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|  | Speak Up - KōrerotiaRelationships in infant feeding1 August 2022 |
| Female | Coming up next conversations on human rights with “Speak Up” – “Kōrerotia”, here on Plains FM. |
| Sally | E ngā mana, E ngā reo, E ngā hau e whāTēnā koutou katoaNau mai ki tēnei hōtaka: “Speak Up” – “Kōrerotia”. Tune in as our guests “Speak Up”, sharing their unique and powerful experiences and opinions and may you also be inspired to “Speak Up” when the moment is right.Tēnā koe. Ko “Speak Up” – “Kōrerotia” tēnei. Today we’re talking about relationships in infant feeding - breastfeeding and other kinds of feeding - and it’s a topic, I must admit, I know very little about and I’m really looking forward to learning more today with our three guests. And one thing that’s particularly cool about our three guests today is they come from all across Aotearoa. We’ve got Kelly Dorgan, who is based here in Ōtautahi Christchurch, we’ve got Isis McKay based up in Tāmaki Makaurau Auckland and we’ve got Tash Wharerau who is based right up in the far north. So I will leave it to you to introduce yourselves and tell us a little bit more about your background and what you’re bringing to today’s kōrero. Perhaps, Tash, we’ll start with you. |
| Tash | Ngā mihi nui ki a koutou, he wāhine mā, he rangatira mā. Kia ora. Whakanuia te whāngai ū, aē… Ko Tash Wharerau ahau, nō Te Mahurehure ahau. Ko te kai a te Rangatira ko te kōrero engari ko te kai o ngā pēpi ko te wai u..Mōrena whānau, my name is Tash. I live in Bay of Islands in the Far North and I come from the other side, from the Hokianga. So we speak about a relationship of reciprocation and where one side lifts the other when the other side is low and so I feel that I embody and live that. It makes my heart happy to see whānau breastfeed their pēpi, I’ve been a breastfeeding advocate since about 2009 when I met Isis way back then and at the moment I am a kaitiaki for Wahine Ora with Women’s Health Action and a **2.26** with Ngāti Hine Health Trust, kia ora. |
| Sally | A range of different backgrounds you’re bringing then to this conversation today. |
| Tash | Aē. |
| Sally | And Isis. |
| Isis | Oh kia ora whānau, I am Isis, I am based, like you said, in Tāmaki Makaurau. I actually hail from the north, I was born in Whāngarei, lived in Ngunguru and now I live in Auckland with my partner and my three children. I am the General Manager at Women’s Health Action, I started at Women’s Health Action in 2008 and have had my three babies during that time and I’ve certainly learnt a lot about breastfeeding over that time and have gained a lot of support in regards to my own breastfeeding journey and really stoked to be here to talk to you today about this topic during World Breastfeeding Week which is the 1-7 August, so kia ora. |
| Sally | Kia ora. And Kelly? |
| Kelly | Kia ora koutou, my name is Kelly Dorgan. I have a background in midwifery, so I trained as a midwife last millennium and practiced in the community for close to 15 years before coming into this role. So currently I coordinate the Canterbury Breastfeeding Advocacy Service which is a health promotion service that’s contracted by the Ministry of Health with the aim of reducing or removing barriers to breastfeeding in the community. Nice to see you all. |
| Tash, Isis | Kia ora Kelly. |
| Sally | I just thought, as we get into our kōrero today, it might be a really good idea to kind of set the scene and think about where are we at in terms of the message around breastfeeding and bottle feeding. And I know when I’ve spoken with you guys in the lead-up to this show, it seems like the messaging has changed over the past decade or two decades and it would be interesting to hear about some of those changes and where we’re currently at.  |
| Isis  | Yeah look I think it is a really interesting discussion and there has been shifts and changes over the time, at least that I’ve been involved in talking about breastfeeding. So when I first started at Women’s Health Action in 2008, a lot of the focus on breastfeeding and the discussions that we were having at the time was really focused about raising things like the acceptability of breastfeeding in public and people accepting that breastfeeding was a normal and at the time, natural part of life. So a lot of the work that was centred around promotion and public health messaging was really about the acceptability of breastfeeding. And I think that we have come quite a way in that space. For sure there’s still pockets of sort of intolerance within communities but I think that the landscape has shifted a lot and we as I guess a health promotion sort of team and working in public health, have had to adapt our messages over time and I don’t know if that’s something that they’ve always done particularly well because it is an emotive topic. It’s something that seems to spark a lot of debate and polarising sort of messages unfortunately and that’s something that I think that we’ve really got to work on countering these days. In regards to breastfeeding rates and where we’re actually sitting with breastfeeding, we have high initiation rates and we’ve got lots of things sort of geared towards trying to help people initiate breastfeeding and we do see a decline in breastfeeding rates as babies get older.  |
| Kelly | I feel like there’s been a shift over that time - as you’ve alluded to, Isis - and I think for me moving from a clinical role into this health promotion space, it feels like that in this world we’re a little bit further ahead than the clinical world is and I think a lot of that is just the pressures that face maternity system. We’ve moved kind of from that promotional space to really focusing on the support and protection of breastfeeding and as you say, we haven’t always got that right. We’re still working on that and we’re still moving things into that space but I think there’s been a really big change. I think the lowest rates in New Zealand were around 1971 and so when I came on board as a midwife in the 90s, it was like the grandmothers hadn’t breastfed their babies and so there wasn’t that kind of community and family support around and so we were really having to work hard at doing the promotion, at saying you know there is a whole lot of evidence around breastfeeding that supports us doing it, how do we make that happen. |
