Te Oranga o ngā Māmā me ngā Pēpi i tō tātou rohe 2018–2026

ĀTI AWA TOA HAUORA
PARTNERSHIP BOARD

Introduction

This is our first monitoring dashboard, following the publication of our monitoring framework, *Monitoring our Oranga: A Kaupapa Māori Framework for Collective Learning and System Transformation* in July 2025. Our framework grounds data in Māori worldviews, such as mana, mauri and whanaungatanga. At the heart of it is Te Pītau o te Rautaki, a consistent and repeatable, tikanga informed monitoring cycle for identifying issues, assessing performance and reporting results.

Te Pītau o te Rautaki

Our Strategic Monitoring Cycle

Our dashboard covers the first three phases of this cycle. In this release we look into the oranga of our māmā and pēpi. It starts with the voices of Māori māmā about their experiences of hapūtanga and parenting (Wānanga). It then looks at the current health status of Māori māmā and their pēpi in our rohe (Aroturuki). These different forms of evidence are cross-woven to form our critical evaluation and key insights (Aromātai) which we will report on publicly and use in our advice and advocacy to health sector decision-makers to influence change.

1. Gluckman, Sir Peter and Low, Dr Felicia, (October 2025) *Flourishing through Time*, Koi Tū, Centre for Informed Futures
2. Moore, T.G et al (2017) *The First Thousand Days: An Evidence Paper*, Centre for Community Child Health, Murdoch Children's Research Centre
3. National Maternity Collection, Ministry of Health – sourced from Ātiawa Toa Health Profile – Volume 2 - Āti Awa Toa Iwi Māori Partnership Board, p35

Background

Why is this period important?

Traditionally in te Ao Māori hapū māmā and their pēpi are regarded as tapu. Wāhine are honoured and nurtured as the creators and carriers of whakapapa and intergenerational knowledge, and their physical and spiritual health is protected through such practices as rongoā and oriori.

The burying of the whenua (placenta) back in the whenua (land) reflects the physical and spiritual connection between all life forms in te āo Māori, while the metaphor of the rito within the pā harakeke is commonly used to describe the protection, nurturing and oversight of the pēpi at the centre of the whānau, hapu and iwi.

Kaupapa Māori hapū wānanga and Māori midwives have helped revitalise mātauranga Māori practices around childbirth and parenting, however, access to these remains limited in many areas.

Western science also increasingly recognises this first period of life – the roughly 1000 days from conception to the age of two – as critical for life-course health and wellbeing outcomes. The evidence is very clear that brain development of pēpi is affected by maternal stress and by the quality of the interaction between the pēpi and its māmā/primary caregiver in the first two years of life[1]. It is in this period that most brain development occurs, laying the foundations for cognitive abilities, emotional regulation and overall health and wellbeing.

In addition, many of the key causes of Māori illness and death such as obesity, heart disease and mental health problems have their origins very early in life.[2] Achieving the best conditions for pēpi at this time means ensuring early and ongoing support for the overall health of new māmā and their whānau, including addressing any risks such as unsafe environments, poverty, poor housing, poor maternal mental health, and exposure to alcohol, smoking and drugs. All these factors can cause huge harm, both to the māmā and the growing pēpi.

Who is responsible for health care in this period?

In New Zealand, lead maternity carers (LMCs) have the legal and practical responsibility for making sure pregnant women and their pēpi receive appropriate maternity care throughout pregnancy, birth as well as home visits in the first six weeks of life. This includes helping with any social stresses or making referrals to appropriate support services.

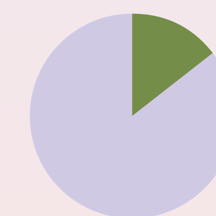
The LMC is also responsible for referring the whānau on to a WellChild Tamariki Ora Provider at around six weeks and helping them enrol the pēpi with a primary health organisation/general practice for ongoing doctor and nursing services.

Māori in our rohe: A younger population with a higher birth rate

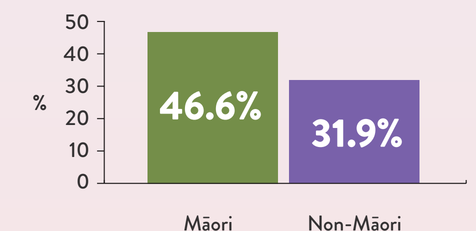
The Māori birth rate in our rohe is higher than that for non-Māori: **24.6%** of all babies born here in 2022 were Māori.[3]

According to the Census, as at October 2023 in our rohe:

75,042 residents were of Māori descent



Māori represented **16.2%** of the total population of 463,566 people.



