk in daily. It is a call to action, to answer back to the incessant shame inflicted on our wāhine tūpuna by colonisation. Scars, we carry deep inside our wounded whare tangata.

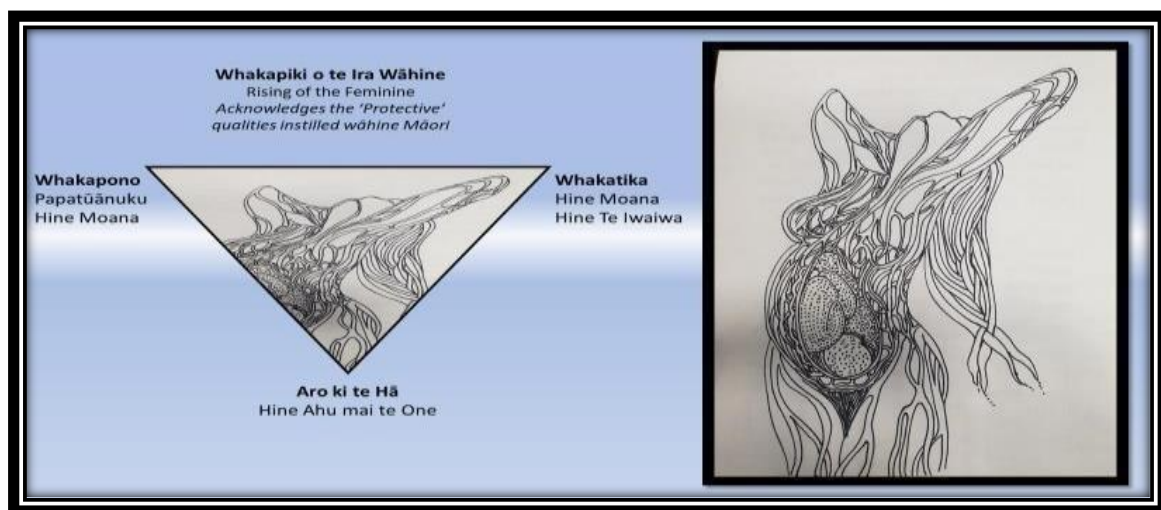


Figure 3 He Whakapiki o Te Ira Wāhine

The principles of whakapono, whakatika and aro ki te hā reflect the moral positioning where integrity, right action/s and truth align with focused direction and follow through. They inform my emergent model of Kaitiakitanga. A blueprint that binds everything together to inform my behaviour, conduct and etiquette. Each of these principles are feminine driven. Always present and simmering beneath the surface. Ka rongo Te Pō.

Ko te Whakapono

Ngā kaitiaki o tēnei tikanga Ko Hine Moana rāua Ko Papatūānuku
Hine Moana and Papatūānuku are the caretakers of this principle

Papatūānuku and Hine Moana emulate the tuakana – teina relationship working with each other, clashing at times but always in alignment with one another. Their teachings encourage an awareness, every thought, action, and decision will be done with the utmost of integrity. These feminine principles hold you accountable to self and to all others, across all worlds (Royal, 2003; Cook, 2018). Whakapono is a binding principle which supports remaining grounded in the World of Illusion.

Ko te Whakatika

Ngā kaitiaki o tēnei tikanga Ko Hine Moana rāua Ko Hine Te Iwaiwa
Hine Moana and Hine Te Iwaiwa are the guardians of this principle

Hine Moana and Hine Te Iwaiwa move within consciousness. Both are intensely connected to the moon-tidal patterns. Their presence is inseparable. Each atua wāhine working in collaboration to achieve equilibrium. This principle resonates with the processes of tikanga, or the many right ways of doing things. I resonate with First Nations way of thinking where all actions and words are done in a “Good Way”. This omits the idea there is a right and a wrong way of doing. I prefer this way as it allows for mistakes to occur. Again, First Nations thought encourage the teachings gifted from making mistakes. You learn as you experience life. I feel this is a gentler way of teaching and encourages expression of self in a more empowering environment (Opaksywak Cree Nation Elders, personal communication, July 6 – 12, 2018).

Ko te Aro ki te Hā

Ngā kaitiaki o tēnei tikanga ko Hine Ahu One rāua ko Hine Hau One
Hine Ahu One and Hine Hau One are the guardians of this principle

Aroha extends further than the typical application of love. Although, love in and of itself is integral, it is the methods of aro ki te hā, which enable love to become a conduit for transformation. Aro pertains to focused direction and hā relates to the ‘sacred breath’ and the capacity to follow through on any decisions and commitments made. Take for instance, the Rangatira of Taranaki, Rauru Kītahi, renowned for his ability to speak with direction and purpose. His word was his oath and his honour (Kingi, 2017).

Hine Ahu One is the ūwha, the feminine essence created by ngā atua. Hine Hau One is the sacred breath of Io. In collaboration Hine Ahu One and Hine Hau One are the ira tangata (human essence) made manifest into the World of Light. Over time, pointed questions at Hine Ahu One have questioned her mothering abilities, casting judgement over what happened with her daughter Hine Tītama. Unfortunately, these judgements appear to perpetuate the distortions of our creation narratives. In one foul swoop the misogynistic quill wrote Hine Ahu One out of existence and cast her into our distant memory. The white male ethnographic scrawl deliberately removed the significance of the Māori mother, and her importance in the scheme of growing healthy emotionally adept offspring (Gabel, 2013).

Auē, taukiri e

Āe, e Kui.

Whakahonore o Te Ira Tāne

Many accounts exist of our Tāne raising our children, raising our Mokopuna, being loving partners, and protective and caring of our Kuia mā a Koro mā (Jenkins & Mountain-Harte, 2011). Yet, midwifery worldwide in its attempts to return the voices of birthing women back into midwifery, has been achieved by silencing the voices of our men, our fathers, and our grandfathers.

Our men raise Our Children too! They also help birth them as well!
(P Smith, personal communication, November 25, 2016)

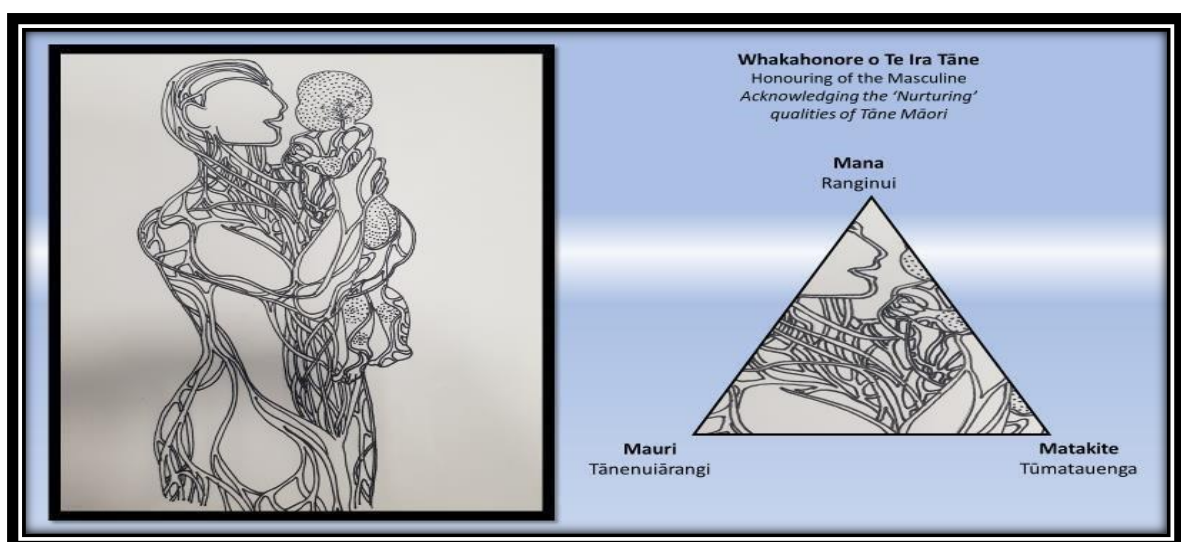


Figure 4 Whakahonore o Te Ira Tāne

He whakahonore o te Ira Tāne repositions our Tāne Māori back into the Māori birthing space and into parenting. The preservation and protection of whakapapa is a shared responsibility. It is not at the permission of the woman alone, and most definitely not within the rights of a crumbling health system, and its agents to command. The roles of Tāne Māori are integral to the sustainability of whakapapa.

Mana, mauri and matakite are the active principles which illustrate momentum and propulsion towards something, be it aspirational movement, inspirational breath, or intrinsic protection. These principles are intensely male focused, active, present, and seen. Ka rongo te Ao

Ko te Mana

Ko Ranginui e tū rangatira e tautoko ana. Te kaha ki te ārahi ki te tohutohu
(He Taura Whiri i te Reo Māori, 2008, p. 388)

Ranginui is the mākau Rangatira (the beloved) of Papatūānuku. He oversees everything and continually shares his gifts, with all of Creation. The supposition that Rangi and Papa are separated is illusionary. When you look to the horizon there is no separation between the sky and the earth! More to the point, twice within a 24-hour period, in the atakura (dawn) and in the papakura (dusk) they come to embrace. Therefore, separation is based upon perspective.

Mana is the state of being we aim for in every conceivable interaction with ourselves and all other living elements. It is a primal active process we are forever aiming for. As Te Ahukaramū Royal (2009b) reiterates, mana aims towards creative potential. It is not an end destination, but a constant process of aspiring towards something. Mana, therefore, is always in a state of perpetual potential.

Ko te Mauri

Ko Tānenuiārangi te mana atua kei roto i te tangata ki te tiaki ki a ia,
ā, ko te pū o ngā kare ā roto (He Taura Whiri i te Reo Māori, 2008, p. 444)

Tānenuiārangi was responsible for sharing the hautapu (sacred breath of Io) with our ūwha, Hine Ahu One. Mauri is the life principle, the central spark found in all animate and non-animate, physical, and non-physical spaces and is felt in the process of birthing. We are born with mauri and this energy is what sustains us in the World of Light (Royal, 2003: Pohatu, 2003).

Ko te Matakite

Ko Tūmataunga te mana atua o te kitengā tohu i ngā hanga e mōhiotia ai,
he aha, ka pā āpopo (He Taura Whiri i te Reo Māori, 2008, p. 421)

By Tainui tradition, Tūmatauenga is known as he mākau rangatira o Hine Ahu One (lover of Hine Ahu One). Equally important, he is known as the geneticist of tangata Māori. We were made in the image of Tūmatauenga (R Potts, personal communications, March 8, 2015). Had Tānenuiārangi been the prototype of tangata Māori, we would surely have manifested as natural elements, such as, trees, birds, or mountains. Tūmatauenga is the kaitiaki of human whakapapa. He will do everything in his power to maintain the survival of his whakapapa, by any means necessary.

Matakite speaks of foresight and perception. Being a visionary requires an ability to see the big picture whilst not losing sight of the finer details. A unique type of awareness is required to activate innate mātauranga. Taonga tuku iho gifted from within the spaces of noho wahangū. Therein, giftings from the sounds of silence are discoverable for those who know how to listen deeply.

He whakahonore o Te Ira Tāne reflects the complementarity of Ira Wāhine and Ira Tāne reinforcing the principle of Aio. It is a Māori worldview which acknowledges tangata Māori (Ira Wāhine and Ira Tāne) are forever in relationship with all of Creation. There is no separation. We are all connected (Mikaere, 2019). Not all our men know this, yet, at the same time, our Tāne Māori exhibit these innate taonga tuku iho. These giftings are not specific to any Tāne Māori in particular, because these taonga tuku iho span age and generations.

In midwifery practice I have born witness to this phenomenon time and time again. For example, a young Māori woman who gave birth to their beautiful daughter, her partner equally young, who had no qualms about cleaning up his partner. Not afraid to touch the birthing blood, to remove soiled linen before I could even get to it! Amazed with his diligence to his partner and their baby, to her cleanliness, and to her dignity. It brought tears to my eyes and a sense of pride for this young Māori father. His nature and attitude towards his partner did not change in the postnatal period either. In my heart I knew the mana of this newly born whakapapa would remain in strong safe arms.

To the Māori father, third time round, whose wife had a history of birthing quickly. A staunch wāhine Māori who would do things her way. In the middle of the night his wife gave birth to their baby on the side of the road. Baby caught by Dad, resettling everyone for the drive to the birthing unit, Dad made sure everyone was safe, headlamp and all! On arrival to the birthing unit, unlike most families who leave the responsibility at the feet of the midwives, the Dad continued to watch over his family proudly.

Both examples, teach me it is not a dream like quality of idealism, these abilities are inherent in our Tāne Māori. What I write of, is done with observation through lived practice. Māori Fathers, immensely proud and still very much masculine, demonstrating a loving pride for their partners and their beautiful babies.

Through observation and applying these Māori principles into my midwifery practice I have been privy to the giftings of ngā atua. I am not saying, this is the only way to build relationships with our atua, but another way of showing how I have come to know these things. On reflection, I feel truly humbled.

E moko, continue weaving your thoughts and visions. It gets easier when you begin to understand why you do what you do. When you know what you are looking for the abundance of examples assist with your self-reflection.

Āe Kui, defining Ko te hā tuatahi o Te Ira Tangata highlighted where my strength of character and purpose is derived from. Being conscious of the way in which I practice demonstrated my skills are not derived from clinical skill alone, rather they are wrapped in the corpus of cultural knowing and understandings of what it means to be Tāpuhi. Once I drew these parallels, it became easier to discern how translatable these values were in the rangahau space.

Preparing the whāriki

Pūrākau encourages a return to Indigenous ways of relating, reviewing, researching, and regenerating our traditional and contemporary knowledge, practices, and beliefs to provide nourishment to our cultural selves now and far into the future (Lee-Morgan as cited in Archibald et al., 2022, p. 92).

The challenges of using pūrākau presented a few dilemmas across the rangahau. Firstly, I noticed many Kaupapa Māori research used pūrākau as its method, and appeared to engage with pūrākau in a disconnective manner. I wanted to immerse myself in pūrākau and express the multiplicity of this traditional Māori method and showcase its beauty and depth.

Through these observations it became imperative to use pūrākau not as an extractive exercise (Kovach, 2009) instead, I was determined to take artistic licence and “reauthor these pūrākau”. These methods were deliberately evoked to ensure I was performing rangahau and as I promised, each page would reflect the subversive storylines dedicated to, Our First Mothers.

I worked with pūrākau in multiple ways, from oral traditional methods by reframing Creation narratives in prose (see Chapter Two Te Aka Matua), incorporating mōteatea, whakatauhāki, kīwaha, and whakapapa as main elements of the Story, not as adjuncts (refer to Chapter Three – A Literary conversation), taking pūrākau literally as narrative, and its many interpretations, to artistic sketches (brainstorming) where the drawing of convergent thoughts motivated me to push through writers block (refer to sketches opening every Chapter).

I engaged in many spaces using pūrākau in the literal sense of its meaning, as ‘contemporary pūrākau’ (Archibald et al., 2022, p. 97) through various sets of data. Gathering the lived storied experiences of the puna kōrero would mean attendance at various wānanga of multiple topics, participating in Black, Indigenous and People of Colour BIPOC birth spaces, interacting with Indigenous midwives, and reconnecting with the whenua throughout my daily midwifery practice. These sets of data would weave together convergent thoughts that would require nothing more than presence.

Pūrākau as a decolonising methodology

Hayley Cavino (2022) writes our stories were colonised with the causal effect which disrupted our way of seeing the world. She identified the “traditional” pūrākau we were led to believe as true, were in fact, contrived hybrid stories created in the early colonial period of New Zealand. Our pūrākau were gathered and rewritten from another’s lens, which perpetuated our pūrākau as one sanitised story, one single truth to suit the Pākehā audiences such as the Journal of the Polynesian Society, circa 1892. Over time, these hybrid stories became set in stone, and an authoritative and hegemonic version of our story was created (as cited in Archibald et al., 2022, p. 97).

No truer are these words than the silencing and removal of Atua wāhine from our conscious memories as powerful archetypes and repositories of our birthing knowledges and practices (Yates-Smith, 1999). With the hybridisation of our Creation narratives and the deliberate rewriting of our pūrākau it would be incredibly difficult to access these knowledges and their teachings. In most cases, the knowledge of these practices was cast far and wide among many different Māori healing spaces and practices. Our healing modalities would hide in plain sight our knowledges. The crucial factor was how to bridge these spaces. The constant question in the back of my mind was how do we unlock these knowledges to help educate our wāhine Māori in Tāpuhitanga?

Again, Hayley Cavino (2022) identified the decolonising potential of pūrākau to interrupt the colonial renditions of our traditional stories could be done through the reclamation and reauthorship of our pūrākau by wāhine (as cited in Archibald et. al, 2022). Herein, the fundamental work of Joanne Archibald (2022) would provide clarity. Far from linear, Indigenous Storywork (2008) weaves in seven key values, Respect, Responsibility, Reverence, Reciprocity, Holism, Interrelatedness and Synergy, in the development of Story. Through her Indigenous methodology she would teach with specificity, how to work with Indigenous peoples', their stories, and the Stories themselves, as a means, to perceive knowledge differently. In doing so, Joanne Archibald would situate reflexivity as a fundamental method to engage with Story in a culturally responsive way.

Pūrākau as Indigenous autoethnography

Do not teach me about my culture but use my culture to teach me⁵⁶

Pūrākau and Indigenous autoethnography are whakawhitwhiti kōrero. Important conversations – dialogue to be had; discourses to engage with. The former is from the culturally constructed collective, and the latter, the personal, culturally constructed self (Whitinui, 2013; Parkes, 2015; Adams, 2017).

From a Native philosophical view, “We are, therefore I am” illustrates not only differing ontological and epistemological underpinnings, it also identifies, a difficulty in writing from self. This becomes apparent when the culturally constructed self, is affected by an ever changing landscape, forged from the cultural, social and political contexts in which life is experienced (Burkhart, 2004 as cited in Royal, 2009, p. 93).

A well known whakataukī, ‘Kāore te kūmara, e kōrero mō tōna ake reka,’⁵⁷ alludes to the self is no greater than the collective. In this context, it can be a struggle to speak from Self, culturally constructed or not! It makes me wonder about the words of Ani Mikaere (2015) who uses whakapapa as an intellectual tool to perceive the world. So, I stand back and observe the phenomenon known as Kūmara.

⁵⁶ Often this powerful statement is attributed to Bentham Ohia (2018), however Bentham Ohia gives credit to Benny Shendo (Jemez Pueblo New Mexico) in his oral presentation, Whānau (family based) transformation through education at The Association of Alaskan School Boards, Anchorage, November 10, 2018

⁵⁷ ‘The Kūmara does not speak of its own sweetness’. It is a saying which encourages humility and modesty while discouraging people from being arrogant and pompous.

It is not just a vegetable on a *wenoweno*, in fact, it is not a *Kūmara* on its own either. *Kūmara* is a network of tendrils, flowers and vegetable producing *whakapapa*, nourished and nurtured from above and below. Stretching out like *whakapapa*, weaving their *mauri* into the *whenua*. Never saying they are not *Kūmara*, but always mindful, they were created from many. It does not speak of its own sweetness rather it stands as testimony of its origins. How the *Kūmara* determines this is a different story altogether.

Indigenous autoethnography is a research method that gives space pulling in the self as part of the research process where reflexivity of the ‘culturally constructed Self’ becomes part of the dialogue (Whitinui, 2013). Indigenous Storying is referring to relationality, how we interact with others and how we position ourselves. Where self is constructed and reflexivity is important because it enables the *kairangahau* to listen to the verbal and non-verbal cues of narration. These skills play a pivotal role in data analysis and interpretation. In this light, *pūrākau* assists with giving ‘voice’ through the written platform of ancestral expressions of orality, at its finest (McKenna & Woods, 2012).

As Garrick Cooper (2017) succinctly expresses,

The stories of the intellectual curiosity and flexibility of our ancestors might guide us out of this closed system (binary system based on purist thought) into more vivid and radical forms of *Kaupapa Māori* thought and action. (as cited in Hoskins & Jones, p. 156).

Indigenous autoethnography as *pūrākau* is a medium of *Māori* narrative used to give voice to many who have not been heard or felt often enough in discourses concerned with answering back to the lack of relationality and subjectivity, in preference for objectivity in research (Archibald et. al, 2019; Elkington, 2011; Royal, 2009; Lee, 2005).

Jenny Lee-Morgan (as cited in Archibald et al, 2022) explores *te pū o te rakau* (an interpretation of *pūrākau*) to convey, the insider outsider perspective in research. (p. 92). This is why *Kuia* walks through these pages with *mokopuna* emulating the special relationship shared between a Grandmother and her grandchild. Throughout this *rangahau*, *Kuia* is both one grandmother or many grandmothers at once. Univocal to multivocal narrations of *Kuia* are written in italics to discern a subversive story beneath the insights of the *puna kōrero*. Their conversations reflect those “teachable moments” (Seed-Pihema, 2022, as cited in Archibald et al., 2022) where the transmission of knowledge between generations is shared, philosophised and theorised.

Pūrākau as thematic analysis

Originally, questions were created to explore the depth of understanding related to mātauranga Māori (education pre-registration and post-registration) among Māori midwifery pūkōrero. However, in early conversations with pūkōrero I quickly realised the questions I had would not be appropriate. When asked whether we (Māori midwives) had our own Māori philosophies specific to birth and midwifery, none could articulate this space. Some pūkōrero even reiterating the current Midwifery scope of practice and underlying European philosophy of midwifery as defined by the Midwifery Council of New Zealand. One contributing factor to this phenomenon, would be the lack of cultural knowledge and comprehension of Te Reo Māori. Many pūkōrero Māori discussed post-registration experiences with learning Te Reo Māori as borderline inadequate, due to an inability to commit to the time required to attend classes. All discussed access to wānanga and workshops specific to Te Ao Māori were difficult to access due to work expectations. An inability to have a grasp of te reo Māori would be a leading cause for pūkōrero Māori experiencing the ‘imposter syndrome’ in midwifery practice. In hindsight, conversations began to centre on what is a Māori midwife, and what is our point of difference? Rangahau questions were redrawn to capture the experiences of what it was like to be a Māori/ Pākehā midwife/ birthworker. Open ended questions were used to analyse the different sets of data, interview transcriptions, with journalled entries to further extrapolate themes, and sketches created at different stages of transcription, analysis, and interpretation.

Four main themes were drawn from the conversations with pūkōrero, Pūrākau as Creation narratives would be used to embrace the narratives of the puna kōrero through the fundamental elements of Ka puta ki waho (life is born through women). Analysis through the key elements Ko Kurawaka, Ko Ūwha, Ko Manawa, and Ko te Whare Tangata, thus, ensuring the focus of rangahau would be situated within Māori birthing praxis, and, surrounded by the presence of Our First Mothers.

Pūrākau as structure of puna kōrero

I am inspired by the writings of Rebecca Wirihana (2013) and her Pūrākau analysis tool, Morehu McDonald’s (2019) Tīwhiri Rangahau analytical tool, and the personal interpretations of Shelley Hoani (2018) regarding the language used in the pursuit of rangahau. Shelley Hoani would replace the words research participant and research participants with pūkōrero (personal narrative) and puna kōrero (collective narratives) respectively. The structure of the puna kōrero was informed from Morehu McDonald’s (2019) Tīwhiri Rangahau. He identified three

substrates to house his own iwi whakapapa kōrero, where they would retell their own narratives in their unique iwi centric way. Their theorising would inspire my determination to think, write and act consciously with a Kaupapa Māori lens.

In this rangahau, Pūrākau o Te Ira Atua represents a collective of knowledgeable people who were conversant in Creation stories and their application to practice. They were the advisory group who would inform the kairangahau every step of the way and engage with mātauranga exploring the depth of inquiry of shared mātauranga. **Pūrākau o Te Ira Tupuna** spoke from a solution focused approach. Exploring Indigenous midwifery from the voices of Indigenous birth workers and/ or birthkeepers across the Pacific Rim. Their voices contribute towards a Call to Action for Indigenous midwifery globally. **Pūrākau o Te Ira Tangata**, examined the midwifery graduate experiences of the unique bicultural midwifery programme, Tihei Mauri Ora 1996 – 2016. Gathering the stories of three tiers of midwifery; the midwifery graduates, their midwifery educators and two Directors. Sharing their personal narratives would reveal emergent themes across their training and their successive practices, while simultaneously, bringing to light, the unique voices of Tihei Mauri Ora and Direct Entry midwives, never heard before in New Zealand midwifery.

Once the structure of the puna kōrero was determined, it became easier to identify potential pūkōrero to engage with and the gathering of data would commence shortly, thereafter.

Kotahi tē kī: Data Collection

Kotahi tē kī begins the opening stanza of Tainuitanga, the philosophical thought of Tainui peoples. An indigenous philosophy where the beginning world of Te Ao Māori began with considered thought, measured discussion, and deliberate action. This stratum reflects the data collection phase of rangahau and was conducted through, te pūrākau o Te Ira Atua, te pūrākau o Te Ira Tūpuna and te pūrākau o Te Ira Tangata.

Identifying potential pūkōrero would be made through personal and professional networks where discussions across my line of work (locum placements, births attended, and casual conversations between colleagues and friends) would help to identify interest in the rangahau. The gathering of the narratives of te pūrākau o Te Ira Tangata was performed using a Kaupapa Māori approach, ensuring the pūkōrero were well informed and had choice in their participation. On receipt of interest, initial engagements were done with an email containing a cover letter and consent forms. Subsequent emails would be sent to confirm dates and time for

engagement. Of the thirty emails sent twice over a period of 12 months, twenty-six would agree to be part of the rangahau. Semi structured hui with open-ended questions were undertaken with the puna kōrero over a 12-month period. Due to the global pandemic 2020 – 2021 the ability to meet in person was hindered drastically. Only 10 pūkōrero would be seen face to face in the data collection phase. The remaining pūkōrero were contacted via telecommunications, Zoom facilities, telephone, and email. All transcriptions were written up within a week of recording. Journal entries were made in the initial 24 hours to summarise the main points and capture reflective thoughts of the hui. Transcriptions and recordings were emailed to each pūkōrero for follow up and amendments. Fifty percent of the transcriptions sent out were returned and amendments were made as requested.

On the cusp of completing the transcriptions a growing sense of feeling like an imposter as a Māori midwife began to impact my thinking. I would reach across the Pacific Rim to Indigenous birthworkers searching for inspiration for the future of Māori midwifery in my own lands. Te pūrākau o Te Ira Tupuna would become a collaborative approach between kairangahau and Indigenous birth workers. Each was approached to ask for expressions of interest. All three would reach back and agreed to participate in the rangahau. Zoom meetings were set up over the initial two months for sharing of narrative, and clarification. Initial emails were sent to request their stories in their own words and the artistic licence to write their chapter with the utmost integrity. Rewrites of their story in their chapter were sent backwards and forwards for clarification and amendments were made accordingly. When everyone agreed with how their story appeared in their chapter, a draft of the full chapter was sent for comment. On receipt of acceptance of the completed chapter, a copy was sent to my Academic Supervisor for editing.

Te pūrākau o Te Ira Atua narratives would be collected over informal conversations and wānanga in many spaces, in their homes, at marae, over the telephone and in workplace environments. These were not written like transcriptions rather journal entries of insights gathered. Where shared knowledge was to be used in the writing of chapters these were sent ahead for clarification and permission to use. At times, we would sit and talk while I would create artistic pieces as gifts for their time. Many a painting or art piece sits upon their walls as an appreciation for their gift of time and patience.

Kotahi te kōrero: Data Analysis

I would come to realise the process of analysis and interpretation was heavily influenced by the presence of Atua wāhine. The more I could see the gaps in knowledge in midwifery education the greater the need to reauthor mātauranga from the lived observations of Tāpuhi. Not only did it mean being ethical in my rangahau approach it also challenged me to create resources to help ease the enormous amount of work required to begin to piece together our birthing knowledges and practices subsumed and desecrated by colonisation.

The voices of the puna kōrero were filtered through the Māori lens of Kurawaka, Ūwha, Manawa and Whare Tangata (see the table below). Each element interdependent upon the other. They are connected. They are relational (see table below), and they are governed by Our First Mothers.

| Ka puta ki waho | | | |
|----------------------|--|---|--|
| Kauwhau | Kaitiaki | Tūranga | Kaupapa |
| Kurawaka | Papatūānuku Hine Moana Hine Te Iwaiwa | The sacred vessel which holds the fertilised seed as it is transported to the Whare Tangata | Examines reasons why pūkōrero were called to midwifery/ birth work |
| Ūwha | Hine Ahu One Hine Hau One | The female human essence incarnate. Ka puta ki waho | In search of identity in midwifery / birth work |
| Manawa | Hine Ahu One <i>Self-Love</i> Hine Hau One <i>Love for others</i> | The Art of Koha Reciprocity For self and for others | Impacts of practice |
| Whare Tangata | Hinenuitepō Hine Tītama Hine Māhuika Hine Murirangawhenua | Kōpū Body as place of power Wāhine Māori AIO as place of power | Embodied practices of self care and healing |

E moko, I wondered if you would consider the placements of Hine Ahu One and Hine Hau One beyond the narrative of their creation. I ask because often our creation stories perceive these atua wāhine as interchangeable, and therefore, one in the same. I argue this is not the case, both are sovereign of separate organ systems. Hine Ahu One, the human heart and the circulatory system, whilst, Hine Hau One, is sovereign of the lungs and the respiratory system. From form, to function to fruition, their existence demonstrates the interconnectivity, of the heart and lungs. Taken to a spiritual context, the lungs wrap around the heart, in the same way the breath wraps and swirls in the four chambers of the heart for optimal human life. Together they ignited the Ira Tangata, and the heartbeat of humanity was heard across the World of Light.

Āe, Kui so eloquently spoken. Barbara Norstrom-Loeb (2018) calls this embodiment, “fully inhabiting the intelligence of the body [Hine Ahu One] and attuning to the world through it. It’s about listening to the world through the body. It’s about feeling the world through the breath” [Hine Hau One] (Nordstrom-Loeb, 2018).

Hine Ahu One and Hine Hau One maybe interpreted differently to another kaupapa and another kairangahau, but to me Kui, they are the epitome of what ‘embodiment’ means to this rangahau. Qualitative studies which dig deep into ‘how the body talks’ can be understood through the relationships and characteristics of our atua (Holman – Jones, 2016). Similar rangahau which situates itself within Creation narratives can be most helpful for Māori and Indigenous birthworkers, and Indigenous midwives. To teach critical thinking with qualitative studies which explore “embodiment” as a teaching tool for learning ‘how the body talks’ can be beneficial for appreciating the impact of relationships in the birthing space.

Auē mokopuna, grounding the analysis of the puna kōrero through Hine Ahu One and Hine Hau One is impressive. Who would have thought to imagine weaving our Atua Wāhine into the data collection itself. It is heart warming to know you are building relationships with Our First Mothers, in all contexts. It is like you have taken them from the perimeters of unconscious thought and brought them into practical application. Positing our Atua Wāhine in this context acknowledges their presence in Māori midwifery praxis.

What is interesting about this way of analysis and interpretation moko, is the awareness their bond is inseparable. For instance, Hine Ahu One is seen (the narratives gathered)

and Hine Hau One, the unseen, (the analysis and interpretation of narratives). This awareness further supports Indigenous thought, where everything is relational.

Additionally it could be argued, as kairangahau weaving creation narratives into existence you become completely interwoven into the underlying philosophical foundations of Tāpuhitanga. Not as an extension of but as an interpretive link. Lest we forget, the utterance of Tihei Mauri Ora acknowledges the birth of Hine Ahu One herself, into the World of Light.

This really is getting exciting moko!

Thank you Kuia, I was inspired to use more creative ways to analyse the narratives of the puna kōrero and, my creative journals reflect these ideas more succinctly. Everything upon these pages, (text, drawings, sketches and prose) describe a convergence of multiple thoughts seeking articulation, which capture a moment in time and space where things come together.

An example Kui, would be, when working with a birthing women I feel the pivotal connection at my Pito.⁵⁸ It is a physiological invitation when the birthing woman invites me into her birthing space. Pelias, calls this ‘navel-gazing’ explaining,

the navel tells the story of our first connection to another, adding, the self is always constituted in our interactions with others (Ellis et al., 2008 as cited in McIvor, 2010, p. 147).

In the birthing space I cannot force myself on a birthing woman nor her whānau, I have to wait until I am invited into her birthing space. I am not speaking of informed written consent. I am talking of “relational accountability” (Wilson, 2007 as cited in McIvor, 2010, p. 147). This can be felt in many ways, such as, calling out my name, asking for my help to take away the pain, a look in her eyes, the curl of her toes when the waves of contractions build, to the catch in her breath. It is an unspoken invitation but a call heard loudly in the depths of my pito.

This was how I engaged with the pūkōrero⁵⁹ and their narratives. I heard their karanga and I returned mine. I heard the lilt in their voice, the question behind the question, the doubt that shimmered across chosen words (spoken or written). I replied immersed in the birthing space and beyond the mechanisms of clinical skills. I moved consciously with the practice of Kaitiakitanga guided by Ko te hā tuatahi o Te Ira Tangata.

⁵⁸ Pito, umbilicus, belly button

⁵⁹ Pūkōrero describes contribution individual voices and stories shared

Kotahi te wānanga: Data Interpretation

*Whispered tones echo across time, Hine Ahu One walks with me whispering,
Tread quietly mokopuna, so you may hear*

Pūkōrero who gifted time to sit and share their stories from their hearts. It was a truly humbling time listening to their narratives, replaying Zoom sessions and audio recordings in the privacy of my room. As their many words fell upon my ears, my hands picked up pen and paper and I drew their words into my own interpretative knowing. Indigenous Storywork played a pivotal role in the interpretation of Story. I followed the four cardinal values of Joanne Archibald's work (2022), by "listening to the Indigenous peoples Stories with Respect, develop Story relationships in a Responsible manner, treat Story knowledge with Reverence, and strengthen Storied impact through Reciprocity to reStory Indigenous lived experiences through Indigenous cultural Storying" (p2).

The gathering of data and analysis continued long after the final transcriptions were edited. Thoughts continue to saturate your thoughts, blending narratives together until you can no longer see. You close your eyes and realise you are now working with Story. You must learn to trust and surrender to the teachings of the Story itself. Biases, and findings are surrendered to hear the whispered storylines beginning to manifest. Pages of writing occur amid the developing chapters. Even though, I could visualise the pūkōrero it was their voices long after their narratives had been completed that animated my thoughts. Their words would spread like whenu across my quiet moments leaving me questioning, how do you interpret pūrākau – contemporary lived experiences?

I discovered that the answer is, you don't. You forestall interpretation and foreground Story as teacher. You sit back and let Story gift its teachings it chooses to reveal. You begin to learn engaging with Story removes your ego, sets up writer's block to remove overthinking. It puts you to sleep when you are trying to cast your biases into the writing. Story sends you into the big wide world and forces you to engage with the world and share what you have learned. Story teaches you about you.

Āe mokopuna, pūrākau humbles you.

It certainly does Kui, he tika tau.

Mahia te Mahi: Ethical considerations

In this chapter I have discussed the ethical approach of this research, and in the rangahau there were several specific ethical considerations which would prove challenging, such as, anonymity, pseudonyms, and full disclosure of different strata across the puna kōrero.

The inclusion of the name and place of Tihei Mauri Ora and Direct Entry midwifery programmes were identifiable landmarks. This could pose an ethical risk of the identity of the pūkōrero of te pūrākau o Te Ira Tangata. Firstly, the populace of Māori midwives in Aotearoa New Zealand is very small, in 2020 there were 375 midwives issued a practising certificate who identified as Māori (first, second and third ethnicity). Secondly, there has only been one attempt at bicultural midwifery education in New Zealand history and its location was well known. Given this unique combination, the identity and naming of the programme and where Tihei Mauri Ora was taught, would not mitigate risk of identification. It was common knowledge Tihei Mauri Ora, good or bad, was well known within midwifery educational spaces. Pūkōrero were well aware of the potential risks associated with their professional reputations. It was agreed it was imperative the use of pseudonyms would be necessary to protect the identity of the pūkōrero from professional repercussions.

To anonymise or not. Given the potential risks of identification and its possible professional repercussions the idea to use pseudonyms was discussed at length. There were no half measures for pūkōrero Māori the majority wanted to use their names, expressing their names would give their stories the mana they deserved. The remaining pūkōrero Māori were indifferent. It did not matter either way. One pūkōrero Pākehā expressed it would be unethical to identify pūkōrero and she would find it difficult to be part of the rangahau if this were to be the case. Given the diversity of thought on this by pūkōrero and the relatively small pool of midwives in Aotearoa, it was decided pseudonyms would be used. The names and traits of native birds of Aotearoa New Zealand would be used to acknowledge the affinity to the whenua, each of the pūkōrero call home. Using native birds of Aotearoa New Zealand as avatars especially if writing up of their narratives was done in an ethical manner, the identity of the pūkōrero Māori or Pākehā would remain undetectable, to outside eyes.

The next challenge was the full disclosure of te pūrākau o Te Ira Tupuna. It was a collaborative approach taken with this stratum to share their stories as Indigenous birth workers. Katsi Cook (2022) brings purpose to their work citing,

the pot will never look the same as it did when it was dropped; but we'll recognize its shape, its form, and its purpose, and begin to make new ones (as cited in Keegan, 2022, p. 18).