| Isis | Yes you’re so right, Kelly, because I think that people often forget and it’s a conversation that gets lost as to why we needed to promote breastfeeding in the first place - and that’s because we nearly lost it. The decline of breastfeeding rates was so dramatic - and that’s in Aotearoa but globally as well - so we really did have to do something to help breastfeeding rates recover. And I think we achieved that and we worked through some of those issues but it’s naïve to say that we managed to sort of ‘find the formula’, so to speak, because we still see the same sorts of issues getting in the way of people achieving their own breastfeeding goals as we did before. But definitely I think that that’s a conversation that’s important to have, is why we need breastfeeding promotion and advocacy in the first place.  |
| Tash | Kia ora. I think what I’ve seen since starting this role to where I am now is exactly the time that Kelly is speaking of. Where once upon a time our whānau were told that our breastmilk wasn’t good enough and that we weren’t good enough to be feeding our pēpi and that formula was the way to go, you know - we struggled for a long time with those kinds of attitudes and thoughts from our own whānau - where we now are at a place of true celebration and when we talk about sustainability and we talk about our environment, that we are now upon a whole different type of whānau, even though our gifts are still the same and our learnings are still the same, that actually we are good enough and better than good enough to do what we do. To a space where it’s really important to be able to be able to nurture our pēpi in this way. So I want to say it’s a change in attitude a little bit from like you say, the professionals more than whānau and whānau are leading their own way and their own autonomy. So that’s what I love about this space.  |
| Isis | For sure and I think there’s a sort of doing away with the idea that there is a ‘one size fits all’, right, and that we know that actually journeys in breastfeeding are diverse, they’re unique, they don’t follow a set pattern. And certainly that’s the case between whānau to whānau but it’s actually the case between children to children within your own breastfeeding journey, right.  |
| Kelly | Most definitely. |
| Isis | I know for myself, you know each of my own personal breastfeeding journeys have come with learnings and challenges too and applying that to what we do is something I think that we’re all getting really good at. |
| Sally | Isis, you mentioned as you were talking that it’s quite an emotive issue. Why is that the case? |
| Isis | Well I think that it’s because we inherently all want to do the very best for our children as parents, there’s that same sort of evoking of emotions as when we talk about child birth, for instance. It’s something that’s really important. I think that we’ve spent a lot of time making sure that people understand the benefits of breastfeeding, all of the protective factors, and that sometimes throughout people’s journeys, like I said they don’t go by some rulebook and those journeys deviate from what the optimal recommendations from the Ministry of Health or from the World Health Organisation might be and that can actually bring forward a lot of feelings within yourself around how, you know, ‘successful’ you have been at being a parent and being a… you know, a nurturer of your children and trying to give them the very best start that you can.There has, over time, been a lot of stuff that’s played out in the media especially and popular culture that’s really manufactured this idea that there’s this sort of breast versus bottle environment and that you’re either in one camp or the other. In actuality that’s sort of really, in my perspective, a bit of a socially constructed narrative that doesn’t actually exist. For the most part when you are the breastfeeding parent at the end of the sort of services that are available and a lot of the time the people that we’re talking about - both breastfeeding and our bottle feeding whānau - there is a lot of mix and combination feeding going on. And so the idea of talking about one camp and the other and those sort of polarised positions, I don’t think that’s actually an accurate perception of people’s experiences. And from that sort of place, you can create a lot of debate and hurt feelings if we fail to recognise these sort of nuances there and the reality of what people’s journeys are. |
| Sally | Yes certainly something that I think we’re all keen to point out in this show is that it’s not shameful if you’re not able to breastfeed or in fact if you choose not to, it’s your own personal journey, it’s your own choice. |
| Isis | I found myself as a breastfeeding advocate in my employed role, I had my first child in 2010 and I found that my breastfeeding journey deviated quite a bit away from what I knew to be the script that I thought that I had awaiting for me. That I would be able to birth my babies naturally, that I would be able to latch them on, my milk would flow and that I’d be able to exclusively breastfeed for six months and then continue breastfeeding after that, after introducing solids all at the right time. And I’ll tell you what, that’s not what happened for me - and I had so much support around me, I couldn’t have been better placed, my employer was amazingly supportive, I had lactation consultants and midwives all at hand - but actually physiologically it just wasn’t going to be something that happened for me in my journey and what that did is made me really step back and think about the feelings that I had myself around here I am, I’m promoting these messages that you know, a very small percentage of people can’t actually breastfeed etc etc or all they’ll need is the right support and they’ll get back on track and it’s okay. And actually that wasn’t what happened and I did find myself in a space thinking you know, will people judge me? Will they be thinking that I’m not walking the talk if this doesn’t work out? And actually what I found is that for myself, the support was immense and that it was about trying to help me to get to a place where my own journey was realised and my own goals were realised. And I think that that supportive environment actually helped me ultimately breastfeed for longer - while the exclusivity wasn’t the focus anymore, it actually became about having a really great relationship with breastfeeding and that nurturing aspect which I carried right through my three children, even though yeah… our journey would have deviated from what you would have called ‘optimal’ because I don’t believe that there is any one size fits all. Yeah. |