Our Māori population is relatively young: **46.6%** of Māori were under 25 years old compared to **31.9%** of non-Maori.

Hapūtanga, Maternal and Infant Health

Wānanga – what we heard from māmā about hapūtanga and parenting

"Having a pēpi at a young age came with lots of judgement."

"My support becoming pregnant has been my tutors at Whitireia."

"Through Te Ao Marama and Puna Waiora, they offer antenatal Māori and Pacific classes = Super helpful."[4]

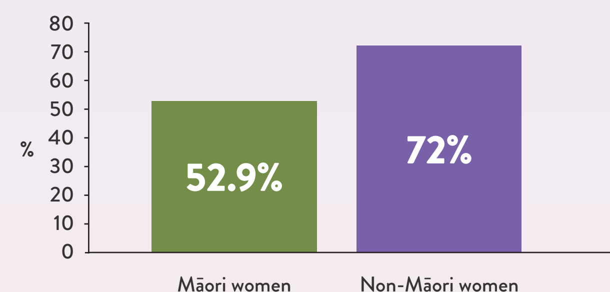
"Cheaper doctors, cheaper prescriptions, have more Rongoā Māori available and alternative modes of Rongoā. i.e. tautoko home births and reopen and fund the birthing unit."[5]

Aroturuki – how is our system working for Māori? What does health sector data show?

Lead Maternity Carer enrolment

Māori māmā are less likely to be enrolled with a Lead Maternity Carer (LMC) early in their pregnancy.

Enrolment rate with LMC in the first trimester – 2023



In 2023 only **52.9%** of Māori women were enrolled with a Lead Maternity Carer (LMC) – a midwife, GP or obstetrician – before 14 weeks of pregnancy (the first trimester), compared to **72%** of non-Māori.

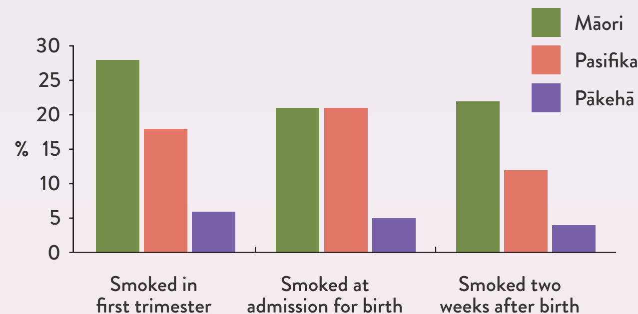
12.9% of Māori **(83 pēpi)** and **9.4%** of non-Māori were not enrolled with an LMC at any stage during pregnancy.[6]

In 2022-2023, **28%** of Porirua teen māmā presented to ED during their pregnancy; **67%** of them were **not enrolled** with an LMC in their first trimester.[7]

Smoking during pregnancy

In Census 2018, **26.5%** of all Māori women aged 15 years and over were regular smokers compared to **8.3%** of non-Māori in our rohe. This means Māori women are **3.2 times more likely** than non-Māori women to smoke regularly (one or more a day).

A December 2022 study with hapū māmā living in higher deprivation areas of Porirua found that smoking was most prevalent among Māori:[8]



Missed maternity appointments

In 2024, Māori women in our rohe missed **28.9%** of first specialist maternity appointments – **25.4%** higher than non-Māori non-Pacific peoples who missed **3.5%** of first specialist maternity appointments.[9]

Maternal mental health and maternal mortality

It is estimated that **12–18%** of all New Zealand women experience depression, anxiety or other mental health issues during the perinatal period, and these rates are higher for young māmā and those facing financial or relationship stress.[10]

While rohe level data is not available, national data shows that wāhine Māori, Pacific women and those living in higher deprivation areas have much higher rates of maternal mortality.[11]

These rates have not significantly decreased between 2007 and 2021. In this period, the overall maternal mortality rate for wāhine Māori was **two times higher** than for NZ European women.

