



CANTERBURY MATERNITY SYSTEM



STRATEGIC FRAMEWORK

2019–2024

Canterbury

District Health Board

Te Poari Hauora o Waitaha

Terms Used in This Strategy

Pēpi

Baby

Wāhine

Women

Whānau

Family group, extended family, can be used to include friends who may not have any kinship ties to other members. In this strategy when we refer to whānau we are letting individuals decide themselves who forms their whānau for their maternity journey.

Hapū

Pregnant

Māmā

Mother, mum

Pāpā

Father, dad

Mana

Prestige, authority, control, power, influence, status, spiritual power, charisma – mana is a supernatural force in a person, place or object.

The use of māmā/mother/wāhine/woman/women/her/she

We recognise that not all people who become pregnant identify with the female gender. However terms specific to female identity are often used in this document for ease of understanding by a wide audience, while acknowledging that this is cis and heteronormative. Where the words māmā/mother/wāhine/woman/women/her/she are used, this is not intended to exclude people of diverse gender identity, gender expression, sex characteristics and/or sexual orientation who are going through their pregnancy journey, in particular trans men or non-binary people who have a uterus.

The use of the word culture

When we use the word culture we are referring to the customary beliefs and indigenous expression of diverse ethnicities and religions. We do not support the culture of gangs, criminal organisations, sexual grooming, violence, drugs and other ways of life that are considered to be negative or detrimental to the wellbeing of whānau.

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Foundation

Te Tiriti o Waitangi. Ko ia tonu te tumu here i ngā iwi katoa i pai ai te noho i Aotearoa. Ko te pokapū ia, arā, te atinga o ngā mahi oranga katoa.

The Treaty of Waitangi is the foundation that binds the peoples of New Zealand. It is at the centre and it is the starting point for all our work in health and wellbeing.

The Treaty provided a basis for all agencies to ensure Māori live long healthy lives; health, education, justice and social services all trace their legitimacy from Te Tiriti o Waitangi.

People from Britain arrived in Aotearoa to be met by iwi Māori who had been thriving for many centuries prior to their arrival. The Crown promised to recognise and protect tino rangatiratanga, Māori authority, over their own affairs; Māori promised to recognise the Crown's authority. The Crown also guaranteed equality for all Māori.

The spirit and intent of the treaty was magnanimous and enlightened. Our ongoing challenge is to enact the intent of the Treaty. In our maternity strategy, as with any strategy, we start with Te Tiriti:

- Our recognition of tino rangatiratanga – the right of Māori to choose and lead what they want and how they want that delivered.
- Our guarantee to partner with Māori at every level of service.
- Our obligation to protect the wellbeing of Māori – this protection must not be passive; we must act to ensure wellbeing is protected.
- Our duty to ensure equity – to actively ensure that inequity is eliminated.
- Our commitment to full Māori participation in all aspects of service.

These obligations to Māori, fall upon the Canterbury District Health Board as agents of the Crown. The process of colonisation has failed Māori while providing advantage and privilege for the colonisers. This must be acknowledged if we are to authentically implement our Te Tiriti obligations in any meaningful way. This must permeate and underpin our entire strategy.

We will ensure Māori aspirations for a healthy life, realising their full potential are enabled in the way services support Māori as tangata whenua.

He manako te kōura i kore ai. Heoi, whakamanawanui tonu.



Hector Matthews
Executive Director of Māori & Pacific Health
Canterbury District Health Board

Background

A diverse population

Canterbury is a diverse society with a large and growing indigenous Māori population. There are a range of other cultures, including significant Pacific and Asian populations. Around 23% of Canterbury residents identify with at least one of these ethnic groups. The proportion of New Zealand European/Pākehā living in Canterbury is reducing.

Our community is diverse

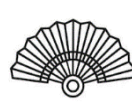
Our population is becoming more diverse. In Canterbury, one person out of every five was born overseas.