The three Indigenous birth workers stories are unique. Each exemplars of Indigenous methods of restoration, reclamation and sovereignty in the Indigenous birth space and, the reiteration of the process of reStorying Indigenous lived experiences through Indigenous cultural storying (Archibald, 2022). Their names carried more than the purpose of a 'noun' they carried their ancestral blood lines, their heritage, their lands, and their peoples. Their determination to speak back directly with their ancestral lineage to the deep tracks of colonisation across their blood lines. To be visible in a sea of research rules and regulations was an Act of Sovereignty, and a response to create pathways in the wake of Indigenous birth keepers before them.

Another ethical concern was the inclusion of my daughter Hannah in the rangahau. This was a purposeful decision, as more and more Māori are living in Australia, our babies and our mokopuna are being born off our whenua. In hapūtanga, many of our Māori mothers are pining for mātauranga specific to birthing and parenting and when you are off whenua, that hunger is not as easily satiated. Many are using social media platforms to access fragmented mātauranga for their pregnancy, birth, and postnatal periods. We have yet to consider, the implications of parenting off whenua for mokopuna born abroad, and their search for cultural identity.

Hannah is one of many wāhine Māori birthing off whenua. Her pūrākau demonstrates one Māori mother's determination to search for healing caused by her traumatic birthing experience. Her pūrākau expresses her determination to transform her trauma and find meaning in the chaos, and the birth of Kaiwhakawhānau.

Hannah would discover there were other Māori women wanting the same thing as her, sharing the motherhood experience with other Māori mothers. Her story highlights the beginning stages of introducing Māori concepts into the midwifery space in the Australian context, not from the midwife's perspective, but from the lived experience as a young Māori mother. She works predominantly with Māori mothers interested in learning how to incorporate traditional methods and knowledges of birth into their world. Her voice is essential to understand our diversity as birthing wāhine Māori requires new solutions for addressing their needs no matter where they choose to live in the world. Indigenous birth workers, Māori birth workers would be crucial for our wāhine Māori in Australia.

It is with her permission that her story is included in this thesis. It is also not uncommon for Kaupapa Māori researchers to engage with their own whānau in their lived experiences (see Simmonds 2014). The inclusion of her story was carefully negotiated with Hannah to ensure that she was satisfied with the way in which her kōrero has been shared.

Kuia stands up, shakes herself, stretching her hand out to her mokopuna.

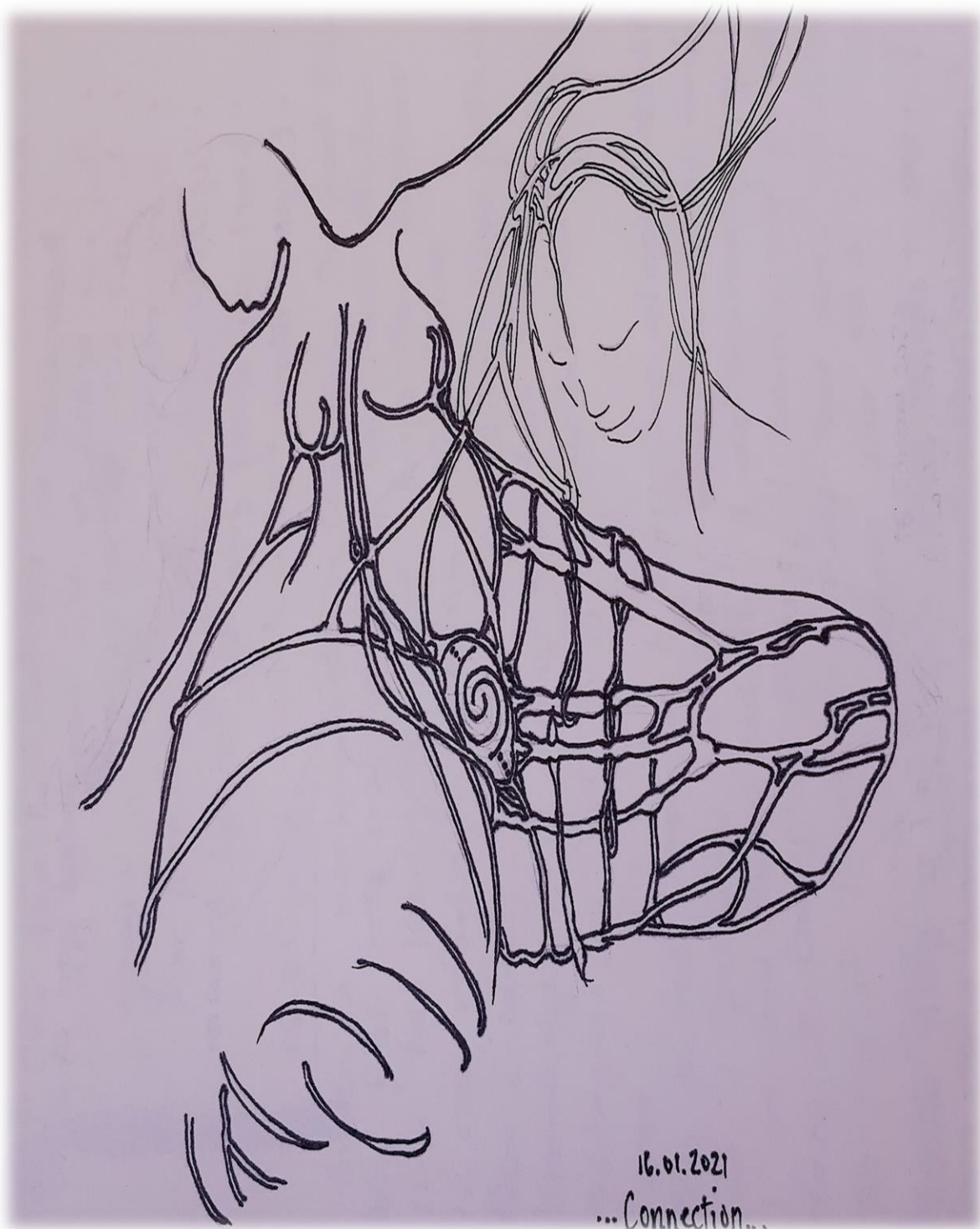
Care to kopekope e moko?

Kia tau te Rangimārie

Pūrākau is more than a story. It is a teacher who stretches across generations gently reminding us of who we are and where we come from. Pūrākau allows for the convergence of Creation stories to meet stories in creation and bring a world of possibilities into the mundane, offering multiple prisms of solutions yet to be discovered.

The next chapter will announce the presence of our Atua wāhine demonstrating their influence in the methodological processes of data gathering, data analysis, and data interpretation of the rangahau.

Chapter Six



6 Connection⁶⁰

⁶⁰ Their voices become more urgent as my voice joins the puna kōrero. I am afraid I will get lost amid the multiple perspectives. Kuia whispers into my thoughts, “haere tōtika, e moko, we’ve got you”.

Aroha atu Aroha mai

Kuia and mokopuna settle on the mahau, upon the woven philosophical whāriki of Tāpuhitanga, at the doorway of the wharenuī, Ko Whare Tangata. Ko Whare Tangata embedded into the whenua of Our First Mothers. Their positioning is deliberate and purposeful.⁶¹ Kuia weaves sacred intention as her karanga stretches across the ātea, merging worlds.

The mahau begins to shift in waves as Hinepūtechue, Hine Kauorohia and Hine Arikinui step forward. Wānanga has begun.

*Tēnā kōrua,
He aha ou whakaaro, e mokopuna?⁶²
You have our full attention
Share your vision with us
Tono mai ki a mātou.*

Mokopuna sits with her back straight, head bowed and heart open. She speaks with conscious thought, no more quiet whisperings, intentions clear and decisive as she enters the rangahau space of gathering, analysis and interpretation of pūrākau. Pouwhakairo⁶³ listen intently observing the patterned desires of their mokopuna as she shares her academic journey.

Tēnei te mihi maioha a Kuia mā, it is an honour to share wānanga with you today. I would like to acknowledge the wisdom of Amster Reedy (2007) whose words would change the direction of my rangahau. Two of his kīwaha, would influence this change, firstly, “haramai e tama puritia te aka matua” (as cited in Waka Huia, 2011, n.p.) challenged me to look deeply into what Māori philosophies underpinned the education of the Māori midwifery student? Secondly, the utterance of, "it is not how far back in our culture you can go, but how far forward you can take it" (Reedy as cited in Waka Huia, 2011). These kīwaha inspired significant creativity which which lead to the creation of new ways of engaging with mātauranga. For example, the (re)authorship of our Creation narratives, the development of a Māori midwifery philosophy, Our First Mothers (see Chapter Four), the creation of an ethical framework, Ko te hā tuatahi o Te Ira Tangata (see Chapter Five), and the development of Kaupapa Midwifery, as a space of engagement with pūkōrero.

⁶¹ The mahau is found just outside of the doorway into the wharenuī. This is the place where wāhine Māori, a Kuia mā speak from without any repercussions.

⁶² Formal greetings addressing two people, what are your thoughts, mokpuna?

⁶³ My interpretation bridges the pūrākau of Hine Tītama, when she enquires about the identity of her father. She is told to go and ask the pou of the whare. Pouwhakairo – refers to the carved pou (posts) of the whare.

The famous words of Tā Apirana Ngata would make me consider the contemporary realities of being a Māori midwife. His words (see below) encouraged Māori to learn the tools of the Pākehā (ie. education) without losing sight of reo Māori me ona tikanga.

E tipu e rea mō ngā rā o tō ao
Ko tō ringa ki ngā rākau a te Pākehā
Hei ora mō te tinana
Ko tō ngākau ki ngā taonga a ō tīpuna Māori
Hei tikitiki mō tō māhunga
Ko tō wairua ki tō atua
Nāna nei ngā mea katoa (Ngata as cited in Rakuraku, 2017)⁶⁴

His famous whakatauākī would provide a rationale of why and how to survive in both worlds, Māori and Pākehā. However, in the context of contemporary New Zealand society, efforts to maintain te reo Māori me ona tikanga, whilst, learning midwifery education for Māori midwifery students would consistently thwarted across the educational system of New Zealand.

Cheryllea Bourgeios (PWRDF, 2021, n.p.) articulates this phenomenon citing, “education should not put people into the position of choosing between being educated or Indigenous”. In 2023, and twenty-five years of Direct Entry midwifery education, this is exactly what is happening, Māori midwifery students are still being expected to assimilate into the Pākehā midwifery narrative or fail.

Aroha mai, e Kui mā, this is what I bring with me as I merge with the puna kōrero. I am afraid my biases will cloud my judgement, misinterpret pūrākau and distort the original intentions of the rangahau. Awhina mai ki ahau.⁶⁵

Auē, taukiri e mokopuna

Whakatau Mauri

As insights were being written in doctoral assignments the time to commence wānanga with pūkōrero was approaching. To gather the narratives of the puna kōrero was a three stage process; gathering, reflecting, and eventually, sharing of the pūrākau. Each stage required a different skill set and methods of engagement. Hinepūtehue would support the processes of

⁶⁴ Grow and branch forth for the days destined to you. Your hands to the tools of the Pākehā for the welfare of your body. Your heart to the treasures of your ancestors as adornments for your brow. Your spirit to God, who made all things. Sir Apirana Ngata (Rakuraku, M. 2017, E tipu rea – moemoea).

⁶⁵ Please support and guide me.

gathering pūrākau, Hine Kauorohia would guide through reflection and analysis, whilst Hine Arikinui would teach me how to share and interpret the collective pūrākau as data saturation was achieved.

The purpose of this chapter is to weave together those parts of the rangahau process that do not fit nicely into written chapters, and if they do, they upset the flow and essence of the remaining chapters. Atua Wāhine became kaitiaki as I took a deep dive into the moana of conceptual thought providing me with guidance and inspiration. This is what this chapter is about, the decisions in progress which would determine the course of the rangahau journey itself.

To begin, I discuss Kaupapa Midwifery.

Kaupapa Midwifery

If we are not theorising from Māori worldviews, then we cannot challenge existing ideologies? And if this is the case, then we:

simply play the game...[where] commitment to communities, social justice and indigenous rights is a charming aspect of their practice but is, fundamentally irrelevant when it comes to...their academic vita (Smith et. al., 2016, pp. 133 – 134).

I did not want Kaupapa Māori theory to just happen to me. I am not a passive participant of mātauranga Māori. I am Tāpuhi in contemporary times. Kaupapa Midwifery is my expression of using mātauranga through pūrākau (as discussed in Chapter Five – Ko Te Pū) to reclaim and (Re)present what midwifery means to me as Tāpuhi. By exploring midwifery through the eyes of Tāpuhi, understanding my position in my professional world would motivate me to fulfil my obligations as the kaitiaki of this rangahau, and strive, to “see and write knowledge differently” (Kovach, 2009, pp. 43 – 44).

The importance of articulating Tāpuhitanga was to provide a counternarrative to New Zealand midwifery education and praxis. It is a challenge to the midwifery educational system which continues to educate Māori midwifery students without forethought, for diversity in philosophy and pedagogical methods (Tupara & Tahere, 2020). It is in this context Kaupapa Midwifery was born.

As Smith et. al. (2016) articulates:

what forms the ‘interpretive link’ between the ways in which knowledge is defined and understood and the practices of inquiry that are used by those who research and conduct scholarship? (Smith et al., 2016, p. 147).

For this rangahau, Kaupapa Midwifery is the interpretive link where the ‘legacies and teachings of the past’ continue to evolve. As a result, mātauranga can be used to help address contemporary realities for tangata Māori entering the New Zealand midwifery profession.

The wording of Kaupapa Midwifery is purposeful and recognises the co-existence of two worldviews, Māori and Pākehā. Kaupapa ground in the worldview of Hine Ahu One: Hine Hau One, and midwifery to reference New Zealand midwifery and its subsequent legacy building praxis (Guilliland & Pairman, 2005).

Firstly, the worldview of Hine Ahu One: Hine Hau One helps:

to reconceptualise knowledge’s, experiences and practices surrounding pregnancy and childbirth...that affirms and celebrates the individual and collective experiences of Māori (Simmonds, 2011, p. 21).

The worldview of Hine Ahu One: Hine Hau One refutes the colonial claims that our cosmological narratives are quaint cultural stories, void of merit or attention. Our First Mothers are central to Māori creation narratives, more importantly, their presence acknowledges, the kīwaha, ka puta ki waho; where all whakapapa is born through women. These understandings are nothing new, nevertheless, they are the basis of Māori midwifery philosophical thought woven intricately into our beginning Māori world (H Kohu-Morgan, personal communications, August 22, 2021).

Secondly, Kaupapa Midwifery is not naïve in the recognition that currently the midwifery profession in New Zealand is monocultural in nature, wherein the New Zealand midwifery partnership model lacks any:

acknowledgement of Māori epistemologies within its theoretical model, its education of practitioners nor the governance discourses of the profession (Kenney, 2011, p. 132).

Unchallenged in its theories and praxis the midwifery profession of New Zealand will through the hands of their midwives, continue to push the New Zealand colonising agenda in one of the most intimate moments of Māori identity, the birthing of whakapapa (Townsend, 2015; De Souza, 2016).

Furthermore, Penney et al. (2011) succinctly states:

simply, when you are living in a place, with people, and norms, expectations and paradigms that are not ‘yours’, are not suited to you, or to which you have no ‘connection’ (especially if connection matters), then it is going to be quite difficult to thrive. Forever the ‘other’ means forever getting ‘other’ results (as cited in Townsend, 2015, p. 4).

Kuia, Penney et al. (2011) has a valid point. As Tāpuhi I have always felt like an imposter. I was perceived as midwife first and Māori next, unless of course, I made an error, then I became that, Māori midwife. I struggle regularly searching for methods to engage in dialogue and debate, to question the validity of the midwifery profession of New Zealand and its empty approach towards the unique position of Māori in midwifery. Without Tāpuhitanga (Māori midwifery praxis) standing upon its own lands, within its own practitioners, the belief midwifery New Zealand can provide safe midwifery practice for birthing whānau Māori remains questionable. I would even suggest it is myth masquerading as fact.

Kui, in the role of kairangahau of this doctoral thesis I do not have the luxury to sit in absolutes nor in, polarized positions. I needed to find a way through the messiness of white privilege and our own colonial gaze, in birthing praxis in Aotearoa New Zealand by understanding the behaviours which shape the world I live in, and figure out methods to unlock “social discourse, social relations, and social institutions” (Smith et al, 2016, p. 147) which capture the Māori midwife’s reality.

Kaupapa Midwifery was developed with a dual purpose. On the one hand, the articulation of Tāpuhitanga was to serve as a counternarrative, ready to challenge New Zealand midwifery philosophy and praxis, particularly, for Māori entering the midwifery profession. On the other hand, it was to create a bicultural platform, where the puna kōrero had a place to stand and speak from. The fact I was including Indigenous birth workers and Pākehā midwifery colleagues in this rangahau was decisive. To conduct rangahau without the presence of Indigenous birth workers and Pākehā colleagues who graduated in the parallel Direct Entry midwifery programme would be to tell half a story. I had a responsibility to share as much information in an ethical way as I could muster.

Focusing my attention on Kaupapa Midwifery as being the ‘interpretive link’ aligned with the methodological approach of Jones & Jenkins (2008) Indigene – Coloniser hyphen. A research methodology designed to examine the in-between space in the context of Professional supervision where Kaupapa Māori supervision would stand on its own merit alongside mainstream professional supervision. Within this frame of mind, I explored similar Indigenous

thinking of Elkington (2014), Eruera (2005) and the writings of Kawagley & Barnhardt (as cited in Hogan & Topkok, 2016). Each of these Indigenous scholars described a common space where dialogue could effect change in practice. I was excited.

In my interpretation of their words, I created a table (see below) but quickly discovered the table I had constructed was another example of retrofitting Māori concepts and traditional values to the Eurocentric midwifery model of care. In doing this, I was apportioning Māori words and concepts to Pākehā ideas, without shifting the underlying Eurocentric philosophies embedded deeply into the New Zealand Pākehā midwifery psyche.

My original intention was to describe the engagement space. A space where robust discourse would be most beneficial for all concerned. A space to foster respectful relationships between Māori and Pākehā midwives, across the midwifery profession, in which dialogue could possibly reach those uncomfortable places and shift ingrained dynamics of colonialism in New Zealand midwifery.

| Tāpuhitanga | Kaupapa Midwifery | Pākehā Midwifery |
|--|---|---|
| Te Aka Mātua Te Taurikura | Preconceptual Nutrition, preparing the body, good health | European history of midwifery Obstetrics vs Midwifery |
| Tāpuhitanga Practitioners of womb to tomb care for whakapapa | Pregnancy Maintaining well health for the pregnant woman, surveillance of care of mother and unborn child, includes family health, holistic care | New Zealand midwifery profession Practitioners of a maternal and new-born health and wellbeing |
| Tāpuhi Men/ Women role Informed by whakapapa Kōrero Apprenticeship Accountable to whānau, iwi Tikanga and Kawa | Labour Surveillance of mother and unborn child Referral if required Necessary clinical skills to determine normal and abnormal parameters in labour | Midwife Majority women role Handmaiden to the obstetrics field Regulated training Responsible to governing bodies Standards of practice Codes of ethics |
| Kaitiakitanga Whānaungatanga | Birth | Informed choice Informed consent |

| | | |
|--|--|---|
| Tika, Pono, Aro kit te hā Mauri, Mana, Matakite | To guide the birth of a new-born child with assistance to help a mother and father transition roles in their life, includes significant others and family if appropriate | |
| Rongoā Māori Healing methods of Māori To provide and promote well health options psychological, wairua, physical and whānau health | Healing methods used, alternative which can lessen the impact on the mother and unborn child, Alternative methods to the obstetric world of opiate use and reliance of opiates that contraindicate breastfeeding and relatively easy postnatal recovery for the mother | Herbal knowledge To provide alternative methods to the pharmaceutical use of opiates which will impact negatively on breastfeeding and postnatal recovery for the mother |
| Pāharakeke Whānau-hapū-iwi | Early postnatal period Breastfeeding All areas specific to early parenthood | 4 – 6 weeks postnatal early baby care Lactation Consultants Paediatricians Doctors, |
| Whānau – Hapū Shared responsibilities Mothers/ Fathers Kuia/ Koroua | Parenting practices Family Start Whānau Ora | Nuclear families Patriarchal Experts outside of the family unit |

Goodness me, Kui, I was still reverting to my colonised default settings. My colonial gaze very much still clouding my vision. Back to the drawing board again!

What if mokopuna, the creation of this methodology, Kaupapa Midwifery was really about your way of standing in both worlds confidently, on your terms? Creating sacred space for you? Where you could dialogue with your colleagues about the educational programmes and profession that unite you all.

I considered my default settings again and challenged my thinking, asking, if I am bringing forward Our First Mothers then would it not be natural to have them stand in their cultural contexts? I understand kawa and tikanga uphold Our First Mothers very existence, and positioning Tāpuhitanga as Māori midwifery praxis strengthens their ability to challenge Pākehā midwifery at its fundamental core.

My intention was not to debunk their (Pākehā) midwifery ideals it was far greater than that. I wanted to grab colonisation by its throat and shake some sense into it. Rip its tendrils from our own Māori psyche so we could breathe and speak past the double standards, the misogyny and

the well-intentioned rhetoric of midwifery practice. To replace shallow lip service of Treaty led midwifery curriculum and renourish and nurture the mauri of Māori midwives, from entry level until retirement. As Linda Smith advocates:

when Indigenous peoples become the researcher and not merely researched, the activity of research is transformed. Questions are framed differently, people participate differently, and problems are defined differently, people participate on different terms (Smith, 1999, p. 93).

As an interpretive link, Kaupapa Midwifery attempts to navigate these multiple intersections while being challenged by the “Māori, by invitation” into midwifery circles in Aotearoa New Zealand.

Then the penny dropped. What place offers up heated debate, robust discussion, engagement and fired passion with the aim to find articulation? What cultural context offers absolute sanctity and protection for Our First Mothers? Nothing more powerful than the Ātea.⁶⁶

Kaupapa Midwifery as the interpretive link is the ātea!

The space of potential, the space for communication, the space for dialogue and especially when we need to return to simple processes of engagement (R Palmer, personal communications, April 24, 2021).

The pōwhiri and whakatau mauri processes open sacred space. The ātea is the place for articulated debate and discussion. Our First mothers are the haukāinga.⁶⁷ Their voices grow in strength. Their presence becoming more and more palpable.

Kaupapa Midwifery became the ātea of the rangahau in the data phases. The in-between space between pūkōrero, between thoughts, and in-between pūrākau. Kaupapa Midwifery invited divergent thoughts and experiences to sit in a space, non-judged and able to move organically into place, all the while building a collective pūrākau of Māori in midwifery and midwifery in Māori.

In the role of kairangahau immersed in these contentious spaces is a responsibility I am obliged to fulfil. If I do not, who will? Seeking change does not come from having the answers, because I don't. Instead, these contentious spaces stretch my imagination, ask me

⁶⁶ Ātea is the sacred space governed by Tūmatauenga. It is the open area in front of the whareniui on a marae in formal gatherings. It is a public forum where contentious issues can be raised and debated in accordance with tikanga Māori.

⁶⁷ Haukāinga refers to the home people, hosts, homeland. They are the hosts of the marae. The marae being a Māori institution steeped in Te Ao Māori philosophies, pedagogies, and practices.

to get creative, and engage, and seek the right questions, because in the end, the answers lay within.

Kaupapa Midwifery as the ātea opened space to build relationships, with Indigenous expressions of midwifery and explore potential solutions for the creation of Māori birth workers, within Aotearoa New Zealand. Kaupapa Midwifery afforded me the opportunity to speak with Pākehā colleagues and listen to their experiences as midwifery graduates. Their pūrākau helped to provide more of a full-bodied approach to the midwifery education for both Māori and Pākehā midwifery graduates in the era of Tihei Mauri Ora parallel midwifery programme, 1996 – 2016.

Āe, mokopuna, Kaupapa Midwifery provided space to explore your thoughts beyond the colonial gaze and envision a future which would include Māori philosophies and pedagogies embedded into midwifery curricula.

Gathering pūrākau with Hinepūtehue

Hinepūtehue listens intently to mokopuna and considers how she can support mokopuna in her processes, observing the patterned energies, understanding the sharing of pūrākau (contemporary lived storied experiences) may become volatile, even challenging. Āe, she begins to weave the swirling energies deep within, capturing the words within the depths of the Hue.

*Tēnā koe e mokopuna
Ko Hinepūtehue taku ingoa
Kotahi tē kī
Kotahi tē kōrero
Kotahi te wānanga, e moko
I will walk with you.*

Tēnā koe, a Hinepūtehue. Nei te mihi mo tō awhinatia ki ahau.

Kui, once the parameters of the rangahau became more concise it was easier to identify potential sources of knowledge. Discussions were held in my line of work, (over the course of night shifts, births attended, amid colleagues and friends) to determine the degree of interest in the rangahau. I reached out to my personal and professional networks searching for potential pūkōrero for the rangahau. Initial engagements were made by email with follow up information (Cover letter, Participant information sheet and Consent forms) sent in a subsequent email. Of

the thirty emails sent twice over the period of twelve months, twenty six pūkōrero agreed to be part of the rangahau.

Originally, the rangahau was to be a three tiered process, with individual narratives gathered, two subsequent wānanga, (one for Māori and one for Pākehā) with a final collective wānanga to disseminate the rangahau in an art gallery format. Unfortunately, this would not eventuate due to the Covid 19 pandemic which put a total travel ban in New Zealand from March 26, 2020 – June 30, 2021. To add to the unexpected changes the livelihoods of midwives would be impacted significantly. We became front line staff working in pandemic conditions while providing for our respective communities. All these factors would take precedence over my rangahau. With these unforeseen circumstances, increased workloads, increased risks associated with Covid 19, and mandated vaccinations of midwives, all these factors would take a toll on individual midwives lives and an already overloaded maternity health system.

Slowly, New Zealand began to return to an altered state of normal amid Covid restrictions, and dates and times for wānanga with the pūkōrero o Te Ira Tangata would resume in May 2020. Over a period of 18 months, the majority of pūkōrero would meet through telecommunication methods, Zoom, Messenger and telephone. Consent forms were sent ahead of time and signed. Consent was verbally gained once the hui with individual pūkōrero commenced.

Becky Fox's (2003) model of leadership influenced the way I engaged with the puna kōrero and their pūrākau across the doctoral journey. It was Becky who understood the Māori midwifery student of Tihei Mauri Ora was unique and,

“were special taonga⁶⁸ and that taonga are never to be defiled... the responsibility to care for their taonga was not to be taken lightly” (as cited in Mulligan, 2003, p. 53)

Becky understood the relationship with the Māori midwifery students she helped train was a relationship of kaitiakitanga with the student, her whānau, her wider iwi affiliations, and the midwifery educational institution. In Becky's and her Māori midwifery educational team's mind, attaining the midwifery degree was not an individual assignment. It was a demonstration of giving back to their people, by returning educated and registered Māori midwives back their respective haukāinga (homelands), and provide registered Māori midwifery service for our peoples.

⁶⁸ Taonga is commonly referred to as a treasure of significance. In this context,

E Kui, this is how I engaged with the puna kōrero and their pūrākau at all stages of the journey. It was not a matter of attaining a doctoral degree which spurred me on, it was helping return the Mauri back into midwifery education for the Māori midwifery student, for their whānau, and for, our people's across the nation.

Transcriptions were made in full to capture their voices and recognise and respect the hau within their pūrākau. The inclusion of breaks and 'ums' and 'ahs', silences and emotional moments ie. laughter and tears, were not included. They were noted, but not included. All transcriptions were completed within 1 – 2 weeks and returned to pūkōrero for further clarification. There was a 50% return rate of completed transcriptions despite follow up emails to provide further feedback.

Gathering the pūrākau of the pūkōrero o Te Ira Tūpuna was done differently. They each wrote their own pūrākau capturing their fundamental passions for becoming Indigenous birth workers/ doulas. As Kairangahau I was very much aware of my biases as an Indigenous midwife with twenty years of Western influenced midwifery practice under my belt and understood clearly, I was not an Indigenous birth worker/ doula. This limitation was overcome by speaking directly with each of the pūkōrero and expressing my inability to see from their lens. I could empathise, but knew full well my own lens was clouded. I could not and would not be able to speak from their positioning.

The words of the pūkōrero o Te Ira Tangata belong to each of them and are woven in ways to maintain their integrity of shared insights. As Kairangahau, my job was to provide a platform that supported and protected their valuable contribution to Indigenous midwifery, not as an additional set of hands, but the vital roles they contribute towards restoring and revitalising Indigenous identity in the space of Indigenous birth.

*Hinepūtehue spins energy, transmuting divergent thoughts into a mournful waiata,
Slowly and deliberately the song resonates...*

*Ko te pū, te more, te weu, te aka, te rea, ko te waonui, te kune, te whē, te kore, te pō. Ki
ngā tangata Māori Nā Rangi rāua ko Papa, ko tēnei te timatanga o te ao, Ko tēnei te
timatanga o te ao (Tu Maori, 2022)*

Analysis with Hine Kauorohia

In this section common themes were informed through the gathering of pūrākau. In those moments of reflection, where transcriptions were listened to repeatedly, other data sets would become part of the analysis process. Sketches were drawn when trying to discern the collective voices of the puna kōrero. Journalling served a secondary purpose to find commonality amid converging ideas. In these data sources, the development of the analysis tool Ka puta ki waho, (discussed in Chapter Five) was found. Two main challenges arose within the analysis phase, one, resetting the rangahau questions and two, selecting pseudonyms for the puna kōrero.

Hine Kauorohia, Atua Wahine of reflection exemplifies the significance of considered thought and action in the acquisition and production of mātauranga. She governs the space of reflection and intense introspection of knowledge gained from insights, and the discernment of which knowledge is to be shared.

Resetting the rangahau questions

My research proposal for undertaking a doctoral qualification contained a series of specific questions related to mātauranga among the graduates of Tihei Mauri Ora. However, what I realised in the first two wānanga I held with pūkōrero fluent in Te Reo Māori and aware of their tikanga practices, they did not know about Tāpuhitanga Māori midwifery praxis and Tāpuhi, the Māori midwifery practitioner, respectively. With further discussion, we examined Māori philosophies surrounding birth and midwifery specifically, once again, some birthing practices (ie. muka cords, returning the whenuaīkura to Papatūānuku) were known, but philosophies were not. The same situation would occur with many of the pūkōrero o Te Ira Atua who never really thought about it in the way in which I was presenting my thoughts surrounding Māori midwifery philosophies. What was identified was a specific weave was missing, a whatu which could bring together fragmented pieces of our mātauranga continuum under a common aho tapu; to restore the sacredness of birth into the lands of Aotearoa New Zealand. Rebuilding our philosophies of Māori midwifery through our creation narratives would become vital.

The missing whatu would need the lens of the Tāpuhi, who would work in collaboration with holders of specific mātauranga, keepers of mātauranga who knew how to dream beyond the stars. Carefully we began to pull together fragments of knowledge and weave a new whāriki of understanding into existence. Careful rescripting was presented in pūrākau format. The

writing style of this doctoral thesis is testimony to the whāriki created along the doctoral pathway and written into every chapter of the doctoral thesis.

Shifting the rangahau questions sent me on a journey of discovery, learning how to become a Storyteller and speak in pūrākau. Being a practising Tāpuhi allowed me the space between home visits and locum stays to contemplate what exactly would I ask of the puna kōrero. The collective pūrākau of the puna kōrero would reveal common themes exploring the experiences of the puna kōrero which in turn supported the development of an analysis tool called, Ka puta ki waho.⁶⁹

Picking pseudonyms

Tēnā koe, e mokopuna e

Ko Hine Kauorohia taku ingoa

E moko, I am intensely curious, how did you pick their pseudonyms?

Did you just pick random names? Or random objects?

Āe Kuia, the convergence of kīwaha, whakataukī, my whakapapa teachings, and practice based observations influenced my choice of pseudonyms. For instance, the kīwaha ‘he puna kōrero he taonga’, acknowledges the kaitiaki role and commitment Becky Fox made to the Māori midwifery students under her guidance.

Specific whakataukī reflect both my perception of how I perceive the world and how I navigate within it. Ko au te Awa, ko te Awa ko au, I am the River and the River is me, reflects the river which nourishes the whenua bringing life to the land in its wake. In terms of this rangahau, the same can be said of the awa representing the professional journeys of the puna kōrero. Their pūrākau represent the River which nourishes the Story being written upon the pages of this thesis.

Ko Maunga ko au, ko te Maunga ko au, I am the Mountain and the Mountain is me, reinforces my place to stand strongly, and cleanse within the winds of Tāwhirimātea. This positioning affords me the gift to be visionary in my approach. To see the land from 360 degrees provides extraordinary room for contemplation. In the space of rangahau, it gives me clarity when immersed in the pūrākau of the puna kōrero, without losing sight of myself.

⁶⁹ Ka puta ki waho is a kīwaha that recognises, all life comes through woman.

Ka pai mokopuna, you have identified your vantage points. Next question, if you are both the mountain and the river, and although the river usually originates from the mountain. How do you communicate between those vantage points especially, if the distance from the mountain and the river gets farther, and farther away?

Ngā manu kōrero

Your encouragement to stretch my thinking is refreshing, Kui, he mama noa iho. I would use the patterning of the birds, their flight paths, and characteristics which enable communication between these two vantage points. I believe ngā manu kōrero seems more than appropriate, e Kui.

*Āe, he whakaaro Māori
He toto Māori, e mokopuna e
He puna kōrero, he reo o ngā rangatira manu né
How many pūkōrero are there?*

There are a total of 26 pūkōrero. Six inform pūrākau o Te Ira Atua, three enhance te pūrākau o Te Ira Tūpuna and seventeen make up te pūrākau o Te Ira Tangata. However, the pūkōrero of Te Ira Atua, narrate alongside my kōrero, their influence is in my thinking and as such their voices and insights are woven into the written words. The pūkōrero o Te Ira Tūpuna have chosen to stand with their narratives without pseudonyms. It is an act of solidarity, to not be hidden on the fringes anymore. To stand and be accounted for with their name, their whakapapa, their strength of purpose, and their contribution to contemporary Indigenous midwifery through Indigenous eyes and experiences.

Wow, mokopuna that is a lot of manu to consider. Imagine the noise especially when the birds are coming to settle in before night falls. It is an impressive cacophony of voices you have in your keep. Can you share an example of this please moko?

Over the course of our midwifery careers, relationships had been strengthened through midwifery practice. A handful of the pūkōrero o Te Ira Tangata I knew vaguely, and a couple of them, I would meet for the first time in the doctoral journey. Āe, titiro mai, a Kui mā:

Kererū, the native wood pigeon is renowned for its beauty and flavour. Aerodynamically, the Kererū should not be able to fly and yet it does. Kererū is a trendsetter working with our people in Australia. Being a Māori midwife has enabled her the ability to be open to the winds of change, and share her experiences:

It's been a good placement, but I feel, I need to go and explore and carry on the journey and pick up my one suitcase...hit the road...the people and the experiences ... I come across it's a privilege and interesting...I will come home one day but it's a personal journey of growth and I am enjoying it (Kererū, June 30, 2020).

Or, Kea, the mountain parrot more renown for its troublesome nature, clever, curious to a fault and always has its beak in many things at once. Kea expresses:

It hurts my soul to see many Māori students of midwifery exit the degree program now that TMO (Tihei Mauri Ora) has gone. I think it is an assault to the mana of our people to not have the manaaki and safe space to achieve the tohu of midwifery (Kea, August, 28, 2020).

And, Kāhu the hawk, who can spot the intricacies of situations and target its prey with precision. Kāhu, fluent in flight, friendly and firm, her ability to attract people is founded in her ability to hold vision and move tasks as required.

I come from a family of strong women. Raised by my mother and grandfather... My experience growing up as a child with birth, is if anyone went into labour we would all go, we would stand vigil, lined up against the walls... it was a strong way to connect with that baby...I could say to my cousin, I saw your mother in labour with you at your birth...birth is pretty cool (Kāhu, September 20, 2019).

It took a lot of effort to consider what type of pseudonym would be descriptive of the puna kōrero, individually and collectively. Once the decision was made, it was a simple exercise to attribute a manu, a bird to each individual pūkōrero. I spoke directly to the puna kōrero and asked if they had a particular native bird in mind for their avatar. Five chose their manu and the remainder were selected based on characteristics which aligned to their pūrākau.

Creating tuku with Hine Arikinui

I was aware, every interaction with the puna kōrero including their pūrākau would be challenging. I immersed into their pūrākau fully aware I would need to listen deeply. hear beyond the loudest of voices, sit in objectivity with voices aligned with my own, and remain present for the quietest of the pūkōrero. Anything less would call into question my kaitiakitanga responsibilities to uphold the integrity of their pūrākau.

Hine Arikinui appeared in my life in a time of great upheaval in my professional world. She is quiet. She stands vigil casting light on the shadows within. She helps you to see what needs to be healed. It is a slow and painful process that can not be rushed. Hine Arikinui entered my world when data saturation had been achieved, encouraging me to sit in the stillness, and fall back into the waves of conceptual thought and listen.

It was unintentional, my work gifted me a curve ball, forcing me to put my doctoral studies on hold for 10 months as I began my own transformation from the clinical floor to the educational field. When I picked up my rangahau once more and immersed myself in the pūrākau of the puna kōrero, I did not expect to be triggered by their experiences. Writing the chapters of and for the puna kōrero were to be the most challenging of times, emotionally, intellectually, and spiritually, as such a feat required equal parts vulnerability and objectivity, not only to the writing, but unto myself.