| Kelly | And I think that’s a challenge that we have when we have health targets and recommendations is that kind of sets up that sense of well if I don’t meet this target, you know, what does that mean about me as a mother. So I think that Isis’s journey - and particularly being in the space that you’re in, Isis - has really informed the breastfeeding community in Aotearoa. You being in that role at that time was really important in helping us shift that narrative beyond that binary sense of you’re either doing it right and you’re breastfeeding according to the recommendations, or you’re not. And we’re in a situation now where the recommendation is six months exclusive breastfeeding and we’re sitting around 15% to 20% of babies that have that and some of that will just be that you know, solid food is introduced around that time rather than after that time and I guess that’s one of the things is that we have this kind of information and data and recommendations that when we marry those with people’s experiences, it sets up that sense of potential shame and grief or not doing well enough.Whereas in the actual communities, I think we’re seeing much more of that fluid… I kind of think of infant feeding as being non-binary and being fluid and being on a spectrum as well. Is that, you know, at one end there’s bottle feeding with formula and at the other end there’s breastfeeding. In terms of health outcomes, wherever we sit along that spectrum, if the only option to us is formula and bottles, you know, how do best align that? How do we capitalise on some of the benefits that breastfeeding provides us, given that that’s our only option? We do it through skin-to-skin, we do that through holding babies close, we do that through connecting relationally through eye-to-eye contact, you know. There’s so much about breastfeeding that’s relational.  |
| Sally | We’re going to have our first song now which is Six 60’s ‘Kia Mau Ki Tō Ūkaipō’, Kelly you chose this one because ūkaipō is all about breastfeeding, in fact. |
| Kelly | My limited understanding: so ‘ū’ is a word for ‘chest’ or ‘breast’, that ‘kai’ is a word for ‘food’ or ‘eating’ and that ‘pō’ is the te reo Māori word for ‘night’. So literally feeding from the breast at night. But my understanding - and Tash please step in, if you want to add anything - is that it’s a term that refers to the place of greatest nourishment, like your tūrangawaewae, the place that you go to, to get fed by your people and your mountain and your river and the wairua that’s there. So it’s like a nod to breastfeeding as the place of complete or the greatest nourishment.  |
| Tash | Aē it is, that is how te reo Māori is so rich, that it has more than one meaning for anything. So absolutely as you described Kelly, that it’s about the place that you return to that nourished you when you were a pēpi. Yeah, Kia Mau Ki Tō Ūkaipō means to return to the place where you were nourished and that might be a physical place, it might be a spiritual place. There’s quite a lot of kōrero around that kupu actually, kia ora.  |
| Kelly | Kia ora. |
| Sally | And absolutely perfect for the topic today, definitely. |
|  | **MUSIC BY SIX 60 – KIA MAU KI TŌ ŪKAIPŌ** |
| Sally  | This is Speak Up – Kōrerotia and we’re talking about relationships in infant feeding. |
| Kelly | We don’t specifically know if the benefits are purely about the breastmilk. It’s like that there is benefits from the breastmilk but some of those benefits are likely to be from the relational space that breastfeeding necessitates.  |
| Isis | There’s like a physiological process that happens that’s both the physical and the emotional and the spiritual and the wellbeing. I’m sure Tash could tell some beautiful stories about how that connection happens.  |
| Tash | Absolutely, this is what I’m talking about, our taonga tuku iho, the gifts that we were already born with and the things that we were already gifted and given and how easily those things can be taken away, too, if we buy into some of those messages. So when we talk about ūkaipō for instance, around you know where it is where we were nurtured and the place that we go back, we talk about returning to our ūkaipō. We call it kia ū ki Papatūānuku’, so our relationship that we have with Papatūānuku and how we know that she nurtures us and how in turn we nurture her and we give back to her or we recognise the springs that she provides so that we are fed and how we in turn can nurture our pēpi. But especially the word ‘kia ū’ - ‘ū’ doesn’t just describe the breastmilk, it describes a commitment and so if we are talking about the time where she has committed to us, then we give that time of commitment to our pēpi as well. Commitment doesn’t just mean it’s a one-way relationship, it is a relationship of necessity but also love and, like you say, the bonding, all the gifting of good mātauranga. Expanding our brains, all the good brain science that comes from breastmilk. I could really go on about this, I so love this.  |
| Kelly | We’d love you to. |
| Isis | Yeah, you know I learnt something so interesting a while back - and clinicians, I hope I don’t get this wrong - but I was learning about expressing breastmilk and how when you exclusively are breastfeeding for six months, for instance, that people often experience lactational amenorrhea. So that’s, like, the cessation of your periods - and no, it’s not a fool proof contraception method! - but it’s certainly something that happens physiologically to many people who exclusively breastfeed.What I learnt, though, was that if you were to exclusively express or pump and you were to deliver the same amount of milk to your baby through expressing as you would through their suckling for instance, people don’t necessarily experience the lactational amenorrhea from expressing because it is a mechanical thing and you’re not necessarily having that hormonal exchange with your baby, you are not getting the same signals that you get. And therefore something happens, something that we don’t see that we don’t know about, that really maybe we don’t need to between the… the relationship between the baby or the infant or the child and the breastfeeding parent, that has a profound impact on the way that our hormones shift. And I just found that quite incredible and I think that really gives credence to the idea that it’s more than nutrition that happens in that breastfeeding space. We know this but it’s not something that it’s always well discussed or explained. |
