Accessible transcript – PMMRC webinar 2023: Practicing culturally safe perinatal care

Link: <https://www.youtube.com/watch?v=kpmbDrg4wcY>

**Visual: The video begins with an image of the Te Tāhū Hauora Health Quality & Safety Commission logo in white against a dark blue background. The logo is replaced with the words, ‘Ka awatea: A new dawn. PMMRC recommendations in action webinar. 8 June 2023.’ After a few seconds, the text changes to, ‘Practising culturally safe perinatal care: Learning from champions identified by whānau Māori, Anna Adcock’. After a few more seconds, the screen changes to show a head and shoulders video of Jo Sorasio, Senior specialist advisor, PMMRC. She has long brown hair and dark-rimmed glasses.**

Audio: [Jo] Without further ado, I willbring up the first slide,which is the first recommendation …

**Visual: The video of Jo shrinks to the upper-right corner of the screen. The rest of the screen shows a PowerPoint slide with a dark blue background. It has the following words, ‘Recommendation 1: Regulatory bodies to mandate cultural safety education for all individuals working across all areas of the maternity and neonatal workforce. Culturally safe care is an expectation’.**

Audio: [Jo] … which is for regulatory bodies to mandate cultural safety education for all individuals working across all areas of the maternity and neonatal workforce. Culturally safe care is an expectation. We've got Anna Adcock, who has joined us today. Anna is Ngāti Mutunga and has a master's degree in sociology from Te Herenga Waka Victoria University of Wellington, where she's currently a researcher and doctoral student in Te Tātai Hauora o Hine, the National Centre for Women's Health Research in Aotearoa. And Anna does kaupapa Māori, which is by Māori, for Māori sexual reproductive and family health research that centres the lived experience and perspectives of whānau Māori, Māori family collectives. Her doctoral thesis includes a qualitative longitudinal research study exploring whānau Māori experiences of pre-term birth. Anna is passionate about health, equity, data sovereignty, research ethics and whānau.

**Visual: The video of Jo speaking fills the screen again.**

Audio: [Jo] Anna, thank you so much for joining us today. I'll hand over to you.

**Visual: The image of the screen changes to show a video of Anna Adcock. Anna has long brown hair. The zoom background shows an aerial image of Wellington city. In the upper-right corner is the Te Herenga Waka Victoria University of Wellington logo.**

Audio: [Anna] Oh, kia ora Jo. Kia ora koutou katoa. Today I'm going to be talking about what practicing culturally safe care is like according to health practitioners identified as champions by whānau of pre-term Māori infants. That is babies who are born early, between 24 and 26 weeks’ completed gestation.

**Visual: A dark blue box with the following text appears in the lower-left corner of the screen: ‘Correction: between 24-36 weeks’. After a few seconds, the video of Anna speaking shrinks to the upper-right corner of the screen. The rest of the screen is filled with a PowerPoint slide. The title at the top of the screen in a dark green box reads, ‘He Tamariki Kokoti Tau: Babies born prematurely’. Below this on the right side of the screen is an image of a small baby with its hand wrapped around the index finger of an adult hand. On the left side of the screen are six bullet points that read: Kaupapa Māori (by Māori, for Māori), qualitative longitudinal research, 19 whānau of 21 preterm Māori infants, four neonatal intensive care units, interview from birth to first birthday, and whānau asked to identify champions of care’.**

Audio: [Anna] So, in a kaupapa Māori, that is by Māori, for Māori qualitative longitudinal research study, we explored the experiences of whānau from across Aotearoa from the birth of their pre-term pēpi until their first birthday. And whānau is used here in a really broad sense, including parents, extended whānau and key supporters. The study was guided by a kāhui kaumātua, a council of elders, and an expert advisory group of Māori mothers who had experienced pre-term birth. Whānau were asked about their journeys, explanations they have been given, and system responsiveness as well as how they were coping. And they were also asked about health practitioners that had championed their care. And that's what I'm talking about today.

**Visual: The slide changes to one titled ‘Champions of care’. On the right side of the slide is an image of a clinician wearing a white coat and a stethoscope. She has curly, shoulder-length hair. On the left side are four bullet points that read: 10 champions were interviewed; 7 neonatal nurses, 1 senior medical officer, 1 counsellor, 1 kaiāwhina (Māori health worker); asked about roles, explanations, whānau coping; three themes related to their experiences and their interpretations of them.**

Audio: [Anna] Ten champions were identified and agreed to an interview. They came from different backgrounds, professions and hospitals. Two identified as Māori, so the majority were non-Māori. They were asked about their role in caring for baby and whānau, explanations they gave to whānau and thoughts about how the whānau were coping. In the analysis of the interviews, what was really interesting was the agreement between the champions about what their values and practices were that supported their working in culturally safe ways with whānau. Their narratives also aligned with what the whānau themselves had said about culturally safe care, which indicates that these champions were really in touch with the whānau that they cared for. I'm going to share the three themes from this analysis.