*Tēnā koe e mokopuna e
Ko Hine Arikinui taku ingoa*

*You do not know me very well at the moment. This will change with time and patience.
Likened to Hine Tītama who heralds the new dawn so too, will your awareness come forward..*

Mokopuna, close your hand.

Notice the fingers and thumb which curl back to the centre of the palm.

You are drawing insights, intuiting the information, back into your inner worlds.

Back into your body.

Filtering this information through your heart, body, mind, and spirit.

This is how you make sense of the world around you.

Now open your hand up.

Notice how the fingers and thumb splay outward,

Like an unfurling flower,

Welcoming in The World of Light.

This is how you shine light on your teachings.

This is how you share pūrākau,

With open hands.

Tēnā koe, e Kui, my gratitude for your guidance as I immerse myself into the pūrākau of the puna kōrero. Your presence to keep me on track and your wisdom to help me remain humble

and focused on my responsibilities to the puna kōrero (interpreting their pūrākau), to the kaupapa (announcing Atua Wāhine as the philosophical basis for Māori midwifery knowledge), and to the rangahau (to share mātauranga from the lens of Tāpuhi) itself.

Interpretation of pūrākau

According to Aroha Yates-Smith (1999) our Hine whakapapa (our divine connection) is held within our pūrākau, our Creation Stories. In the traditional interpretation of pūrākau, Te Orokohanga o Te Ao Māori encapsulates how our tūpuna made sense of the world, and their position within it. Kirsten Gabel (2013), Naomi Simmonds (2014) and Ngahuia Murphy (2014) dive deeper into the layers of pūrākau, each pulling forward, the presence of our Atua Wāhine as incarnate teachers of Māori birthing philosophies and practices.

The words of Benny Shendo (Jemez Pueblo New Mexico) would be a catalyst for reevaluating how to present the findings of the rangahau. His words:

Don't teach me about my culture, but use my culture to teach me (as cited in Ohia & Ohia, 2018, n.p.)

challenged me to consider who was I writing this for? Why was I writing this thesis? And, who would actually benefit from these learnings? Slowly, I began to blend the lens of the practising Tāpuhi with, the processes of piecing together fragments of mātauranga (destroyed by the processes of colonisation), reassessing the colonial casting of pūrākau, recreating anew from the spinoffs of colonised pūrākau, whilst simultaneously, keeping in check my own colonial gaze of self. Eventually, this critical self reflection would forge a template for the construction and writing style of the doctoral thesis.

I wanted to create tukua (reciprocity) as an expression of data interpretation, where my own learnings would help shed light on Tāpuhitanga; Māori midwifery never articulated in the academic space. I wanted to move away from polarised positions and chip away at the underlying Eurocentric narrative and gift, Our First Mothers, an Indigenous philosophy of Aotearoa New Zealand as the counternarrative to the status quo of midwifery education and practice in Aotearoa New Zealand.

In every chapter of the doctoral thesis many opportunities were created to do exactly as Shendo (2018) stated, “use my culture to teach me”(as cited in Ohia, 2018).

Conversations between mokopuna and Kuia highlight the pedagogical methods of learning, and the intergenerational transmission of knowledge. This method of dialogue also added another layer of time and spatial awareness, where Atua Wāhine were given the honorific position of becoming an active part of the Kuia conversations to guide an inquisitive, self-reflective mokopuna in her doctoral journey. This was an explicit declaration of the presence of Atua Wāhine into the academic midwifery context not as, quaint cultural tidbits void of merit but a philosophical stance, demonstrating the relevancy and timeliness of Our First Mothers in the midwifery education of the Māori midwifery student in Aotearoa New Zealand. Further evidence of this philosophical standpoint is observed throughout the thesis where specific chapter titles and subtitles allude to the underlying mātauranga walking throughout the thesis, for example, Chapter Two – Te Aka Matua describes the beginning of the Māori world through the lens of Tainuitanga philosophies. Chapter Five Ko Te Pū, recognises the implicit references to birthing of life, be it a seed in potential of a tree, or from human conception to birth. Chapter Seven - Sharing of the Sacred Breath, pays homage to the moment in Māori creation, where Hine Ahu One, the inert earthen wahine was brought to life.

This stance continues into the methodological processes of the rangahau. Take for instance, Chapter Four – Dare to Dream, Methodology, where the development of Our First Mothers an Indigenous midwifery philosophy of Aotearoa New Zealand is articulated.

The ethical framework, Ko te hā tuatahi o Te Ira Tangata (Chapter Five – Ko Te Pū) refers to the moment in the creation of Hine Ahu One when the sacred breath of Io brought Hine Ahu One to life, and the first beat of the human heart was heard.

The analytical tool, Ka Puta Ki Waho, explicitly references, all life is born through women. This kīwaha acknowledges the power and presence of Atua Wahine in the beginning World of Māori. The specific elements of the analytical tool, ko te Kurawaka, ko te Ūwha, ko te Manawa and, ko te Whare Tangata are taken directly from Te Orokohanga o Te Ao Māori. Each element of Ka Puta Ki Waho implicitly places the creation of Hine Ahu One as fundamental to understanding our Māori midwifery philosophies and birthing practices.

Ultimately, the doctoral thesis is a beginning point for the articulation of creating curriculum which may help towards the elimination of assimilationist practices of midwifery education in Aotearoa for Māori.

I am with you mokopuna, in the cloudiness of your vulnerabilites, in the pauses of your discernment and the compassion in your written word. I will guide you as, your hands make sense of what lays beneath the tattooed face.

Kia tau te Rangimārie

With the help of Hinepūtehue, Hine Kauorohia and Hine Arikinui this chapter embodied the the data phases of the rangahau, data gathering, data analysis, and data interpretation. The decision to separate out the process of how the narratives were captured, and the narratives themselves, was done to ensure the voices of the puna kōrero, would not be lost in theoretical translation.

The next chapter attempts to share the collective hā of the puna kōrero of this rangahau. In sharing their collective narratives three distinct threads of perspective were introduced, those being, creation narratives, the graduate voices of Tihei Mauri Ora & the Direct Entry midwifery programme, and the resurgence of Indigenous birthworkers in contemporary times.

Chapter Seven



7 Tara⁷⁰

⁷⁰ Like Dobie Gray (1973) sings, I want you to know I believe in your song and the rhythm and rhyme and harmony, you helped me along you're making me strong". Same thing occurs when I reach out for Our First Mothers amid chaos (Universal Music Group, 2019).

Sharing of the Sacred Breath

I sit with Hine Kauorohia observing her watery movements, feeling sensations of conceptual thought reflected in my physiological responses to her gathering awareness. We sit in silence watching images convalesce in the deep pools of reflection. No questions are asked, no answers are required. Merely presence to be, to exist, and breathe. I pick up pencil and journal and begin to sketch. Colour is forming now. Different perspectives blend into my thinking. I fall back into the waves of conceptual space.

Hā ki roto

Hā ki waho

He toto Māori

He whakaaro Māori

Kia tau te Rangimārie e mokopuna e

Ngā mihi Kuia, reflecting on the rangahau affords me space to recalibrate and return to the original intentions of my rangahau, these being:

- To posit Our First Mothers as the philosophical foundation of Māori birthing praxis
- To determine in what ways can Tāpuhitanga contribute towards the mātauranga continuum and the midwifery profession of New Zealand. and
- To question, how does the midwifery profession of New Zealand grow and develop the mana and mauri of Māori midwifery graduates?

Whakatau Mauri

This chapter explores the phenomena of the puna kōrero of this rangahau and addresses their composition through three strands of pūrākau (contemporary lived stories). Firstly, te pūrākau o Te Ira Atua introduces the panel of advisors I would seek shelter with and speak in wānanga, across multiple topics, fleshing out many different ideas coming to the fore throughout the rangahau process. Secondly, te pūrākau o Te Ira Tūpuna, where we are invited into the lives of three Indigenous women across the Pacific Ocean, who share their journeys across the spectrum of the Indigenous birthworker/ doula. Lastly, te pūrākau o Te Ira Tangata examines the midwifery graduate experience of Tihei Mauri Ora and their Pākehā counterparts, in the Bachelor degree of midwifery. Each strand weaves together to form the umbilical bond of this rangahau, and its inextricable connection to Our First Mothers (An Indigenous midwifery philosophy of Aotearoa).

Puna Kōrero

Kuia, I can hear Hine Ahu One and Hine Hau One. Their voices are no longer whispers. They speak in even tones and reveal the next chapter of the thesis. Do I become merely a scribe? No, as Tāpuhi my voice joins the multiple narratives of the puna kōrero in this rangahau. We have much to share.

E mokopuna, share with Kui your understandings of pūkōrero and puna kōrero? What are you trying to describe?

Tēnei te mihi maiohā, e Kui. My understandings of pūkōrero and puna kōrero developed in the conversations I had with a friend. Shelley Hoani (2020) gave me food for thought encouraging me to engage with Rangahau more intimately. Working with questions, such as, if rangahau is the Indigenous method but, we continue engaging with Western research terms, what kind of message is that sending to ourselves, and to others? Are we merely retrofitting Māori concepts to established Western research frameworks? If that is the case, then, why do rangahau? We also examined how languaging can influence due process and authenticity (S Hoani, personal communication, May 20, 2019).

After much deliberation, we agreed rangahau is a personal journey where we are constantly challenging ourselves, examining our motives when applying kupu Māori to our respective rangahau. We were adamant, we would be applying a critical lens, to ensure we were not just retrofitting kupu Māori to our work. We would consciously ensure we were searching for authentic methods of Māori inquiry.

Morehu McDonald's article (2018, pp. 9 - 10) *Rangahau. Conceptualising authentic Māori inquiry*, supports this ongoing process noting:

an authentic Māori theoretical concept...[of] inquiry has...full potential as a potent force for Māori concepts and theories to explain Māori ways of being, doing and knowing... categorically seeks the re-claiming of the kupu Māori of Rangahau to give mana, respect and acknowledgment to its true significance and meaning and rejects the translation of Rangahau to mean research.

Here the kupu pūkōrero and puna kōrero were committed to. Pūkōrero would be used in terms of personal narrative, where pū, suggested the original source, and kōrero, pertained to voice and/ or narrative. Puna Kōrero, was to be understood in its literal sense; puna to convey, a well spring which nourishes the land upon which it is drawn from. Kōrero refers

to the narrative of the many pūkōrero. Therefore, Puna Kōrero, would become the collective term for all the pūkōrero, who participated in the rangahau journey.

It must be noted, every pūkōrero gifted their time, and experience because they saw not only the value in the rangahau, but more importantly, they saw their contribution of value to this rangahau.

Interesting your use of the concept puna kōrero to convey collectivity, mokopuna, it reminds me of a whakaaro of mine,

I ahu mai te rerenga o te puna wai mai te pito o te maunga, Ko Wharepūhunga.

Ko Puniu te awa i rere iho ki ngā wāhi riporipo o te whenua o Raukawa ki Wharepūhunga.⁷¹

This kiwaha talks about the strength of relationships and the collective effort required to nourish land and people. Like your puna kōrero to the rangahau, it requires collective effort, where relationships are written in and out of the pages, breathing life into an inanimate object such as a thesis, through their diverse narratives. No pūkōrero is greater or lesser than each other. Everyone is part of a greater design, and represent Kotahitanga, collective effort.

Your thinking brings tears to my eyes, makes me reminisce about the stories I grew up with moko. Makes me miss our old people, makes me marvel at their skills as kaikōrero and kaikaranga. They were amazing, philosophizing about our Māori world in all matters to do with life. Distinctly Māori, distinctly Indigenous.

Kuia leans into her mokopuna, understanding the sacred act of sharing the Hā of many people she does not know of. Her thoughts gravitate towards making this space sacred. It is the right thing to do. To honour the voices of all. She hums a karakia into the space between, drawing purpose and sacred intent into the weave.

Karakia

*Kia whakarongo ake au
Ki te tangi a te manu nei
A te Mātui*

*The very senses of my body
are drawn to the cry of a bird
It is the Mātui*

⁷¹ The source of the wellspring comes from the mountain Wharepūhunga. It pours into the Puniu river and is likened to the umbilical cord, the iho, that flows across and nourishes the lands of Raukawa ki Wharepūhunga.

*Tu i Tu i, tuituia
Tuia i runga
Tuia i raro
Tuia i roto
Tuia i waho
Tuia i te here tangata
Ka rongo te pō
Ka rongo te ao
Tuia e te muka tangata*

*I takea mai i Hawaikinui
I Hawaikiroa
I Hawaikipāmamao
Te Hono i Wairua
Ki Te Whai Ao
Ki Te Ao Mārama
Tihei Mauri Ora.*

*Calling tu i tu i tuituia
That it be woven from above
That it be enmeshed from below
That it be embraced from within
That it be entwined from without
Interlaced as with the threads of humanity
Let it be sensed in the night
Let it be felt in the light of day
Let it be embodied in the image of all-
being
Born of the great Hawaiki
Born of the long Hawaiki
Born of the distant Hawaiki
From the merging of the spirits
Out into the Light
Into the World of Light
The Breath of Life.⁷²*

Āe Kui, you are a beautiful example of kaitiakitanga. Blending Ao Māori into every aspect of life effortlessly. The way you express your thoughts with imagery is a skill I can only but one day emulate. You are truly inspirational.

Te Aka Matua

The images you weave in my mind of the umbilical bond between whenua and tangata akin to the Puniu river which nourishes the lands of Raukawa ki Wharepūhanga is truly thought provoking mokopuna. He ataahua ou whakaaro

Imagine Kuia, the iho, or the human umbilical cord, the lifeline between the unborn baby and the maternal system. It's internal structure is surrounded by a gelatinous substance which protects the umbilical vessels, (one umbilical vein and two umbilical arteries). This umbilical cord continuously functions to nurture the developing baby. Te Aka Matua, the sacred taura/ cord is depicted as the umbilical bond between the spiritual realm and the earthly realm. This interpretation was fundamental for the rangahau and influenced how the puna kōrero were selected,

- He Pūrākau o Te Ira Atua (Umbilical Vein)
- He Pūrākau o Te Ira Tupuna (Umbilical Artery)

⁷² This karakia is an old tauparapara. It is used in many contexts to denote unity and binding ties to fight a common enemy. It's origins are ancient (Massey University, 2010, p 2)

- He Pūrākau o Te Ira Tangata (Umbilical Artery)

Wow, mokopuna, do you realise what you are doing?

You are weaving Māori philosophies into your practice.

These main threads of Te Aka Matua, Tāpuhitanga and Tāpuhi are in direct alignment with the iho. You are recreating Māori birthing praxis.

Auē, taukiri e.

He Pūrākau o Te Ira Atua

He pūkōrero o Te Ira Atua is represented by the umbilical vein within the iho. The umbilical vein which illustrates the oxygenation (sacred breath) required for well health in the developing baby. This analogy is fitting for the pūkōrero who were influential with the growth and understandings of the kairangahau. Six different pūkōrero who shared my journey from the outset of my doctoral studies. Our shared conversations were informal and always within the space of wānanga, discussing shared teachings and learnings. Their words are woven throughout the writings. They remain my ‘go to people’ when I require guidance, reigning in, and/ or further clarification in my writings.

Two in particular, have read my writings as I completed each chapter, one to critique and continually ask, “kei whea te mauri o Tāpuhi?”⁷³ Always, my answer was, “kei waho!”⁷⁴ Ngā mihi e hoa.

To my whānaunga who sat gently and read my writing, quietly mulling over the words, listening to her inner dialogue and the kōrero swirling around her when we sat in wānanga. Asking a question here or there, giving her input with careful consideration and the shy smile that would form on her face chuckling to herself, over, some of the more hard hitting comments. I would often hear, “Āe, he tika tau.”⁷⁵ I would smile, and take a breath unaware, I had been holding it in. Kia ora, Aunty.

For a Grandmother who made my breakfast every morning like a ceremony. Who spoke with me as if I was one of her own. Who helped me face my own losses in my life as we spoke of

⁷³ Kei whea te mauri o Tāpuhi? Where is the life essence of Tāpuhi? Meaning where is your state of calmness and compassion in your writings?

⁷⁴ The response, Kei waho. It is outside somewhere, anywhere, just not here

⁷⁵ Yes, you are right.

creation stories and the teachings therein. I will never forget the taste of simple bean and potatoe soup. Thank you Grandmother Renee.

To a friend who welcomed me into her home and heart, sharing her stories and her world of rongoā Māori. Who gifted me the space to grow in my story telling abilities, and introduced me, to our whānau rongoā. Ngā mihi aroha, Nan.

To the Nanny who helped me to pull out the artiste within. Who sat with a quiet smirk on her face and said, “my job with you is to get you to open up, so Open!”. With that said, how could I refuse? In time I began to accept my gifts and stopped calling them doodling. Ngā mihi Nanny J.

To friends gifted with matakitetanga⁷⁶, who heard my words, commented on my art and inspired me as I began to weave my processes into my way of being. Who encouraged and supported me, held me up when I was fighting my own processes, always ready with a black coffee and a listening ear. Conversations into the early hours of the night, time stolen during lunch breaks and quiet reprieves from the busyness of our lives. He aroha mutunga kore ki a koutou.⁷⁷

May I ask a question moko, I note with interest your lack of well known, ‘experts’ in your writings. Why?

To answer your question Kuia, this was a topic raised often throughout our wānanga leading to some robust discussions surrounding, rongoā Māori, and the politics and the cultural appropriation of these knowledges. I wanted to speak to grassroots, the ‘word of mouth’ people, who in spite of their vast knowledge and experiences, remained humble in life. I understood fully, each pūkōrero, was a puna of knowledge unto themselves, and exemplars of honesty, grace and humility. For these reasons, it was my decision to hold all their names in confidence; thereby, protecting their privacy.

I remain deeply appreciative for my privileged position and the invaluable knowledge each pūkōrero o Te Ira Atua contributed towards my own growth and understandings. He aroha atu, he aroha mai ki a koutou.

Āe, that makes sense moko!

⁷⁶ Other ways of sensing and healing modalities of Māori.

⁷⁷ It is an expression of love. My heart cannot repay the depth of your contributions to not only my rangahau but to me as a person. Matured with loving care and strong boundaries.

He Pūrākau o Te Ira Tūpuna

This stratem reflects an umbilical artery, where nutrients are transmitted across the maternal system to support the growth of the developing baby. Each pulsation infusing blood memories back into Indigenous birthing consciousness. The decision to position the ‘sacred thread’ of Indigenous Birthworkers/ Doulas, back into Indigenous midwifery, not as an additional role, but synonymous with Indigenous midwives, was deliberate. Together these roles, Indigenous birthworker/ doula and the Indigenous midwife, can share the monumental task of healing the devastating impacts of colonization on Indigenous lives worldwide.

What have we got to lose? The worst has already happened! (A Mikaere, 2014).⁷⁸

This was a deliberate decision made from observations in my own midwifery practice, where it became obvious, what the midwife was able to provide as opposed to what she actually delivered, was creating a division between birthing women and midwives.

The heart of midwifery was becoming less noticeable in the face of a growing business model of midwifery. Supermarket style midwifery clinics popping up like one stop shops in malls across the larger cities in New Zealand, and admittedly, increasing the divide between birthing women and midwives (Kiwi, 4 August, 2020). Perhaps, the disconnect between birthing women and midwives played a significant role in the vicious cycle of lack of self-care and midwifery burnout. One could argue, these correlations were contributing factors in the steady decline in heart intuited midwifery practices and the deskilling of midwifery practice skills (Pūkeko, 6 September, 2020).

For Indigenous midwifery, the work to be done is notably overwhelming and requires many Indigenous practitioners, Indigenous midwives and Indigenous doulas working diligently to initiate change for Indigenous birthing families.

Mokopuna, this is unfamiliar to me. What is an Indigenous doula? What is their purpose? I have so many questions.

Well Kui, Cidro et. al. (2021, p. 189) describes:

⁷⁸ Ani Mikaere (2014, August 9) Te Rūnanga o Aotearoa Māori nurses AGM Keynote Speaker, Hui ā tau 2014, Tamaki makau rau. In her address, Ani Mikaere, spoke quietly with her challenging everyone present to dream bigger, as she said, “what have we got to lose? The worst has already happened!

Indigenous doula care responds to a wide range of issues that affect Indigenous women's experiences of pregnancy, birth, and the postpartum period. Through building strong, trusting, and non-judgemental connections with mothers and responding to community needs, Indigenous doulas play a critical role in countering medical racism in hospital settings and advancing the resurgence of Indigenous birthing sovereignty.

The term doula was coined by Dana Raphael in a 1969 study, who hypothesised, a female of the same species was a big part of the childbirth process. In human societies she noted this role was traditionally occupied by a family member or a friend, whose presence contributed towards successful breastfeeding. Subsequently, she used the term 'doula' of Greek origin (woman servant) to express the importance of women caring for women across the childbirth continuum. In today's context, the term 'doula' has been used to represent a woman who offers birthing support, in pregnancy, labour, birth, and the postpartum period. Their role of the doula is distinctly different to the midwife role. The former, is a unregulated role, who provides non-clinical birth support and early parenting support, whereas, the role of the highly regulated Western trained midwife, who provides the clinical skills necessary to help women give birth.

Indigenous Doulas

The pūkōrero o Te Ira Tūpuna illustrates the sacred thread of Indigenous worldviews on birthing from the position of what is occurring today. Three Indigenous birth workers⁷⁹ I know personally, were approached to share their narratives and experiences. Unexpectedly, each Indigenous birth worker's story contributed to the full life cycle of Indigenous birth work.

You will note Indigenous doula is replaced with Indigenous birthworker. This decision was based on the conversations had with two of the Indigenous birthworkers who did not like, the underlying meaning of doula, and opted, to be called an Indigenous birthworker. However, they both understood the role of the 'doula' was more readily understood, but the name, 'Indigenous birth worker' was not. The decision was made to use Indigenous birthworker/ doula to highlight their vital presence in Indigenous birth work.

Every Indigenous family who wants a doula should have one. Until we have medical systems and social services that no longer perpetuate racism, Indigenous doulas have an integral role to play (Cidro et. al, 2021, p. 199).

⁷⁹ Indigenous birthworker replaces Indigenous doula, as it was a preferred title, distinct from the atypical doula definition. Their outcomes are different, steeped in revitalising and restoring Cultural identity, one birth at a time.

Kuia, Indigenous doulas has been developed strongly in Canada and the United States of America and differ from mainstream doulas because:

the care is grounded in culture and spirituality and recognizes the sacredness of women as life-givers and water carriers (Cidro et. al, 2021, p. 190).

Āe mokopuna, that makes a lot of sense. A supported whānau do a lot better than those who struggle alone.

Their narratives are shared in order of how I came to meet them in my search for Indigenous midwifery voices, who were not outwardly scarred by the impacts of Pākehā midwifery rhetoric and professional bullying. Meeting these exemplars of Indigenous birthworkers/ doulas in action gave me momentum to keep on diving deeper into the processes surrounding birth and inspiring me to examine every aspect of this sacred pathway.

The pūkōrero of Te Ira Tūpuna were each approached to share their insights, to highlight the distinctions in philosophy and practices redundant in Western midwifery understandings. We talked at length in the initial stages through Zoom facilities and later in 2021, via regular email communications, as drafts of conversations were amended, and edited accordingly.

An important difference with the pūkōrero o Te Ira Tūpuna was the conscious decisions to not use pseudonyms in their narratives. Everyone was aware their work involved reclaiming the power of birth, and returning the sacred into Indigenous birth, once more. Their conscious decisions to stand with their narratives without pseudonyms displayed strong leadership qualities, and a pride of purpose for their commitment to improving the birthing experiences of Indigenous women.

We would need to lead by example not by default (Journal entry, October 10, 2021)

What eventuated was a collaborative approach at all points, from the gathering of pūrākau, to the analyses and interpretation of their pūrākau. The final draft was sent in full to each of the Indigenous birth workers/ doulas for their comments, and when agreed to; their chapter was sent to my Doctoral supervisor for further comment.

He Pūrākau o Te Ira Tangata

He Pūrākau o Te Ira Tangata is the final umbilical artery within the iho. It symbolises a purging of the training grounds of the Māori midwifery graduates of Tihei Mauri Ora and Direct entry midwifery graduates trained at The Waikato Polytechnic (Wintec), 1996 – 2016. The pūkōrero were identified from my own personal and professional networks. This tier represents seventeen pūkōrero; fourteen graduates, two midwifery educators, and, two Heads of Departments (the Head of Midwifery and the Head of Māori Studies).

I understand what you are doing here mokopuna rattling off the demographics of the pūkōrero o Te Ira Tangata. Trying to give some depth to their voice, but, I cannot help but say, it sounds robotic almost, sterile. It is like reading through a family tree, the names are there, but their is no mauri. It almost seems lifeless.

How do I put this? When we attend hui or tangihanga at marae, it is the kai we remember, and how we felt about the kai. Again, moko, kai is the collective term for food for the mind, body and heart. Feed the hunger of the people and the memories will far exceed your lifetime. Speak life into their words, help build their images in my mind.

You are a hard task master Kui. I will need to rethink my strategy to appease your questioning mind, paying due diligence to the narratives of Tihei Mauri Ora and the parallel Direct Entry midwifery programme. What a challenge Kui!

Āe, it is a challenge worthy of your whakapapa, mokopuna. Seriously though, why is the age and relationship status of these pūkōrero important to the scheme of your rangahau?

Good question Kuia, on further examination, I am answering assumptions which prevail, where, the certification process still considers, the age and relationship status of the incoming midwifery student, as a measure for the ‘good character’ of the potential midwife. I recall, the selection process for Tihei Mauri Ora was based on whakapapa, whānau and personal commitment. A lot of credence was given to the maturity of the potential midwifery student at the time. This measuring stick in terms of age and relationship status continues into practice. Midwives continue to be asked, do you have children of your own? How many years practice

do you have? These are questions which are asked well before any form of rapport is developed with the midwife.

Kākāriki has this to offer, when asked about what advice would you give to prospective midwifery students:

Depending on their education background I'd suggest they broaden their knowledge base by doing a university paper in sociology for example, before preparing to undertake a course in midwifery. Waikato University also has a number of 100 level papers that would be beneficial (MAORI 100). Also being a little older (26 +) provides you with helpful life experiences and flexible attitudes [entering the midwifery profession] Kākāriki, May 12, 2020).

With that said, the midwifery journey for many of the graduates began in their mid twenties, with young children and a commitment to do better for their own whānau. Being predominantly, mothers with young children, the added stress and strain of midwifery education and training placed an alarming amount of pressure on everyone concerned.

Relationship status was included to emphasise the importance of a strong partner and/ or husband in the midwifery journey. Many spoke of the never ending demands of their midwifery practice which contributed towards relationship breakdowns, with partners and family. Another interesting fact, the voices of partners and husbands of midwives, remained largely unacknowledged despite their contribution to the wellbeing of the midwife. In saying so, this should not be a shock, considering the nature of the midwifery partnership espousing women centred care as its focus.

Many of the pūkōrero acknowledged their men as their backbone and vital to their state of mind. Many times over, it was their partners and husbands who became house Dads, the silent partner, financial advisors, and the backbone for their wife or partner. Kererū articulates this well:

Our partners and husbands are seldom acknowledged in our midwifery careers. Thank you, without my Tāne I wouldn't be able to keep doing what I do (Kererū, May 20 , 2020).

While the midwife is works incredibly long hours and gives above and beyond in her line of duty, the reality remains, without the home fires being tended to, a supportive home

environment for the midwife to return to, the midwife will continually be at risk of midwifery burnout.

To all the Tāne, husbands and significant others of Tihei Mauri Ora and Direct Entry midwives, this is the long overdue acknowledgement that without your full support, hot meals, children put into bed, taken to sports games, and the listening ears for your partners; midwifery would be a lonely place to work in. Ngā mihi mahana o ngā totaranui e!

Educational Background

Educational pathways for midwifery graduates at the outset of training varied greatly, from no previous tertiary education, foundational health programmes, bachelor degree holders, health related fields of practice, membership and involvement in homebirth collectives, parenting programmes, to, other affiliated parenting organisations.

Three of the pūkōrero Māori were fluent in Te Reo Māori, one pūkōrero Māori had an intermediate level of fluency, and the remainder of the pūkōrero Māori had minimal or no fluency in Te Reo Māori. However, all pūkōrero Māori were very aware of their whakapapa and tikanga a marae.

Throughout their careers, all midwives are required to maintain their professional educational standards. Many have maintained the bare minimum and four have gone on to further postgraduate studies. Four hold Masters degrees aligned to midwifery. The two Directors each hold a Doctorate specific to their expertise. One pūkōrero is currently completing her doctoral studies, and another is completing her Masters degree. While, five pūkōrero have completed Ngā Manukura āpōpō, a Māori nurses and midwives leadership programme to boost their professional portfolio.

Working history

All pūkōrero are experienced midwives in secondary, primary and home birthing. All have been involved in surgical births, caesarean, forceps, ventouse, normal vaginal births, and water births. Currently, four work in remote rural, two in semi-rural, and six in urban areas. All have at one time or another been both, Lead Maternity Caregivers (LMCs) and, employed staff midwives (primary, secondary and tertiary facilities). Three pūkōrero are strong advocates with a homebirth philosophy while the remaining pūkōrero work with birthing women in whichever, environments the woman chooses to birth in.

Current Positions

All midwifery graduates are current practising midwives except one pūkōrero who left the profession altogether. Of this group, five pūkōrero are in managerial positions in District Health Boards, and Māori Health providers. Three pūkōrero hold positions at the national level and participate in collaborations with the New Zealand Midwifery Council to improve the birthing outcomes for Māori women and whānau Māori. Three pūkōrero work in educational roles whilst maintaining a reduced caseload as practising midwives.

It seems every one of the graduates of Tihei Mauri Ora have come a long way. In a profession that removes the midwife from her home more and more, under the idea of autonomous midwifery practitioners. It is a dangerous game being played. I am surprised how many graduates still remain in the midwifery profession. Their resilience is impressive.

Places of employment

Five pūkōrero worked in Australia (short term - long term contracts) with two currently working in different parts of Australia. Three pūkōrero worked in Australia over their career but, returned happily to New Zealand to continue familiar midwifery practice. All pūkōrero with Australian work experience cited similar findings, of midwifery being different to New Zealand, where the doctor was in charge. Many were surprised their Australian counterparts had not even seen a woman give birth naturally without the use of epidurals or standing to birth. Kiwi, a pūkōrero who characterises the natural tendencies of this iconic bird, warning:

don't you go there it will break your heart to see what happens to women, and especially Aboriginal women, You would be in trouble on the first day of work. It is not a place for you (Kiwi, April 4, 2020)

Ten of the pūkōrero continue to work in midwifery as their full-time job. The only graduate to leave the profession, resides happily in Australia.

Moko, Australia attracts many of our people to its' lands with many of our mokopuna being born into their lands. I am grateful our midwives, especially Māori, are in Australia to help our people.

Āe, Kuia so am I.

Possibilities for future rangahau

An initiative worthy of further rangahau is the work of Indigenous birthworkers/ doulas. Although the work of Indigenous birthworkers/ doulas is well-known in First Nations communities across Canada and the United States of America, it is foreign in Aotearoa New Zealand. Despite this fact, this is an Indigenous initiative well worth exploring further. As Cidro et al (2021) summarises,

the work of Indigenous doulas is really about a cultural resurgence and a recognition that the current systems in place cause harm and damage to Indigenous women.

He aha ou whakaaro, e moko?

Given the monopoly of New Zealand midwifery in Māori birth it will be an interesting space to watch in the coming years, as, initiatives to introduce Indigenous birthworker/ doula, or as I know its parameters to equal, Kaiwhakawhānau; its potential is promising.

Kui, when Indigenous midwifery as a profession conveys the work of both an Indigenous midwife and an Indigenous birthworker/ doula, our work will be a little less overwhelming. We can move beyond the constant fight to care for our peoples as our Indigenous right in the midwifery space. Only then, can we begin to concentrate on other areas requiring our urgent attention.

Listening to the narratives of Māori midwives, whose experiences in Tihei Mauri Ora after Becky left, concerned me greatly. One example was an exchange Kāhu shared when she argued a pōwhiri would be necessary to welcome the first year Māori midwifery students into Tihei Mauri Ora. Kāhu stated, all new engagements for Māori begin with pōwhiri, it is our way. The midwifery leadership disagreed, arguing;

Do you want me to make you a better midwife? or a better Māori?
(Kāhu, March 20, 2018)

The cheek of it! Wow, that is some real power tripping going on there, moko!

Unfortunately Kui, these stories are not isolated events. Such attitudes are more commonplace than people care to admit. Pūkōrero learned quickly to pick their battles carefully because in the end, the energy expenditure just wasn't worth it. Through the years I have heard of many incidences of racism towards Māori midwifery students and midwives alike, both in the classroom and in practice. The reports authored by Tupara & Tahere (2020) and Te Huia

(2020) would share similar experiences to Tihei Mauri Ora midwifery graduates. It is no joke, these racist attitudes are embedded across the midwifery and maternity sector, and upheld by a crumbling public health system.

As you are aware Kui, I was privileged to meet this institutional racism and implicit bias head on in 2014, with my correspondence from the Midwifery Council of New Zealand itself. All of the pūrākau shared would describe similar experiences of racism in their education, as a result, it would contribute towards my resistance to reach out to Pākehā midwifery educators post 2008. Although, this may have accounted for the smaller number of pūkōrero Pākehā, the wellbeing of the puna kōrero was my first concern. I remain unapologetic for my decision in this matter.

It was envisaged there would be 50/50 Māori and Pākehā narratives to provide a true account of the bicultural nature of the midwifery pathway, Tihei Mauri Ora. Despite various attempts made through personal and professional links, little interest was expressed by Pākehā midwifery educators prior to the commencement of wānanga with the puna kōrero. Of the seventeen midwifery pūkōrero, thirteen identified themselves as Māori, and four identified as Pākehā. It is for this fact, the rangahau could not capture the voices and narratives of the Pākehā educators of Tihei Mauri Ora parallel programme and the Direct Entry midwifery programme, 1996 – 2016.

Perhaps this suggests, research is required to capture the voices of Pākehā midwifery graduates and educators whom could shed light on their experiences in a bicultural midwifery programme, fraught with constant change.

Auē mokopuna, is not the purpose of rangahau to understand we cannot know everything? Doesn't the mātauranga continuum warn against absolutes? Where each generation has the responsibilities to craft legacy building? Planting seeds for future generations to explore, .enticing our mokopuna to envision worlds into existence?

The shared narratives of the puna kōrero are infused into the very fabric of this rangahau, and where I sit, it is certainly a great place to envision new pathways forward.

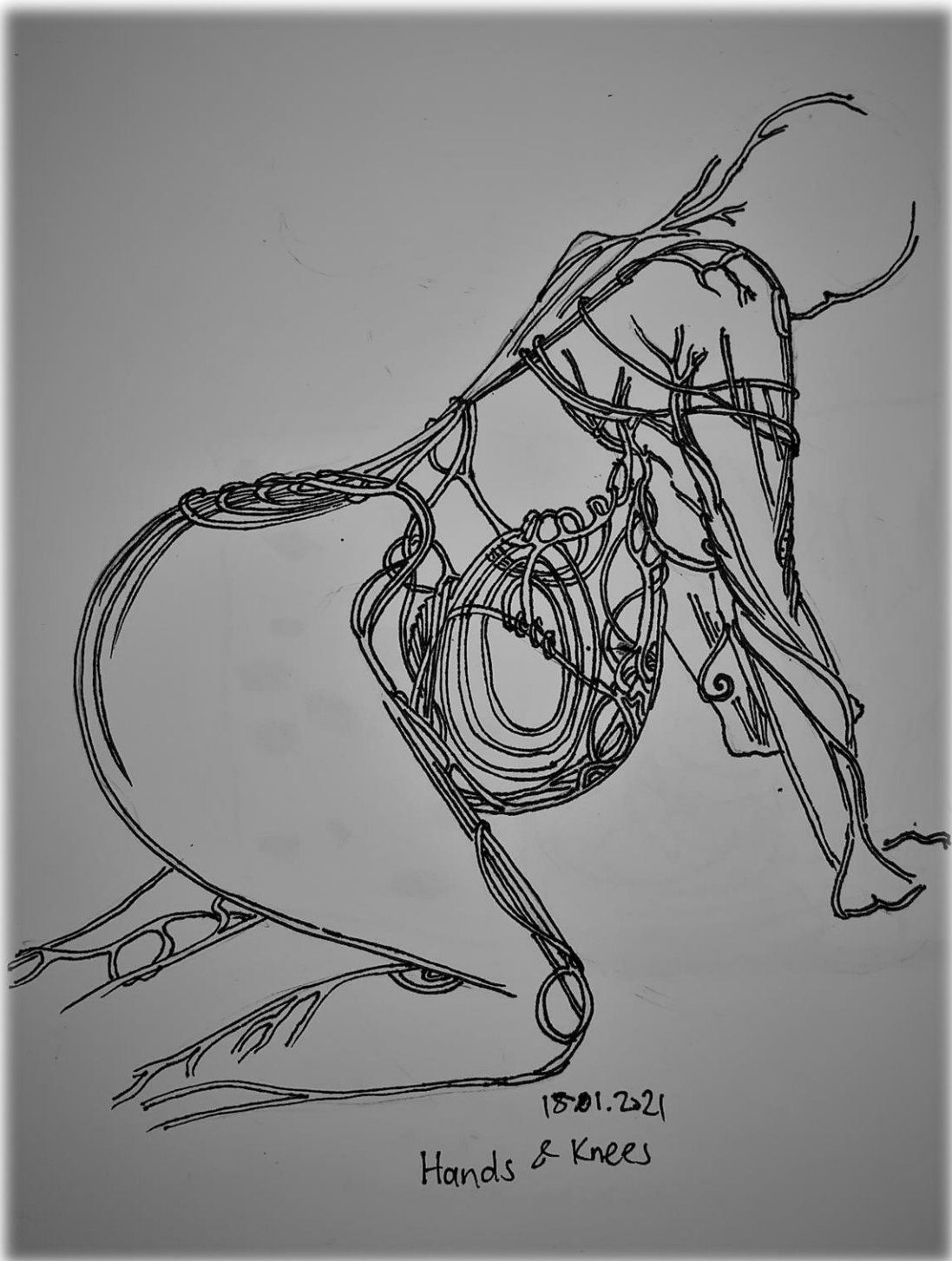
Āe, Kui, point well said!

