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**FACULTY OF MEDICAL AND**  
**HEALTH SCIENCES**



# **Lessons from research with Maori Women**

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**New Zealand Interventions to Prevent Sudden Unexpected Deaths  
in Infancy: Consensus Workshop**

**Brentwood Hotel**

**Wellington**

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# Overview

- Research projects
- Prevalence of smoking in pregnancy
- Smoking in pregnancy among Maori women
- Prevalence of breastfeeding
- Maori women and breastfeeding

# Research projects

- PhD research on Maori smoking cessation
- Prevalence of smoking during pregnancy
- Smoking during pregnancy among Maori women
- Maori women's attitudes to breastfeeding
- Parent's attitudes to child uptake of smoking
- GPs & Midwives Survey: Response to smoking in pregnancy

# How Many Pregnant Women Smoke?



National hospital data 1999-2003:

- 39% Maori 15yrs+ smoked during pregnancy
- 12.5% non-Maori 15yrs+

Cautionary note: Only based on births in hospital. Not all hospitals had systematically recorded smoking data, nor had they recorded for all clients over the 5 yrs. Thus, figure likely to under-represent true smoking prevalence during pregnancy!



Melanie Pipi gave up smoking when pregnant with her son Apirana. Picture / Martin Sykes

# How many quit for pregnancy?

Maori women	Smoking prevalence in population	Smoking during pregnancy	Estimated spontaneous quit rate
15-24	57.5%	40%	17.5%
25-34	60.2%	38.5%	22%
35-54	61%	37%	24%

# Why continue smoking when pregnant?

## **NICOTINE IS ADDICTIVE**

Study participants smoked on average 9 cpd. Despite this, over half (52%) smoked their first cigarette within 30 minutes of waking.

## **THE WOMEN ARE HEALTHY**

The women are not experiencing smoking related or other illnesses yet. Their only motivation to quit is for baby.

## **THEY'RE SURROUNDED BY SMOKERS**

62% of population living with them smoke. 67% of partners smoked. ALL! 100% lived with at least one other smoker.



Catherine Zeta-Jones smoking during pregnancy

# KNOWLEDGE OF INCREASED RISKS DUE TO SMOKING WAS POOR

	Yes	%	No	%	DK	%
Low birthweight	47	78	7	12	6	10
Breathing problems and sickness in infant	49	82	1	2	10	17
Premature birth	28	47	9	15	23	38
Slower physical and mental growth of baby	25	42	12	20	23	38
Miscarriage	23	38	11	18	26	43
Placental damage	23	38	10	17	27	45
Problems with breastfeeding	13	22	18	30	29	48
Sudden Infant Death Syndrome	46	78	4	7	10	17
Caesarean section	9	15	15	25	36	60
Lower intelligence when the baby grows up	11	18	24	40	25	42



## **PROFESSIONAL SUPPORT: TOO LITTLE, TOO LATE**

82% of women recall being advised to stop smoking.

But, few health professionals provided cessation assistance or referral.

## **THE MESSAGE WAS MIXED & WISHY WASHY**

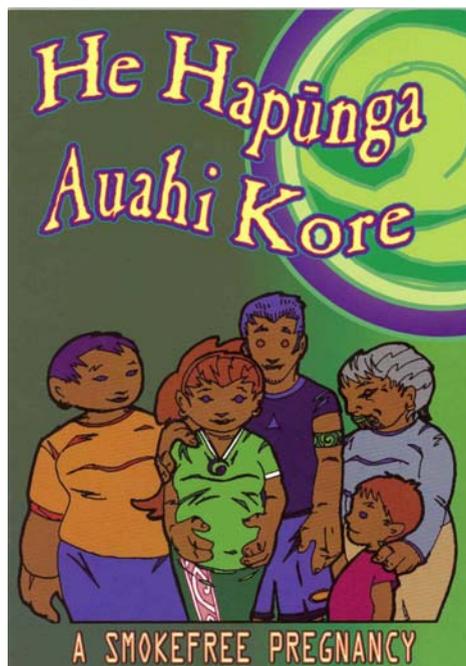
Some women also felt supported to just cut down

Some women were told not to quit as withdrawals could stress the baby

Many women believed or were told they could not use NRT during pregnancy

## KNOWLEDGE ABOUT QUITTING WAS POOR

Most of the women knew about Quitline, nicotine patches and gum, and Nicobrevin, ie. what's been on tv! But, their knowledge of what was an effective intervention was poor.



Only 4 had been handed the booklet *He Hapuunga Auahi Kore: A smokefree pregnancy*, a booklet designed especially for pregnant Maori women.

# The crucial time to offer help...

- Most women tried to quit within 2 wks of finding out they were pregnant

**BUT:**

- Only 2 pregnancies were planned
- On average women didn't know they were pregnant until 7½ wks
- You don't book in with Midwife until 11-13wks!

# How can we increase quitting for pregnancy?

- Promote smokefree pregnancy to all women & Maori men of child-bearing age
- Confirming physician to intervene
- Target the whole whanau



***“IT’S ABOUT WHANAU”***

# Recommendations

Improve knowledge of how smoking during pregnancy harms pregnant women & their children

Improve women's knowledge of how to successfully quit and where to get help

Improve and increase delivery of cessation support to Maori women (16-45)



Cutting down does  
not result in health  
gain for baby!

(McNeill, 2004)



We must send a  
clear consistent &  
repeated message  
to quit all together.

# Prevalence of Breastfeeding



Fiona Simpson-Gray & 12 week old Dillion  
Photo by Liz Finnie, Lower Hutt

(Plunket data for 2004.)

Maori babies are more likely to be artificially fed (ie. receive no breast milk) from birth.