**Visual: The slide changes to one titled, ‘1: Working together in partnership’. In the lower-left corner is an image of a baby and an adult holding its hand. Above this are two columns of text. The one on the left has the word, ‘Collaboration’ in bold. Below this are four bullet points: collegiality, problem solving, flexibility and prioritising whānau needs. The column on the right has the words, ‘Encouraging autonomy’ in bold. Below this are four bullet points: not taking-over, teaching important skills, ensuring whānau can ask/tell and connecting whānau.**

Audio: [Anna] The first theme relates to how the champions talked about working together with their teammates and wider colleagues, as well as with whānau in collaborative relationships. Being collegial meant they were better placed to be able to connect whānau to appropriate support when needed. Sometimes problem solving or pivoting to ensure that they could deliver the best care for each whānau in each context. And this was always framed in a way that emphasised that whānau should be self-determining about what they want or need. Health practitioners said they need to listen to whānau and ensure whānau are confident to ask questions or challenge them rather than dictating care to them. The champions placed importance on developing rapport with reassuring, comforting and empowering whānau. A neonatal nurse said, ‘As much as we love the babies, it's not our baby.’ She was talking about the need to let parents parent.

**Visual: The slide changes to one titled, ‘2. A problem shared is a problem halved’. In the lower-left corner of the slide is an image of a small baby held by an adult. Above this are two columns of text. The one on the left has the words, ‘More than just baby’ in bold. Below this are four bullet points: caring for whānau, humanising the situation, creating space for whānau and being aware. The column on the right has the words, ‘Whanaungatanga (connectivity)’ in bold. Below this are four bullet points: establishing relationships, offering critical social support, being consistent, becoming a familiar figure.**

Audio: [Anna] The next theme conveys how connectivity and relationships are critical social supports for parents and whānau in hospital. Not only were these seen as supporting emotional wellbeing, but also as positively impacting medical outcomes for the babies. Being consistent. A familiar face helped create a sense of home. Caring for parents. Letting them know that they were welcome and not alone. Talking to them as people. These were presented as relieving some of the burden of hospitalisation. Many champions also advocated for the important role of extended whānau care and social support services for parents. A senior medical officer said, ‘I understand the importance of whānau and how we need to involve them. And so, I ask the parents, and if they want me to meet with them, then I'll meet with them. I'll give the choice to them.’

**Visual: The slide changes to one titled, ‘3. Sacred space’. In the lower-left corner of the slide is an image of a person lying in a hospital bed smiling and looking down at a baby in their arms. Above this are two columns of text. The one on the left has the words, ‘Love for whānau and role’ in bold. Below this are four bullet points: honouring the sacred space, loving whānau, feeling privileged and mitigating trauma’. The column on the right has the words, ‘Meeting whānau needs’ in bold. Below this are four bullet points: understanding collectively, accommodating whānau, doing the work and working-around.**

Audio: [Anna] The final theme relates to how the champions acknowledge the special and sacred time that childbirth is, and the trauma that pre-term birth causes for whānau as their anticipated birth journeys are disrupted. They appreciated their important role in supporting whānau to overcome challenges and spoke of love and feeling privileged to work with whānau. They understood the importance of whānau collectives for parents and babies in the hospital. They talked about wanting a future where the health services that they work in better accommodate whānau. And they described actions that they took in their day-to-day work to move towards these goals. A nurse talked about relaxing visiting restrictions for whānau if they wanted someone to come in and say a karakia, a prayer or incantation. And a counsellor talked about learning te reo Māori to better connect with whānau. And these are just a few examples.

**Visual: The slide changes to one titled, ‘Implications for culturally safe perinatal care’. Below this title on the right is an image of a person kissing a baby’s foot. Beside them is another person holding the baby’s other foot while a small toddler looks on. On the right side are six bullet points that read: good clinical care is culturally safe; cultural safety is about relationships; aroha (love, respect, care, awareness); becoming like-whānau; importance of non-Māori champions and Māori workforce; and scale-up for system change.**

Audio: [Anna] To summarise. Today I've highlighted the role of predominantly non-Māori health practitioner champions and their ability to support whānau during their experience of neonatal intensive care. When the anticipated birth journeys of the whānau went off course, they were able to identify who were their key supports, their advocates, their champions. This is a key element of cultural safety, that patients define whether or not their care has been culturally safe. The champions echoed what the whānau said themselves, that culturally safe care is affirming, inclusive and loving. With health practitioner champions becoming like whānau. These champions did not need costly intensive care gear to practice cultural safety, showing that relationships are the safe care foundations which in ever-stretched health settings are free. Good communication, sharing, showing love and holding space need to be viewed as part of evidence-based medical care. They provide the foundation for the systemic change and improved outcomes needed in Aotearoa.

I'd like to end by acknowledging the beautiful whānau and champions who contributed to this research and our kāhui kaumātua and rōpū mama, the mothers advisory group who guided us. If you're interested in reading more about this, we published a paper earlier this year …

**Visual: The slide changes to one of a screenshot of an academic article in the journal *Qualitative Health Research*. The title of the article is, ‘Culturally safe neonatal care: talking with health practitioners identified as champions by indigenous families’.**

Audio: [Anna] … and that's the title. Tēnā koutou. Tēnā koutou. Tēnā rā koutou katoa.

**Visual: The slide disappears and is replaced by a video of Jo Sorasio.**

Audio: [Anna] Kia ora, Anna. I was listening to that, and I was just thinking so much of that resonated for me. And I know that it will have for almost everyone here. And I also like, in one of your slides at the end, how you kind of mentioned that scaling-up systems change so that, you know, the system is set up to better support people to be able to provide that care. So, thank you.

**Visual: The screen changes to show the Te Tāhū Hauora Health Quality & Safety Commission logo in white against a dark blue background. After a few seconds, the logo is replaced with the Te Kāwanatanga o Aotearoa New Zealand Government logo in black against a white background.**

**The video ends.**