Furthermore, suicide accounted for over **40%** of direct maternal mortality events, with the rate for wāhine Māori being **three times** than for NZ European women.[12]

Infant health and infant mortality

In our rohe in 2022, Māori babies were **1.2 times** more likely to be born prematurely or to have a high birthweight.

While rohe level data is not available, national data shows that:

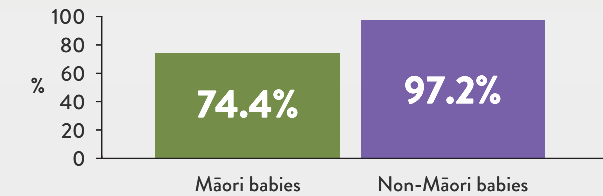
- Congenital abnormalities followed by premature birth are the leading causes of perinatal mortality.
- Being born with a high or low birthweight is associated with a higher risk of a range of health problems.
- Māori, Pacific and people living in higher deprivation areas carry a disproportionate burden of perinatal mortality.[13]

SUDI is the leading cause of preventable infant mortality in New Zealand.[14]

- In 2017–21, Māori babies had **five times**, and Pacific babies **four times**, the rate of SUDI as European/Other babies.
- Babies of younger mothers (younger than 25 years) had higher SUDI rates than babies born to mothers in older age groups.
- The SUDI rate for babies living in the most socioeconomically deprived areas was more than **seven times** as high as babies in the least deprived areas.[15]

Newborn enrolment with primary care

In 2022, only three quarters (**74.4%**) of Māori babies in Āti Awa Toa were enrolled with a primary care provider by the time they were three months old, compared to **97.2%** of non-Māori babies.



Aromātai – Key insights from wānanga and health sector evidence

- Kaupapa Māori antenatal services and strong whānau support are key but other adults and organisations such as tertiary institutions can be part of valuable support systems for hapū māmā.
- Māori women in our rohe are more likely than non-Māori to be enrolled with a L MC either later in pregnancy or not at all. Factors influencing this may include lower overall rates of enrolment with primary care services, lack of knowledge of, or low trust in, the health system, and a shortage of community midwives, particularly Māori midwives.
- The very high rate of missed first specialist maternity appointments among Māori women is a particular concern for māmā and pēpi health and wellbeing. It suggests that even those who have engaged with the maternity system and been referred to a specialist for clinical reasons, face practical barriers to accessing that service (eg time, cost, distance, transport).
- A high number of teen hapū māmā – particularly those who don't have an LMC – are presenting to Emergency Departments during pregnancy, signalling a need for early, non-judgemental services and support to this group through trusted networks.
- A more joined-up oranga approach to support hapū māmā, particularly in higher deprivation areas, could help reduce poor maternal mental health as well as infant and maternal mortality rates for Māori. This would include supporting them to receive maternity care and any specialist appointments needed as well as improved access to mental health, financial and social support.

4. Quotes from māmā at Te Wāhi Tiaki Tātou Manaaki Māmā Reimagining session, 2024
5. Āti Awa Toa Hauora Partnership Board, (2025) *Te Matatini 2025 Oranga Survey: Whānau Insights Report*
6. National Maternity Collection
7. Social Investment Agency (2025). *Hapū Māmā Insights: IDI Analysis for Te Rūnanga o Toa Rangatira*
8. *Hapū Māmā Insights*
9. Manatū Hauora, (2025) www.health.govt.nz/publications/whakamaua-quantitative-dashboard-year-five
10. Ministry of Health, (2021) *Maternal Mental Health Service Provision in New Zealand: Stocktake of district health board services*
11. Defined as death of the māmā either during pregnancy or in the first 48 days after giving birth
12. HQSC 2024, *Sixteenth Annual Report of the Perinatal and Maternal Mortality Review Committee – Te Pūrongo ā-Tau Tekau mā Ono o te Komiti Arotake Mate Pēpi, Mate Whaea Hoki, p94*
13. Defined as death of the pēpi either during pregnancy or in the first 28 days after birth
14. Te Werohau Evaluation Unit. 2022. *Kia Puawai National SUDI Prevention Programme Evaluation: Final evaluation report*, Wellington, Ministry of Health.
15. Environmental Health Intelligence. 2026. *Sudden unexpected death in infancy (SUDI) [Surveillance Report]*. Wellington: Environmental Health Intelligence NZ, Massey University.