9.2 %
are Māori



2.5 %
are Pasifika



10.8 %
are Asian

Second fastest
growing Māori
population in NZ

New Zealand officially recognises three languages (English, te reo Māori and New Zealand Sign Language). Almost one-fifth of the population is multilingual (with one in five multilingual speakers having te reo as one of their languages). After English, the most common languages spoken in Canterbury (in order) are Māori, French, German, Samoan and Sinitic¹ (not further defined).

The indigenous iwi in Canterbury is Ngāi Tahu. Māori are highly connected through whakapapa (kinship ties), and the wellbeing of individuals is strongly associated with the wellbeing of the wider whānau (family). In Canterbury there are also a large number of Māori who whakapapa (ancestry) to iwi in other parts of Aotearoa. Irrespective of where they reside, most Māori hold strong connections and sense of belonging to their tūrangawaewae (ancestral lands) and marae, and their ability to access and participate in Te Ao Māori (Māori world view). These familial and cultural connections provide a strong and enduring sense of identity and are prerequisites to good health.

Pacific peoples in Canterbury are a youthful and diverse population, there are over 16 distinct Pacific ethnic groups with different languages and culture in New Zealand. The five largest groups of Pacific peoples in Canterbury are Samoan (52%), Tongan (14%), Cook Island Māori (12%), Fijian (12%), and Niuean (3%). One in four Pacific people (and 40% of Pacific children aged 0-4) identify with more than one ethnic group (compared with 7% of non-Pacific people).

The Asian population is very broad, comprising ethnic groups from Afghanistan to Japan. In Canterbury 10.8% of our population identify as Asian. The largest groups nationally are Chinese (35%), Indian (30%), Filipino (9%), and South Korean (6%).

There is a small but growing Middle Eastern, Latin American, and African (MELAA) population of nearly 1% within Canterbury's population.

European New Zealanders are people of European descent, including British and Irish, and people indirectly of European descent, including North Americans, South Africans, and Australians. In the 2013 census, at least 74% of the New Zealand population identified with one or more European ethnicity.

Canterbury also accepts refugees and asylum seekers from diverse backgrounds annually.

Our Maternity Strategy endeavours to resonate with all people in our community, but specifically recognise our bicultural relationship with Māori as Tangata Whenua. The use of two of our official languages is also deliberate, as we endeavour to address equity issues across our community.

¹ Many forms of Chinese (2013 Census data).

Our Vision

Canterbury maternity services provide for the maternity needs of all māmā and whānau as and when needed during their maternity journey in order to enable the best start to life for all pēpi and the ongoing wellbeing of mothers.

Our Values

Mana Taurite

Equity

Every person has the opportunity to access culturally appropriate services. Those who work across the maternity system reflect the community in which we live, and understand, value and support cultural practices that may be different to their own.

Whanaungatanga

Everyone belongs

The whole whānau is included and important, with each person feeling comfortable and as though they belong. Interaction with the maternity system is a mana enhancing experience.

Manaakitanga

Respect for all

The maternity system is hospitable through being welcoming, and respectful. We provide the utmost care for each other.

Tino rangatiratanga

Empowering whānau

Whānau are empowered and supported to make their own informed decisions.

Oranga tonutanga

Health and wellbeing

Whānau have optimal physical, mental, dental and sexual health before, during and after the birth of pēpi. People have the opportunity to enjoy clean smoke free air and clean water wherever they live, work and play (wai ora).

Aroha

Love and empathy

Without bias every person² is treated with love, compassion and empathy.