| Kelly | Yeah I talk about it as being a relational system of nurture and protection… |
| Isis | Beautiful. |
| Kelly | That needs to sit within a relational system of nurture and protection. Like, we need to create this space around that: the breastfeeding relationship or the infant feeding relationship, the parenting relationship, requires protection and nurture. It works best if there’s a community around it that protects and nurtures the relationship between the baby and the parent or the parents. So it’s a system and we see that, as well, when a baby is first born and if the conditions are all good, if the baby is full term and well and the mother is well and everything is okay and baby is placed onto the mother’s belly, it will automatically crawl up and latch itself to the breast. And while it’s doing this, it kind of kicks in with its feet. So babies have the reflexes that they need to get themselves their first feed, and they kind of kick in to the mum’s belly with their feet to kind of launch themselves up to the mother’s chest. As a midwife, what we learn when a baby is born and the placenta is still intact, still in the inside, if the mother’s bleeding is a little bit heavy, the first thing that we do is what we call a ‘rub-up contraction’, so rub her belly to create a contraction of the uterus to cut off the blood vessels. That baby digging its feet in, as its doing that crawl, that’s why I call it a system of protection. It’s like that’s part of this system that protects not only the baby… |
| Isis | Wow. |
| Kelly | But the mother as well and when in the west, we reduce everything to its kind of physiological mechanisms, we lose the magic.  |
| Tash | Kia ora. |
| Kelly | For me, it’s looking at whatever we’ve got on offer in terms of feeding our infants, how do we align with that magic, whatever you want to call it. The magic of that systemic protection, I guess. |
| Isis | Do you think we have, like, sort of leaned so far into science and innovation and learning over the past few decades and really focused in on the sort of medicalisation and the new and fancy things that we can do, that we’ve actually lost sight a little bit of nature? |
| Kelly | And of course we’ve colonised the whole world with that. Yeah I think we’ve got a lot to learn from indigenous populations, go Tash.  |
| Tash | Exactly, I feel like yes that’s where we were but that’s not necessarily where we are right now. I’m actually quite excited where we are right now and I say this coming off the back of a two-day Hapū Wānanga last week where our whānau absolutely… they lead their own destinies. So what I’m saying has come directly from them and absolutely in that space of being able to choose what they want and how they want it. The science does marry; it absolutely does, from the messages we’re given. So I’m talking about messages through waiata, through whakataukī, through Mōteatea, that have been our guides all of this time for what is right in the way to do things. That our whānau are absolutely running with it now because it makes them strong and it makes them go, ‘This is where I belong and this is how it’s meant to be’. When we talk about our waiata ‘Homai tō poho’, that speaks about give me your chest but not just your chest, your ‘poho’ is like the place where you would hold your most treasured treasures and that just happens to be where we would put our pēpi. Like you’re saying Kelly about that baby crawl, that first initial baby crawl on their poho and then the next words are Homai tō kiri kia rongo atu’ - so ‘Give me your skin because that’s what makes me at peace’, so skin-to-skin. You know what I’m saying? And then ‘Homai te kupu kia kōrero’.We talk about breastfeeding, that is the beginning of reo, that is the beginning of our language that’s not necessarily spoken language but it’s the unspoken words that are happening between us in that time of feeding pēpi. So like I say, those messages were always there, it was just whether we… when we caught up to them and started to put aside a whole lot of other stuff, you know that gets in the way. |
| Kelly | Yeah our people go to new… it’s time for us to get out of the way, Isis, totally, bring it on! I want indigenous women to take over the world, I’m all for it.  |
| Isis | Do you think that that sort of doing things like Hapū Wānanga and discussing those beautiful sort of stories and ways of being, how to remove the pressure and the onus of responsibility that historically we have put onto the breastfeeding parent, the individual, the mother, whatever you want to say. That then that sort of idea that that’s your sole responsibility and your sole failure if it doesn’t work out. Do you think that embracing things in community and stuff actually helps to bring forward the importance of that nurturing and nurturing of the whānau, not just of the baby and the mum, that’s your job, you know? |
| Tash | Most definitely, most definitely and we talk extensively especially to our dads and to support whānau who are there with māma. We thank them for being there because exactly, they are such a big part of this picture as well. They’re not peripheral to the picture. You know maybe while mum is hapū, all services might beeline her and then everything else, they sort of make peripheral in terms of dad, in terms of other tamariki. But we actually encourage in Hapū Wānanga… no, no, no, you all are special in this journey and you all need to know what’s going on here and if you don’t know, please stop the conversation and ask until you do understand that you are just as important in this role. In terms of specifically breastfeeding, we ask dad to be her voice as well when she can’t speak for herself or when they whisper to each other because they don’t want to upset anyone else or whatever. So they already have that relationship, it’s just about reinforcing with them that they are doing the right thing and that they need to speak up for each other to be able to protect the health of their pēpi. |