Artificial feeding at 2-6 wk check-up:

- 25% Maori babies
- 20% Pacific Island babies
- 16% Asian babies
- 17% babies of other ethnicities

Exclusive breastfeeding at 2-6 wk check-up  
(have received nothing but breast milk or  
prescribed medicines)

- 45% for Maori and Pacific Island
- 37% of Asian
- 54% babies of all other ethnicities.

The remaining babies in all ethnic groups were either fully (had also had water) or partially (had also had formula or other solid foods) breastfed.

- Across all ethnicities the rates across exclusive, full and partial breastfeeding remain relatively stable for the first 3-4 months.
- From 4 months there is a dramatic drop in exclusive and full breastfeeding with a concurrent increase in artificial and partial feeding.



Whangarei Breastfeeding Week

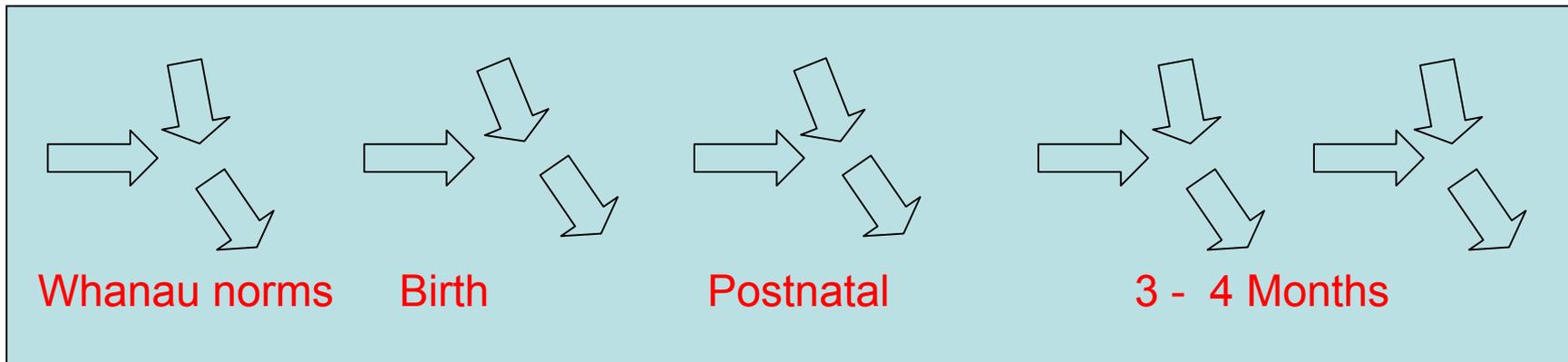
# Maori Women & Breastfeeding

*Marewa Glover, Harangi Biddle & John Waldon*

- Qualitative research to identify & describe the factors that influence the decision to breastfeed or not.
- 30 women who had cared for a newborn within the previous 3 years and 11 family members
- From Auckland & around the Bay of Plenty.
- Women who had artificially fed their babies were under-represented.

# Main findings

- Determination to breastfeed was strong among these women
- Five sets of influences divert Maori women from breastfeeding at different time points



# The 5 influences that divert Maori women from breastfeeding:

1. Interruption to a breastfeeding culture in the whanau
2. Difficulty establishing breastfeeding within the first six weeks
3. Poor or insufficient professional support
4. Perception of inadequate milk supply at 3-4 months
5. Having to return to work

# Points for intervention

1. Re-establish breastfeeding as a cultural norm rather than it being seen as a lifestyle choice:
  - Restrict advertising of Infant Formula.
2. Specialised lactation support provided at birth and post-natally for 6 weeks where indicated to establish breastfeeding.
3. Effective educational materials about breastfeeding to include changes over time e.g. growth spurts at 3-4 months
4. Extension of paid parental leave to six months

# It's About Whanau

- Partners, Mothers and Sisters play an important role in supporting decisions to breastfeed and in overcoming barriers to breastfeeding.
- Infant feeding comes up for discussion around ordinary home life and meetings during one on one conversations.
- Health promotion and maternity services should not overlook the whanau as a primary source of information and support.

This research reinforces the need for the Ministry of Health to implement their *Breastfeeding: A Guide to Action* goals, particularly goal three aimed at supporting the active participation of Maori whanau in the promotion, advocacy and support of breastfeeding.



# Other points of note

- Most of the women had never or not recently attended any antenatal classes.
- Smoking a barrier to breastfeeding if women believe that they shouldn't breastfeed if they smoke.
- It needs to be clarified for women who smoke that it is better to breastfeed even if they return to or continue to smoke.
- 16 of the women, 7 of the whanau members agreed it is much easier to breastfeed at night if baby sleeps with the feeding mother.
- But, statement difficult as many knew bed-sharing socially frowned upon.

**Table 2. Beliefs about breastfeeding**

	Women			Whanau		
	Agree	Disagree	Don't Know	Agree	Disagree	Don't Know
Breastfeeding provides the best nutrition for newborn babies	30			10	1	
Breastfed babies have less illness	25		5	10		1
People who were breastfed experience less illness later in life, e.g. cancers, heart disease, diabetes and obesity, asthma, eczema	15	2	13	5		6
Babies should be fully breastfed up to 6 months	27	2	1	9	2	
<b>Much easier to breastfeed at night if baby sleeps with you</b>	<b>16</b>	<b>10</b>	<b>4</b>	<b>7</b>	<b>1</b>	<b>3</b>
Breastfeeding in public is fully acceptable now	9	16	4	4	6	1
You shouldn't breastfeed if you smoke	11	8	11	6	1	4

# SMOKING DURING PREGNANCY AMONG MAORI WOMEN

The full research reports is available for \$15 from:

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