Kia tau te rangimārie

In this chapter three distinctive threads of perspective were woven through the voices of, te pūrākau o Te Ira Atua, te pūrākau o Te Ira Tūpuna and te pūrākau o Te Ira Tangata.

The next chapter will introduce the narratives of the puna kōrero of Tihei Mauri Ora parallel programme and Direct Entry Midwifery graduates of Wintec, Hamilton, New Zealand 1996 – 2016. May their voices serve to showcase an appreciation and acknowledgement for the midwife, as more than, a character in the birthing stories of women, and foreground the humanity of the midwife, Māori and Pākehā.

Chapter Eight



*8 Committed*⁸⁰

⁸⁰ Oh the sweat and tears pouring into the space of multiplicity. Mauri blends upon the ātea. It is a frightening place at times, if you're not sure, where exactly you're heading. In the end, you surrender to the process.

Following the Mauri

Breathing...Stretching...

Transition rolling in like waves

Tūpuna⁸¹ steps between worlds

Midwife.

Really? Midwife?

Tūpuna raises his eyebrow

Ok! Ok! I will do it

Are you sure? Midwife?

Tūpuna looks straight through me

Midwife.

Fine! Fine I will do it...

Now leave me be, I have a baby to birth...

Tihei Mauri Ora midwifery

The Breath of Life?

Why do I feel like I am suffocating?

I cant breathe, what happened?

Tūpuna?

Hello? Hello?

Are you there? (Journal entry, July 20, 2020)

Whakatau Mauri

I thought lots about doing this, cause probably my story might not be the story you want to hear...to the point, where I wondered whether I was the right person to be involved in this...then, the more I thought about it, those reasons why I might not be, are the reasons why I really am (Kōkako, May 12, 2020).

Kōkako leads this chapter sharing her thoughts regarding being part of the rangahau. Her sharing of story is a telling sign for the deep dissonance felt participating in the Tihei Mauri Ora

⁸¹ Ancestor, a Great, Great Grandfather

midwifery parallel programme.⁸² The question I ask, does every graduate have the same kōrero?

This story is not just a piece of academic writing, these are women's lives being discussed, women's lived decisions to become midwives. It explores their experiences as graduates of Tihei Mauri Ora examining the challenges and successes of a pioneer programme created in response to “the racist attitudes and hegemony that underpins the philosophy, policies, and practices of the institutions of health, education and the media” in New Zealand (Kett as cited in Mulligan, 2003, p. 77).

Originally, I thought I was writing about the programme, Tihei Mauri Ora advancing the idea of bicultural education in midwifery, however, the more I shared story with the pūkōrero, it became clear this would not be the case. In the end, it became a pūrākau exploring the mauri of midwifery graduates of Tihei Mauri Ora. There are three stories which weave through this chapter, the Māori midwifery experience, the Pākehā – ship of midwifery, and finally, culminating, in the next chapter, the Tihei Mauri Ora graduates' journey.

This is Our story.

Māori midwifery experience

Ka tangi te tītī

Ka tangi te kākā

Kei te tangi o ngā manu

Ko Kōkako, rātou Ko Kāhu, Ko Kākā, Ko Kakapō, Ko Kārearea, Ko Kea, Ko Kererū,
Ko Korimakō, Ko Kōtuku, Ko Riroriro, Ko Rūrū, Ko Tūi, Ko Whio ngā pūkōrero o
Tihei Mauri Ora.

Tihei Mauri Ora parallel midwifery attracted many strong-minded Māori women from across the country to train to become Māori midwives. It was understood Tihei Mauri Ora offered a unique space where wāhine Māori would learn together and become skilled in both Māori and Pākehā birthing praxis, and in effect, be able to work in both worlds, as strong Māori midwives.

Rebecca Fox (known as Becky) was a formidable figurehead of Tihei Mauri Ora. Her foresight, Māori leadership, and forthright Ngāti Pōrou stance in collaboration with Rewi

⁸² Tihei Mauri Ora was the bicultural midwifery programme offered at Wintec, Hamilton, New Zealand between 1996 – 2016.

Panapa, Rose McEldowney and Jamesina Kett, birthed this unique programme into the New Zealand midwifery education system.

Jamesina Kett (2003) provides a political context for Tihei Mauri Ora midwifery citing,

Wintec sought government approval for the degree of Direct Entry Midwifery in 1995, announcing it offered something unique and different which would contribute towards increasing the Māori midwifery workforce in the Midlands region. The point of difference was, Tihei Mauri Ora midwifery parallel programme (Kett as cited in Mulligan, 2003, p. 79; Kōkako, May 12, 2020).

Tihei Mauri Ora was situated within the Degree of Direct Entry midwifery, where Cultural Safety was to be embedded into the curriculum, and the Treaty partnership between Māori and Pākehā, would be reflected across midwifery student numbers, teaching positions, and where appropriate, classes would be facilitated by both, a Tihei Mauri Ora and a Pākehā midwifery educator.

The Bachelor of Direct Entry midwifery degree, including Tihei Mauri Ora would be offered by Wintec, Hamilton, New Zealand, and commencing its' inaugural year in 1996.

Commitment to the kaupapa

In the early years everyone was committed to the success of the programme. With clear vision, strong Māori leadership, and Māori values, Tihei Mauri Ora would lead out its programme with its' own kaiako Māori, tauira Māori, and a whaea, to support the retention and recruitment of Māori women entering the midwifery profession (McEldowney as cited in Mulligan, 2003, p. 98).

Yes, Tihei Mauri Ora was pretty special at that time...The programme was a bit of a tick for the Ministry of Health, Education and NZQA (New Zealand Qualifications Authority). We were their ticket! They did not support us with what we needed as tauira Māori. They did not hold up their end of the bargain. At all!!! Becky busted her butt to do as much of that, as much as she could, and ultimately, she paid the price to achieve that with us, and for us (Kōkako, May 12, 2020).

Training to become a Māori midwife was about legacy building and was not to be taken lightly. It was more than achieving an individual certificate of midwifery, it was a collective effort, returning Māori midwives back to our communities, back home to take care of our whakapapa again. We may have come in with a desire to become midwives, and for the majority, we came

in aware we held a responsibility to our whānau, hapū, and iwi. Regardless of the challenges we faced, the Degree of Midwifery was to be taken seriously, we had to complete it.

Whio states:

One of the challenges I had, was trying to inspire and motivate my Māori midwifery mates to keep going and finish their study. I took up the role as mover and shaker, my best mate of the time was the mouthpiece for our year. So, we were appointed those roles in our year. So, if any of our group went to the tutors alone, they were bullied (maybe wrong word, but maybe not) into what the tutor wanted them to do, rather than what the student wanted, i.e., assignments, clinical placements, Cultural Safety issues. If my best mate and I were present, this would not happen – the Māori midwifery student would get what they asked for. For instance, one student wanted placements in Rotorua as it was closer to her home, not in Te Kuiti. No, our demands as Māori midwifery students in my year were not over the top (Whio, October 10, 2020).

As Rūrū articulates:

I was disappointed in the students they chose because they didn't seem to be committed to the kaupapa, falling to the wayside. It was as if they did not look at how hard it would be; the course itself, the idea, and the expectations of what midwifery was going to be like. The work pressure of 24/7 on call, study, and whānau demands on our time. Time, we didn't have. You had to be committed. You had to know why you wanted to be here in the first place. You had to understand you were here for our women and their whānau (Rūrū, October 15, 2020).

It is Who, who exemplified the level of commitment expected in our midwifery training:

I was on the dole (unemployment benefit). My husband raising our babies as a solo dad without whānau support near him. I would hitch hike from home to Hamilton (three hours one way) Monday morning at 5 in the morning. Reach Hamilton round 0730 at a designated spot, and one of my Māori midwifery buddies would come and pick me up and bring me to school, in time for our first class. I would stay with my sister in Hamilton throughout the school week and return home Friday afternoon. I would hitch hike home. I would do this two weekends a month because my husband and

babies, would come up to Hamilton the other two weekends of the month (Whio, October 20, 2020).

In addition, Rūrū describes her own commitment to Tihei Mauri Ora (TMO):

I really thought there were no Māori midwives out there because we were being suppressed. My understanding was as Māori, we were to be proud of this and to carry our knowing of being Māori into our midwifery work. Our purpose was to show we as Māori can be midwives too! I thought Tihei Mauri Ora gave us the opportunity to showcase ourselves (Rūrū, October 15, 2020).

Tihei Mauri Ora was a shared kaupapa between Tihei Mauri Ora teaching staff and Tihei Mauri Ora midwifery students. In the end, Tihei Mauri Ora provided a Māori learning space to express ourselves as Māori, whether it was in our kaiako offices, library, or the cafeteria. For the first five years of Tihei Mauri Ora, we were free from having to explain being Māori and were able to concentrate on our studies. Unfortunately, from 2001 following Becky's departure the graduates of Tihei Mauri Ora would face significant challenges littered with racism, and culturally inappropriate experiences in their midwifery education and training.

As Kōkako stated,

it was not the programme that made it special, it was the wāhine Māori you were surrounded with which brought the 'mauri' to Wintec midwifery (Kōkako, May 12, 2020).

Ruru supports Kōkako:

We just got each other. There was no need to explain who you were. We were Māori. Our whakapapa mattered. It was unique. It was what joined us altogether. We had each other's backs. We supported each other making sure we all made it through as a ropū (Rūrū, October 15, 2020).

It was a programme which taught us how to be strong wāhine Māori not because of what they taught us, but because of "our absolute commitment to the Kaupapa" (Kōkako, May 12, 2020). As Becky envisaged, we would return to our people as skilled Māori midwives offering midwifery choice for whānau Māori.

Reality vs Idealism

Reflecting on the three years of midwifery training Kōkako noted:

I assumed as did the 9 other Māori students of the inaugural year of Tihei Mauri Ora...we would have not just 50/ 50 Māori/ Tauwi students, but also, 50/50 Māori/Tauwi curriculum content. However, the only thing I can think of that translated Māori content into the programme was ...the Treaty of Waitangi paper...taught separately from our Tauwi students. It was a good thing, but a few years later, they [Wintec] decided it wasn't a good thing, and they all became joint classes...Sadly...honestly, that is the only thing I can think of that was beneficial to us as a ropū of Māori midwives training. Tihei Mauri Ora was just a name. It did not equate in any way towards enriching my Māori midwifery world at all (Kōkako, May 12, 2020).

Similarly, Kererū shares her experience,

Tihei Mauri Ora to be honest at the time I was there, I felt it was tokenism...I felt a bit ripped off actually...it makes you fight and makes them (Wintec) accountable for what they needed to provide for us. We had no Māori midwifery support for us. Tihei Mauri Ora nursing stream supported us. We had to fight for everything. So, when I have reflected on it...what did it give me? Well, I think when you don't have what you should have, you fight for it a little bit more (Kererū, June 28, 2020).

These sentiments of tokenism, fighting to be Māori in white spaces were shared across the pūkōrero of Tihei Mauri Ora. To varying degrees, the assumptions we would be taught Māori methods of traditional birthing practices and mātauranga Māori was limited to occasional wānanga spaces spread throughout the education year. Accessibility to mātauranga Māori surrounding birth remained limited for all pūkōrero experiences. It is a deep sadness we all share across our midwifery training.

Whanaungatanga

Each pūkōrero agreed on the importance of whanaungatanga, illustrating the connections made in our training would extend into our midwifery practices. The many examples discussed highlighted, the level of support from the educators, Māori and Pākehā where minimal, would

in the end, make us fold in on each other for manaaki and, the momentum to continue a difficult pathway towards midwifery registration.

Korimakō speaks into this space:

For me, Tihei Mauri Ora was already in place when I arrived on the scene. I never got involved in the nursing or midwifery programme as much as I was just there if they needed some advice in the Māori space. They were smart enough to get it from Māori...there wasn't a lot of cross pollination...My team and myself provided manaaki for all our Māori students on campus... And I certainly saw those Māori students all the time. Even socially, I would go across to the hub and have kai rather than stay in my office or go where the staff go. It's all part of the whanaungatanga ah (Korimako, November 8, 2020).

Kārearea, always knew she wanted to be a midwife:

Being part of Tihei Mauri Ora made it that much more special. Becky and Jamesina were hard on us. They had to be. We fought for everything. It was a difficult programme, but we got through it because of each other. We worked as a ropū. As a whānau. I know that is what got us through together. As whānau (Kārearea, November 30, 2019).

Riroriro was attracted to Tihei Mauri Ora because Becky and Jamesina reassured her, they would be there throughout her study:

They were like an Aunty, like a Nan. I could express myself and not feel dumb. I felt I could trust their support and guidance. It made me feel proud to be Māori. It was good to know I was going to be with Māori. Not to say the Pākehā tutors were not great. They were wonderful, but for me, as a Māori midwifery student I needed my own to reassure me and guide me (Riroriro, August 15, 2020).

Kea adds her thoughts about what Tihei Mauri Ora offered, learning:

During the Tihei Mauri Ora programme I remained appreciative that there was a sense of whānau and manaakitanga. It really felt like a safety net being cloaked with aroha, respect, and mana. The fluidity and normality of Te Ao Māori was empowering and for

me was a relief not being weighed down by others' misunderstandings, and judgements (Kea, August 28, 2020).

Whio loved the fact:

Tihei Mauri Ora meant for Māori by Māori. Māori students, Māori teachers and Kaupapa Māori...learning with Māori midwifery students...I knew when I went to class, I wasn't going to be the minority. I really loved that! (Whio, October 10, 2020)

Furthermore citing:

I had lots of support from my tutors. I couldn't fault them at all. Different styles of teaching but they were there for me throughout my studies. They wanted us to succeed. Māori and non-Māori tutors. They respected us and our own knowledge base and our own life experiences. They cared about us and it shone from them. You could see it. They were passionate for us. They were passionate about midwifery and they wanted us to succeed. And they CARED FOR US (Whio, October 10, 2020).

Kōtuku shares similar thoughts regarding the tutors:

After Becky left, I found the Māori tutors tended more towards a quiet reticent attitude, trying to please everyone but failing to be strong and resolute like Becky was. My impressions of the Pākehā tutors were very good. They were non-judgemental and easy to relate too. In the final year it was my Pākehā tutors who gave me quiet presence as I navigated towards the end of my degree. It was sad I had lost faith in my Māori tutors (Kōtuku, October 20, 2020).

Sadly, for pūkōrero who were not in the first five years of Tihei Mauri Ora, their experiences describe a different set of circumstances, as noted in the conversation between Kererū and Kōtuku.

Kererū: Were you of the day when Becky Fox was the tutor for Tihei Mauri Ora?

Kōtuku: Yes, I was the third intake. For the first 5 years Tihei Mauri Ora was very strong with Māori leadership. After Becky left, the Tihei Mauri Ora team battled to keep racism away from us so we could study. In Becky's wake Tihei Mauri Ora began to deteriorate quickly (Kōtuku, June 28, 2020).

Kererū: Āe, they want Māori at Wintec, but not Māori leadership. It doesn't help our Māori students. We need strong Māori leadership; we need strong direction and the vision to push for it. I think that's what it was. Becky Fox guided the space for you over those years. Whereas, our experience and our time was spent fighting for us to create, guard, look after each other and make sure we had our space away from them. And that is what we did! It taught us to support each other, that we only had each other to get through the programme. It taught us resilience (Kererū, June 28, 2020).

Here we go again...

Māori students feeling unsafe, unsupported in the institutions where they were training...where they had to leave a part of themselves outside the door and learn the western paradigms, the western attitudes and western methodologies within practises...exposing...a heightened awareness into their differences as Māori (Kett as cited in Mulligan, 2003, p. 76).

Jamesina's words echo across the years of Tihei Mauri Ora and are relevant now, as they were in 2003. Without strong Māori leadership fighting for the programme and its taurira, the strength of Tihei Mauri Ora began to deteriorate significantly. In her words,

I think the Mauri has gone (Kett as cited in Mulligan, 2003 p. 92).

In 2000, Cultural Safety and Treaty of Waitangi papers were taught in combination with mainstream students which created a toxic and unsafe environment for Māori to be Māori.

The dominance of the ethnocentric worldview is overpowering in the mainstream environment, discussing different worldviews is one step. Following through with enacting dialogue is the step that is missing. The other thing is that I don't think that the Māori staff are strong enough, in being able to negotiate that field of keeping it intact. You can keep something intact if you are very clear and strong about something (Kett as cited in Mulligan, 2003 p. 92).

Māori tutors became inundated and ineffectual in their ability to stave off the pressures of external midwifery stakeholders. The external pressure showed in the varying degrees of quality teaching moments for Māori midwifery students.

Kōtuku (2020) recalls the time when the transition from separate Cultural Safety and Treaty of Waitangi courses, were engulfed into mainstream midwifery:

the discomfort felt was incredible. Cultural safety became a hot topic and women crying for past wrongs. It was not a pretty picture. Observing the emotionality was interesting to say the least. The pain and anger of everyone, Māori and Pākehā. Māori

given a voice and Pākehā through their own admission being made to feel guilty and told their behaviours were racist. It was not too difficult to feel sympathy for my Pākehā peers. The discomfort continued (Kōtuku, October 20, 2020).

Moreover, Kererū speaks to resilience:

We had no Māori midwifery support for us. Tihei Mauri Ora nursing stream supported us. We had to fight for everything. We were doing our study groups in condemned buildings up on Ward Street at the time, because we were fighting for our own study space, to have it provided for us. We had to fight for everything (Kererū, June 28, 2020).

Whereas Riroriro acknowledges:

I felt I was always on a roller coaster ride. The good devil/ bad devil on my shoulder. Staying positive was difficult. Becky was a great motivator, great support and when she died, I thought, damn, I gotta get through this it seemed only right to do right by her. I had to finish my studies (Riroriro, May 20, 2020)

Ka whawhai tonu mātou

All in all, the experiences of pūkōrero highlighted, to become a Māori midwife was not only an academic exercise of clinical competency, and personal fortitude, but it also identified a certification process littered with institutional racism and implicit bias across not only Wintec, but filtered across all clinical placements, clinical environments and among midwifery practitioners.

A conversation between Kōtuku and Whio, describe a common battle Māori midwives experience in clinical practice.

In 2019, two experienced Māori midwives Kōtuku and Whio waited in the reception area for the midwife in charge to come and show them around the local birthing facility. Being the only people in the waiting room, each dressed professionally and wearing their photo identification, they waited. Both watched the midwife in charge enter the waiting area, walk straight passed them, walk out of the waiting area to look outside, only to return looking a little confused. Obviously, she was trying to find the invisible midwives! In her confusion, Whio asks the midwife in charge, “are you looking for the midwives who have come to see your facility?” Kōtuku, looks at Whio, raises her eyes

in contempt, refusing to engage with the midwife in charge. The midwife in charge, looks around uncomfortable, then stutters, “Yes, are you them?” (Journal entry, March 6, 2019)

In 2019, when kōrero surrounding this rangahau was carried out, this scenario was not an isolated event. Many pūkōrero shared similar incidences in practice. Often leading to the same musings. Is it ethical? Does it mirror an accepted ingrained ignorance?

Not only does it question the moral character of the midwife in charge, but it makes you wonder, how Māori as midwifery health consumers fare in midwifery care, if the Māori midwife faces the same level of racial ignorance. If the colour of a professional colleague stops common sense and collegial respect, then the path towards a strong New Zealand midwifery culture, has a long way to go.

The clarity by Tupara & Tahere, (2020) adds credence to the collective experiences of Tihei Mauri Ora pūkōrero, shedding light on:

Māori midwives gave...Experiences of racism, discrimination, and bullying...as reasons for leaving the profession...also expressed verbally by Māori midwives who have worked in midwifery education...both sources of evidence, about negative experiences of workplace environments by Māori midwives, that is concerning, because the work environments could also be manifesting as unhealthy settings for women and babies using maternity services (Tupara & Tahere, 2020, p. 8).

Tihei Mauri Ora midwifery was bittersweet. Likened to drinking medicine, bitter as hell with no sweet aftertaste. Its’ memory lingers long afterwards, until you need another dose, then the memories come flooding back in again. It would appear your skin colour allows your clinical skill to be called into question. The never-ending battle being Māori. The never-ending battle to be a midwife. Steeling your resolve ready to battle, war torn from years of practising midwifery to become clinically proficient, and astute Māori midwives.

Āe, the afterthoughts are bittersweet.

The Pākehā-ship of midwifery ⁸³

At the inception of the bachelor’s degree of Midwifery, the Head of the Nursing and Health Studies Department Rose McEldowney and the team of Māori and Pākehā midwifery

⁸³ Rose McEldowney (2003) coined this phrase, The Pakeha-ship of midwifery.

educators, made a commitment to provide midwifery education with a difference. What did that mean in the curriculum of midwifery? According to Rose McEldowney (2003) it meant:

under the Treaty, as partners. The Pakeha-ship was mine...our responsibilities under the Treaty...to show how you can work in partnership. It was about enacting those principles⁸⁴ that became really critical in terms of our whole school and the way we wanted to go. (McEldowney as cited in Mulligan, 2003, pp. 98, 105).

It was this level of consciousness which welcomed the first years of the Bachelor of Midwifery students. As Tihei Mauri Ora was the parallel midwifery educational pathway for Māori, Direct Entry midwifery was the mainstream educational approach for Pākehā⁸⁵ and Tauīwi.⁸⁶

The inclusion of Pākehā midwifery experiences into the rangahau was based on three suppositions, one, absolute recognition Tihei Mauri Ora was situated within a mainstream degree programme offered by a mainstream educational institution. Two, every single midwifery graduate Māori and Pākehā were trained and educated according to Western midwifery philosophies and practices. And last but not least, an acknowledgement for the dedication of our midwifery educators (Māori and Pākehā) who helped to build resilient and determined midwifery graduates.

Although this rangahau would only capture four voices⁸⁷ of Pākehā midwifery graduates it demonstrates the need for Pākehā midwifery to pursue their own research and gather their narratives, exploring how their presence informs the model and direction of New Zealand midwifery education today.

Introducing the pūkōrero

It was humbling to speak with my Pākehā colleagues especially when they were unsure their contribution would be of value. Our wānanga sessions would begin with speaking to the importance of our shared common ground. The profession of midwifery. We had all trained in a programme that pushed our limits, took us out of our comfort zones, and forced everyone to develop a deeper awareness of resilience. A resilience no midwifery graduate would truly come to understand and appreciate, until after we graduated.

⁸⁴ Treaty of Waitangi principles of partnership, protection and participation

⁸⁵ Pākehā refers to descendants of the British who signed Te Tiriti o Waitangi in 1840

⁸⁶ Tauīwi refers to peoples' from other lands who have come to settle in Aotearoa New Zealand. They are not descendants with Māori or Pākehā bloodlines.

⁸⁷ Numerous attempts via email and personal networks were used to attract Pākehā colleagues to participate in the rangahau. Only four answered the call. Nei te mihi ki o koutou.

Kākāriki, Kiwi, Kororā and Pūkeko identify themselves as proud Pākehā and Tauīwi midwives and represent a cluster of passionate midwives with diverse midwifery philosophies and experiences. Each pūkōrero brought rich description of their overall midwifery journey focusing on those moments in training which continue to influence their midwifery practice of today.

Kākāriki came to the Bachelor of Midwifery with a passion to make change in a profession she loved, seeing the potentiality in this ‘bicultural programme’ adding:

I like challenges. I enjoyed learning about Māori culture, and getting to know the staff, they were all colleagues, they were all quite different. I could have been quite friendly with all of them, but I couldn’t pick sides. I guess it was like wading along a river and seeing two world views; one on each river bank, [while] trying to maintain an education standard (Kākāriki, May 12, 2020).

Kiwi, the iconic bird with a down to earth nature, distinct and unique to Aotearoa New Zealand begins her narrative:

Twenty-three years I have been a midwife. Our foci are entirely on birthing women. We can’t do our job in the way we are meant to do our job because it’s just got to the stage where you are watching your back all the time. I have seen so many situations where actually it was the choice the women made that was the cause of the problem. The birthing woman has no accountability whatsoever! And as midwives, we cannot address this fact at all. Midwifery is not a profession where you are going to get an optimal outcome all the time. It just isn’t, no matter how damn good we are! It’s not logistically possible, but it is expected (Kiwi, April 4, 2020).

Pūkeko, known for its community shared nest-building speaks from another angle altogether,:

I was teaching an antenatal class and one woman said, “I don’t need to learn this because my midwife will tell me what to do”. I said, “No, the midwife is there to guide you, but she is not there to tell you what to do”. She said, “Yes she can tell me exactly what she wants me to do, and I will do it”. I said, “No, you are not just a train getting on to a track and getting pushed to that destination, you have to decide which path you are going on (Pūkeko, September 6, 2020).

Kororā, ruffles her feathers adding another complex layer to the mix:

The programme was not academically difficult, it was the relationships which caused concern...in clinical placements, in class time and among tutors and peers. Struggles with other students especially the racism which seemed to come alive in Cultural safety. It was like there was no filter. The implicit racist assumptions would be too much. I didn't feel comfortable. The discussions in those classes were wrong. I asked to be transferred into Tihei Mauri Ora, but I was told I couldn't because it was for Māori. I understood that, but it was hard for me. I didn't even feel a sense of belonging among Pākehā. It was difficult (Kororā, October 15, 2020).

Training grounds for practice

Midwifery education consisted of theory classes and clinical placements. There appeared to be very little consistency across the board, and in many of the pūkōrero experiences, learning was for the most part, based on the midwifery educators' and midwifery mentors' level of expertise and personality. You could even say, it was in some ways, like playing Russian roulette. You never knew what you were going to get. It could be argued, learning appeared to be happenstance.

Kiwi recalls her training with a deep sense of frustration, recollecting whether her midwifery training prepared her for practice, adding:

I guess I always wanted to be a midwife...we were a feisty bunch of midwifery students...mature women with children...we all knew why we came to midwifery...the programme was ok...Were we prepared for practice? No, we learned on the job not when we were being bloody supposedly trained! (Kiwi, April 4, 2020)

In addition, Pūkeko supports Kiwi stating:

Did our midwifery training prepare us for practice? I don't think it prepared me to be a midwife. You went out with different midwives, you learned from experience, at the midwife's level of experience and knowledge. It was not consistent in my training. No, my midwifery training did not prepare me for practice. It provided a piece of paper and a structure to attain my midwifery degree. I prepared me to be a midwife (Pūkeko, October 10, 2020).

Personality and practice also seemed to influence educational needs as described below:

There is a huge divide between homebirth philosophy and the medical narrative of birth. So, I changed my homebirth 'ness' and shifted my assignments and wrote what they wanted to hear (Pūkeko, October 10, 2020).

Kororā reflects on her midwifery training.

The teachers were interesting. Our classes had many complaints about the limited knowledge of some of the teachers, especially in clinical teaching environments.

Eventually though we had a good programme. I learned a lot from the midwives I went out with in placement. I had the wrong midwives. I saw the finer side of midwifery, where I had great midwives because they taught me what not to do. Even though I understood, you are given what you can handle and obviously I learned a lot. It has certainly helped me in my midwifery career (Kororā, October 15, 2020).

Wintec's Bachelor of Midwifery training was largely aligned to self-directed learning where the midwifery student was responsible for their own learning and reflections. Self-directed learning really meant, working in small study groups, or on your own, and, in most cases, without tutor input. Once again, Kororā shares her observations in her training:

The reason we got through is because we got through. My colleagues I trained with got each other through. We supported each other. We remain close and confidential. We don't have to be besties, but we do have each other's backs. We continue the bond to this day. The Bachelor of Midwifery gave us our colleagues (Kororā, October 15, 2020).

The bitterness of Cultural Safety

Cultural safety was a paper which left deep tracks through many midwifery graduates of the Bachelor of Midwifery. The effects of what was taught, still brings forward unresolved emotions, and feelings of powerlessness for pūkōrero decades later.

Dr Irihapeti Ramsden developed Cultural Safety maintaining it "was not about the patient but about the nurse's behaviour and attitude toward patients and their ability or otherwise to create a trusting relationship" (Richardson & MacGibbon, 2010 p. 55). Often, what this equated to was confronting for Pākehā midwifery students, leaving tracks of guilt and shame presenting itself, either through, over compensation towards other cultural groups, absolute anger and outrage, or a complete disconnection from their own cultural identity (De Souza, 2016).

Pūkeko provided an animated account describing:

in Cultural safety I was basically told it was all my fault. Then I was told it wasn't really your fault, but it is still your fault. I am like what? Thanks for that! It wasn't just Wintec though, in the education system of New Zealand, it does not talk, discuss, or educate New Zealand history. The good or the bad. We talk about the Treaty, seriously is that it? We don't know a lot about Māori history, we don't even know about New Zealand history, we don't and it's a reflection of our education system, and Wintec is the same. I wanted to know more about Māori birthing practices and how I can support them. That would have been more beneficial than telling me it was my fault (Pūkeko, October 10, 2020).

Kororā recounts Cultural Safety from the 'in between-ness' of cultures:

I learned very little in Cultural Safety because I write from the perspective of a Pakeha woman with a Maori husband and three children. I wrote from my perspective, and I got a B-. I am an A+ student. I was devastated. I was not writing what they wanted. I learned nothing but the word dyad, and poncy words you can use in poncy land. Words which have no relevance to my world. I don't think it taught me anything about racism or cultural understanding at all (Kororā, October 15, 2020).

The narratives of Pūkeko and Kororā do not stand on their own. Through the years I have trained many Pākehā midwifery students, worked alongside Pākehā midwives, and listened to their confusion and anger regarding Cultural Safety. The effects ripple out into their lives and professional practice, again with nowhere to discuss and reflect on their Cultural safety experiences, for fear of being labeled, "racist".

What they identified was the inadequacy of the teachers of Cultural Safety in their midwifery training. Recognising this subject would require knowledgeable midwifery educators who have a clear understanding of how important Cultural safety is to the integrity at the heart of New Zealand midwifery. Said 'heart' being, the midwifery partnership.

The beginnings of professional isolation

Professional relationships are a crucial element for midwifery practice. Without supportive professional relationships the midwife is vulnerable to the effects of professional isolation. Effects brought about through lowered morale in high pressured jobs, which encourages

bullying environments, and harbours defensive practices. All these factors all impact on the health and wellbeing of the midwife.

Kiwi shares her thoughts on this matter:

I have got to the place where I love working with the women, like the hands on we do directly with the women. The rest of it I absolutely abhor. I cant deal with the political wash, the backlash we get from the media, or the storms we get from HDC⁸⁸...even when we are not directly involved in an incident, theres no reprieve (Kiwi, April 4, 2020).

Midwifery education is supposed to provide opportunities to build midwifery knowledge, observe divergent midwifery practices, and reflect upon your own philosophical musings in preparation for practice. Nevertheless, the pūkōrero narratives identified a lack of understanding how to develop and maintain professional relationships. Take for instance, the narrative of Pūkeko:

In my final years, my home tutor was very obstructive. I remember both group tutors tell us all, “Don't come to me with any personal problems at all I don't want to know. If it's not midwifery related, I don't want to know”. I think of that time, and I don't recall going to any of my group tutors for any support at all. My science tutors were very supportive with assignments. I could talk with the science tutors. They were there for assignments. Our tutors weren't really there for you. It felt like that throughout the whole degree. The lack of tutor support was disappointing (Pūkeko, October 10, 2020).

In response Pūkeko found her own way of addressing the gap in her midwifery education noting:

I used to talk to ... about situations and you get learning from every situation. It teaches you for learning next time. It helps. You have to find someone to have those real discussions with. To find that midwifery partner you can have those discussions with is not only vital it is essential to your wellbeing. It is critical for your wellbeing. Someone, you can a have moan with, that won't judge you, and make you feel safe to talk to about those mistakes you may have made, or the victories or the success stories where you have trauma and you have things happen, because things happen a lot and we probably minimize them a lot too (Pūkeko, October 10, 2020).

⁸⁸ HDC Health and Disability Commissioner's Office

If this is the case, where midwifery students provided their own form of professional support, how do you then judge their abilities to critically reflect on clinical situations? How do you teach critical thinking tools? Self-reflection alone without clinical guidance enables tenets of professional isolation to emerge, even worse, acceptance of professional isolation as commonplace.

At Wintec, there were a couple of midwifery educators who were supportive of my homebirth 'ness', but for some other tutors they were challenged by my homebirth 'ness'. For instance, a woman in homebirth, who had a PPH⁸⁹, I gave her a hot milo. One tutor said I shouldn't have given her a milo, what if she required a transfer? I was asked to reflect on my practice (Pūkeko, October 10, 2020).

I fail to see the ability to reflect on one's practice if there is no space to reflect, other than in the format of self-directed learning. What is learned in the space with self? If advancing your understanding of clinical situations is the outcome of reflective practice, but the ability to reflect is impeded by lack of tutor engagement, therefore, how is it possible to reflect? Reflective practice is not sitting in your own head and writing fastidiously in isolation!

I think the lack of communication skills between midwives is something that needs to be addressed. I think it all starts at the educational level, for me Wintec in my training did not provide those spaces to navigate tricky parts, where the communication was not effective (Pūkeko, October 10, 2020).

Reflecting on the training ground as midwives, left every pūkōrero (Māori and Pākehā) wanting. In hindsight, the struggles faced in practice appear to have blindsided everyone. Many identifying the lack of support, the haphazard ways working with mentor midwives, writing assignments in accordance with the expectations of the tutors (not the marking schedule) and a general feeling of being unprepared for the reality of becoming midwifery graduates.

One thing is for certain, their individual successes as experienced midwives, rests on their own integrity to be the best midwife they could be according to their own values, their love for midwifery, and their commitment to the birthing women they continue to serve.

⁸⁹ PPH Post Partum Haemorrhage

Kia tau te Rangimārie

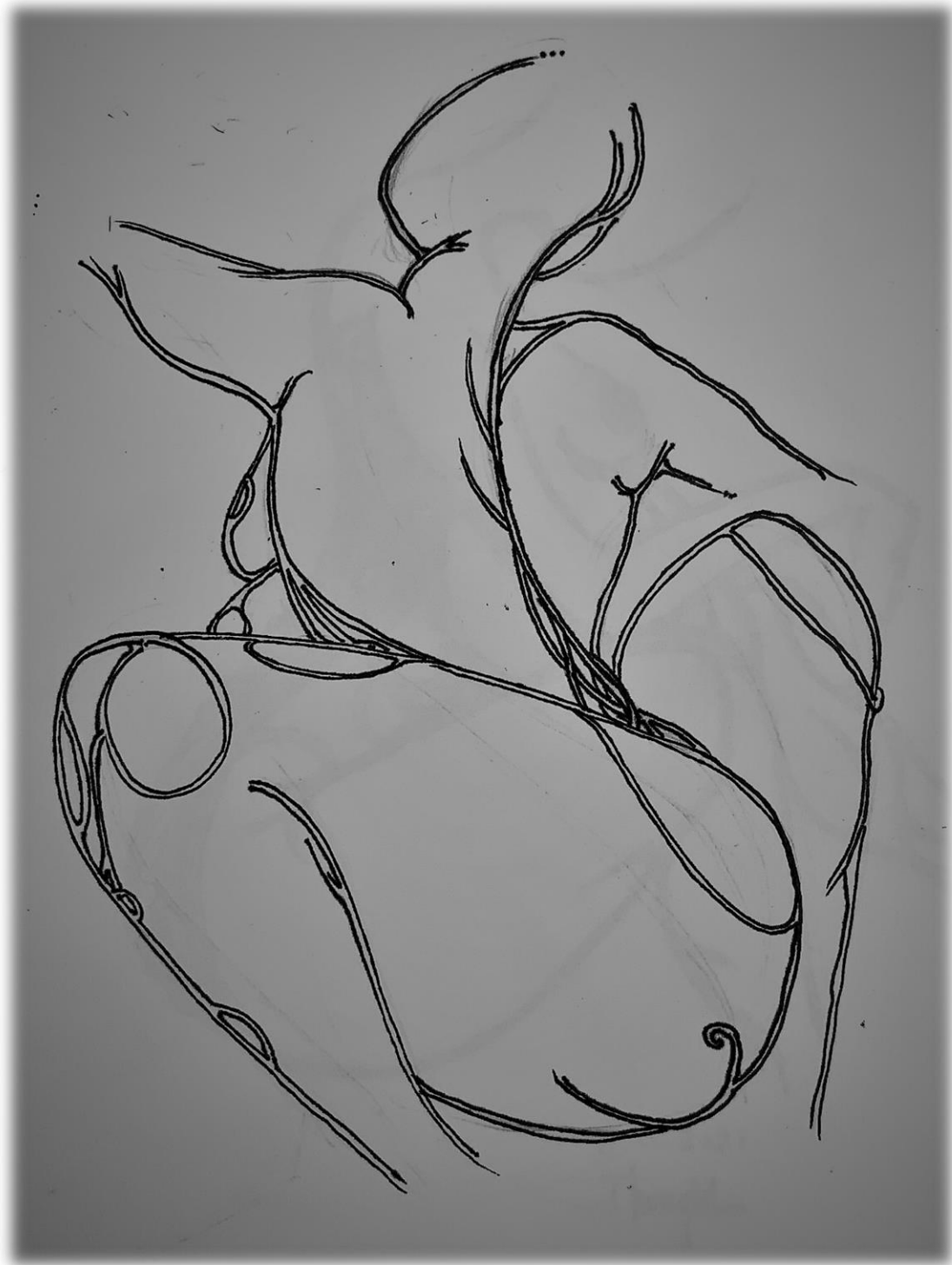
Every midwifery student who entered Wintec Midwifery did so under the premise, they would graduate as midwives. All pūkōrero who entered the Tihei Mauri Ora parallel midwifery programme assumed they would graduate as Māori midwives steeped in mātauranga Māori and Māori midwifery practices. Pākehā pūkōrero knew they would be graduating as midwives, unexpectedly, Māori pūkōrero, did not know they would graduate as Pākehā midwives who happened to be Māori.