| Isis | It feels like we really are on a journey to sort of undo a lot of damage and harm, unintentional as it was, that has been institutionalised over a long period of time and I’m thinking just about the discussion just now Tash, thinking about the sort of routine separation of parents and babies in nurseries and things that happen within the hospital system, that actually sought to separate mum and baby and I’m using mum in this term because that’s what we were looking at back then. In doing that, there was a good intention you know, it was about giving people rest and having that baby thrive without their primary parent and I feel like we’re really working to undo a lot of those unintentional harms over decades, you know. I’d love to see a time where we could get back to having milk banks as a standardised thing instead of scientific spaces to prepare infant formula. There’s just so much institutionalised stuff that we’ve got to grapple with, that we’re still grappling with, I think, to undo if we were to get to a place where people felt that that was genuinely supported space. |
| Sally | Tash, I’m really glad to hear you mention the pāpa in this equation which I think is really important.  |
| Tash | We ask him this one time, this one tiny time in our pēpi’s life, that dad actually do a lot of other things, not the feeding. Not always but I’ll just speak to this bit specifically for now. We ask that he helps her to get ready to feed, that maybe he prepares her snacks or he takes care of maybe the other tamariki that are there. That he sings to her when she is in hapūtanga, even, so that he is already starting to create those voices and those sounds around her hapū belly and so pēpi recognises him as soon as they are born. We ask that maybe he takes baby for a bath and for walks and for sleeping and for burping and all of those other wonderful things, just not feeding in this one small time. We talk about the security that dad sets up. So with his big booming voice, he has a natural vibration already that sets up security around his pēpi. So the great brain connections that he makes with pēpi by doing other things, we know that if he reads to pēpi in those early years, that pēpi is more likely to be a good reader themselves as they get older.So these are the things that we remind dad of where he is so valuable still… because we do hear that cry “I just want to feed the baby”. And everybody does but we just ask please just in this one time, let this be something for māma. However, there is times too where we know of expressed feeds, where dad absolutely is part of that, he has his skin-to-skin with pēpi as well and being able to feed through tubes or through bottles then. But yes he does that in a skin-to-skin way and he does that in a talking to pēpi type of way, not just propping the bottle up and letting them feed themselves.So yes there is so many things that our fathers can be involved in and they really need to be involved in too because we talk about a relationship of mental wellness for them as well. Where we talk about mum with maybe ante or postnatal depression and anxiety, our dads can get that too. So they absolutely need to be involved and not pushed out and maybe I… you know, I do it better than you do or any type of talk like that, to nurture pēpi in that way. |
| Kelly | I love that kōrero, Tash. There’s some evidence that the more engaged in babies or the more involved with babies men are - as dads, usually - the higher their oxytocin levels are. And so we think some of the benefits of breastfeeding for māma, the reduction and risks of cancers and some other things, may be related to oxytocin and so oxytocin is a neuropeptide and it instils a sense of calmness. Dads who are more involved with their babies become more relational and less competitive which is really important as well. Another reason why we want to get them involved. But there are so many things… like you said, there are so many things. They can be telling the family stories, they can be bringing in all of the values that are important to families.And there’s some more stuff coming out… I heard of a study that was being done in Dunedin around rats. And so traditionally male mice are paternal, so they’re quite nurturing, whereas rats aren’t. But they managed to switch the hormonal environment - and this was actually to do with prolactin which wasn’t known as much to be such a relational hormone - so when they increased the prolactin rates of rats and decreased them in mice, then the kind of paternal behaviour switched and so there’s a whole lot of factors that happen. We’re just starting to understand kind of the neurological changes that happen for mums over that maternity journey, so as they’re pregnant and through the first probably thousand days. That the neurological changes are apparently bigger than the changes that happen during adolescence. But there’s also a little bit of research being done around what happens for fathers and engagement and involvement seems to make a big difference in that space. I think that’s super interesting as well. |
| Isis | Absolutely and I think it’s so important they do include fathers in those conversations because you see your partner sometimes struggling, suffering, crying, feeling as if they’ve got to their sort of wits end and often the go to is to take baby away or stop the breastfeeding because it’s seen as a problem. Where actually if you had the tools as a partner to really help support them and encourage them in being able to achieve the goals that they set out for themselves and to be that really strong support, then they’ve got those tools and might not feel so helpless as well. Yeah, it’s so important.  |