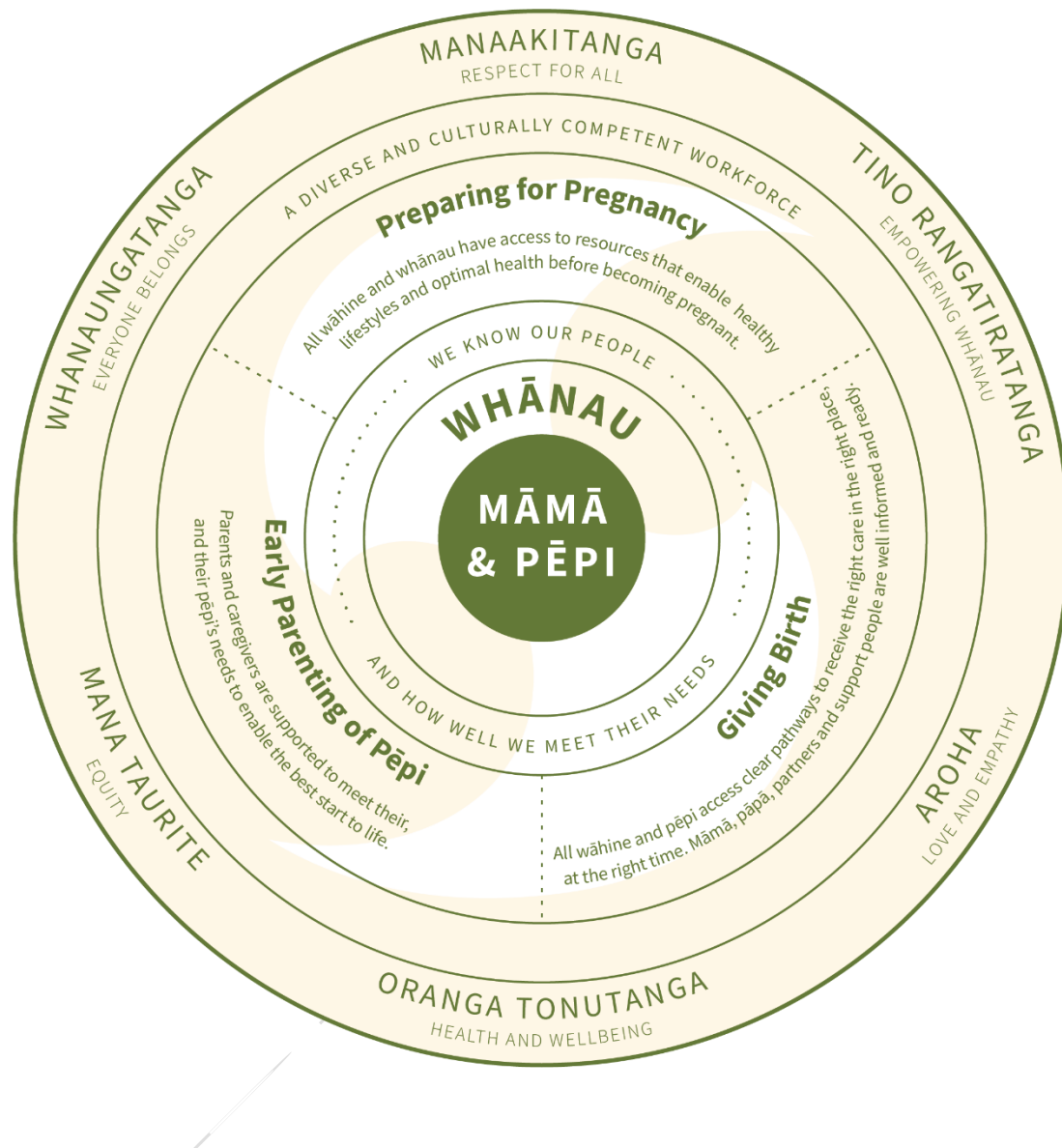
Our Partnerships

Our strategy is ambitious, as it needs to be, to make the changes desired within the Maternity System. For many of the improvements we will build upon existing, and create new partnerships with stakeholders from both within and outside of health. These partnerships will include³ the organisations listed in Appendix 1.

² When we say 'every person' this is inclusive regardless of sexual orientation, gender identity/expression, sex characteristics, ethnicity, age, religion, culture.

³ If you or an organisation you know isn't named but can add value, please contact us to let us know so that we can work together.

The Framework



The Maternity Strategy puts māmā and pēpi at the centre of what we do and what we want to achieve. Māmā and pēpi are supported by whānau, who are the people the māmā identifies as her support network.