Through their pūrākau (Māori and Pākehā) the resounding outcome for the qualification of a Bachelor Degree in Midwifery 1996 – 2016 showed there was no difference in the sought after midwifery qualification at all.

All midwifery graduates Māori and Pākehā would graduate with the same knowledge base and skill set, however, their midwifery journeys would be distinctly different.

The next chapter examines the shared experiences of Māori and Pākehā midwifery graduates through the lens of Ka Puta Ki Waho, exploring their reasons for entering the midwifery profession, finding identity through midwifery, impactful moments in practice, and finally, finding ways towards self-care, in a profession that eats its own young.

Chapter Nine



*9 Surrendering*⁹⁰

⁹⁰ Oh things just got real! Where do we go from here? Do we stay in the trauma and continue to miss the beautiful spaces we exist in? Or acknowledge our differences in the invitational space of birth, disappear. We become borderless. Once baby is born the birthing space recedes. Our borders come back with avengence. No, we own it and gently push.

Dis ‘Ora’ in midwifery.

Tihei Mauri Ora...was pretty special at the time, but it was special because of the wāhine you were surrounded by, not the midwifery educational program. **Clearly, differentiate that!** (Kōkako, May 12, 2020).

With the change of guard in 1998, came a different perspective to the original vision of the Bachelor of Midwifery. Tihei Mauri Ora, situated within the Direct Entry midwifery degree programme seemed to dissipate, so as, to accommodate the normative Pākehā educational narrative.

Kākārikiri speaks of this change when asked, are there any differences between Māori and Pākehā midwives?

No, I don't think so. I believe a midwife is a midwife if she has had excellent reflective education. Reflective, because it's all about attitudes. Your culture builds attitudes. But education can change attitudes. So, the students who came through Wintec would have (hopefully) had similar attitudes in the end, regardless of whether they were Māori or Pākehā. They learnt about their own culture and Māori culture, as well as other cultures (Kākārikiri, May 12, 2020).

If a midwife is a midwife and reflection and attitudinal change could occur through education then, for a Māori midwifery student, who's educational system do I learn from? The Pākehā educational system of course! Suffice to say, a midwifery student is a midwifery student. There was no room for cultural difference. The shift in the vision of the Bachelor degree of Midwifery for Māori midwifery students, although subtle, its impact was irrevocable.

The simple statement by Kakapō recognizes the finality of this shift in vision:

It was your email which made me remember I was in Tihei Mauri Ora. I had forgotten I was in that programme. I don't recall learning anything that increased my knowledge of Māori birthing practices, or anything Māori really (Kakapō, August 6, 2020).

Pūkeko remembers:

I thought Māori would learn their traditional birthing practices, but all our classes were done together. There was no difference in teaching and content. Some of the Tihei Mauri Ora students even saying, "I should have done mainstream because I don't see

any difference between the two programmes”. It was confusing for everyone of us, as midwifery students (Pūkeko, October 10, 2020).

Whakatau Mauri

This chapter utilises Kaupapa Midwifery as the ātea, allowing the coming together of both Māori and Pākehā narratives to walk alongside each other, tempering their pathways throughout their undergraduate midwifery education and into their respective midwifery careers. Each pūkōrero weave together a whāriki of shared aspirations. To serve birthing women and their whānau. In the end, would their expectations be met in practice?

Estelle Mulligan (2003) wrote about Becky’s vision being too idealistic for the time, and perhaps she was referring to the constant battle to validate the Māori presence in Wintec midwifery, challenging cultural diversity was more than the colour of the skin, arguing Māori needs were different to Pākehā, therefore, their educational pathways would need to reflect these differences.

This subtle shift in vision demonstrated diversity was never the goal and bicultural education was never the agenda for Wintec. Wintec midwifery in securing their place as a provider of midwifery training would only provide a space for Māori to train Māori women in Western midwifery philosophies. It became apparent, diversity would be removed as soon as practicable. All Māori and Pākehā midwifery students would be trained the same.

What Wintec, as all other midwifery educational institutions failed to acknowledge and accommodate was Māori learned differently, not just because of financial or whānau constraints, our worldviews are different, our way of relationship is different, our methods of learning are different; and these differences matter!

Ka puta ki waho

The idea of this chapter was to write their stories and experiences as midwives from their perspectives as women themselves funnelled through the eyes of Māori creation narratives. My stance is, **we may not have had the opportunity to advance our philosophies and birthing praxis of Māori in our training, but now, it can be written into existence through this rangahau.**

The contexts I write from are multilayered where speaking with Māori Creation requires a deep sense of reverence to write with integrity. The knowledge is intuitively led and written. Pulling

major elements of Māori creation to the foreground does not mean it is being slapped down on written page to hide a lack of engagement. Not at all, engaging with the sacred hā of the pūkōrero, requires an honest and direct approach, which enhances mauri. Mauri ki ou mauri, in every conceivable way.

As mentioned, all midwifery students graduated with a Bachelor degree of Midwifery, but their experiences as Māori and Pākehā, were not the same. It is on this basis, Kaupapa Midwifery (see Chapter Six Aroha Atu Aroha Mai) was created to inform the space of data gathering. Kaupapa Midwifery as the ātea, was created as a method to give space for the voices of both Māori and Pākehā pūkōrero and entwined together under the common kaupapa, our midwifery clinical skills and knowledge bases were the same.

Here is where the hononga with Māori and Pākehā pūkōrero come together, the Tihei Mauri Ora and mainstream Direct Entry midwifery graduate experiences, filtered through Māori birthing praxis, and, referred to as Ka Puta Ki Waho (see Chapter 5, p. 97). Uttering the words Ko te Kurawaka, Ko te Ūwha, Ko te Manawa and Ko te Whare Tangata is to evoke sacred intentions, and expanded awareness, across the data chapters.

Mai te putahi manōnō ao Io Matua te kore

Kua puta ko te pō, ko te pū, ko te weu, ko te more, ko te aka

He takoto ana o ngā tua nei

Whakarongo ki te tangi o ngā manu

Ngā manu tūi, tūi, tūitūia (Te Ahi Kaa, 2014)⁹¹

Ko te Kurawaka speaks of returning to our origins, where pūkōrero share their thoughts as to why their choice of midwifery, as a career path. Ko te Ūwha relates to searching for identity in midwifery. It tackles the differences between Māori and Pākehā pūkōrero, citing, in the end, the only difference in midwifery training was an awareness of your cultural self. Ko te Manawa explores the heart stopping moments which, influenced and shaped their respective midwifery practices. And finally, Ko te Whare Tangata examines the bodily expressions of midwifery and its impacts on the health and wellbeing of pūkōrero.

Piki te mauri

Piki te mana

Piki te ora

⁹¹ Karakia recited by T Waka (Te Ahi Kaa, 2014) describing our star lines. It begins with a dedication to Io Matua te Kore

Tihei Mauri Ora

Ko te Kurawaka

Kurawaka speaks of returning to our origins recognising every thought and deed has a beginning.

Nō te one i Kurawaka
He tiaki o te whenua (Walker, 2015).⁹²

Kurawaka is described as:

the entrance of the earth mother, Papatūānuku...from the iron rich clay, that the form of Hineahuone...was observed. Sculpted from the rich clay soil, fashioned with the many gifted attributes from other Atua...Hineahuone came to existence...all humankind descend from that time (Toi Tangata, 2022).

In this context, Kurawaka introduces the pūkōrero sharing their reasons for choosing midwifery as a career option. Exploring their original intentions for considering midwifery, asking, was it a career choice? A Calling? Or the next best thing? Beneath their decisions, was a weighted question, were the pūkōrero ready for the lifestyle change it would require?

A Career choice

Riroriro remembers:

I wanted a better future for my children and midwifery was a career that could give us that. I looked after my grandparents, and I enjoyed working and caring for people. I always knew I was good with people in a caring role. I became a volunteer for Plunket and Aged care preparing to begin midwifery training (Riroriro, May 12, 2020).

Whio reflects on her reasons for midwifery:

I attended whānau births and got to know our family midwife very well. She encouraged me to become a midwife. I wanted a good life for my whānau and planned

⁹² A criticism was made regarding the use of song lyrics to describe a sacred moment in Māori creation narratives. To which I answer, Te Ao Māori is organic and constantly evolving, our mātauranga has continued to exist because we adapted. Our Creation stories were kept alive in children's books, so to use song lyrics to convey Kurawaka, is another method of keeping our mātauranga humming along (excuse the pun) for generations to come.

out how to become a midwife. I tried three times, before I was accepted on to Tihei Mauri Ora. I have never looked back (Whio, October 10, 2020).

A Calling

Kōtuku shares her calling to midwifery:

The birth of my daughter and her subsequent ability at two and a half, to know what she wanted, and to go for it. My daughter led me to midwifery in her birth. She was more than enough encouragement to follow my own calling...I remember the whānau interview process, like a mihi whakatau...Māori women standing up and speaking clearly of what was required of the students accepted into the programme. I clearly recall standing and giving my pepehā. Speaking, strong and resolute, I could feel my Tūpuna standing with me, shaking uncontrollably, I could feel the surge of the karanga. All I needed to do, was walk through the waharoa (Kōtuku, October 20, 2020).

For Kōkako, her introduction to midwifery presented out of the blue:

Honestly it happened like this, I woke up and had to be a midwife. There was no background to it, no knowing of it, except my own birth stories...then...it was how can I make it happen? (Kōkako, May 12, 2020)

Personal birth experiences drew Rūrū in:

I got into midwifery because of my own birthing experience there were no Māori midwives around. My midwife was culturally insensitive, but I had no choice. My options were limited. I stuck with her. It was one of those things that happened. I had my antenatal appointment with her, and I had my sister with me, and she said, well you know your baby is going very well, he could be a big baby and how bout you start smoking so he will be a small baby. My sister said to me, what a cheek she tells you to start smoking, she's a health professional and that is the last thing she should be saying to you (Ruru, October 15, 2020).

Birthing would lure Pūkeko:

I got pregnant with my eldest and I didn't want to go to hospital. I don't have a good experience with hospitals, so I wanted a homebirth. The only options you had then were hospital or homebirth...I had this amazing, wonderful homebirth and I had done

these amazing homebirth Antenatal programmes, and it was great...after this amazing homebirth, I got involved with the core group and became active supporting other mums to homebirth...I heard an obstetrician talk about her own homebirth...wow...and she was choosing to support homebirth in that environment. I wanted to be like her. I wanted to save women from unnecessary c sections...It was my second homebirth experience, where I was encouraged with the support of my midwife and the Homebirth association, who supported me to train to become a midwife (Pūkeko, October 10, 2020).

The next best thing

Four of the pūkōrero had considered medical training ahead of midwifery but opted for midwifery as the next best thing. Their decisions were based on being mothers of young children and the time it would take to complete medical training. In light of those factors, midwifery appeared to be the next best option, as highlighted in the range of responses below:

I looked into medical training, and I thought this will take 7 years etc and I thought of my son and my marriage was rocky and it would be too hard, so I ended up looking into midwifery instead (Pūkeko, October 10, 2020).

After I graduated as a midwife, I met my own midwife thinking she would be excited for me. In the elevator, she slapped me on my arm and said, you were supposed to train as a doctor, you have the brains for it! What a waste! I laughed at her and said no thanks, I am happy with being a midwife...cutting up cadavers was not my cup of tea (Kōtuku, October 20, 2020).

I thought I was going to be a doctor, but I had my babies first, and then I stopped having babies of my own, but I could help others have their babies...I regret my career decision now and again...But I look at our medical colleagues and their work is very unappreciated. Midwives are given a lot more appreciation. The doctors of today, appreciate midwives as colleagues, especially the young doctors now...they are asking us questions. and we discuss clinical situations now (Kororā, October 15, 2020).

I became a midwife as a plan B when medical school felt unavailable to me. As a young mama with babies, I felt at the time to expect my husband to tautoko the medical

student pathway for me was not fair. I realize now that I was only limited by my own assumptions (Kea, August 28, 2020).

For many pūkōrero, being mothers of young families appeared to be the main catalyst for entering the midwifery profession. It became clear, the amount of sacrifice by the pūkōrero and their whānau, would take its toll, yet the impetus to provide for their whānau in the long term would become their major driving force. In one form or another, the love for midwifery, especially birthing women was prevalent across the narratives of pūkōrero. One thing is for certain, post midwifery registration, midwifery as a career option would always continue to be a conscious decision.

Ko te Ūwha. In search of Identity

Ūwha weaves in the origins of tangata Māori explaining a unique way of perceiving the world. Unlike Christian theology where Adam was created of the earth and in the image of God and Eve was drawn from Adam's rib. Māori cosmogony tells a different story, revealing a Māori worldview, where humanity was sculpted from Hine Ahu One. The kīwaha, ka puta ki waho, expresses this knowing, we are all born through women. Herein lays the birthing knowledge of Māori through the eyes of pūrākau.

Ūwha explores the search for identity in midwifery, as Māori, and as Pākehā. In the end, questions were posed, what is the identity of the New Zealand midwife? What does it look like? What does it feel like? And, if our midwifery skills are the same, what makes us different? And, do those differences count in the schemata of New Zealand midwifery?

Does New Zealand midwifery have an identity?

Is there a unique New Zealand midwifery identity which accurately portrays the registered and practising New Zealand midwife? This is a loaded question set against a backdrop of increased midwifery responsibilities to accommodate a failing health system resulting in the 'normal' parameters of birth, becoming increasingly smaller and in effect, labelling birthing women more and more as 'at risk'. In a similar vein, the lack of appreciation for the midwife has caused a lot of disillusionment for pūkōrero in terms of their work/ life satisfaction.

The New Zealand Midwifery Council and the New Zealand College of Midwives adhere to the international definition of what is a midwife and uphold the midwifery scope of practice, therein (New Zealand College of Midwives, 2015). However, none of these national midwifery organisations explain what the New Zealand midwifery identity looks or feels like.

Riroriro gives her version of what the New Zealand midwife looks like:

Midwifery Council is the midwifery identity of New Zealand. She is European, probably UK trained. Lacks New Zealand heritage, lacks a familiarity with Māori culture and generally doesn't have a connection with the New Zealand people, Māori and Pākehā. There is no Māori identity in the New Zealand midwifery identity at all. An authentic Māori midwifery identity would look like this, Indigenous midwives in leadership roles, as managers, as directors, as midwives to cater to our own people. Applying midwifery practice that is Māori positive. This would ensure positive birth outcomes for Māori and the provision of good quality midwifery care (Riroriro, May 12, 2020).

Whio shares her observations of what it feels like:

It's the 24 hour break your ass / back cycle. Independent midwifery. Autonomous practice. Our own College. Our own Council. It is Māori and Pākehā. Not every other midwife who happens to come and work here and thinks they can speak to us of how to do midwifery (Whio, October 10, 2020).

Kōtuku notes:

I recall going to the local hospital as a Māori midwife. I was prepared to not see another Māori midwife; we are a rarity. I met midwives of international origin, French, Greek, South African, and Chinese...I was shocked there were no Pākehā midwives on the floor. It was an eye opener. Even Pākehā were being pushed out of their own midwifery profession. I wondered how many of these internationally trained midwives could provide culturally appropriate care to Māori or even Pākehā for that matter? And how on earth would self-reflection in terms of cultural awareness and appropriateness be measured by internationally trained midwives who have no idea of New Zealand, let alone Aotearoa? (Kōtuku, October 20, 2020)

Identity is a complex construct made up of many intersecting positions encompassing personal, social, and professional spaces. Identity is salient and moves in and out of spaces depending on who you are and what that means to you. For this rangahau, it is a sense of belonging in a profession. Although, professional identity is in the public sphere, there are other contributing factors which account for the diversity of being, Māori and Pākehā midwives.

Identity by Whakapapa

Every pūkōrero of Tihei Mauri Ora began their narrative reciting their pepehā, acknowledging their mana whenua, and their mana tangata status. By standing strong in her innate tūrangawaewae, Korotangi encapsulates whakapapa by identity:

What you start to reflect on after doing this mahi for so long is what called you here in the first place. Why was it I left my own whakapapa, whānau, mahi which I thoroughly enjoyed with wonderful support networks around me? What pulled me here to a place I'd never been to before in my life? Entering another iwi, who is this Tainui wahine coming into this rohe? Like the Waikato river, flowing in and out, absorbing it all in.

There were two reasons, professionally, I had never worked in a Māori health organization. Walking into the Hauora and seeing our Māori health workers. It just felt right... Embraced as who you are as a Māori health practitioner. Personally, I had four young tamariki...My babies are from this rohe, it is their whakapapa. The community really stepped in and assisted with my tamariki...We will look after your tamariki because you look after our whakapapa (Korotangi, February 20, 2020).

Kererū too acknowledges the deep connection to home:

I came home at Christmas and New Year's. I came back home, we went up the maunga just to meet the beautiful sunrise and refill myself so I could return to this whenua [Australia]. I took my babies up too (Kererū, June 30, 2020).

For all the pūkōrero a deep sense of cultural identity based in their ideas and understandings of mana whenua sustained their midwifery training and bolstered their experiences with determination and resilience in midwifery practice.

Identity by contract

On Waitangi Day, 2019 sitting on the grounds of Waitangi, I met a Pākehā grandmother who shared her story.

I am Pākehā and my ancestral roots are from England. I travelled abroad, and I went to England where my people came from. When I got there, I felt a stirring, but no sense of belonging. I wanted to come home. I wanted to come back home to New Zealand. When I arrived back in New Zealand I felt home. I have mokopuna too. So, as a Pākehā

woman, when I am told to go home, I am lost, because this is home to me. I feel lost and it hurts (Journal entry, February 6, 2019).

The words of a Pākehā grandmother echoed in my heart resonating to my own connection with my tūrangawaewae. It is a recollection that sits within me gently informing me to not sit in polarised thinking. My Tūpuna knew there was a place for Pākehā. Midwifery is one space to be navigated in ways to uplift both, Māori and Pākehā.

I thought about this identity by contract, wondering why it was important to have it added to the milieu for consideration. Having spoken with many of my Pākehā colleagues searching for my own answers regarding midwifery identity, and in particular Māori midwifery identity. My search would be not too dissimilar to Pākehā questioning their own midwifery identity. It got me thinking about this conundrum. Am I advocating for Pākehā to have rights equal to Māori under the Treaty of Waitangi? No, I am tabling as Treaty partners, the contractual right to live in Aotearoa New Zealand means there are responsibilities both Māori and Pākehā need to uphold to affirm the Treaty partnership.

Pākehā, as descendants of the Pākehā signatories of Te Tiriti o Waitangi affords their place to call Aotearoa home, through contract. Why the differentiation? As Pākehā, this contractual right of belonging invokes the responsibility to our nation, not only to our lands, but also for our mokopuna and grandchildren. We are different to the rest of the world. I do not think we hate each other or want to kill each other, off the rugby field that is. For the most part we all tend to get along well enough. **As contractual partners of Te Tiriti o Waitangi we are responsible to ensure our successive generations are to be cared for by both our cultures, Māori and Pākehā.**

Midwifery as a pioneer profession, needs to take this on board. We will die one day, but our generations to come will live on. I think about this and wonder, what kind of Aotearoa New Zealand do we want to leave in our wake? What cultural identity do we want our mokopuna and grandchildren to live? A mash of others' constructs, or a pride in place and people? It begins with the birthing practitioners. It begins with the Midwifery profession.

Identity by profession

Te Tiriti o Waitangi predates midwifery in Aotearoa New Zealand. The foundations of New Zealand midwifery of today, were created by two midwives, not of New Zealand born Pākehā ancestry. Therefore, its philosophies and practices are not New Zealand inherited, more to the

point, there is no Māori birthing praxis in the constitution of New Zealand midwifery. This is a critical consideration for the midwifery profession of New Zealand. It is time midwives, Māori and Pākehā articulated what is the Aotearoa New Zealand midwifery identity?

Korotangi provides a philosophy of Kaihoe, to help with this new questioning:

The long and strong stroke philosophy. When you are guiding there is a sense of peace, you have extended the whānau to take charge of their own birthing. Taking charge of their own birthing is Tino Rangatiratanga in birth. It is Mana Motuhake (Korotangi, February 20, 2020).

I think it is time to focus on what midwifery in Aotearoa New Zealand is, and, determine what this midwifery identity of Aotearoa New Zealand looks like for our profession. As Korotangi encourages when we apply Mana Motuhake in birth as Māori and Pākehā midwives, change can occur. Empowerment can be achieved. Midwifery in New Zealand is the professional space we own. Therefore, we as its practitioners can and need to determine what is the New Zealand midwifery identity.

Ko te Manawa

In Māori cosmogony the manawa refers to the moment in time when Hine Ahu One worked in collaboration with Hine Hau One. In their coming together, the first human heartbeat was heard across the entire cosmos. It is the same heartbeat we hear in utero. Our manawa is our constant reminder we come from something greater than ourselves. Our hearts are the reservoir of our lived experiences, inclusive of generational imprinting. As our fingerprints distinguish our individual uniqueness, so too does our heartbeat trigger memories of connectedness.

Impassioned heart

Birthing is not a typical job. It requires everything of you and demands nothing less than your all, even if you do not have it to give. We extend ourselves following our internal compass answering an inexplainable call to service. What moments leave imprints upon our hearts?

Riroriro, like the heralding of Spring finds the hidden blessings in a programme that would test everyone's resolve, forcing many to defy their comfort levels and fashion a budding midwifery practitioner. Her words sing the praises of a flawed programme:

Tihei Mauri Ora helped me throughout my programme on all levels such as, mental, physical and emotional...Yes my expectations were met. I am an example of the success of the programme (Riroriro, May 12, 2020).

Kererū shares her struggles:

Sometimes I feel like a cop out because I should be at home doing my mahi, but I am enjoying what I am doing here. I am always a bit down on my journey, but I really do like it here. I don't know if it sounds selfish of me but it's me...I have delivered more Māori babies here in Kalgoorlie than I have Aboriginal babies...There are lots of whānau here (Kererū, June 30, 2020).

Kererū identifies the struggles she feels being away from her whenua, whilst providing care abroad. The reality is Kererū is upholding what Becky envisioned. The return of Māori midwives to our remote areas to provide care to our people. With the outflow of Māori heading across to the shores of Australia, I think this exodus would meet the requirements of Becky's vision. Afterall, many of our mokopuna are being born in Australia now, so the need for Māori midwives increases tenfold.

Heart shaping moments

There are many moments in midwifery practice which leave indelible marks on our hearts, memories which continue to inform why we do what we do as midwives. Kiwi recalls a moment in practice:

I have never forgotten this girl. She was 18 years old, first baby and an OP labour and ...the head must have been asynclitic...her midwife had been with her for 48 hours...I took over the care...she was the most amazing, daunting and physically intimidating woman, 6 foot tall built like a brick...house, tattooed...she called a spade a spade...She was a force to be reckoned with...a whole crowd came in with her and her grandmother was her strongest support...Nana, was petite and very quietly spoken...she had this strength of purpose that was just phenomenal.

I figured out, this was the woman I needed alongside me...we were having a two-way conversation, myself, the woman, and the Nana. They were like twins, with the same voice but just using different methods of communicating. I had to put this IV luer in...she didn't like needles...in any way shape or form...when I pulled the stuff over

explaining what I was doing, she looks over at me and says, “you f’n hurt me and I am going to f’n hurt you”. I have never forgotten that. I looked at her and I looked at her Nana and looked back at her and I said, you hurt me you are going to hurt yourself way worse than you could ever imagine. Her Nana leans into her granddaughter, and says, you listen, this girl knows what she is talking about. Now by then I had put that bloody IV luer in!

She was phenomenal. I worked with her for 8 hours out of my 12-hour shift...we had the most beautiful baby. She delivered her baby in the end...without any further assistance...She birthed her baby. Walked out of the hospital like the Queen of something. She strode out that door carrying her baby, her Nana on one side, and her partner on the other...12 people with her...she sailed out of there with the biggest smile on her face, turns around and says, “Thanks Teach, I might come and see you again one day”. She was something else, alright. She came in scared, exhausted, and knowing she was in a position she couldn’t help herself. That wasn’t a normal space for her. She got what she needed, and we gave her what she needed. She did it and she was so damn proud of herself when she walked out that door.

She always reminds me of WHY we do midwifery! (Kiwi, April 4, 2020).

Shattered Pieces

Sentinel events are those unexpected outcomes where there is a baby loss or a maternal loss, at any given point in the childbirth continuum. Midwives are the front-line staff and serve as the Accident and Emergency of Maternity care in New Zealand. With unexpected outcomes and sentinel events the midwife’s voice is lost in translation. She loses her identity. In practice when a sentinel event or unexpected outcome occurs, the ‘lost in translation of the midwife’ becomes reality. Processes to ‘protect public safety’ strip the midwife of her humanity. Seeking objective viewpoints of the clinical situation and judged in accordance with ‘the parameters of public safety’. The midwife is pulled out and examined with fixed variables, based on ideals, rather than the situatedness of the sentinel event. She is determined to be a liability. The midwife becomes the function of the midwife, not the midwife per se’. Judgements are cast without facts, and her voice is silenced under the guise of ‘safe midwifery practices’.

This profession has turned into a profession where the midwives are lined up like ducks and bang! Midwives are systematically lined up and knocked off...Teaching you to be a good duckling... We are supposed to take whatever is thrown at us and just let it roll off like we have no soul. Like no part of us can hurt in the same way as anybody else...So sad but true (Kiwi, April 4, 2020).

This narrative was a common theme across all pūkōrero. Many drawn to tears, many remain stoic in their renditions of past trauma sitting on their tongues, marred by a profession full of judgement and cruelty. Many continue unassisted in these hidden traumas, and it shows in the little bit of heart they care to leave open. Many have hardened hearts in response to a professional direction of defensive practice and subjected to processes of conformity through the narrowing of medical/ midwifery parameters for 'safe midwifery practice'.

The beating heart.

Sometimes I feel like crying, but sometimes I am privileged to awhi our whānau over here, you know, like a māmā that I birthed her baby in the caul. The therapeutic beautiful experience, it was her third baby. I come in just when this māmā was going to give birth I did handover, and she says to me, "I heard your voice, I felt safe".

It was a healing birth experience. It is so traumatic here in Australia. It's just a shock and obstetrics and what not, it's so like a butcher shop. It's so painful it makes you cry. Being here for whānau away from our own whenua, it's a privilege, it's crazy. I don't know how to explain it (Kererū, June 30, 2020).

The heart of midwifery lingers as retold by Kōtuku:

I recall answering an emergency bell for a colleague. The woman was birthing but baby was stuck...through technique and manoeuvres we worked altogether as a team, mother and midwives...baby was born quickly required resuscitation and was transferred out for observation...The days to come we had a meeting to debrief...Our colleague was disheartened and felt personally responsible for the unexpected outcome. Another situation where a baby died, and the midwife spoke with all of us at the table, tearful, solid and lost...we shared presence with her. It is times like these I am grateful to see the heart of midwifery open up to each other, to comfort, I guess mothering each other. It is heartfelt to see. Most of the time, we do this in our own

privacy. We hide our pain behind the facade of midwifery. The stiff upper lip, kiwi attitude, she'll be right mate (Kōtuku, October 20, 2020).

Why do we do what we do? What guides midwives to continue to serve birthing women and their families? For many of the pūkōrero it remains a deep seated calling, and this calling is a conscious decision each makes throughout their midwifery practice moments. Although, our work may remain at times, unappreciated. In the end it is a love and deep seated passion which spurs each pūkōrero on in their midwifery journey.

Ko te Whare Tangata

Whare Tangata is protective, regenerative and is Ira Atua made manifest in the female anatomical structure. Whanaungatanga of these supportive structures held within the pelvis, kept alive within the chambered heart of Hine Ahu One, and filtered within the abilities of Hine Hau One. Likened to Hine Te Iwaiwa captured and imprisoned by Tinirau within the magic ribcage of the Whale and her brother Māui tikitiki a Taranga who shapeshifted, in order to, break free his sister. Our Whare Tangata is sacred because it traverses worlds.

It is within these pūrākau, settle the moments of others' constructs for power and control, manipulated across political and social spheres fighting for biological reproductive rights of women. It is here, the Whare Tangata announces its languaging, its knowing, continually announcing its sacrality, Ka puta ki waho. Through women, all come to be born.

Midwives sit in this space. We are borderless in the space of birthing. It is not a sanitised area, it is a moment in time, life is anew, it is where the physical and spiritual overlays occur naturally. Here we sit, our entire being, on alert.

Wahangū...the gift of Silence

Midwifery is part science, part intuition and the rest of it is blind faith. Although it is a beautiful vocation for some and a job for others, it remains a job which requires servitude. It becomes an identity fraught with expectations outside of yourself, expectations you agree to on the dotted line when you graduate and pay for your annual registration.

Silence means a multitude of things. It screams out defiance. It whispers of peace. It is a motivating force. Silence is a killer. Midwives' voices silenced by the weight of expectations. Taught to keep self in check, holding back, observing, and waiting. Silence has a dark side

too, where it unmask, traumatised behaviours and learned psychological defences for self-protection. Sometimes you just don't want to talk. Silence is a deep darkness, internally spiralling inwards. You are allowed to sit here in this space, converse and be embraced by Hinenuitepō. She sits and counsels in this space. Carefully observing and waiting until you see the Hīnātore again.

Pukumohio where 'the body talks'

The gift Silence offers is reflection. Reflective thought which affords you the ability to listen to the 'body talk' and more importantly, when the mouth cannot.

Kōtuku shares the rawness:

It has been over 12 months and as I reread the journal entries of this time, tears come too easily. The pain is not as raw, but the tears burn into my soul. I hold no shame. I hold no animosity. Sadness, pāpouri settles in the pit of my pukumōhio. Trauma? Last week, sharing conversation with a young Māori woman interested in nursing as a career who asked me, how do you transition from loss in birth and continue forward? My reply, in its rawness you don't do anything. You are lost in time. Stuck to the spot, you rip yourself to pieces watching yourself crumble to the ground at your own hands. Like out of body experiences, you watch like the observer. You cannot do anything about it but observe. You are too numb. You are too internalised to feel. Then the phone rings, Kia ora, how can I help?

My role requires a steadfastness to my inner world. A steadfastness where I learn to hold myself in check. Pull my own inner hell deep within, run through the motions. I have no choice but to continue in my work. I am of service. In the depths of the early morning alone with myself, I heal deeply. Sometimes I do not know how to breathe (Kōtuku, October 20, 2020).

Embattled Trauma

For my sisters who have been in practice for greater than 10 years, my Māori sisters who have worked in this profession for so long, what have you done to help us further? What leadership have you shown us? What support have you given for us? What have you done to help us? How have you paved the way for us to follow? Have you thought

of those who would follow in your footsteps? Did you not think of those of us who would follow in your footsteps? (Pīwaiwaka, August 5, 2019)

What may for Pīwaiwaka appear to be a personal affront to her own midwifery experience in education and practice, has in actuality, articulated the subversive storyline of midwifery experiences for the graduates of Tihei Mauri Ora. Most admirably, Pīwaiwaka shares the hidden anger of the Māori experience of midwifery practice:

I don't see anything that has been done to make my transition into practice easy at all! Where were you all when I have fought tooth and nail? No one was there for us! My whānaunga and I have been clawing our way forward and now I feel like I am standing more solidly. Where were you all when we needed the support? Where are you now? (Pīwaiwaka, August 5, 2019).

Confronting as Pīwaiwaka's comments are every midwifery graduate of Tihei Mauri Ora believed we would be with our own, educated in our ways of knowing and being Māori in birthing. We would learn our own traditional birthing methods and practices and be able to stand strong in midwifery as Māori. Each pūkōrero of Tihei Mauri Ora had this awareness, this deep-seated anger, a sense of being alone instilled into us. Being on our own, separated from those we identify with, would become the norm. For Māori this is not a usual space. It is not whānaungatanga. Clinical skills were drummed into us, professional relationships discussed which hid the reality of professional isolation being part of the midwifery profession. For Māori, as Pīwaiwaka states, being alone when connection is everything to our psyche, has been damaging.

The changing face of midwifery

The perception of the midwife is skewed because training teaches us to see from the woman's perspective, forgetting ourselves. We are health professionals now. We are part of the birthing space. We become part of and blend with the environment, forever observing the changing birthing environment. We use our multisensorial perception in every facet of the birthing space. For many, we breathe well when everyone is safe.

An unusual discovery made in the gathering of pūrākau, was every pūkōrero at one point or another in wānanga found it difficult to speak from first person, easily identifying those we served, but, difficulty to speak of and from self. It was as if speaking in this manner somehow defied the philosophy of New Zealand midwifery, 'to be in partnership with women'.

Kiwi shares her deep observations of the changing face of midwifery asserting:

The types of women they wanted changed markedly in the intervening years. The likes of you and I when we all went through. We were all very individual women and very strong in our ideals. Strong in what we wanted to do, how we wanted to do midwifery, and the women and her family were absolutely the pivotal point of everything we did. We were all very bolshy and all pretty good at saying what we believed, how we would give it, and at any given point. We walked it. We believed in what we were doing. But they changed it.

The Training providers, the midwifery and maternity organisations changed what they wanted to enrol in to midwifery. They changed their programming to fit what they wanted in a midwife in New Zealand. They wanted something much more malleable, much more business oriented. They created a totally different midwife.

You see the whole face of midwifery changing. When did you do visits in a clinic? You did home visits. For the majority these days, its clinic visits. That's what I see anyway, markedly for the urban centres like Auckland and Hamilton...Supermarket midwives like, Supermarket GPs. You have 15 minutes in and out, and if you go over? Well that doesn't happen, because there is somebody else lined up behind you.

Yeah something changed at the heart of midwifery. It became 80% about the business and 20% about midwifery and the women we were caring for. Its reflected in what is happening. That's why midwives these days last only 7 years and then they are flicked off and go to another profession or something.

The reality is if you run midwifery as a business you will lose the heart of midwifery. And the financial compense you do get isnt enough, its not enough. Not enough. Let's face it we are undervalued for what we give. I don't know what the answers are! I dont even know which direction midwifery in New Zealand is moving towards (Kiwi, April 4, 2020) .

New Zealand midwifery is an independant profession, built upon the midwifery partnership, where women centred care is integral. The 'midwife partner' in the midwifery partnership continues to be lost in translation. Every pūkōrero who experienced unexpected birth outcomes and sentinel events discussed being treated as liabilities, noting, their midwife 'ness' was

reduced to their function (practising midwifery) and in effect, silencing her midwifery voice, meant stripping the human ‘ness’ of the midwife away.

Kōtuku reflects on this further,

When the midwife’s voice is silenced replaced with rules of conduct, supervision, and the constant financial threat to their ability to provide for their own families, not to mention the over surveillance of the individual midwife, treated as a liability in the name of ‘public safety’. The treatment and debasement of midwives who find themselves under scrutiny is cruel. The national midwifery governance, has a lot to answer for, and especially, to its midwives! (Kōtuku, October 20, 2020)

Truth be told, a profession is nothing without its practitioners’. Identity and reputation plays a crucial role in the validity of the midwifery profession. If you treat your midwives as liabilities, who exactly will provide these safe midwifery practices?

Midwives’ voices matter too!

Tihei Mauri Ora experience

Despite the tokenism and numerous flaws identified by pūkōrero of the programme itself (as shared in Chapter Eight), ultimately, Tihei Mauri Ora provided a space for Māori to be with their own, and stand together against mainstream waves of institutional racism and assimilatory practices.

Resilience learned in their midwifery training fuelled momentum to continue in their studies, however, it did not prevent any pūkōrero from being reingested into the colonial agenda on a daily basis. The ultimate goal of Pākehā midwifery training was to instil into the minds and practices of Māori midwifery students the ideology, the one true knowledge base and voice of birth belonged to Western midwifery. Graduation would in the end, in 2021, identify the Māori midwifery graduate as a Pākehā trained midwife who identifies herself as Māori (Fox as cited in Mulligan, 2003, p. 48).