| Tash | Whānau want whānau first, and not services necessarily. So he’s going to be the first one that she turns to in the night perhaps and says this is too hard, I can’t do this anymore. And we want to be able to give him the tools to be able to say okay can we do this and that just to get through tonight and then tomorrow can we go and maybe see your mum or see your sisters, your relations or my mum, you know. And then if not, then it steps back to that next layer, let’s call our midwife, let’s da da da. But again, that’s their kōrero, not mine. But I also want to just say too about our single parents, ones who are parenting alone or with other supports and those relationships that are still just important to be able to have support there in whichever form it might be so that you are able to look after your hinengaro in this time as well.  |
| Kelly | And we’re hearing some pretty clear evidence that breastfeeding education and support lands best or is most effective when it comes from that relational space. So rather than having the expert come into the room and kind of deliver that educational information, it’s much more effective if it is delivered either from actual kin or by actual kin or if the relationship between the health practitioner and the whānau is one of relationship is a kin-like relationship, which is quite different from our medical model of you know, expert to patient or patient/doctor kind of relationship. And I think that there’s huge potential for that within our current maternity system. I don’t know how much of it is happening at the moment because of the current stresses on our maternity system but I think that’s really important for us to keep in mind, is that there needs to be time and space for relationship. I mean this all comes down to… This is about having families, relationships is the bottom line, isn’t it. It’s like we need to find space and place for care to happen with time to be effective otherwise as we know in health promotion as well, that delivery of messages, if it doesn’t come from a place of care and love and connection, they just don’t land. |
| Isis | I think that it’d be so interesting to chat with Lou Kelly who is our gender diversity lead at Women’s Health Action and they have been doing some awesome work around breastfeeding support and how to talk about breastfeeding or chest feeding for our trans and non-binary whānau, it’s a great space. |
| Sally | Super interesting. Maybe another show on that one. |
| Isis |  Yeah. |
| Sally | We’re going to have our second song now. Tash you mentioned ‘Homai tō poho’, that might be a great song to have here given that we’ve just talked through it’s importance.  |
|  | **MUSIC** |
| Sally  | This is Speak Up – Kōrerotia and we’re talking about relationships and infant feeding. I’d be really keen to think about some of the inequities that exist around breastfeeding and one of the big ones I know that we are facing here in Aotearoa is Māori and non-Māori and the differences in statistics around who breastfeeds and for how long. And we’re so lucky that we’ve got you, Tash, here to share your wisdom on these sorts of topics.  |
| Tash | I want to be proud to be able to say that actually in Northland we are topping the country in our breastfeeding rates for Māori. I want to say again this is a whānau relationship reason, you know. I don’t think it’s something that we can take credit for, that information is similar other than the way that we speak about it which is to be the most positive that we can about celebrating whānau when we say that we mean that and being able to support in whichever way that we can as well. I’m not taking away from the type of statistics that are written but I think Isis kind of touched on it before when we talk about exclusive breastfeeding and maybe some other happening in between that might stop that statistic then being an exclusive breastfeed, so if there was water or if there was solids introduced before the six months, it changes a whole lot of statistics. Whereas when I see a whānau who are still breastfeeding their pēpi at two and three years old, that’s still whānau breastfeeding. Those statistics aren’t theirs is what I’m kind of saying and I think that perhaps the way that the statistics skew breastfeeding relationships, they’re no longer counted in some statistics where really they are still breastfeeding pēpi. I think, as I’ve said a couple of times now, that environment has such a huge role to play and that sustainability and succession has really hit our country finally in such a positive way. I’m not saying I don’t see any other way of feeding pēpi but I am actually quite of our whānau and where they sit given pressures for going back to work. There is absolutely still ways that you can still breastfeed pēpi and work, yes but the pressures of putting pēpi into ECE and kōhanga too, interrupt that journey slightly. Yeah that’s where I think I see in Te Tai Tokerau anyway. |
| Kelly | I would love to acknowledge the fact that before colonisation all pēpi were breastfed.  |
| Tash | Kia ora. |
| Kelly | Because in a lot of other parts of the world and especially in Europe, there was formula before then and as far as I know, there was no seeking of substitutes for breastfed in Aotearoa before colonisation which just kind of speaks to, I think, that knowledge of the sacred and the magic and that sense that you know, we don’t need to improve on nature. We’ve got the systems that we need here and we make them work and if that’s by non-biological parents breastfeeding infants if that’s what needs to happen. And so I guess just wanting to acknowledge the impact of colonisation. That now we’ve got this kind of flip thing. Whereas our way of statistics shows, like the western way of collecting statistics shows up a deficit… |
| Tash | Kia ora.  |
| Kelly | And there’s a story in there I guess, really keen to see that story moving because that’s going to benefit all of us.  |
| Isis | Absolutely and I think the stats and the data that we have, it just do any justice to what we know around the breastfeeding journey and the uniqueness of individual journeys and it also doesn’t recognise the important factor of duration of breastfeeding. I think that that’s something that we’ve really lost in our breastfeeding data and we know that there is more and more evidence to show the important and protective factors of actually breastfeeding for longer and so we could look at our breastfeeding data and we could say look we’re having a decline in this marked exclusive breastfeeding space… |
| Tash | Kia ora. |