We know our people and how well we meet their needs will be achieved through accurate data collection, storage and analysis. This will enable us to:

- Understand if all whānau are accessing the healthcare they need (mana taurite / equity)
- Plan well to meet the needs of our changing population
- Allocate resources appropriately
- Maximise populations based funding opportunities

The Framework has three pillars to align work planning with, these are:

- Preparing for Pregnancy.
- Giving Birth.

- Early Parenting of Pēpi.

Preparing for Pregnancy starts before most will even be thinking about pregnancy. Our system aims to enable all people to make informed choices about becoming parents through access to education, improved health literacy, and culturally appropriate resources.

The Canterbury Maternity Strategy recognises and supports the broader determinants of whānau wellbeing, whānau will thrive when they have access to:

- Healthy kai, healthy housing and necessary resources.
- Healthy relationships and strong community connections.

Giving Birth focusses on the time from when a māmā becomes pregnant, up to and including the birth. The Canterbury Maternity Strategy commits to supporting māmā and their whānau to create an environment that will enable their pēpi to have the best start to life by:

- Providing adequate guidance to enable māmā, pāpā/partner and support people to feel confident in making informed decisions.
- Enabling māmā to confidently access the right care, in the right place and at the right time, for themselves and their unborn pēpi.
- Support the use of rongoā and other traditional practices within whānau as part of acknowledging the cultural diversity within our community.
- Providing community pregnancy support and birthing options that meet the needs of māmā and pēpi to receive care in the right place and at the right time.
- Implement a hub and spoke model for secondary and tertiary level services to improve accessibility across Canterbury and enable timely access when this is needed, locally supported by the secondary/tertiary service.

Early Parenting of Pēpi continues with the foundations set in Preparing for Pregnancy and Giving Birth. Whether new parents or having had a pēpi before, whānau are supported to meet their and their pēpi's needs to enable the best start to life within our community.

The Maternity Workforce

The Canterbury Maternity Strategy is supported by a workforce who support whānau through their maternity journey. We will develop a workforce that is diverse and culturally competent to reflect the culturally diverse community in which we live. Building upon existing relationships and developing new ones with stakeholders that can influence improvement for whānau through the different phases of the maternity journey will enable us to achieve a system that is appropriate for all. Through doing this we can better understand, value and support whānau through this important time in their lives.

Appendix 1

Our Partnerships

- Te Rūnanga o Ngāi Tahu
- Manawhenua ki Waitaha
- Te Rūnanga o Ngā Maata Waka
- Te Pūtahitanga o Te Waipounamu
- New Zealand College of Midwives
- Whānau Ora
- Lead Maternity Carers
- Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG - New Zealand Committee)
- New Zealand Society of Anaesthetists
- Paediatric Society of New Zealand
- Neonatal Network
- Migrant Services
- Well Child Tamariki Ora
- Pregnancy & Parenting Educators
- Te Kōhanga Reo National Trust
- High Schools/Education/Kura Kaupapa Māori
- Tertiary Education providers – Ara Institute of Canterbury, University of Canterbury
- Family Planning
- Community & Public Health
- Te Hā - Waitaha
- Specialist Mental Health Services
- Primary Health Organisations/Primary Care
- Non-Government Organisation providers
- Early Start Project
- Post-natal depression groups
- Oranga Tamariki
- Work & Income New Zealand
- Housing New Zealand
- NZ Police
- Integrated Safety Response
- Councils (city and regional)
- Consumer organisations – Canterbury Breastfeeding, Post Natal Depression Group, NZ Chinese Association, La Leche League, Home Birth Canterbury, Canterbury Home Birth Association, remote rural and rural hapū and wāhine, Nepalese community, St John of God Waipuna, Pregnancy Help
- Māori providers
- Pacific providers
- Refugee and migrant communities
- Primary Health Organisations
- Te Kāhui o Papaki Kā Tai
- Agencies involved in delivering the Government's Child and Youth Wellbeing Strategy