These findings are validated by Tupara & Tahere (2020) in their Te Aronga a Hine Consolidation Report, highlighting the failure of New Zealand midwifery schools nationwide to uphold their Treaty responsibility to Māori, citing:

Over a ten-year period from 2008 to 2018 there were 1,445 Māori enrolled in a midwifery programme and only 230 completed, which

equates to an 84% attrition rate. This attrition rate is abhorrent as it translates to a loss of 1200 potential Māori midwives...The actual number of Māori who did commence a midwifery programme during the 10 year-period from 2008 to 2018 is not known because it was not possible to access the data (Tupara & Tahere, 2020, p. 7).

Based on their findings, the success of Tihei Mauri Ora was and will always be, Māori midwifery graduates from 1996 – 2016 who graduated in spite of, the challenges encountered throughout their training and well into their advanced midwifery practices. Resilience knows no bounds, than from the experiences of Māori midwifery graduates.

The net casts far and wide

Today, colonisation is a net it catches everything in its wake. I finally understand even Pākehā are not omitted from the clutches of imperialism. They have impacts too. It is carried in the discomfort felt when sitting among people who are not the same. It is felt in the over compensation for those 'less fortunate'. It is felt in the shame that rises when suspicion is cast on their presence amid other cultural groups. It is anger and the disempowering feelings felt when learning for the first, second and third time of a New Zealand history never heard before. It is not being able to stand on Treaty grounds on Waitangi Day without feeling the hatred, the anger, and the deep suspicion by tangata whenua (Kiddle, 2020; Thomas, 2020).

For Māori colonisation is a diverse experience. No one is the same. Diversity means a myriad of things and presents itself in a complex matrix of experiences threaded across generations and acted out in many different ways.

Colonisation reared its ugly face again, arguing the Tihei Mauri Ora midwifery programme was advocating separatism, and as such was considered, unjust and unethical. Wintec argued it had the ethical right to reingest, Tihei Mauri Ora into the Bachelor Degree of Midwifery. Moana Jackson (2020) rebukes this attitude arguing colonization is inherently separatist in nature and maintains itself, through power and control by any methods necessary, to achieve full dominion over anything and everything not of its own agenda.

It is true, colonisation is indeed a net cast far and wide, it is not particular, it cares not what it harms, only that it continues (Mikaere, 2011). Tihei Mauri Ora, was another example of pushing the colonial agenda into the most intimate moments of Māori identity, the birthing of whakapapa.

Re-envisioning

I understand why Estelle Mulligan (2003) would say Becky's vision was too idealistic for its time in New Zealand society. The introduction of Cultural Safety into nursing would be challenging to the entire health system, forcing the health sector to improve its service provision for Māori. One outcome was to increase the Māori midwifery and nursing workforce where it was envisaged Māori health would improve if there were Māori professionals who they could identify with. Given the nature and attitudes of New Zealand at the time, where institutional racism and implicit bias were foreign concepts coined to answer a multicomplex phenomenon affecting Māori negatively across New Zealand society,⁹³ Becky's vision for a Kaupapa Māori midwifery pathway for Māori women was, indeed, a bold statement.

Nevertheless, Becky's vision set the blueprint for midwifery educators, Māori, Pākehā and Tauīwi to come into the programme and run it without missing a step. Unfortunately, once Becky left, no-one in the team of Tihei Mauri Ora had the necessary skill set of leadership and vision to mould the teaching of Māori students within the ethos of Tihei Mauri Ora.

The vision Rebecca Fox (2003) envisaged included,

- Increasing the Māori midwifery and nursing workforce;
- Māori midwifery graduates were to return to their whānau, hapū and iwi as a skilled health workforce for the people;
- Provide a choice for whānau Māori to have a Māori midwife;
- Develop recruitment and retention methods to ensure the longevity of this developing Māori health workforce.

If there was anything gathered from this unique programme it was an emphasis on the 'taonga status' of the Māori midwifery student. The responsibility to uphold the vision of Tihei Mauri Ora belonged to both the educators and the heart and hands of its graduating Māori midwifery workforce. Tihei Mauri Ora was a reciprocal relationship, between, Tihei Mauri Ora and whānau, hapū and iwi in the setting up of the programme. This equated to Tihei Mauri Ora (kaiako and graduates) being responsible to provide Māori women choice of a Māori midwife, for whānau, hapū and iwi, across the nation.

⁹³ 1988 Royal Commission on Social Policy Report and the status of Māori across health, education, housing and the justice systems.

The Art of Koha

Shawn Wilson (2008) refers to this as relational accountability, and proffers to say, there is a process called give back. It can be likened to the art of koha, or even, to legacy building.

Tihei Mauri Ora relational accountability

- relationships with whānau, hapū, iwi through providing an educational programme for their taonga (Māori midwifery student).
- Treaty partnership with Pākehā Direct Entry Midwifery programme as collegial support and building robust curriculum and teaching methods for all students, Māori, Pākehā and Tauīwi.
- Midwifery professional bodies, Māori and Pākehā to ensure the curriculum was on target.
- To build infrastructure for Māori midwifery graduates when they entered the workforce with the aim of strong retention rates of the Māori midwifery workforce.

Māori Midwifery graduates give back

- Build Māori midwifery leadership locally and nationally
- return to their whānau, hapū and iwi and give back their skills and experience across the nation.
- Develop career pathways where their experience would be used to support each other as Māori midwifery students and Māori midwives, in educational and post graduation pathways.
- Provide choice of Māori midwife for whānau Māori.
- Develop a strong workforce built upon Māori worldviews, concepts and values.
- Build upon and add to the mātauranga continuum surrounding birthing knowledge, and practices.

Reading between the lines of the narratives of the movers and shakers of the development and implementation of this unique programme (Becky, Jamesina, Rewi and Rose) their collaborative effort, although idealistic at the time, did set strong parameters and achievable goals for future proofing the success of Tihei Mauri Ora.

Becky was far-sighted. Solutions to any problems of Tihei Mauri Ora were embedded within the vision itself. The navigational tools inherent within the vision set the tempo for a

programme which defied all odds and attitudes of its time. Such long range thinking accounted for positing a reset button should anything untoward happen. Jamesina (2003) recalls:

return to the vision of Tihei Mauri Ora and question whether we are living up to the mauri of this programme (Kett as cited in Mulligan, 2003, p. 109).

Returning to its vision and values exploring not its failure, but in as far, as its intentions. As Jamesina noted, question the mauri and ask is it healthy? Regular assessment of the mauri of Māori midwifery students would warrant asking, were they all achieving their desired goals? Was Tihei Mauri Ora structures still intact? Did Wintec support continue? Were external midwifery stakeholders helping or hindering Tihei Mauri Ora? To know those answers may shed light on whether it was Tihei Mauri Ora that failed, or was it the powers that be (the Pākehā educational system) who failed Māori again?

I argue, it was not Tihei Mauri Ora which failed here. Like anything midwifery related, care and due diligence is practitioner dependent. Remove the strong leadership, and the ethical principles of Cultural safety and culturally appropriate care it becomes obvious the systems will revert to its base value. In New Zealand midwifery, the base value remains intentionally Eurocentric in philosophy and practice.

Twenty years later, the phlethora of research and rangahau has amassed overwhelming evidence, institutional racism and implicit bias kills. If you are Māori, the likelihood of receiving health, educational and judicial care is lowered significantly. Racial profiling is only the tip of the iceberg of a colonial system of imperialism which continues to hum along without any real challenge. Midwifery education continues to remain accountable to the education and health systems of New Zealand. Each of these arms of New Zealand society continue to advocate from a Eurocentric agenda and make no credible allowance for the presence of mātauranga and Māori philosophies and pedagogies in their institutions. Addressing Māori health inequities in terms of increasing the Māori midwifery workforce will require more than shelling out money to educational institutions still owned and governed by Pākehā ideologies who continue to assume, they know what is best for Māori.

No, real change will occur without infrastructural change in power differentials in the institutions of midwifery education and practice.

These are no longer abstract ideas. These are real practices with real people. Not vivas or scenarios. Globally, our midwifery practices are killing people. Things have got to change

drastically. Time will tell, where New Zealand midwifery is heading. Change does not come about by short term solutions which continue to mask the underlying hegemony and racism rampant in midwifery and maternal care. May we find the courage to create a unique midwifery identity which acknowledges and celebrates the diversity of a country founded on biculturalism, Māori and Pākehā.

Change requires connection before any corrective measures can be initiated. Connection is more than a round robin of introductions, its getting to the heart of the matter and articulating what midwifery in Aotearoa New Zealand is, or can become. It requires listening to the heart of midwifery, and the heart of midwifery are the midwives themselves. Here Kaupapa Midwifery as the ātea could become an essential tool for assisting the New Zealand midwifery profession to determine a direction which is reflective of both, Māori and Pākehā midwifery aspirations for Aotearoa New Zealand.

Here in Aotearoa New Zealand, that heart of midwifery and its rhythm belongs to Hine Ahu One and Hine Hau One. Our voices as Māori midwives are unique and vital to Aotearoa New Zealand midwifery. One thing is for certain, Jamesina (2003) was partly correct, when she said the mauri of Tihei Mauri Ora up and left the programme.

Becky was right. Tihei Mauri Ora midwifery graduates were special taonga of our whakapapa, and as such, every one of us, carries the mauri of Becky's vision deep within our hearts. We enrolled in a Kaupapa Māori midwifery programme which sought to do differently for Māori entering the midwifery workforce.

We did.

We graduated.

Kia tau te Rangimārie

Following the mauri of the pūkōrero o Te Ira Tangata was an opportunity to examine the humble beginnings of the midwifery graduates of Tihei Mauri Ora midwifery, and Direct Entry midwifery, 1996 – 2016.

Their pūrākau were channelled through Ko te Kurawaka, Ko te Ūwha, Ko te Manawa, and Ko te Whare Tangata, fundamental elements of Māori creation narratives, known as, Ka Puta Ki Waho. With these elemental principles of Māori creation narratives as the driving force, subversive storylines were illuminated and revealed the deeply embedded colonial agenda of

New Zealand. Midwifery education in New Zealand remains another colonial tool to ensure their system continues to work well. In this case, the ownership of the midwifery narrative ensures the colonial agenda is on track to eradicate Māori.

The next chapter explores ways to displace this colonial system in midwifery in Aotearoa, and address these Pākehā myths masquerading as facts. This required an incredible leap of faith forward. True to form, the ancient connections created in the wake of Rūaumoko were made manifest, with the flamed passion ignited by Hine Māhuika, to guide the kairangahau.

I came from Aotearoa, in the Southern Seas where birth is monopolised by Pākehā. I came with my deep connection to Our First Mothers guiding my every thought, and action. My heart expanded as I began to explore multiple expressions of contemporary Indigenous Midwifery across the waters of, Hine Moana nui a Kiwa (Journal entry, December 20, 2021)

Chapter Ten



10 Envisioning⁹⁴

⁹⁴ Mokopuna and Kuia. Grandmother Teachings. Birthing is liminal. It carries so much promise and potential. In uetro and in life. We all need to be 'Grandmothered into our full potential'!

Remembering how to Dream

Hoki ake nei au ki tooku awa, koiora me ngoona pikonga.
He kura tangihia o te maataamuri ⁹⁵

The words of Kīngi Tāwhiao open this chapter translating across generations a ‘tongikura’, a timeless affirmation to inspire my pathway ahead. A pathway which would require courage, determination, and an abundance of discernment as each step would lead into another series of immersive teachings. It was at this junction, I realised each bend of the river would bring forward new connections, and shared insights, more beautiful than the last. Where every step taken, would always present as an invitation into the unknown.

The Invitational

The World Indigenous Peoples’ Conference on Education (WIPCE) in Toronto, Canada 2017 marked the closing of one chapter, and the beginning of another in my postgraduate studies. I presented, *Our First Mothers an Indigenous midwifery philosophy of Aotearoa* to the audience of my Indigenous peers. The first plenary session of the conference was opened with a script written by an Indigenous playwright containing the mantra, ‘kill the Indian, save the child’. ⁹⁶

I could not believe what I was hearing. I could not make sense of it. It was as if I had crossed a threshold, something stirred inside, unbridled emotion came to the foreground. I began to weep. I recall a Grandmother from the people of Minnesota put her hand on my forearm, and reassure me, “It is ok”. I stared ahead and replied, “No, it is not ok. It is not ok no matter which way I turn”. I am not a person who cries and least of all in public, but that mantra, it changed something inside of me. I had crossed a threshold. Entered a waharoa, I was not prepared for.

I came to Canada without want, just excited to be among Indigenous peoples. I came to experience without preconceived ideas or assumptions. I met a Grandmother of the Six Nations on the Grand River after that experience. I had no words just knew I needed some help. She introduced me to the power of medicines. We shared many things. Grandmother spoke quietly

⁹⁵ “The River of Life. Each curve more beautiful than the last” Nā Kīngi Tāwhiao (Waikato Tainui Koiora Health Strategy 2021)

⁹⁶ Indigenous Scholar Ward Churchill wrote a book (2004) called, *Kill the Indian, save the Man: the genocidal impact of American Indian residential schools*, giving a comprehensive account of the genocide of First Nations peoples whose children (infants as young as six months old) were stolen and forced into Indian residential schools to be assimilated. The last Indian residential school was closed in 1996.

sharing a dream she had, where she was told she was to meet someone who would come to talk with her about Creation stories. She leaned forward and asked, “that person is you, isn’t it?” I nodded my head, and handed her a gift, seven images I had drawn of eight of Our First Mothers. The eighth image, I would hand deliver to Grandmother in the following Summer of 2018.

Whakatau Mauri

Grandmother taught me a lot about myself. With the power of medicines, we shared a dialogue relating to the way in which we cleanse using water, offering a question, “how do you cleanse inside?” In that split moment of recognition, Grandmother had shown me what I was searching for. I was searching for honoa, the feeling of connection. It had no name or practice, just a feeling, so I thought (Journal entry, October 27, 2021).

As an Indigenous midwife of Aotearoa, it is disturbing to know Māori are being colonised at alarming rates in their most intimate moments of cultural identity – at birth (see Chapter Eight). Truth be known, the midwifery profession of New Zealand across all tiers, is founded on Eurocentric midwifery philosophies and praxis.⁹⁷ Consequently, Māori midwives become part of the colonial agenda. In that moment of realisation, my heart shattered, I truly felt alone in the world.

As a people, Māori would be best served looking to our Indigenous whānau for examples of navigating contentious spaces...their experiences are far weighted in the impacts of colonisation...and importantly, their acts of resistance and resilience capture moments of true seeing beyond the mundane (Mikaere as cited in Pihama et. al, 2019, pp. 5 – 6).

Quietly, I began to contemplate, there had to be other ways of knowing birth! I needed to find other voices of midwifery, Indigenous voices. There had to be others’ just like me. I crossed my fingers and prayed, I could find them and maybe just maybe, I could relate.

This chapter celebrates Indigenous acts of resilience in the birthing space where the pūrākau o Te Ira Tūpuna stand on their own merit. Each of their contemporary stories are captured in their voices, and, in their totality. As Tāpuhi, an indigenous midwife of Aotearoa I knew I could not analyse their pūrākau without skewing their pathways. I decided to leave their

⁹⁷ Midwifery philosophy, definitions and standards of practice are determined and upheld by the International Confederation of Midwives. This international body of midwifery is Eurocentric in scope and practice and funnels its objectives out to all midwifery organisations across the world. The one narrative of midwifery voices belongs and is determined by Eurocentric midwifery narratives and is instilled into the education of the midwifery student who will continue the colonial agenda in birth unconsciously.

pūrākau largely intact, gifting their pūrākau to stand and speak for themselves. To do so, was to align with Joanne Archibald's (2022) fundamental aim of Indigenous Storywork:

Storywork educates and heals, heart, mind, body, and spirit, weaving new synergies of transformational change through deep interrelational understanding of story, people, and place (p. 8).

Three worldviews are woven across Hine Moana nui a Kiwa (the Pacific Ocean) to illuminate the sacred thread missing in contemporary expressions of Indigenous midwifery, that being, the sacred work of Indigenous birth workers/ doulas. Their roles and responsibilities are dedicated to returning birth back to the land, back to their communities, and back to their people. These are their pūrākau. Their lived stories through reflective practice.

Shifting Worldviews

I travelled across the waters as manuwhiri knowing full well, that wherever I went I stood upon my tūrangawaewae and spoke from the mahau of my whenua. Mindfully aware my cultural values would illuminate my pathway, offering multiple opportunities of inspiration and ways to expand my consciousness. Every ako moment which appeared, was a gift of inspiration as I walked into the unknown, open, and aware as the following illustrates:

Winter's breath circulating through the snow laden landscape of Winnipeg, Canada as we near the frozen forms of the Red and Assiniboine Rivers. "Are you sure it is safe to walk on here?". My question was met with amusement, "Yes, they drive 4 x 4 trucks on these rivers. Tentatively, I walk forward, mumbling, "Where I come from, we don't walk on rivers. We dive into them! Wow, is this how Jesus felt?!" This walking on water feeling really stretched my perception. Shifting worldviews sure is one hell of a mind-bending experience! (Journal Entry, March 11, 2018).

Standing at the crossroads of these two frozen rivers, to the right, the United States of America, and to the left, Lake Winnipeg. I should have known walking on these sacred rivers signalled change, was on the distant horizon. Without missing a stride, we turned left.

Building Relationships

I left my homelands to explore. It was a test of courage. Could I really travel solo to foreign lands? Would I be safe? What would I discover?

Relationships add quality and meaningfulness to human life, many relationships are forged often through serendipitous moments as Danette's reflection highlights.

A mutual friend connected Jacqui and I, after meeting Jacqui at a conference and learning about her work as an Indigenous midwife. Jacqui let me know that she would be coming to Canada and wondered if I would be willing to connect with her during her trip to share more about my work as an Indigenous doula. I was delighted to make a connection with another Indigenous birth worker and scholar on the other side of the Pacific Ocean...and that I would be happy to meet with her and share about our work with the ekw'í7tl doula collective. I could sense that Jacqui deeply understood the importance of our work, and I suspected she also had a deep understanding of its challenges.

When asked for suggestions of places to stay in Vancouver, I did not hesitate to invite her to stay with me. On my Cree and Anishinaabe side, hosting is a given. Relatives are welcome any time, there is always a place to sleep and food to share. I wasn't sure how comfortable Jacqui would be with this invitation from a stranger, but I explained it felt right to me – that's just how things are done in our family! In sharing her delight with the invitation, Jacqui expressed that where she comes from, that's how things are done too.

And so began our new friendship that felt like something much older. Despite, living in two different worlds, there were so many things we innately understood about one another. In my experience, that is the nature of kinship between Indigenous birth workers. Strong connections are forged in an instant – there is something so powerful and healing about feeling seen and heard by others who deeply “get it” (Danette Jubinville, November 15, 2021).

Vancouver International

Flying across the world, fourteen hours from my homelands, preparing to meet a stranger at the other end. Did I feel strange? No, I was learning quickly this journey would require fortitude and courage, testing me at all points making sure I understood, both the concept and the physiological reactions I would need in order, to log cellular memory. It was a relief to scan the faces at Vancouver airport, and see a quiet face, smiling back in recognition. The hononga between Indigenous birth worker/ doula and Indigenous midwife, was imminent.

I had to find some grass. I needed to ground myself. My newfound friend sat while I laid down trying to connect as quickly as I could to the new whenua, to Turtle Island. The coolness of the grass on my face, inhaling in her earthly notes calmed me, and brought me back to earth. As I reconnected with Papa, my newfound friend, introduced herself.

My name is Danette Jubinville.

I am a founding member of ekw'í7tl Doula Collective in Vancouver, Canada.

I am an Indigenous Doula, but prefer the concept, birth worker.

On my father's side I belong to the Cyr family from the Pasqua First Nation in Treaty 4 territory. I was born and raised here in Vancouver in the lands of the Coast Salish

peoples. I am now raising my own daughter, Keestin, here in Coast Salish territory. My ancestry is Cree, Saulteaux, and French Canadian on my father's side. On my mother's side I am German, Jewish, Scottish, and English.

My pregnancy with my daughter was definitely the catalyst for my journey into birth work...but it began earlier...in my undergraduate studies at UBC. I volunteered a lot at the xʷćícəsəm Indigenous health and research garden. I volunteered as a helper with the Elders...I learned a lot from them and other knowledge keepers...about plant medicine and traditional foods over the years (Jubinville as cited in Rowe, 2020. p. 316).

In companionable silence, Indigenous birth worker/ doula and Indigenous midwife left Vancouver International, a new pathway created in our wake.

When Jacqui arrived, she did not have to explain the disorientation of her long journey. I knew that it was important to offer her opportunities to connect with the land – not just to regain a sense of grounding, but also to be able to understand my work in context. I took her to one of my most special places, the xʷćícəsəm Indigenous Research and Education Garden at the University of British Columbia farm.

Xʷćícəsəm is in the unceded, ancestral, and traditional territory of the hə́ńqəmińə́m-speaking Musqueam people and has a long history of being a significant place of learning, visioning, and community-building. The word xʷćícəsəm means “the place where we grow” in hə́ńqəmińə́m (University of British Columbia, 2014) (Danette Jubinville, November 15, 2021).

Xʷćícəsəm Indigenous health and research garden

Our medicine walk, ignited connections between lands and peoples. I came knowing Māori birthing was merely a shell of assumptions, our knowledge subsumed and lost in translation in the colonial space of Pākehā midwifery. I came as Tāpuhi, wanting to bridge the gaps of what Indigenous midwifery could mean today.

Conversations searching for common ground as Danette casually picked Thimbleberries and offers them for me to taste. As the bittersweet flavour of Thimbleberry hits my palate, Danette imprints into my memory, plant identification, leaf structure, berry and flowering formations, ending with, “The plant will tell you what it can be used for, and whom it is for”. I pay particular attention to how my body responds to this sweet explosion against acrid coffee bean. Yes, nothing beats the sweet tart flavour of Thimbleberry paired with a freshly brewed Americano (D Jubinville, personal communications, July 3, 2018).

Walking through the Indigenous Health and Research Garden at the University of British Columbia, stopping along the trails, talking at length of the medicines we pass by. We pause as Danette offers plant material to sample, “This is Nature's Gatorade”. Eying the offered

plant, I tentatively try it. Surprised, even stunned to realise, this plant should not taste like citrus! It would be the first and last time I doubted. I surrendered.

The striking yellow flowers of St John's wort, so plain but vital. The white flowerets of the multiple giftings of Yarrow, the sweet fragrance luring us towards her, leaving us standing among bushes of Wild Rosehip, to the sheer presence of Grandfather Celeriac. The Tobacco laid in sacred formation budding in growth, the multiple Saskatoon berries, wild strawberries, and yellow raspberry patches holding the promise of women's whisperings.

The Tall Elders, of the higher canopy. Their golds, silvers and bronzed trunks shining through the morning sun, to the mischievous Grandfathers poking out between the trees, to the stoic Grandmothers you passed by with absolute reverence, all the while, observing the light breeze whispering through the grasses revealing the reddened stalks of Sweet Grass.

X^wcičəsəm is special because it was through learning about plant medicines from the Elders of the "Medicine Collective" that I was introduced to birth work. As I became more involved in working with plants as foods and medicines, I became especially interested in the role of plants in supporting women's health. One day I helped an Elder facilitate a plant walk for the midwifery students, and I started to feel a pull towards birth work. I learned from my family that my grandmother's grandmother had been the last midwife in our community, and that she had delivered my grandmother at home on the Pasqua reserve. She stopped midwifing in 1938 when the colonial government opened the Qu'appelle Indian Hospital and enacted a number of policies and practices that effectively outlawed Indigenous midwifery in our community.

Not too long after meeting the midwifery students, I became pregnant with my daughter. My pregnancy was challenging – it started during the final semester of my undergraduate degree and my relationship with my daughter's dad ended a few months in. Having the support of two Indigenous doulas who were also close friends and research colleagues was a blessing that kept me feeling loved and supported throughout the journey of carrying new life. I immediately recognized my privilege in having Indigenous doulas who provided culturally safe and culturally grounded maternal care, and I wanted everyone to have access to that kind of support (Danette Jubinville, November 15, 2021).

Meeting the ekw'í7tl Doula Collective

That summer, in 2015, my doulas, another local Indigenous birth worker, and I formed the ekw'í7tl Indigenous doula collective together. It turned out that we all had midwives in our lineage; we perceived doula care as a calling and a kinship responsibility. I hadn't done any formal doula training yet, but my work at x^wcičəsəm with the Elders made for an easy transition into birth work (Danette Jubinville, November 15, 2021).

Six different Nations gathered, sharing their pūrākau in sacred space. Stories filtering in lineages of resilience and resurgence into this contemporary birth world. Six Granddaughters of six different Nations, weaving together, lands, peoples, and purpose. Ancestral voices whispering across time calming our fears and encouraging us to continue our paths. Three were training to be midwives in Western midwifery institutions. I knew what they were up against, in challenging environments which could not meet their needs. The saddest thing was the pathway ahead, did not look any better. Something changed, wānanga began in earnest as we began to share pūrākau of Ancestors, the reasons why we trained to become Indigenous birth workers, the challenges we faced daily, where the spaces of birthing were intentionally white spaces who made us feel invisible.

Indigenous birth work is rooted in relationships to land, to community, and to the spirit world. It is guided by the holistic and relational worldviews of our ancestors. Ancestral foods and plant medicines are a cornerstone of Indigenous birth work. Although culturally we are so diverse, when Jacqui shared that the Māori word for placenta is the same as the word for earth, I knew our ancestors held similar views on birth (Danette Jubinville, November 15, 2021).

As I listened and observed, I realised Tāpuhi and Indigenous birth workers/ doulas were similar. Their vision and values were in alignment with my own. This collective would strive to offer choice for Indigenous birthing women. Each Indigenous doula knowledgeable in their traditional birth practices. Who breathed their work and teachings effortlessly. Each of us carried relevant qualifications to legally practice with our peoples'?! Yet, the Indigenous doulas of the e_kw'it7l collective were Indigenous birth workers who work towards indigenising this colonial narrative of birth, infusing it with Indigenous knowledges and practices far beyond the clinical Pākehā midwifery model of New Zealand. For the first time, I was no longer alone.

In contemporary times, doulas and midwives fall under different professional regulations but historically in Indigenous communities these roles were more fluid. I use the term “birth work” to acknowledge this fluidity and to describe work that may be undertaken by midwives, doulas, and other professionals in service of the ceremony of birth. Doula work, although different today in scope, can be seen as falling within a midwifery model of care. At one point, Jacqui shared that in her view, doulas and midwives go hand in hand. Midwives provide the clinical care and doulas provide emotional, mental, spiritual, and physical support to round it out. Together, these two roles comprise all aspects of traditional midwifery.

Jacqui's framing of doula care in this way was extremely helpful and timely. At the time of her visit, our collective was visioning our own doula training curriculum – I remember sitting on my couch writing notes as fast as I could while we brainstormed curriculum and content ideas with Jacqui. Jacqui stated strongly, “there is a difference between

an Indigenous midwife and a midwife who is Indigenous”: I have returned to this idea numerous times throughout the last several years. What does it mean to be an Indigenous birth worker, not just a birth worker who is Indigenous? I believe the answer lies in the relationships to which we hold ourselves accountable. Particularly our relationships to land, to community, to ancestors, and to future generations.

As we shared our hopes and dreams with Jacqui for an Indigenous-led doula education program (which we eventually piloted, in 2019), we also shared the challenges, disappointments, and injustices we encountered seemingly at every turn. We had learned that Indigenous doula care was not sustainable; Indigenous families could not afford to pay for private health care (in Canada, doula care is not part of the universal health care system), and Indigenous doulas could not afford to work for free.

Indigenous families deserve to have access to doula care and Indigenous doulas deserve to be able to fulfil their kinship responsibilities without being exploited by health care and social work systems. In our view, these are inherent rights; birth work was a valued and sustainable profession in Indigenous communities until colonizers intentionally removed it. Reclaiming this work is simultaneously a matter of decolonization, cultural resurgence, and reconciliation (Danette Jubinville, November 15, 2021).

Grandmother Teachings

Breakfast was always done with ceremony. Grandmother preparing our meal, me setting the table and clearing the dishes. Everything was a series of teachings. On our third morning waiting for Grandmother to sit down, memories flooded in of my own Grandmother. Nostalgia drew tears to my eyes returning me to the seven-year-old granddaughter learning how to make doughboys with my Nana. The feelings of quiet acceptance and Grandmotherly love would filter into my conscious mind and open me up to a world of Elders I thought no longer existed since the passing of my first teacher, my Nana (Journal entry, July 18, 2018)

I returned to spend my final days in Canada with Danette, sharing stories and gifts gathered along the way. We spent those final days eating pizza in the park, sharing our visions for our peoples in the birthing space, learning flat beading, making berry chia jam and soapberry ice cream, then eating them together. These were incredible moments I cannot truly explain, because although Danette is younger than myself, her energy and teachings are ancient. To speak and share space with Danette, is like being in the presence of Grandmothers.

Honouring the ways of the Grandmothers, helped me to accept the gentleness deep within myself and surrender the taniwha so easily stirred into action. Ngā mihi e kui mā.

Āe, Indigenous birth workers/ doulas are vital to the work for improving Indigenous maternal health. It is an act of Indigenous resilience and one leading example to be translated across to the Indigenous birthing space of Aotearoa New Zealand.

Our vision has always been to return the power of birth to our communities. To return to our ancestral understandings of birth as a ceremony that holds immense significance over our individual and collective realities. With Jacqui, we dreamed together of a world where Indigenous midwives and doulas work seamlessly together in a model of care that uplifts our families and places Indigenous communities and knowledge systems at the centre.

Over cups of tea steeped in leaves and snacks of berries harvested together, we imagined a world where maternal care is synonymous with land, family, community, and kinship. Where Indigenous birth workers are seen and valued for their sacred and lifesaving work. As Jacqui poetically put it, we were “remembering how to dream”.

Danette Jubinville (November 15, 2021)

Wine in Maui, Hawai'i

Ancient lines of Hawai'i reached out and grabbed my hand prompting me, there are others like you. Be receptive. I came to Maui, Hawai'i knowing the gaps I was finding in Māori midwifery could not be answered in my own lands. I needed breathing space to see a way clear past the insular thinking of midwifery in New Zealand. I boarded the plane.

In this pūrākau, it begins with the kairangahau setting the scene where Indigenous midwife meets Indigenous doula at a winery on Māui, Hawai'i, thereafter, the pūrākau is solely the voice and heart of an Indigenous birthworker/ doula.

Sheltering under a tree looking across to the island of Lana'i feeling the whenua beneath me, lost in a reverie of Tūpuna voices. Karanga resonating through me, Māui felt like home. New friends calling out, "Come taste the wine". "Hmmm? I don't like wine, come to think of it, I don't like alcohol either. What do I do?".

Whispered tones flow in on the breeze, "Mokopuna, change your script, adjust your behaviours, challenge yourself, go and socialise,". One glass of Rosea, led to free-flowing conversation and laughter to make your cheeks painfully burn. I met Nancy here, a retired Indigenous birth worker/ doula whose career spanned thirty years. I was in awe.

Our return trip back to the conference centre would begin a story of a relationship with birth work. Story for story, scenario for scenario, conversation littered with laughter, deep seated internal memories met with knowing glances. Glances only those who work in the birth space could empathise with. Kind eyes smiling in recognition, and a quiet acceptance I had come to know very well.

A Grandmother speaks.

Greetings to all

I am from Minnesota, Norway, and Finland

Land of lakes, snow, and pines

Midnight sun and Northern lights

My family is Peterson Borrevik Gonzalez Holt

My name is Nancy.

As far as my own cultural identity, I have known for many years that I am Sami, as my ancestors were originally from Norway/Finland. I recently came into contact with my

Sami cousins and am hoping to visit soon to reconnect with the land and my family there. Sami indigenous identity connects me with other indigenous people around issues resulting from colonization, including self-determination in birth, education, land, language, and culture.

How I Came to Birth

As a child, I moved to Mexico with my family to “learn some language and culture other than the typical ‘American’ way.” My parents loaded up our family in a bright yellow Volkswagen van and we left the U.S. to try to find a more authentic and meaningful life. While being immersed in Mexican culture from the age of 8 I became an acutely perceptive and intuitive child, understanding different perspectives and worldviews. At age 11, I was invited to sit with the older Mexicana women and learn to crochet. When they invited me into that circle, I felt as if a shift happened within me. I knew these women were carriers of indigenous wisdom, so I listened carefully. I regard that invitation and the time spent with native elders as a calling into indigenous practices. In these circles I began to hear about childbirth, customs, and other ‘woman’ talk.

Birth is Relationship

As I grew up, I appreciated being part of this type of women’s circle and began to pay attention when my own mother told me all she knew about birth. When I became a mother, I was as prepared and supported as I could be for giving birth myself. Through birthing my own children, I found that the key factor in all my birthing experiences was supportive relationships. Doula work is founded on relationships. In pre-colonial times, women had the built-in support of their families and communities. Today, many women experience trauma during birth when they lack support systems.

Being a Doula

When I was asked to reflect on my years as a doula, these are the words that came to the surface,

Connection

Trust

Hold Space

Be Present

Hands

Breath

Reflect Strength

Bear Witness

Pray

Spirit

Advocate

Protect

Welcome

Give Thanks

Doula Work

I later went on to become a teen pregnancy counsellor, childbirth educator, perinatal counsellor, mother mentor, and a doula. I became certified as a doula and learned the hands-on techniques to provide birth support. I also came to understand birth within three different realms, the physical realm, the emotional realm, and the spiritual realm. A doula is a guide across all these different realms that a woman passes through during pregnancy and birth.

As a doula, we look after the total well-being of women in all these realms. A doula holds the physical space for the mother as well as providing hands-on comfort measures and techniques. In the emotional realm, the doula is attuned to the mother's state through her senses and actively listens, and, reflects back a calm strength. Spiritually, a doula is grounded in the sacredness of birth, and assists in clearing the path for the baby to travel into this realm through prayer, intention, humility, and gratitude.

The women I cared for searched for the familiar, such as eating traditional native foods during pregnancy (or not eating certain foods), using native herbs for healing, using the rebozo technique for positioning baby, freedom of movement during labor, alternative options for birthing positions, baby wrapping customs, postpartum customs, and feeling comfortable to offer traditional prayers, while being supported in an environment respectful of their needs.

An indigenous doula can provide culturally appropriate support during pregnancy and birth which improves outcomes. My background as a marriage, family, and child counsellor allowed me to take a very holistic approach to identifying strengths and addressing the needs our patients were experiencing. Social isolation, poverty, lack of transportation, unemployment, domestic violence, substance abuse, and poor health were the obvious challenges for many of these women. Underneath, however, there was also generational trauma, caused by over 500 years of genocide. Our patients experienced all of this, while at the same time finding themselves in a vulnerable situation as patients within the "colonizer's" system of health care.

As a perinatal counsellor in an Ob/Midwife practice in northern California serving low-income families, I was part of a team working with women in a rural healthcare setting. I am forever grateful to the doctor and midwife that hired and supported me in my work providing perinatal education, psychosocial counselling, and nutritional support to pregnant women. I worked with local indigenous women, as well as women from Mexico, Central, and South America. I spoke Spanish, and having grown up in Mexico, Chile, and Guatemala, I was aware of many cultural practices indigenous women held in those places.

Many of our patients presented at the clinic and hospital with no understanding of English, I was often asked by both patients and hospital staff to be present during

prenatal appointments and births to translate. How could I simply translate? My role in supporting and caring for women became even more important. Being present at birth is such an honor and privilege, but with that comes a sense of responsibility, and soon I realized that I was compelled to help women by supporting them to understand their options within the western medical model as well as finding ways to empower these women to develop their own self-determination in their births.

Give Back

There is a Grandmother that comes to remind me of the heartbeat with her drum.

She is the divine feminine.

She is the womb of the world.

New life is welcomed into the light with prayer and reverence.

In the sacred space of birth, I know to humble myself and serve as an instrument following the signs as they are revealed through spirit.

My own daily practice of gratitude, along with staying grounded with the earth helps me listen to ancestral guidance.

Later in life, I now live in Hawai'i. I no longer provide doula services, instead I work in a Hawaiian immersion school as a counsellor and teacher, practicing from an indigenous educational and wellness perspective called Nā Honua Mauli Ola: Hawai'i: Guidelines for Culturally Healthy and Responsive Learning Environments. Healthcare and childbirth providers would do well to adopt guidelines based on indigenous frameworks, from indigenous perspectives, for indigenous people.

As a mother, and as a grandmother, my greatest hope is that the future generations will feel supported enough to become the leaders of tomorrow. This will only happen when we decolonize society, as we have now begun doing in childbirth and education.

My work continues, perpetuating indigenous language and culture into the next generations.

Nancy Peterson – Holt (20 October 2021)

Birth off Whenua

Midwifery globally continues to fail Indigenous women (Cidro et. al, 2021; Simmonds, 2014;). I know this because it is written in the birth stories of my own daughter, and the many families I have worked with since my daughter was four years old.

Māori theology states our children are our tūpuna made manifest. Indigenous birth work has given both of us the opportunity to build relationship with each other beyond, Mother and daughter, extending into spaces I never thought possible. I have much to learn from my Rangatira (Journal entry, 10 July 2021).

Her story weaves back into her mother's life path. It is not the same but follows a similar tangent. Māori Birth. Indigenous Birth. Birth off whenua. It is a difficult space to sit as her mother, grandmother of her children, and, as Tāpuhi in today's world, and listen to her pathway carved before her in her own birth knowledge. This is my daughter's pūrākau.

He uri ahau nō Tainui, Ngāti Tūwharetoa, nō Tauranga Moana me Rarotonga hoki.