| Isis | …and therefore it’s all terrible but actually my interpretation of the limited data that we do have, to me it shows a slightly different picture which is actually we’ve got more children being breastfed for longer than we had in the previous I think… oh however many years, the previous decade maybe. And that is because we are seeing less children being exclusively formula fed and we are seeing more of that mixed combination feeding but we’re also seeing that breastfeeding is being sustained for longer and I think that we need to be looking into what that means and how we can respond to those emerging trends. Because it’s easy to look at what we’re not doing but I really like the idea of flipping around that data and saying actually look, yeah, more children breastfed for longer, should be something that we celebrate and that we look at in terms of success rather than you know, failure.  |
| Kelly | I think, as well, it’s probably worth acknowledging that the things that impact breastfeeding journeys - things like poor health and poverty and all of those determinants are the things… colonisation of course, the impact is greater for our Māori populations, I would suggest that there’s definitely more challenges for minority populations and populations that are underserved obviously and populations that we actively marginalise in our communities. And so it’d be good to get really clear data because probably what it would show would be a great commitment from those communities to breastfeeding in spite of the significant challenges that they face. |
| Tash | Kia ora. |
| Kelly | And I guess that’s the challenge, is how do we create this environment that enables equal access to breastfeeding.  |
| Isis | What do we think that the new health system has in place for addressing these things, I wonder? That’s a whole other discussion but you know, we’re moving into a space where there has been a really verbal and well sort of covered commitment to reducing inequities to the establishment of systems that will honour our commitment and obligations under Te Tiriti. I wonder if we will start to see a shift in these spaces as well as our sort of new health system and commitment to Pai Ora starts to filter down into the communities.  |
| Kelly | Yeah it’ll be interesting and also breastfeeding has come up through the Waitangi Tribunal as well with the women’s claim, with wāhine claim.  |
| Tash | I have the highest hopes for it, otherwise nothing will change. If we keep doing what we we’ve always done, then we can’t expect any change. But I do feel like the change starts with attitudes and language and we’ve talked a lot about this recently, haven’t we Isis, around the way that whānau are spoken to - clinical language is for clinicians, health autonomy really sits with the way that whānau understand their own health and the way it’s explained to them. So when you talk about inequities, those are the things that are top of the list for me, as well as - and I’m glad you brought that up too, Kelly - things like housing, the things that other ministries are responsible for that we still are not collaborating on. Because if our wāhine doesn’t have anywhere to stay, to live, how will you expect her to live her most healthiest life and those of her tamariki? We talk about the whakataukī “I ngā te oranga o te wahine, o te māmā, ka ora ai te whānau, ka ora te hapū, ka ora ngā iwi e.” and that talks about when mum is well, when the wahine is well, so too is her whānau, so too is her hapū, so too is her iwi. So we can talk about that as a one-to-one, mother-to-mother but then mother to hapū. So what’s our region look like and then iwi as in our whole country, to be able to expand right out into there as far as oranga goes. Te Aka Whai Ora speaks about whānau who are seeking wellness. So yes, I do have my fingers crossed for our new system.  |
| Isis  | And I wonder if a commitment to listening to the voices of whānau and communities will try to help address and I guess come up with the solutions that have been lost when we take that really paternalistic sort of approach to provision of services and to the education approach of we will tell you what to do and you’ll do it and if you don’t then you failed. Rather, listening to whānau around what success actually means and looks like to them and then actually where does that take our conversation around inequities and deficits, if we’re looking at things always from a negative air and then we start to say actually these are the things that are important, these are the things that are going to make us thrive and these are the things that we value? Then it does… you get stuck in that system of what we measure and what we define as successful and then measuring people against these predefined, like, levels of success, it just doesn’t work because we’re always going to see that actually what matters to whānau is not necessarily on the top. |
| Tash | Kia ora. |
| Sally | One thing that I found really interesting, Kelly you sent me through a paper that you wrote around what you called the ethics of breastfeeding and you mentioned that one thing that might help us move beyond this deficit or this kind of idea of success and failure is positioning it not as just a responsibility of the mum but as something that needs to be looked at in this wider context and I think that’s probably what we’ve all been talking about today, is needing to look to what socially makes someone healthy and well. Any final thoughts as we wrap up in terms of what you would like to see happen? We’ve talked a lot about language and how it’s important to think about the individual journey. Anything else you would like to see happen in terms of what we can do as a society to better support whānau in their journeys?  |
| Tash | When I mentioned language, I want to mention treatment as well. And so in Tai Tokerau we don’t just talk about hapū wānanga, we talk about Ngā Wānanga o Hine Kōpū and Hine Kōpū doesn’t just mean a pregnant mum, it means an expectant mum. Pregnant mum would mean maybe we only see her during her pregnancy and then when she’s not pregnant anymore - catch you up. But an expectant mum is someone who has expectations around her that people are going to treat her differently in her whānau. Maybe they’re going to look after her a little bit differently now and they’re going to provide her with all the food and all the comforts that she needs around her. But also what her expectations might be on services so that when she goes to say a dental service, that they’re going to treat her with respect, the same way that they did at her midwife appointment and that everyone around her has that level of respect. And I know that this isn’t necessarily something that policies can change but if I could wish for something, it would be the way that our whānau are treated so that everybody is treated with respect. So if they miss an appointment, they don’t get labelled on that list because oh well they must not care about their own health because they missed one appointment. Or to take into account what maybe happen with her that date - did she have transport to get there, who actually cares, who cares for her and who cares even for her breastfeeding. So it’s those things that I would like to see wrapped around her, you know, when they talk about this double-hulled waka, that’s what that means too. That both hulls are working towards looking after and treating our whānau better. |
| Isis | That’s so beautiful, Tash.  |
| Kelly | Kia ora. |
| Tash | I’m a little bit passionate about it.  |
| Kelly | Yes, same. I think it’s difficult for us to take breastfeeding out. We live in this world that wants to silo everything and I think that’s what I would love to see with the changes in the health system and I think there’s a bit of a commitment to that in terms of an acknowledgement of the ministries are going to be talking to each other. We’re never going to sort health and wellbeing from within our health system but to me, it’s all about relationships, it’s about the relationships at that level and what you’re talking about, Tash, in terms of that respect.Once again what happens, the way a woman is treated or the way whānau is treated through their pregnancy impacts on their birth. There’s relationships everywhere, where we know we don’t fully understand the impact of what people bring when they bring themselves into a space. They don’t just bring their clinical knowledge or their clinical skills. They bring an emotional, a hormonal, intervention just by being in those spaces and I would love to see more understanding and more care around what that means. And if you’re going into a birthing room, there’s going to be an impact of how you bring yourself into that space and how you spend your time in that space and just an acknowledgement of the massive responsibility that is. These are sacred journeys and it’s so easy to interrupt them in ways that cause harm.  |
| Tash | Don’t want to be too specific but we’ve had two instances recently of dads with gang-affiliated tattoos on their faces. One whānau chose to home birth because they don’t want to be in a place where they might get treated… well they do get treated like this and that when they’ve been there for the birth of their other tamariki. And then a dad who was… he knows he got upset and he knows he swore at the midwife and was asked to leave and all those things but he apologised… but the whole room couldn’t calm and couldn’t… he was still the perpetrator type thing and so they couldn’t sort of stop and reset and start again with changing attitudes. And I guess this is what I’m talking about as well, that he was so important in this journey and the midwife said to him, do you want to go and get some rest and he said I can’t sleep until my baby boy is here, you know, until my baby is born and so understanding all of these things but that our whānau aren’t necessarily aggressors just by the way they look.  |
| Isis | Yup absolutely, I couldn’t agree with you more, Kelly and Tash, and I think that access to that mana-enhancing care is so important and I’d like to see that what we do through the amazing work that’s happening in Hapū Wānanga, for instance, and helping to bring people into a sacred space and building them up and helping them to access the things that are important to them and then often what happens is we take them out into a system that’s really disconnected from the experience that they might have had in that hapū wānanga space for instance. I think that we’re still seeing that disconnect and we’re not taking the health system on a journey with us while we are trying to work with whānau in a different way, in a more responsive and respectful way.And I also want to see that happen through the health system. I think that actually enhancing the mana of breastfeeding itself and to acknowledge the contribution that kaimahi working within the breastfeeding space and the actual breastfeeding parent themselves, is something that is celebrated rather than used as a discussion point that’s often polarising or that’s just omitted altogether. Often you talk to people working within policy space in maternal and child health and bring up the instance of breastfeeding and the response is often oh yes, of course breastfeeding. It’s sort of implicit but actually if it’s not there and there’s no one talking about it, it’s something that gets missed a lot and we know that to be able to shift our breastfeeding rates, to be able to help people achieve those goals, it has to be that whole system cross government, intersectional approach. But we won’t achieve that unless people like politicians and policy makers and people who are making decisions have even just the very basic understanding around the important public health contribution of breastfeeding. It is one of the most important and impactful public health interventions that we have and it is often called the great equaliser right, which is that actually it gives opportunity for every child to have the same start yet we do not value it or discuss breastfeeding in a way that enhances that amazing gift that we have. And also, I guess, just the valuing of that diverse journeys and moving away from that sort of one-size-fits-all model that we’ve fallen into and that we’re working towards sort of breaking down. Yeah. |
| Sally | Well it will be very interesting as you mentioned before, how things progress with the changes in the health system. Tēnā koutou, thank you so much all of you for what has been such a rich discussion today, goodness me I’ve learnt an awful lot and I’ve really, really valued your diverse perspectives.  |
| Kelly | Thank you Sally. |
| Tash | Kia ora. |
| Isis | Thank you Sally. |