Ko Hannah toku ingoa.

I am a proud wahine Māori and pride myself in being a daughter, a partner to my Tāne and Māmā, to our three pēpi – my niece, my daughter, Anaira and our son, Azai. I currently live in Te Pāpaka ā Māui (Australia) where the seed to my small business, Kaiwhakawhānau, has started growing.

I carry this whakaaro with me through life,

Tūwhitia te hopo, mairangatia te angitū

Feel the fear and do it anyway.

If I get told I can't or shouldn't do something, I will try my hardest to prove you wrong. I'm not sure if it's my blood or the Aries in me, but that's how becoming a Māmā and navigating motherhood has been for me.

Birth in Australia

I gave birth to my first child, my daughter Anaira in Toowoomba in 2016. The care I received as a young Māori woman was culturally inappropriate. My first experience with a midwife was not the greatest, her judgements were flawed and always on the medical intervention slant. The Australian midwife treated me as if I were a stereotypical "brown" person and the racism was layered on thick by the way she talked to me. Ironically my daughter's father couldn't see it, as he is Australian himself.

They saw a 6'1" Māori woman staring at them and instantly put me in the category of unhealthy and assumed I was going to have pre-eclampsia or gestational diabetes. What was funny was that I was healthy, I went to the gym regularly, didn't smoke or drink and

worked full time. Yet this midwife thought it was appropriate to tell me I needed to go for walks every day. All my glucose results came back normal. She didn't even believe their own results. Even booking me in for a pre-caesarean check with the obstetrician.

By then, I was over it. I contacted my mother and we talked at length of the stupidity of the clinical call made. We talked about my whakapapa and our bloodlines and despite what that midwifery system says, our blood knows different. As Whare Tangata we birth according to our blood, not to some system designed to disconnect us from whom we are.

I was to speak directly with the obstetrician to let them know I was well aware of my health rights and right to fair treatment. If I needed to, I was to inform them my mother was a Māori midwife in New Zealand and that I knew my rights. I wrote a formal complaint about that midwife. I never saw her again.

I thought about the drastic differences between midwifery care in NZ and what I had grown up seeing the lengths my Mum would go to for her women compared to the care here in Australia. I was relieved that I had my mother on speed dial, and my Aunty supporting me at all my remaining midwifery checks. I began to think about other mothers, Māori, Pasifika, Aboriginal young mothers in Australia who didn't have what I did. I wondered how other young Indigenous mothers fared and reacted when faced with inadequate and culturally unsafe midwifery practices.

Then I met another midwife, she was English and had some idea of Māori and Polynesian people because she also worked at a Kohanga⁹⁸, with Pasifika and Māori mothers. She was a huge improvement. The previous midwife had organised a referral with the obstetrician because she claimed I was high risk. When I met the obstetrician, he was somewhat confused as he didn't understand why I would be high risk. He even said that they were basing their judgement on an average white woman – not someone of a different ethnicity. Yes, I even told him my mother was a Māori midwife practising in New Zealand and her thoughts on the lack of culturally inappropriate care showed a lack of clinical skill.

The midwifery care here in Australia was too medical and alienating for myself as a young Māori mother. I breastfed my daughter until she was 18 months old and that seemed to be strange to the nurses and doctors, I saw for baby's care. Being a mother and working seemed to be a problem for my job too, giving me hours, which were not good for mothering. I resigned from my job after my daughter ended up in hospital with bronchitis, attached to an oxygen and a feeding tube. I contacted my job to explain my situation but was given an ultimatum of going to work or lose my job. That was a no brainer for me! My baby needed me more. I was focused on providing the best for my baby, and the best was having her Māmā at her side.

Three years later, the birth of my son, Azai, would change my world forever.

⁹⁸ Kohanga means nest. It is a Māori based early childhood centre where Māori values and principles are used to raise our children in our language and ways of being.

I Remember

I was kept in the hospital for “monitoring” for what felt like days but was probably only a few hours. They acted as if being in labour something was wrong with me when all I needed was to carry on with my day. I knew my son wasn’t coming right then and there. At my check up, I said my waters broke.

When we got to the birth suite after ringing and checking to make sure it was okay. They did an exam and said I was 6cm but still decided to induce me. I thought that was stupid because I was already so far along. I was okay with the midwife checking to confirm labour had established. I wasn't okay with the curtain being drawn between my partner and I or with the obstetrician performing an unconsented vaginal examination without talking to me! They told me I needed to be induced that night because my membranes had ruptured so I was exposed to bacteria. Which bacteria I have no idea!

The midwife assigned to me at the birth suite that night had an ugly āhua!⁹⁹ Thank God for our student midwife Nina! She was of Filipino descent. She was great!!! She cried during our labour because she knew what they had done was wrong. The midwife bullied our student midwife, but she was there, more for my partner keeping him informed and helping him through this traumatic experience. We loved having Nina she made things better for us even though she was being racially targeted herself.

After I had a vaginal examination and was hooked up to syntocinon, within half an hour of bouncing on a birth ball my son decided it was time. I was forced onto the bed on my back. Three pushes and he was born.

My son was brought straight to my chest for skin to skin. I put him to the breast and was too busy enjoying my first hour or so with my son. When things began to go wrong, I remember the midwife scoffing at us when I said to my partner, to have skin to skin with our son. The midwife scoffed at us and said it was pointless. She was wrong! Skin to skin between father and son sets the foundation for their relationship. They remain extremely close to this day.

While feeding my son I was injected with syntocinon (more than twice) to speed up the delivery of my placenta. They pushed hard on my puku¹⁰⁰ and pulled on the umbilical cord ripping my placenta out. I was bleeding. But I didn’t know. My placenta was retained. The obstetrician put her arm up into me to get the placenta out. I haemorrhaged and lost consciousness for a couple of minutes. My son’s cry and partners voice were the only things that brought me back.

I remember when they were trying to get the retained placenta out that the midwife got hoha¹⁰¹ because she was finishing her shift and needed things to be hurried a long so she could do the paperwork. They inserted a catheter because my bladder was full. No one explained to me to go to the toilet to pass urine nor the importance of that simple task. I was too busy breastfeeding my son. If only they had asked! Anyway, the first attempt of the insertion of a catheter was done by Nina, but the micromanagement and

⁹⁹ Āhua similar to demeanour, an ugly demeanour is what is implied here.

¹⁰⁰ Puku is the stomach, in midwifery terms it would be the fundus, or the bottom of the uterus is rubbed firmly to try and expel blood clots, which can be a precursor to post-partum haemorrhage.

¹⁰¹ Hoha, frustrated, bothered, irritated.

critical behaviour of the midwife breathing down Nina's back, it was inserted incorrectly. The next attempt was done by the midwife who was a bully. The insertion of the catheter hurt more than the birth itself.

I was told I had mild perineal grazing but on examination the mild perineal trauma became a top to bottom tear. I was given no anaesthesia just the gas, as they stitched up my perineum. When they were done, I put my baby to my breast and wanted to go home.

I had been violated, traumatised by this birth experience, but I had to keep my senses together, my son needed me, my partner needed me and my babies at home needed me to be strong. I had to pull myself together.

How would I tell my mother what happened? I couldn't even put it into words the trauma experienced for a very long time. I'm still trying to unpack it all myself and come to terms with the fact that the lack of care and the mismanagement of my labour caused so much ongoing pain inside of me. The trauma of my son's birth is still raw. I work through it every day. I carry the scars of culturally insensitive midwifery care. It is not hard to see there is no understanding of cultural behaviours and practices in birth. Birth may be birth, but mothers are not the same!

Kaiwhakawhānau is born

I was keenly interested to train to become an Indigenous birth worker but wanted to know a Māori equivalent. This is when my mother introduced the concept of kaiwhakawhānau to me. As usual she spoke in riddles explaining the term was a concept gifted from Papa Joe Delamere a Tohunga Ahurewa of Te Whānau a Apanui. The same whakapapa of my partner and son. Her words gave me courage to search and reclaim me.

Sitting with Aunty Amiria in 2020 I posed a question, "Aunty, what does kaiwhakawhānau mean to you?". "Aua? this concept is new to me. I have not heard of it before. However, when I think about returning my children back to our lands of Tawata on the Whanganui River, I cannot take our Raukawa ways there and think that this would be ok. I need to reconnect us all back to our mana whenua. So, to me kaiwhakawhānau is about that. Reconnecting whānau back to their whakapapa, to their whenua and to their rightful places of connection. Āe, that is what kaiwhakawhānau means to me (Journal entry, May 15, 2020).

I thought about the kaupapa of kaiwhakawhānau and fuelled with the birth experiences of my own children my mother encouraged me to explore Indigenous doulas and Indigenous thought and decide from there. This sparked an interest rekindling the fire I thought had died following the birth of my son.

What I had was my own fluency in Te Reo Māori, my sheer drive to achieve the impossible, and the ancient teachings of hapūtanga gifted to me during the pregnancies of my two babies, Anaira and Azai. All I needed now was to find a solution to gain qualifications in birth support and birthing education. Qualifications required to speak

back to the critics. What childbirth educational pathway would I pick? Routine childbirth education or hypnobirthing?

Indigenising childbirth education

As a young Māori mother and far away from home, I went in search of Māori mums I could relate with and be able to share my stories without looking like a crazy lady because it is so normalised in today's society, that birth is traumatic and not natural. So, I created Kaiwhakawhānau. I wanted to create community. To share our knowledge for those who are mokemoke¹⁰² for home and that need that whānau type of awahi and love. I want mums and dads to know they are not alone and with the right education and support around them, they can do birth too! I want them to know that we can bring our traditional customs and practices into an otherwise Western world, integrating these practices into our pregnancies, births, and healing spaces.

To become kaiwhakawhānau in Australia was going to be challenging.

I found it hard to navigate the birthing world as a Māori woman and doubted myself when I became a certified Hypnobirthing practitioner. I thought I was too brown for the birthing world and what I was offering, and then, not brown enough for the Māori world. I listened to a Nuku podcast featuring Stacey Morrison a well-known wāhine in the Māori world and she talked about the similarities in Hypnobirthing and Te Ao Māori. The breathing techniques and how they were like a karanga. The use of different frequencies we create and utilising them to navigate Te Ao Wairua while bringing our pēpi earthside. It helped me realise that Hypnobirthing reaffirms everything we know as Indigenous women, and that is, to trust our body and to carry on our blood line for our future generations.

The Postpartum Healing Lodge

In my search for Indigenous doulas, I came across a Facebook post from an Indigenous Doula in America. I applied to attend this online course for Black, Indigenous and People of Colour to become postpartum Indigenous doula. I contacted my Mum and together we attended the Postpartum healing lodge. After being in unsafe childbirth educational spaces and having to watch what you say which is not good for the wairua.¹⁰³ It felt so good to speak freely. I felt comfortable to be myself and not have to filter my thoughts. I felt heard.

Our teacher was brilliant! I learned so much especially where rongoā was concerned. Rongoā was everywhere around us, staring me right in my face! I learned that talking is medicine and being with the Mums is sometimes all that is needed. I learned that to be the best support I could be I would have to learn how to support myself and create my own balanced Te Whare Tapawha / hauora.¹⁰⁴

¹⁰² Mokemoke is lonely, homesickness, missing loved ones.

¹⁰³ Wairua is similar to spirit and then beyond it.

¹⁰⁴ Te Whare Tapa Whā is the Mason Durie model of health, aligning to balancing the physical, spiritual, emotional and whānau aspects of health. Hauora refers to well health.

Tūwhitia te hopo, mairangatia te angitū

My son is 2 now and I'm still healing. Birth shouldn't be treated like a sickness. It is not a medical event. With my first birth they put me in a box based on my BMI. With my son, their treatment nearly left my babies motherless. In some ways, the healing process drained me all the time, and what little strength I had was poured into my babies.

I had no strength left for myself and ended up in a state of anxiety and depression which I was not able to face until the start of 2021. These are the reasons I am an advocate for childbirth and postpartum education! Birth Trauma is not normal!!! With the cascade of interventions in this midwifery system in Australia, birth trauma is normalized, and anyone that goes against the grain is viewed as insubordinate to the medical staff.

All this birth trauma could have been avoided if I had been fully educated and informed myself and understand I could say no and refuse the vaginal examination, the induction and even the midwife! These are the reasons I am passionate about educating women and men about their rights when it comes to pregnancy, birth and postpartum! Advocating silence is not the answer. Voice your concerns. If something feels off, question it!

Kaiwhakawhānau allows me the space to grow my passion for childbirth education specific to mātauranga Māori in Brisbane, Australia.

Like my children, Kaiwhakawhānau continues to grow.

Hannah Martin (10 December 2021)

Kuia speaks...

Tēnā koe, e mokopuna. What powerful pūrākau. Walking through the Indigenous birthworkers/ Indigenous doulas journeys gave me a deeper appreciation of their mahi, their desires to help their peoples, and the intrinsic nature of their ancient teachings threaded throughout their practices. Their narratives weave in the teachings of elders, and knowledge keepers, working with their initiates. The sacred thread of Indigenous birthing becomes more pronounced in their narratives. It brings tears to my eyes thinking of the hope they bring to Indigenous birthing whānau. They understand Indigenous midwifery is more than catching babies, its catching whānau and wrapping them up in ancestral knowledges and ancestral practices. You are right mokopuna, the kaupapa of Indigenous birthworkers/ doulas is the sacred whenu¹⁰⁵ missing in Indigenous midwifery here in Aotearoa.

Why do you use the word ‘initiates’ Kui?

Simple mokopuna, the pūrākau of each Indigenous birthworker/ doula shows me they were all initiated into Indigenous birth, through their upbringings, and touched by the innate power of birth in their own birthing experiences. With Elders guiding their journeys into motherhood, their hearts are forever touched with the power of birth. Their calling, inspiring each to carve out a pathway and help return the sacredness of birth back to their lands, and essentially, back to their peoples’. Powerful kōrero mokopuna. I am left speechless for their dedication to their peoples.

He mihi nunui ki a koutou, ko Danette, Ko Nancy, Ko Hannah.

He pātai taku e mokopuna? With such beautiful pūrākau of infusing ancestral ways and practices back into Indigenous birth, how would the work of Indigenous birth workers be translated into our context, into the lands of Aotearoa?

Never a dull moment when you’re near Kui, your leading question unearths many different tangents to play with. Are you suggesting Kui, to bring forward the kaupapa of Indigenous Birth workers, the Indigenous birth worker/ doula into the space of midwifery care in Aotearoa?

¹⁰⁵ A strip of harakeke softened in preparation for weaving

Āe mokopuna, what I realise is there are not enough Māori midwives to cater to the needs of our people, while continually battling the hegemony of New Zealand midwifery. The battle to have mātauranga embedded into the midwifery education system, continues to be negated, where Māori philosophies and practices are admittedly ignored, and in effect, the presence of Māori in midwifery, is nullified. Anything requiring Māori input is treated as an afterthought. As after, the fact! Tāpuhitanga needs more than Māori entering the midwifery profession and graduating as midwives who happen to be Māori. They don't have time to teach our ancestral birthing knowledge, let alone its multiple philosophies. They are too busy catching babies and fighting a colonial system which makes Māori midwives invisible. Facts, Māori midwives need help on the ground to cater to the needs of our birthing whānau Māori.

Reading the pūrākau of the lived experiences of Indigenous birthworkers/ doulas gives me hope to know our teachings can be returned to our peoples, for our peoples, by our peoples', without compromise. It is an opportunity to reveal the missing thread in Māori birth, and place 'kaiwhakawhānau' as a hoahaere, as Māori birth support alongside the Māori midwife. Where, the Māori midwife caters to the clinical component of birth support, and, the kaiwhakawhānau provides individualised birth support guided through ancestral knowledge and practices. Each cultural role overlaps the Pākehā midwifery scope of practice. The Māori midwife accepts the clinical role (as per registration to midwifery practice) and Kaiwhakawhānau acknowledges the non-clinical role, working within the capacity of ancestral knowledge and practices, congruent with building and nourishing Māori identity.

Nau mai haere mai a te tūranga hou a Kaiwhakawhānau.

Wow Kuia, you sound like me, get out of my thoughts. Let me use a drug calculation approach to formulate your desires. What we want, over what we have got. Firstly, you want to reinstate the kaupapa of kaiwhakawhānau (Indigenous birth workers/ doulas), into Aotearoa and infuse, our ancestral knowledge and practices through their non-clinical role?

Āe, mokopuna, this is exactly what I want returned.

Now, what we've got here in Aotearoa, currently? Well that's easy, we don't have kaiwhakawhānau (Indigenous birth workers/ Indigenous doulas) practising in Aotearoa. We already have version of this whānau responsibility, we call them, whānau members who

support us in birth and into the postpartum period. The difference is this cultural role would be in the public arena. Effectively, what you are suggesting Kui, is the creation of a new role, developed from lived Māori experience. To have skilled non-clinical Māori birth supporters whose role is to infuse ancestral teachings and practices into birthing whānau Māori may improve the experiences of birth for whānau Māori. Additionally, with the resurgence of ancestral practices informing the space of Māori birthing, such as wahakura (woven sleeping cots), rongoā Māori practices, (herbal and body work to name a few), Taonga Puoro (Māori healing methods through Māori musical instruments), already in use across the country, the creation and uptake of this new cultural role, is more than possible.

Hmmmm , āe, the whenu of our ancestral practices are re-emerging and being re-introduced into the ahurumōwai¹⁰⁶ of birthing whānau Māori.

Āe Kuia, some whenu¹⁰⁷ are in their hapene¹⁰⁸ stages, in preparation to weave the Aho Tapu of this kaupapa into existence.

Āe, without the Aho Tapu in place, these ancestral philosophies and practices, would remain as individual whenu flapping in the breeze.

He maumau, kua pau te hā, mo tēnā!¹⁰⁹

Translating kaiwhakawhānau (Indigenous birth workers/ Indigenous doulas) into Aotearoa may highlight the gaping holes in midwifery care and the imbalance of power dynamics in play, for Māori in midwifery. Introducing kaiwhakawhānau as the non-clinical ‘Māori birth supporter, birth helper’ into Māori birth may become a political can of worms. Perhaps posing a threat for Māori midwives and the New Zealand midwifery profession, in general. Even though, this may be the case, I would argue at the end of the day, the kaupapa is to improve the birth outcomes for Māori, not feed into personality clashes and professional identity issues, yet to be clearly articulated.

Mokopuna, logistically speaking, the total population of Māori midwives practising is not enough to cater to the needs of birthing whānau Māori. Clearly, the midwifery educational institutions of Aotearoa have failed ngāi Māori in providing culturally safe spaces for Māori to train to become qualified registered midwives.

¹⁰⁶ Ahurumōwai is the amniotic fluid (J Delamere, personal communications, May 1998)

¹⁰⁷ A strip of flax being prepared for weaving.

¹⁰⁸ A process of softening the harakeke in preparation for weaving

¹⁰⁹ What a waste of energy!

Māori midwives need help (Tupara & Tahere, 2020; Te Huia, 2020).

You are right Kui, the needs of our whānau Māori in birth increases substantially when they are hapū. Many hunger for spaces to be Māori and hapū, where they feel safe, and can identify with those around them. Unfortunately, there are not many spaces for this to occur. Many external organisations, try to help, offering a Māori kaiawhina, as a support role to the already established Pākehā hegemony in practice. It is like Bastion Point, bring in the Māori police officers to remove Kaumātua while the Pākehā system sits back believing it has the right to do with Māori, as it pleases! The midwifery space, the birthing space of Māori is no different!

Sadly, many whānau Māori assume Māori midwives are able to provide the mātauranga surrounding birth and the practices inherent within. The fact is, the Māori midwife spends more time fighting the system to be a ‘Māori midwife’, fighting Māori and Pākehā imaginings of what a Māori midwife is, and justifying her skills to work with whakapapa. Although, many Māori midwives are wizened to their ‘colonised reality’, and grow restless waiting for change. Each are aware, there is no time for Māori midwives to teach ancestral practices in the allocated time for the provision of midwifery clinical care, even though many attempt to do so.

The invaluable work of kaiwhakawhānau (Māori birth workers) highlights the elements necessary for infusing cultural identity into whakapapa, one birth at a time. Where and with whom kaiwhakawhānau train with, is yet to be determined.

Mokopuna, I certainly dont want to run the risk of creating the Kaiwhakawhānau in the image of the Pākehā doula who happens to be Māori!

Reweaving in the thread of Kaiwhakawhānau into the sacred aho tapu of Tāpuhitanga is, to argue for Tino Rangatiratanga in Māori birth. This whakaaro, will require careful consideration, but, it is not impossible mokopuna.

Āe Kuia, he tika tō kōrero. The ramifications of this kaupapa stretch far beyond the pages of a doctoral thesis, and become highly politicised, as I dive deeper praying it does not get ‘lost in translation’ back into the lands of Aotearoa.

Do you see moko?

They told us our ways were savage.

Then we told us, our ways were savage.

We adopted their ways, became brown on white, white on brown.

A stranger in my own body?

Indigenous midwifery is not a qualification held in the hands of Western motherhood ideologies and colonial power. Expressions of contemporary Indigenous midwifery are pathways for “decolonization, cultural resurgence and reconciliation” in the spaces of Indigenous birth (D Jubinville, personal communication, November 15, 2021). It is a Call to Action, painstakingly so.

Indigenous Birth work is a journey to reconnect to body as place of power.

It forces Indigenous women to pull deep from within her reserves.

External forces determine a matrix of settler narratives.

Filtering into the psyche

Narratives shift fear to fear.

Indigenous Birthing body is no longer place of power.

It is a commodity.

A place of ownership by other

Bear witness, isolation is the breeding ground for colonisation.

Indigenous Body becomes fearful, mind is clouded, spirit is starved.

Who determines Indigenous birthing body as place of power?

Soulful prisms, whisper, not I.

Sadly, you do not see.

Indigenous Birthing body as place of power.

And in effect,

You do not see me.

Āe, Kuia was right. My internal battle with the New Zealand midwifery profession that had my identity completely locked inside its’ hallowed halls of praxis. Meeting Danette, Nancy, Hannah, and many other Indigenous birth workers opened my heart to multiple expressions of contemporary Indigenous midwifery; scattered, yet, very much alive, and vibrant.

Seasoned skin with eyes of depth

Textured hands and hearts

Reach across the ariā

Breathe in your lineage.

Breathe out your fear.

Birth is place of power,

Transformation

Life is here.

Meeting Indigenous birth workers, Indigenous doulas welcomed me into a world I was not familiar with. A journey which brought me into connection with BIPOC Black, Indigenous and People of Colour spaces. Spaces where there was no need to explain who I was. Only, spaces to be. Ancestral memories informing Indigenous practices. Ancient teachings to breathe life back into their descendants. One birth at a time, generation upon generation weaving us back unto landscapes and waterflows.

I find myself piecing together the voices of many women on what Indigenous birth was, is, and could be. Indigenous birth involves the continuum of generations, from calling upon ancestors for guidance and strength, wisdom of grandmothers, support from mothers, sisters, aunties, fathers chanting, praying, and holding space, skilled midwife hands grounded in ancient knowledge. Mothers feeling those connections to their core, trusting in their own strength, vulnerability, and sovereignty in order to surrender to giving birth. Indigenous birth looks like a sacred ceremony (N, Peterson – Holt, personal communication, October 20, 2021).

Twenty years of working in professional isolation created disconnection within. Questioning the midwifery system of New Zealand, seeing it for its white lies. Colonisation in a skirt with lippy. It is not the maternal heartbeat I know. It is not the heartbeat I heard bathing in the birthing waters of Minjerripah.

She comes whispering deep within

Birthing body is place of power.

My mysteries

My nuances

My parameters

Birthing is veined fluidity.

Ebbs and flows of life in motion.

Indigenous birth work is sacred because it heals everyone in multiple ways. The Indigenous birth giver, their whānau and the Indigenous birth worker/ doula. It is more than catching babies, more than a curriculum, it is mothering ourselves back to health through the hearts and hands of Grandmothers' teachings (Tait-Neufield & Cidro, 2017; Archibald et. al; 2022).

I will not give a prescriptive account of specific Indigenous practices to align with Western midwifery standards of care. How could I? I am one of many voices in a collective of Indigenous birth workers. What I can posit however, are ideas from which to build your own relationships with Indigenous Birth.

The incredible Indigenous voices of midwifery which have walked in my thoughts throughout this thesis are due credit. The writings and groundwork of Katsi Cook a Mohawk elder midwife who works relentlessly to bring Indigenous midwifery to the foreground. Examples of her knowledge and practice can be found in the establishment of the National Aboriginal Council of Midwives in Canada and, the Tsi Non:we Ionnakeratstha/Ona:grahsta (The Full-circle Maternal and Child centre on Six Nations on the Grand River, Ontario).

For the multiple books and articles of Indigenous scholars such, as Kim Anderson, Kirsten Gabel, Dawn Lavelle-Harvard, Ani Mikaere, Ngahuia Murphy, Naomi Simmonds, Leanne Simpson, Hannah Tait-Neufield and Jamie Cidro, who continue to inform the space of decolonising Indigenous birth and midwifery. Their scholarship is groundbreaking and their dedication to return birth back to the land, and to their peoples' is inspiration at its finest. My sincere respect to the multiple BIPOC birth workers and doulas I meet along my journey, who continue to inform the space of Indigenous birth and carve out new Indigenous pathways for birthing in safe hands. He aroha mutunga kore ki a koutou katoa.

She speaks in hushed tones now,

Do you see how Indigenous birthing body is place of power?

An invitational into the Sacred?

Birth is not an abstract idea. In utero, we traverse the bony pathway into the World of Light, and in life, we walk through the fires of experience to transform and be born again. Do you see how birth is ceremony? It is the sacred time for reconnection to Creation of itself, to Ancestors and to our future generations to come.

Falling lightly into the space of potentiality mokopuna replies,

Āe Kuia, I do see.

Kia tau te Rangimārie

It is often Serendipity that is honoured for bringing together pathways in unusual and fated means. I call it honouring Our First Mothers.

Danette, Nancy, and Hannah brought a multi-faceted way of exploring Indigenous birth work and the importance of their work in the schemata of Indigenous midwifery. Although, it is more than plausible Indigenous midwives can hold dual roles, the nature and scope of Indigenous midwifery is monumental. It requires working collaboratively with all hands-on

deck, Indigenous midwives, and Indigenous birth workers working in collaboration, to support the improvement of Indigenous maternal health globally.

Indigenous birth is grounded in the belief that birth is a natural process that can be supported using traditional knowledge and skills. An Indigenous midwife is a guide, a teacher, a hands-on healer, and a helper to women in finding their own strength. Her hands are guided by the Creator (N, Peterson – Holt, October 20, 2021).

The final chapter is a summary of the doctoral journey and reweaves in the retellings of the pūrākau between, Kuia and mokopuna.

Chapter Eleven



11 Walking in both worlds.

Speaking into the ‘Imaginal’

Kuia stands with arms wrapped around mokopuna, quietly observing her. She has changed before her eyes. The once scattered thinking has matured into deep introspection, moving effortlessly within others’ perspectives; without losing her footing. Recalling their previous conversations, mokopuna had explained the pūkōrero would be given their space, without interruption. It would show integrity and compassion for their shared insights, mokopuna said. Kuia understood what her mokopuna wanted, knowing full well, the final chapter would be theirs.

Energies converge at the waharoa like a korowai of feathered familiarity; Hinepūtehue, Hine Kauorohia, and Hine Arikinui come and stand with Kuia and mokopuna, awaiting the karanga.

Mokopuna turns to her Kuia, capturing their images to memory. Hinepūtehue, with her ethereal determination and powerful ability of transmuting energies, stands tall and feminine. Hine Kauorohia, whose opalescent beauty is reflected in the watery depths of herself, and Hine Arikinui, whom epitomises the innate grace of wāhine Māori hidden in plain sight, in the approaching light of the coming dawn. Then, there is Kuia of this world, whose strength is felt in the warmth of her presence, and the reassurance given in every, thought and deed.

*Karanga stretches across worlds
It is returned on the woven lilt of intonation*

Tears of remembrance shift timelines, as they gather settling on the mahau, upon the woven philosophical whāriki of Tāpuhitanga, at the doorway of the wharenuī, Ko Whare Tangata. Their knowing smiles capture their individual strength of character, their beauty forever cast and weighted in their lived mātauranga. The whāriki is now aglow, with Our First Mothers.

*Ka mihi ki te mauri o te tūhonohonotanga
o te hā ki te hā
Te aroha ki te aroha
Te roimata ki te roimata e
Haere mai rā¹¹⁰*

¹¹⁰ A mihi whakatau gifted by Auntie Amiria O’Malley. He aroha mutunga kore ki a koe, e Auntie:)

Whakatau Mauri

This chapter has a consciousness of its own, like birth it is liminal and unexpected. It is written with absolute mindfulness. As I moved through the closing chapters, rangahau became my world of discovery, ako my space of reflection, and, whanaungatanga, relationship building, my anchoring methods.

The approach of this thesis **engaged Māori ways of knowing and doing, by breathing life** into concepts nestled **within Māori creation narratives**. Māori pedagogies were utilised as a method to elicit emotional responses to initiate, the state of Te Pō Whāwhā. A state of consciousness held within Māori cosmogyny where nuance, centres feelings as the conscious awareness of vibrations; a second sight per sé. Vibrational sight to assist us to feel beyond the illusions and navigate our ways forward.

Mokopuna, it is simply remembering your development as a babe in utero. Your perceptions created from the thoughts and feelings of your mother, and how you perceived the world through the experiences of your womb time. This is not fantastical thought, this is the 'imaginal space'. Remembering, the space of Te Pō whāwhā, the seeking and searching of life through feeling, through second sight, (bodily perception) within the Whare Tangata.

Pouwhakairo aflame

The whāriki flutters shifting languaging across the mahau, as mokopuna and Kuia enter the realm of the wharenuī, Ko Whare Tangata. Pouwhakairo aflame as manuwhiri settle within. Kuia holds mokopuna by the hand, squeezing gently, in silent support. Wānanga begins in the inner sanctum, of Ko Whare Tangata.

Embers begin to glow as pouwhakairo make their presence known. Rafters begin to morph as Ko Whare Tangata begins to breathe. The walls come alive with the harmonic panelling of tukutuku. An image comes to mind of a mokopuna with hand outstretched feeling the etchings and contours of the glowing carved pou, listening intently to the heart of the rākau. Our First Mothers step forward.

Tēnei te mihi e mokopuna e

Your rangahau is one of a kind. The way in which you write is refreshing, unique but altogether relatable. Writing in conversation between mokopuna and Kuia is remarkable, so much so, it has allowed Our First Mothers to come and converse with you. What an opportunity!

Tēnā koutou katoa. Aroha mai a Kuia mā, as I gaze about the wharehau of Whare Tangata I am stunned with what I am seeing. It is as if, you have walked out of my journal sketches and directly into my consciousness. I never dreamed I would be conversing in ‘imaginal dialogue’, let alone, writing the concluding chapter with, Our First Mothers. I’m overwhelmed.

Hā ki roto

Hā ki waho

He toto Māori

He whakaaro Māori

Kia tau te Rangimārie, e mokopuna e

Hei timata, tēnā koutou katoa

Ko Hinepūtehue ahau

Mokopuna has come to present her rangahau. It is the written journey of her personal transformation from the Pākehā trained midwife who happened to be Māori, to the Tāpuhi by whakapapa, she is today. An academic process exploring Tāpuhitanga¹¹¹ through pūrākau aligned to Māori creation narratives, used to speak and write back to the colonial hold over the inarticulate and scattered spaces of Māori midwifery in Aotearoa New Zealand.

The heart of her thesis does not draw from the perspectives of birthing wāhine instead, it centres on Indigenous voices of midwifery.

*Confronted with **Māori midwives being stripped of their cultural identity in practice**, mokopuna returns to her humble beginnings, questioning why and how this happened. Through the shared narratives of Māori midwifery graduates of Tihei Mauri Ora and Pākehā midwifery graduates of Direct Entry Midwifery, their experiences highlight the underlying colonial agenda in play.*

Diving deeper into analyses mokopuna was challenged to see past the rhetoric of Pākehā midwifery philosophies and practices and vision different pathways forward

¹¹¹ Reclaimed concept loosely translated as Māori midwifery praxis

for Māori in midwifery. She turned her gaze to the Indigenous world in search of Indigenous voices surrounding birth. Indigenous birth workers/ doulas would answer the call.

A unique platform was created as Indigenous birthworkers/ doulas and Tāpuhi explored contemporary expressions of Indigenous midwifery. The missing sacred thread of the Indigenous birth worker/ doula, was rewoven back into the Aho Tapu of Tāpuhitanga.

Ngā mihi o Hinepūtehue mo tou mihi. Tēnā koe.

Tēnā koutou a Kui mā, as I delved into the comprehension of insights your presence across the doctoral journey has been surprising and incredibly uplifting. What was first perceived as an academic pathway would become an intense healing process highlighted in every word written and every concept discussed. Beneath the paragraphs of pūrākau were woven subversive storylines, of trials and tribulations, and embedded trauma triggered in moments of vulnerability. Yet, at every point of disillusionment and doubt, the intimate interaction with Our First Mothers became a welcome reprieve, gently stretching my imagination beyond the parameters of thought, and guiding me to go that little bit further, and surrender

*Āe, mokopuna, your insights are born from experiential learnings with us. Creating relationships with **Our First Mothers** demonstrates we are not abstract thoughts hidden beneath colonised consciousness. We **are indeed, the Hinatore** many of our mokopuna feel, but cannot see. Many already have **an awareness of us, yet question their own ‘Maoriness’**, seeking out teachers to guide them outwardly. Your writings encourage mokopuna to turn within, and build their own relationships with Our First Mothers. Āe, mokopuna, do you see the power of your writings? You pull us from colonised antiquity, and flood the world with our light.*

Auē, Our First Mothers, you are the reason I came to the doctoral pathway! Repositioning you all as the origins of Māori midwifery philosophy in Aotearoa New Zealand fuelled my momentum to write into the abyss of midwifery literature from the perspectives of a practising Tāpuhi LMCTM embedded within the philosophical whāriki of Tāpuhitanga.

My colonial gaze

The energy of Whare Tangata is fluid, flowing in pooled deposits of pāua¹¹² inflections across the rafters. Shimmering prisms of colour begin to converge across the walls, where the horizon meets.

Tēnā koutou katoa

Ko Hine Kauorohia ahau

*This doctoral journey has been fascinating, observing mokopuna place a tatau pounamu in her field of expertise, Tāpuhitanga. The courageous act of returning the heart of Tāpuhitanga back into the lands of Aotearoa was deliberate. **Our First Mothers, an Indigenous midwifery philosophy of Aotearoa** was reignited as a means to displace the myth that Pākehā midwifery, is the ‘one true voice of birth’ in Aotearoa New Zealand. It is not. It never was.*

*By stating, **Tāpuhitanga as a corpus of Indigenous Māori midwifery knowledge** would serve as a counternarrative to Pākehā midwifery praxis, to speak back to the imaginings of both Māori and Pākehā assumptions of the Māori midwife phenomenon, and, challenge the midwifery education of the Māori midwifery student.*

*Her internal processes of decolonising her mind would send mokopuna on the warpath with tewhatewha in hand ready to cull out the pirau. In other moments, it would send her into despair feeling the pouri and pukuriri of her midwifery colleagues in practice. In the schemata of **Pākehā midwifery education in New Zealand, there is no difference between Māori and Pākehā midwifery students** attaining a Bachelor of Midwifery. Their midwifery knowledge and midwifery skills were the same, yet **in practice, the multiple faces of racism continued to perpetuate Māori midwives as subpar** to their Pākehā and Tauīwi midwifery counterparts. This fallacy is incorrect.*

*With the kiwaha of Amster Reedy (Waka Huia, 2011), “Haramai e tama puritia te aka matua - when the philosophy is right, the practice will be right”, mokopuna sees the irony of such misunderstandings. She notes with curiosity, the **absence of Māori midwifery as its own field of expertise, and argues it has been submerged beneath the rhetoric of Treaty principles**, and in practice, the commercialisation of a handful of*

¹¹² Pāua known as abalone.

traditional Māori birthing practices, which further disconnects, the Māori midwife from her heritage. To subsume mātauranga beneath the rhetoric of Treaty principles is a grave misconception unconsciously practiced in midwifery education.

*With no Māori philosophies included in Midwifery curriculum the likelihood the midwifery education a **Māori midwifery student will encounter, is a curriculum which does not demonstrate our presence in Midwifery** (Kōkako, 12 May, 2020). We learn we do not belong, and we do not exist outside of Treaty lead workshops and superficial, Cultural Safety education.*

This is a grave injustice for Māori entering midwifery education. Should they graduate in the current curricula, they will graduate as Pākehā midwives who happen to be Māori. Consequently, continuing the colonial agenda.

It would appear the midwifery educational system of New Zealand is hiding behind its cultural hegemony, as an excuse to provide suboptimal midwifery education for the Māori midwifery student. In this light, the midwifery profession of New Zealand failed Māori, as midwifery students, as Māori midwives, and as birthing wāhine Māori.

Tēnei te mihi maiohā o Hine Kauorohia.

Āe rā, Kui, colonisation uprooted us all, forced us to live on our lands as beggars. Uprooted and searching for connection. What this doctoral journey gave me was the space to build intimate relationships with Our First Mothers and reconceptualise Māori birthing praxis through my colonised reality. I had to be honest with myself, and face my contradictions in practice and identify, I am both a Crown agent of health, providing midwifery services and, Tāpuhi LMCTM, in all contexts. A kūpapa you could say. The former affords me a legal document to practice with my own people, the latter, gifts me access to Te Aka Matua, ancestral knowledge through my lineage to Our First Mothers.

In time mokopuna there will be movement towards finding common ground in New Zealand midwifery. Until this day occurs, it is necessary to intellectualise this space of Tāpuhitanga and envision. Collaborative effort is required now.

Auē, Kuia mā, are you suggesting I continue to forge ahead working in collaboration with others, but **remain mindful, that one day we will speak at the same table, as equals? As Tangata Whenua and Tangata Tiriti in midwifery in Aotearoa New Zealand?**

Āe mokopuna, exactly. You can bask in what has already happened and continue on with the status quo, or stand up and be part of true change. You need to keep this vision in mind otherwise, we will forever remain on the treadmill of colonisation. It is your choice mokopuna. Step off the treadmill and walk boldly.

Can I ring a friend a Kuia mā? What about a 50/ 50 call? I need to consider the ramifications of what you ask of me.

Things are not as clear cut as you think, mokopuna. Nothing is black and white. The grey areas are equally important. It is where movement between the two polarities go, none is wrong and none is right, they just are. Life is like that, forever in perpetual motion. You could say Mauri in action. Its' determining factor, is you. It is the Ira tangata (the human element) which can forge forward, interdependant with the world, not against it.

It is a lot to consider a Kuia mā, the horizon looks really hazy to me at the moment. I need to think. I need to draw. I need to do something. My mind is hurting.

He tika tau e mokopuna, Visioning new life requires more than your mind speak, it requires the filtering of the heart, to move in sacred directions searching for equilibrium. Seeking connection with that which is greater than yourself. The trick is, turn off the light.

Draw the Horizon

Tonal colours begin to shift amid the lintels of the door of Ko Whare Tangata, shifting from shade to light and back again, as conversations begin anew.

Tēnā koutou katoa

Ko Hine Arikinui taku ingoa

I became familiar to mokopuna in a time of great professional upheaval, extending my hands to offer her another way of percieving her current reality. As you are aware mokopuna views the world through the fixed postions of ngā maunga tapu and ngā awa tupua, navigating both vantage points by paying particular attention to the symbolism and patterning of ngā manu. Intriguing as these kaleidoscopic perspectives maybe,

envisioning new pathways forward would require mokopuna, to draw the horizon into her consciousness.

It is here, mokopuna began to 'remember how to dream' searching within our teachings as she began to analyze the pūrākau of the puna kōrero in-depth. What she discovered, would both excite and sadden her.

*Her reflections would return her to the origins of midwifery, and question the validity of midwifery education for the Māori midwifery graduate. **New Zealand midwifery education failed Māori** entering the profession. A birthing ideology embedded in colonial roots and controlled through patriarchal systems that trained its midwives to continue the colonial agenda. **Assimilate and acculturate Māori into their hegemony.** In other words, **to make wāhine Māori, Pākehā midwives.***

Angered and deeply hurt, mokopuna came to understand what she was looking for was not to be found in Aotearoa. Her manawa was calling for others to help, to share insights, examples of Indigenous midwifery to learn from, most importantly, to give her hope to find new pathways forward for Māori in midwifery. Her guiding thoughts were, if I get the philosophy right, then our practices, will in turn be right. Get those two foundational composites right, then naturally the Māori midwife would follow in line. Her next big question was, what is the ideal Māori midwifery graduate profile? What does she look like? What are her fundamental values? Do you teach those, or do you nurture those from within her?

This is where we all came in, those early stages of whanaungatanga, building relationships across the waters of Hine Moana nui a Kiwa. Mokopuna heard us and she listened to our whisperings, heading to foreign lands, stepping into the unknown nervous but adamant, of our guidance.

*In those budding years relationships would be forged based on common kaupapa, the health and well being of our peoples', **returning the sacred to Indigenous birthing, and the power of ka puta ki waho**, was implanted into the psyche of mokopuna.*

Mokopuna would reach out to the Indigenous birth workers/ doulas for inspiration and strength to dream the impossible into reality. Their bonds would pull mokopuna out of isolation gifting not only their insights and acts of Indigenous resilience in birth work and midwifery, but also embedding into her, a deep sense of solidarity.

Turning her consciousness to the Northern skies of contemporary examples of Indigenous midwifery strengthened her whakaaro, that to improve whānau Māori birth outcomes would most likely occur with a strong and resilient Māori midwifery workforce in situ. This is nothing new it was the premise behind the establishment of the Tihei Mauri Ora midwifery programme in 1996, and a call to action for all New Zealand midwifery educational providers, to heed. Twenty five years of midwifery education, one bicultural midwifery programme and only 375 Māori midwives practising in the world, in 2022 see Appendix II, Midwifery Council of New Zealand, 2022). Something went wrong! Māori midwifery students were set up. Bottom line, assimilate or fail.

Mokopuna needed to reconcile her worlds and look directly into the white lies of colonisation spread so thickly across the profession she had given her adult life too. She had to heal these ngāngara and wisdom through her wounds. Once done, mokopuna was able to intellectualise her learnings, gathering courage in order to vision new pathways forward, for Māori in midwifery. Her doctoral thesis is testimony to her whakaaro.

Hautapu

Our First Mothers listen quietly sharing the sacred breath with mokopuna. Her heart bears the scars of deep tracks of trauma. Many have healed, some old and now silvery in memory, others more recent and, painfully inflamed. They weep as they feel the heart impacts permeating within the blood of their mokopuna.

Hinepūtehue comes forward cradling mokopuna in her arms, pressing forehead to forehead, nose to nose, as their hautapu combine. Hine Moana pulls the kowhaiwhai patterns from their rest, forming āwhiowhio to encircle their embrace. Flames rise within, mokopuna she can breathe more easier now. The mamae is relinquished. Like tendrils forming patterns and transmuted into the ethers, sensitivity increases as, the healing fires clear her inner horizon.

Tukutuku panelling vibrates as musical notes invite harmonic discourse. Constellations come alive, in the patterning of the weft.

Tēnā koe e mokopuna.

Ko Hine Te Iwaiwa taku ingoa

Titiro e mokopuna.

Feel into the coding all around you. Do you see the star patterns?
These were navigational points taught to you in utero
They show our pathways to Te Ao Marama
Illuminating, our pathways home, to Hawaiki
These star lines guide our methods of letting go,
Surrendering to the heart ache
The tracks of trauma are merely road signs back to your origins
When you first arrived into the arms of your whānau
Lay these burdens down. You will never forget, but you will come to forgive.
Lay the burdens down. You have much mahi ahead
Travel light in heart
Soar like the Shooting star of last night
Bright for but a moment, trailing Hope
Star memory lingers

He aroha mutunga kore ki o koutou. I may learn to forgive the midwifery profession of New Zealand for its past transgressions, but I will never forget, its impacts.

Where Creation Stories meet Stories in Creation

The sweet scent of thousands of Kohekohe¹¹³ in night bloom linger in the air. Walls of Raupō¹¹⁴ flower in response to the sweet fecundity emanating from the whāriki of, Ko Whare Tangata.

Tēnā koe, e mokopuna.

Ko Papatūānuku taku ingoa

I am curious, so far I have heard all about your rangahau, its overview, the key themes and the main findings. Although, you have shared glimpses of your thoughts, I have yet to hear your story.

Mokopuna resettles herself, contemplating how to begin addressing her Kuia, Papatūānuku. This imaginal dialogue really is pushing her outside of her comfort zone. She begins;

¹¹³ Kohekohe *Dysoxylum Spectabile*. A native plant of Aotearoa, its' sweet fragrance strongest in the night time.

¹¹⁴ Raupō or bulrush (*Typhus orientalis*) is grown in swampy lands and was harvested for many uses. One of its uses was to line the walls of the whare tupuna.

Tēnā koe e Kuia, let me begin with dancing with the waves of Waikaukau, cleansing and rebalancing my thoughts in preparation for writing the concluding chapter of my thesis.

My writing begins in the ocean

My mind softens its hold over me

As my body stretches to the cleansing caress of Hine Moana

Crystal clear quartz bathed with the undulating waves

Healed and purified of a life already lived.

Beneath the hot Waikanae sun

Sprawled out on sand

Wet shorts and singlet

Memories filter in

Life has always been simple

I got in the way

I complicated me up!

Simple pleasures of life, flow in on the tides

Sand clings to the pages,

wind whips pages up playfully

I continue to write

Oh, to breathe outside of life, and

Reconnect (Journal entry, January 14, 2022).

As I turn the final pages of this doctoral thesis, I come knowing full well I was not writing the PhD, the PhD was indeed, writing me. I became cognizant of my own life playing out on the pages of the thesis. Every single word written is equivalent to a series of immersive techniques and skills hard earned. Every single written word equivalent to the rise and fall of life learned. I am on a voyage of rediscovery, returning to all that inspires my growth and guides my life purpose and direction.

Kuia, I am nothing new nor am I anything bygone either. I'm just me. Living and breathing Tāpuhitanga into being. I do not know how this will pan out, what I do know however, is this; life has dealt me some mighty blessings, made me bleed, made me cry, made me anger, made me, despondent. Yet, within these moments of vulnerability, were veiled, the slap in your face epiphanies, which made me laugh at my own stupidity, surprised me with the depth of insight, made me double check myself, helped me to laugh at me again, and, be less defensive. I guess

you could call it, pūrākau in the making; where Creation stories meet stories in Creation. Slowly but surely, with the help of Our First Mothers, I began to gently rock me back into the World of the Living.

Interesting view mokopuna, share with us, how we can help?

Tono mai ki a mātou

Kuia mā, I need your guidance to flesh out these new roads I have not navigated before. I need your support to find potential pathways to build a strong and resilient Māori midwifery workforce. If I wait for Pākehā midwifery to catch up, it would be like waiting for Te Tiriti o Waitangi to be honoured in its fullness. It aint going to happen any time soon!

Taihoa, e moko. Every Māori midwifery student, every Māori midwifery graduate brings their cultural identity and its multiple subtleties to midwifery education adding the acquired Pākehā tools to their own kete of intrinsic knowledge. Not the other way around

Āe, you would think so, Kuia mā. The truth is, cultural identity is subsumed beneath the rhetoric of the do's and don'ts of New Zealand midwifery education. **Māori identity, makes a guest appearance in moments of Treaty of Waitangi workshops and watered down versions of Cultural Safety education.** Incorporating Māori philosophies and pedagogies into midwifery education would certainly provide an authentic basis for Māori midwifery students to springboard into learning Pākehā midwifery theory and practice skills whilst, exploring what it means to be Māori in midwifery.

Mokopuna, Māori midwifery students would need to develop a deeper connection with themselves as Whare Tangata, first and foremost. They would need to develop intimate relationships with Our First Mothers as a method of self-discovery To begin from our Creation narratives could provide a solid foundation for Māori midwifery students and educators to integrate Pākehā midwifery praxis, without compromising their cultural identities.

Āe, that is my point, Kuia. Māori philosophies and pedagogies have not been articulated in midwifery education, nor in the profession of New Zealand midwifery. As such, **the ability of the midwifery profession to increase the Māori midwifery workforce, is problematic at best.**

With the current overhaul of the public health system of New Zealand there is an increased demand to improve Māori inequity across health, education and the judicial system. One

incentive to increase the Māori midwifery workforce would require substantial courage to change the midwifery paradigm in its training for all midwifery students and midwives.

This is no simple task. It is more than attracting wahine Māori to midwifery education. It will require **an overhaul of current midwifery curricula**, where **Te Tiriti o Waitangi** is **honoured in both spirit and practice**. Midwifery curricula will need to **include Māori philosophies and pedagogies** to prevent wahine Māori from being assimilated into the Eurocentric midwifery narrative. To increase the Māori midwifery workforce will need a **commitment from midwifery educational institutions to increase the Māori midwifery educational workforce**. **Anything less, is to continue to assimilate wahine Māori** into the midwifery profession of New Zealand; and the colonisation of our people at their most intimate moments, birthing our whakapapa.

Poutokomanawa

Flaming hues of scarlet saturate the inner walls of Ko Whare Tangata, humidity rises in the inner sanctum

Tēnā koe e mokopuna

Ko Hine Māhuika taku ingoa

Anger has fuelled your passion, like wildfire, it has been unpredictable

Made you a slave to your emotions, and vulnerable to others energies

Release the shackles of this colonised reality

You are right, Kuia! I can cry through my written word, rage with impassioned observations, become an ‘academic’ on the fringes of change. Hiding myself in the hysteria of the clinical floor and get lost in the drudgery of walking the defensive mile of midwifery practice today. I can let the reality of contemporary midwifery practices steal a little of my mauri in their forever closing parameters of what constitutes safe midwifery care / practice, OR get off the bandwagon and elicit change. Said change begins with me. There is a way forward Kuia I can feel it in my bones!

Mokopuna why did you forget the beauty of fire?

Temper your flames.

Breathe deeply from your poutokomanawa

Emote what you want made manifest

Kuia, although, I can not alter what has already transpired in the midwifery profession I can make a personal commitment to help transform this health profession. What this means is I will need to diversify my career, leave the clinical floor full-time, and return to the origins of the midwifery profession; the Bachelor Degree of Midwifery. This time round, I return as Kaiako midwifery. This new position can support me to understand the challenges Māori midwifery students face, and identify ways to reduce the inequity in their educational pathways.

I consider the key strategies of Indigenous educational institutions throughout Aotearoa, and the various Māori academic success teams across the nation who have positioned Māori philosophies and pedagogies as their key drivers. Each key Indigenous institution upholds the belief, to **strengthen Māori identity is to increase Māori academic success**. One example would be Te Wānanga o Aotearoa' "whānau transformation through education" as a way to re-evaluate the Eurocentricism in New Zealand midwifery education. I firmly believe **the midwifery profession of New Zealand can be transformed through midwifery curricula that caters to the cultural diversity of its future generations of midwifery students**, from 2022 and beyond.

A Shooting star

In the din of Ko Whare Tangata, kōrero intersperses between thought, light radiates like a shooting star of energy, surprising the closed lids. Heavy in wānanga, the light splits the dawn.

Tēnā koe e mokopuna,

Ko Hine Tītama taku ingoa

I admire your dedication to give back to a profession which has caused you great upheaval. Your diligence and strength to vision Tāpuhitanga into being, is a courageous act. Your rangahau is very intriguing.

*What caught my attention was the total number of wāhine Māori who graduated as midwives, in the last twenty five years. I am stunned that there are only **375 practising Māori midwives in twenty five years!!!**¹¹⁵ This result shows New Zealand midwifery education, its institutions, its teaching methods and its **curriculum struggled to accept, its methods were disadvantaging Māori midwifery students**. What bothers me more, is it appears nothing was done to change this, and **these midwifery educational***

¹¹⁵ See Appendix 2 New Zealand Midwifery Workforce Survey (2018 – 2022). Ethnicity data. (Midwifery Council of New Zealand, 2020)

institutions continued on in their cultural ignorance (Hope & Tahere; Te Huia, 2020).

Āe rā e Kui. It is difficult to look at statistics over such a long period of time and not see the **inequity in education for wāhine Māori in midwifery**, across the nation. I fail to make sense of these statistics either!

*Me au hoki, e moko. What stops midwifery educational institutions gatekeeping Tāpuhitanga integrating into their curricula? **What checks and balances are in place to stop the appropriation of our teachings being assimilated into the grand narrative of Pākehā midwifery?** Seriously, this is a courageous endeavour!*

Āe Kuia, I have been observing midwifery education in action, and I realised everything is not black and white. Change cannot occur in isolation, but will require collaborative effort and action!

Do not despair mokopuna, this is more than possible. It is long overdue! Breathe deeply mokopuna, we will help find ways forward. These midwifery educational institutions had twenty five years and they failed. You have only just begun, aroha mai, we have only just begun.

He Moko Kauae

The tuara bows with weighted acceptance. The pathway ahead is skeletal in form, it requires covering, it requires life giving properties. The weaving of whakapapa into the fray of manifestation requires the mahi of the Kauae. The jawbone ignites magical discourse

Tēnā koe e mokopuna

Ko Hine Murirangawhenua taku ingoa

*Auē taukiri e. Tāpuhitanga born into an imposed birthing praxis which seeks its own survival, at the expense of the kaitiaki of the whenua! **How can we reclaim our Mana Motuhake in the birthing space in Aotearoa and forge ahead with our own solutions? How do we decolonise the midwifery education of our Māori midwifery students and our Māori midwives?***

*Thankfully, we have numerous examples across **the Indigenous world** which **provide insights on how we can approach any attempt at decolonising the Māori birthing space** in Aotearoa New Zealand (Mikaere, 2019). Indigenous approaches such as, the*

National Aboriginal Council of Midwives in Canada, Tsi Non:we Ionnakeratstha/Ona:grahsta (The Full-circle Maternal and Child centre on Six Nations on the Grand River, Ontario), and multiple collectives of Indigenous Birth workers/ Doulas across Canada, and the United States of America all contribute towards decolonising Indigenous midwifery spaces.

Following their lead we need to ask why do we not have these solutions in place in Aotearoa New Zealand? How can we decolonise the Māori birthing space when we are constantly in battle with Pākehā across the midwifery spectrum. We need to articulate ways of providing options for wāhine Māori who enter midwifery as a career choice. With all the changes occurring in midwifery in New Zealand, this is a good time to develop a school of Tāpuhitanga, and creating curricula for Tāpuhitanga, and Kaiwhakawhānau.

Kuia pays attention to her mokopuna. She can see her mind moving swiftly. Kuia observes the far off eyes of her mokopuna as she measures her thoughts against lived experience. Kuia begins to smile, observing her mokopuna pull the horizon into her vision.

Ka puta ki waho

The pou āniwaniwa begins to oscillate, raising the whakairo into patterning light. Earthly notes vibrate around the poutokomanawa, swirling heavenward.

Tēnā koutou katoa,

Ko Hine nui te pō ahau

*I agree with mokopuna, **whakapapa are born into the hands of midwives (Māori and Pākehā), many are ignorant to the wairua which flows. Casting their own professional traumas into whakapapa unconsciously. Many negating the sacredness of birth and embedding their ignorance into the birth lines of the rangatira being born. Auē, taukiri e.***

I have been listening to the entire kōrero, watching Hinatore light up within the inner sanctum of Ko Whare Tangata. It has been over one hundred years since Māori midwifery walked our lands unimpeded. Advocating for the establishment of a school of Tāpuhitanga worries me greatly. To place Tāpuhitanga into the world without its own structures of kaitiakitanga, is to set Tāpuhitanga up to fail.

*Have you forgotten, this has happened before? Sweeping legislative change in the late 1980s -1990s, Puao-Te-Ata-Tu (1988), responsive action to reduce health disparities for Māori, the introduction of Cultural Safety into nursing and midwifery care, and the establishment of Tihei Mauri Ora nursing and midwifery programmes at Wintec. I ask each of you, **is history repeating itself?**(Mulligan, 2003; Tupara & Tahere, 2020)*

Here we are today, in 2022 in the midst of a complete restructure of the failed public health system, failure to fulfil Puao-Te-Ata-Tu recommendations, the introduction of the document Hauora Report (2019), word changes made, for example, from Māori health disparities to Māori inequities, and, the Treaty of Waitangi, returned to the original document, Te Tiriti o Waitangi, an additional two Te Tiriti o Waitangi principles (Waitangi Tribunal, 2019), diluted Cultural Safety in midwifery education and practice, and the, bicultural midwifery initiative, Tihei Mauri Ora discontinued. Despite, the transitions and changes occurring today in 2022, Māori health outcomes continue to rise.

*Can a restructured public health system with the creation of Te Aka Whai Ora (Māori Health Authority) be able to make change for Māori when its forbearer, Puao-Te-Ata-Tu, could not? Will Māori in midwifery be largely subsumed beneath the overhaul of the public health system? Do you see how vulnerable a school for Tāpuhitanga would be in this climate? **Āe, history is repeating itself!***

***While the health system is being restructured, we will need clarity, options for moving forward.** Change is frightening, we need to see the horizon, otherwise we lose hope, and a nation that loses spirit, dies.*

***He aha te huarahi? I runga i te tika, te pono me te aroha.** What is the pathway? It is doing it right, with integrity and compassion (Boulton et. al; 2020, p. 1)*

***Āe rā, this is why the rangahau of our mokopuna is important. It proffers a pathway for midwifery education in Aotearoa New Zealand.** This rangahau allows for things to be done right with integrity and compassion for wahine Māori entering the midwifery profession of New Zealand. Courage is needed now, more so than ever.*

*What I propose is a **complete ara of Tāpuhitanga to support, the recruitment and retention of the Māori midwifery student**, from entry level until her career is complete. Without our own ara of Māori midwifery, we will forever be at the whims and wiles of midwifery politics, and the rhetoric of New Zealand society.*

I endorse the establishment of a Māori Midwifery Council to act on behalf of its midwifery membership, strengthen Māori midwifery leadership across the profession, advocate for the establishment of a kura o Tāpuhitanga (one in each island), support the development of culturally appropriate curriculum, and increase the recruitment and retraining of Māori midwifery educators.

Mokopuna stirs upon the whāriki observing all her Kuia surrounding her. She has never seen a wharehau so alive and vibrant. Colourful in tone and texture, the various elements swirl around reflecting the presence of Our First Mothers. It is a phenomenal moment etched so deeply in her heart.

Mokopuna speaks

Tēnā koutou katoa, a Kuia mā,

I set out to announce Our First Mothers as an Indigenous midwifery philosophy of Aotearoa, prepared to speak back to the Pākehā midwifery narrative. To write back to the midwifery academia through Māori philosophical thought and pūrākau, (Māori pedagogy) and **counteract the stranglehold of ‘evidence-based practices’ as the only worldview of ‘safe midwifery care’**. I would **question the validity of the midwifery curriculum through the pūrākau of the puna kōrero** exploring the experiences of both Māori and Pākehā midwifery graduate voices. What I discovered was although **they would all graduate with the same level of knowledge and skillsets, their experiences would be distinctly different.**

if the research has not changed you than you probably haven’t done it right (Murphy, 2014)

In the closing chapters of the doctoral thesis, I would often think of these words and realised everything has changed, my attitudes, my demeanour, my levels of patience, my move into the educational field, and even my place of residence. Similarly, significant transformation is occurring in the midwifery profession of New Zealand, from the revision of the midwife’s scope of practice, to pre-midwifery registration, and midwifery cultural competencies. While these foundational documents are under review the outlook for the future of midwifery in New Zealand hangs in the balance. **The level of courage at midwifery governance (Māori and Pākehā) will determine the fate of Māori midwifery students.** Will Māori midwifery students continue to be assimilated into the Pākehā midwifery narrative, or will they be supported to become registered midwives without compromising their cultural identity?

A year into my midwifery educator role as Kaiako midwifery I have been observing the **negative impacts on both Māori midwifery students and Māori midwifery educators.** Even though **their roles and functions are significantly different, the underlying cultural dissonance is the same.** Our First Mothers are right to endorse structural change for the improvement of Māori in midwifery.

The challenge now rests with Māori midwives (collectively and individually) to think outside of their colonised realities and fight for our cultural uniqueness across the midwifery profession of New Zealand. **Our presence needs to be visible in leadership roles, educational roles and integrated into midwifery curricula** throughout the nation. Without significant change there will be no lasting change, only a series of repeat beginnings with no end in sight.

Āe mokopuna, haramai e hine, puritia te aka matua

Kia tau te Rangimārie

The temperature drops as the korowai of Tāpuhi materialises before everyone's eyes. The pulsating heart beat is heard. The manawatoka is strong and resolute. The heart gathers voice.

Tēnā koutou katoa

Ko Hine Ahu One rāua Ko Hine Hau One

The rangahau of our mokopuna has been a feast of, he kai a te rangatira. It has given us the opportunity to reconnect, and build relationships with one of our many mokopuna. Inspirational and heart provoking in both content and intention, this thesis is remarkable.

*To our mokopuna who gifted us 'imaginal dialogue' to converse and share our considered understandings. Tēnei te mihi. It has been a privilege mokopuna to speak with you with our thoughts preceding your own. Your faith to write your closing chapter with the way in which you began, in pūrākau, is testimony to your overall whakaaro, **to return Our First Mothers as the heart of Tāpuhitanga, Māori midwifery praxis, and embed our presence, into the psyche of our Māori midwifery future (our Māori midwifery students).***

Be courageous in your thoughts and integral in your actions as you move this kaupapa forward. The karanga has already opened the pathways ahead for you. Do not forget, you do not walk alone, we are always with you, we never left your side.

With comb in hand Kuia brushes the hair of her mokopuna. With each stroke she considers the fortitude required from her mokopuna to complete the doctoral thesis. She was right to return Our First Mothers as the heart of Tāpuhitanga, Māori midwifery praxis back into our whenua and into our Māori consciousness. Transforming her anger and trauma caused by a career she loves into a beautiful practical gift of legacy for generations of wahine Māori entering the midwifery profession. The twists and turns of each chapter, more beautiful than the last, would reveal the challenges and the courage to effect change. To gift hope to a disillusioned profession amidst chaos and change.

One thing is for certain, the mokopuna at her feet, will not carry this wero alone, with Our First Mothers to guide with compassion and insight, their teachings will be etched into her methods of teaching, not just for our wahine, but for Pākehā and all other nations, who choose to become registered midwives of Aotearoa New Zealand. Kuia begins to weep as she gathers the flowing hair of her mokopuna into a topknot, and fastens it with a heru.

Mokopuna, the birthing of Tāpuhitanga into the world draws near

Kuia, smiles watching the mokopuna she used to rock to sleep, stand proud as Tāpuhi before Our First Mothers. The feathered korowai o Tāpuhi is placed about the shoulders of mokopuna as the wānanga draws to a close.

Hine Ahu One and Hine Hau One speak quietly,

It is time to gift Tāpuhitanga into the world

You know this mokopuna, you dreamed Tāpuhitanga into being.

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Appendix I: Reflection

Vision 06.03.2014

The tears welled up dangerously, unheeded preparing to erupt in the wrong space
Metallic taste in my mouth, biting down on my tongue to keeping them in check
Forbidden to anger in his space
I fled the ātea of Rongomaraeroa

Breathless, I found the air
Mind swimming with a sea of thoughts
Eyes tightly shut, to stop the noise
Behind closed lids I heard them
two warring in the amniotic sac
two warring waging for my attention
Fully formed male boys stretching limbs, turning calling
Vying for my attention
I watched, I listened.

Tūmataunga, angry, wanting blood, powerful passionate
Rongomaraeroa, fluid in movement, soft and gentle in response
I saw their internal fight...My own warring...Tū and Rongo
tears of hurt, shame, anger, resentment.
Churning vivid oranges and red hues as Tū, demonstrated his desires
The yellow hues of Rongo, swirling amid the vibrancy of colour and vibration
The two, became one
The growing baby became Me
Tū and Rongo, the counterbalance ...equalising
Warm safe within the amniotic sac
Membranes stretching in response to movement

I began to see, to comprehend
Tears silently falling, breathing easier
No longer struggling
My puku settling
They would always be within me

One day I would be born again, but for now
I stay closely guarded, closely watched over, protected
One day...

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Appendix II: New Zealand Midwifery Workforce Survey (2018 – 2022) Ethnicity Data

| New Zealand Midwifery Workforce Survey (2018 – 2022) | | | | | | | |
|--|---------------------------|---------------------------------|---------------------------------|---------------------------------|-------|------------|--|
| Ethnicity Data | | | | | | | |
| Year | Total population midwives | Māori 1 st Ethnicity | Māori 2 nd Ethnicity | Māori 3 rd Ethnicity | Total | Percentage | |
| 2018 | 3106 | 185 | 106 | 3 | 294 | 9.4% | |
| 2019 | 3226 | 197 | 119 | 1 | 317 | 9.83% | |
| 2020 | 3274 | 220 | 111 | 5 | 336 | 10.26% | |
| 2021 | 3283 | 231 | 136 | 3 | 370 | 11.2% | |
| 2022 | 3085 | 238 | 132 | 5 | 375 | 12.2% | |

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2018

<https://midwiferycouncil.health.nz/common/Uploaded%20files/Workforce%20surveys/Midwifery%20Workforce%20Survey%202018.pdf>

2019

[Microsoft Word - Workforce Survey 2019 - Complete \(midwiferycouncil.health.nz\)](#)

2020

[Microsoft Word - Workforce Survey 2020 2 \(midwiferycouncil.health.nz\)](#)

2021

[Microsoft Word - Workforce Survey 2021 - Final \(midwiferycouncil.health.nz\)](#)

2022

[Microsoft Word - 20220720 Midwifery workforce survey.docx \(midwiferycouncil.health.nz\)](#)

Appendix III: Tūranga Kaupapa Principles

The Tūranga Kaupapa principles were adopted by the New Zealand Midwifery Council (2007) to inform midwifery practice. Tūranga Kaupapa principles were gifted by Ngā Maia o Aotearoa me Te Waipounamu (2006) and reflect the expectations for Māori in midwifery.

- Whakapapa: The wahine and her whanau is acknowledged
- Whanaungatanga: The wahine and her whanau may involve others in her birthing programme
- Karakia: The wahine and her whanau may use karakia
- Te Reo Māori: The wahine and her whanau may speak Te Reo Maori
- Mana: The dignity of the wahine, her whanau, the midwife and others involved is maintained.
- Hau ora: The physical, spiritual, emotional, and mental wellbeing of the wahine and her whanau is promoted and maintained.
- Tikanga Whenua: Maintains the continuous relationship to land, life and nourishment; and the knowledge and support of kaumatua and whanau is available.
- Te Whare Tangata: The wahine is acknowledged, protected, nurtured, and respected as Te Whare Tangata (the “House of the People”)
- Mokopuna: The mokopuna is unique, cared for and inherits the future, a healthy environment, wai u and whanau.
- Manaakitanga: The midwife is a key person with a clear role and shares with the wahine and her whanau the goal of a safe, healthy, birthing outcome¹¹⁶

(New Zealand College of Midwives, 2015; Ngā Maia Trust, 2017; Te Kani, 2017))

¹¹⁶ The lack of grammatically correct written te reo Māori in midwifery documentation, i.e. whanau instead of whānau, demonstrates another level of tokenism existent in New Zealand midwifery documentation.

Appendix IV: New Zealand College of Midwives Standards for Practice

- Standard one: The midwife works in partnership with the woman.
- Standard two: The midwife upholds each woman's right to free and informed choice.
- Standard three: The midwife collates and documents comprehensive assessments of the woman and/ or baby's health and wellbeing.
- Standard four: The midwife maintains purposeful, on-going, updated records and makes them available to the woman and other relevant persons.
- Standard five: Midwifery care is planned with the woman.
- Standard six: Midwifery actions are prioritised and implemented appropriately with no midwifery action or omission placing the woman at risk.
- Standard seven: The midwife is accountable to the woman, to herself, to the midwifery profession and to the wider community for her practice.
- Standard eight: The midwife evaluates her practice.
- Standard nine: The midwife negotiates the completion of the midwifery partnership with the woman
- Standard ten: The midwife develops and shares midwifery knowledge and initiates and promotes research.

(New Zealand College of Midwives, 2015)

Appendix V: Consent Forms



TE WHARE WĀNANGA O AWANUIĀRANGI

CONSENT FORM

For Research Participants and Transcribers

THIS CONSENT FORM WILL BE HELD FOR A PERIOD OF FIVE (5) YEARS

Kaupapa Midwifery Indigenizing midwifery education

This is a qualitative study based upon Kaupapa Midwifery research methodology and pūrākau. It is a mixed method approach which aims to capture depth and richness of narratives from Māori and Pākehā midwifery practitioners who participated in the Tihei Mauri Ora Direct Entry midwifery programme (1996 – 2012) exploring, in what ways can Indigenous knowledge enrich midwifery education?

I have read the Information Sheet and have had the details of study explained to me.

My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

I agree/do not agree to the interview being audio taped.

I agree/do not agree to the interview being video-taped.

I agree to participate in this study under conditions set out in the Information Sheet but may withdraw my consent at any given time.

Your signature below indicates that you understand the above stated purpose of the project, the agenda and your right to withdraw from participation.

Signature: _____ **Date:** _____

Full name – printed: _____

**Professional Doctoral Degree of
Indigenous Development and Advancement**

School of Indigenous Graduate Studies

Te Whare Wānanga o Awanuiārangi

Rongo-o-Awa

Domain Rd

Whakatāne



TE WHARE WĀNANGA O AWANUIĀRANGI

CONFIDENTIALITY AGREEMENT

For Research Participants and Transcribers

Kaupapa Midwifery Indigenizing midwifery education

This is a qualitative study based upon Kaupapa Midwifery research methodology and pūrākau. It is a mixed method approach which aims to capture depth and richness of narratives from Māori and Pākehā midwifery practitioners who participated in the Tihei Mauri Ora Direct Entry midwifery programme (1996 – 2012) exploring, in what ways can Indigenous knowledge enrich midwifery education?

THIS CONSENT FORM WILL BE HELD FOR A PERIOD OF FIVE (5) YEARS

I _____ (Full Name – printed) agree to keep confidential all information concerning the project.

Your signature below indicates that you understand the above stated purpose of the project, the agenda and your right to withdraw from participation.

Signature: _____ Date: _____

Full name – printed: _____

**Professional Doctoral Degree of
Indigenous Development and Advancement**

School of Indigenous Graduate Studies

Te Whare Wānanga o Awanuiārangi

Rongo-o-Awa

Domain Rd

Whakatāne



TE WHARE WĀNANGA O AWANUIĀRANGI

PERMISSION FORM

*use of Photographic images taken within the study of
Kaupapa Midwifery Indigenizing midwifery education*

This is a qualitative study based upon Kaupapa Midwifery research methodology and pūrākau. It is a mixed method approach which aims to capture depth and richness of narratives from Māori and Pākehā midwifery practitioners who participated in the Tihei Mauri Ora Direct Entry midwifery programme (1996 – 2012) exploring, in what ways can Indigenous knowledge enrich midwifery education?

THIS CONSENT FORM WILL BE HELD FOR A PERIOD OF FIVE (5) YEARS

I _____ (Full Name – printed) give permission for Jacqueline Rosalie Moana Martin to use my photographic images during the Kaupapa Midwifery Indigenizing midwifery education research study. They are free to use the photographs for project related reports, exhibits and presentations.

Your signature below indicates that you understand the above stated purpose of the project, the agenda and your right to withdraw from participation.

Signature: _____ Date: _____

Full name – printed: _____

**Professional Doctoral Degree of
Indigenous Development and Advancement**

School of Indigenous Graduate Studies

Te Whare Wānanga o Awanuiārangi

Rongo-o-Awa

Domain Rd

Whakatāne

Appendix VI: Rangahau Questions

Te pūrākau o Te Ira Atua

Share your thoughts regarding mātauranga and birth?

- How do you think mātauranga can influence midwifery education?
- What Māori Creation narratives do you think are specific to midwifery?
- What Māori Creation narratives do you think can inform midwifery education?
- What cultural fundamentals can inform midwifery education?
- What cultural skills do you think an Indigenous midwife will need in their training?

Te pūrākau o Te Ira Tūpuna

Share your journey into Indigenous birth work/ Indigenous doula.

- How did you come into Indigenous Doula/ Indigenous birth work?
- Provide examples of what is Indigenous birth work/ doula for you?
- How does Indigenous doula/ Indigenous doula/ birth work align with your personal values?
- Where did/ do you practice Indigenous doula/ birth work?
- What challenges did/ do you face in your daily Indigenous birth work?
- What is your current role?

Te pūrākau o Te Ira Tangata

Share your journey of midwifery training.

- When did you graduate?
- What is your midwifery philosophy?
- Where do you practice midwifery?
- What is your current role?
- Why did you become a midwife?
- What attracted you to the Tihei Mauri Ora Direct Entry midwifery programme?
- What challenges did you have as an individual midwifery student?
- What challenges did you experience as a collective of midwifery students?
- What were the fundamentals of Tihei Mauri Ora that you found?
- How do you feel Tihei Mauri Ora prepared you for midwifery practice?
- Would you resurrect Tihei Mauri Ora again? If so, why?
- What differences do you believe exist between Māori and Pākehā midwives?
- What is the New Zealand midwifery identity? Do we have one? What does it look like?

Appendix VII: Ethics Approval Letter



EC2019.06

TE WHARE WĀNANGA O
AWANUIĀRANGI

13/06/2019

Student ID: 2170026

Jacqueline Rosalie Moana Martin
14 Southsea Crescent
Silverdale
Hamilton
3216

Tēnā koe

Tēnā koe i roto i ngā tini āhuatanga o te wā.

Ethics Research Committee Application Outcome: Approved

The Ethics Research Committee met on Wednesday 12th June and I am pleased to inform you that your ethics application has been approved. The committee commends you on your hard work to this point and wish you well with your research.

Please contact your Supervisor Dr Rawiri Waretini-Karena as soon as possible on receipt of this letter so that they can answer any questions that you may have regarding your research, now that your ethics application has been approved.

Please ensure that you keep a copy of this letter on file and use the Ethics Research Committee document reference number: EC2019.06 in any correspondence relating to your research, with participants, or other parties; so that they know you have been given approval to undertake your research. If you have any queries relating to your ethics application, please contact us on our free phone number 0508926264; or e-mail to ethics@wananga.ac.nz.

Nāku noa nā
Kahukura Epiha
Ethics Research Committee Administrator

Ethics committee document reference number: EC2019.06

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