Immunisations in the first 24 months of life

Wānanga – what we heard from whānau about immunisation

“Parents should be allowed to decide what is right for their tamariki and whānau.”

“I think they (the health sector) can help with providing more resources and to help us better understand the need to be immunised.”

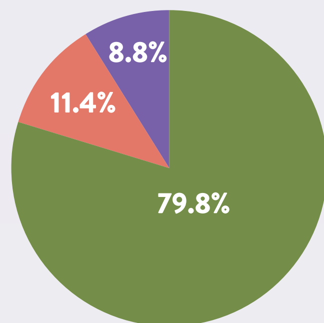
“I know that Kōkiri marae do a fantastic job at educating Māori of the importance of immunisations. All our whānau are immunised.”

“Well, kāhore he tamariki āku. But I teach in Kōhanga Reo. And for me personally, I think immunisation is important.”[16]

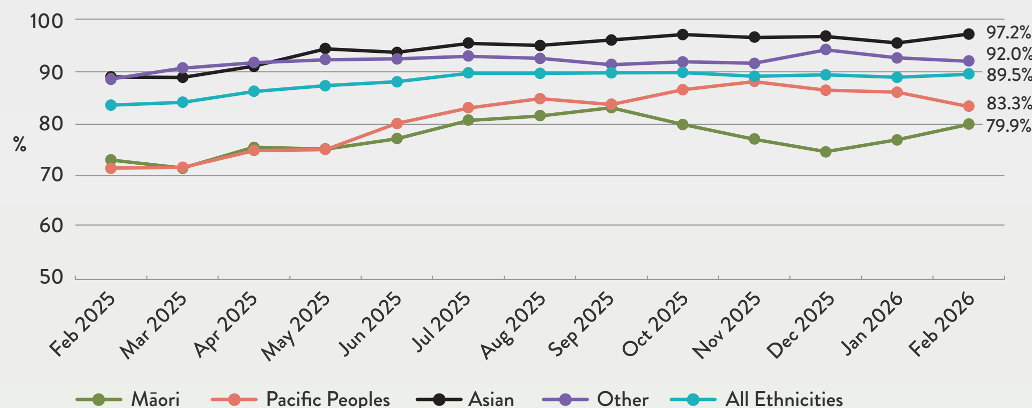
Aroturuki – Health sector data on immunisation at 24 months?

Of the **273** tamariki Māori that turned 24 months old in the 3-month period ending 31 January 2026:

- Were fully immunised by 24 months.
- Declined at least one vaccination during this time.
- Were not fully immunised by 24 months.



Tamariki fully immunised at 24 months – Feb 2025–Feb 2026



As the line graph above shows, tamariki Māori had the lowest or equal lowest percentage of full immunisation coverage at 24 months compared to all other ethnicities in almost all months in the year to February 2026.

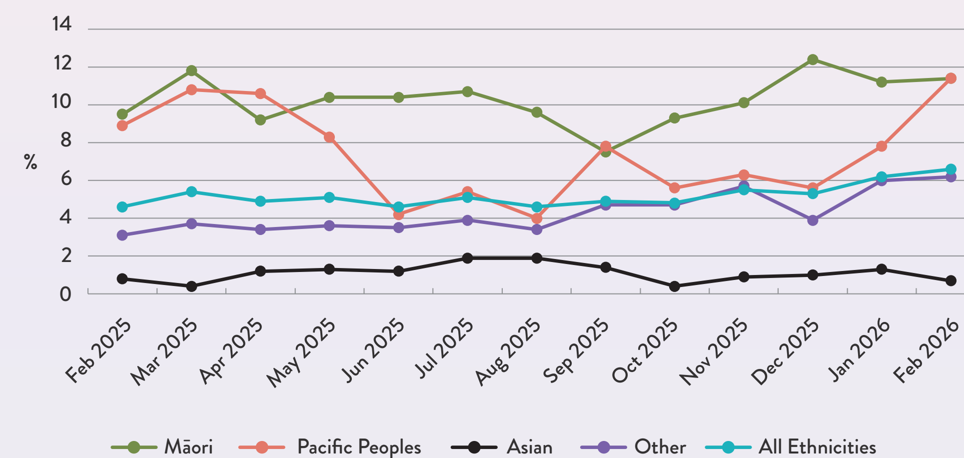
Tamariki not fully immunised at 24 months – Feb 2025–Feb 2026

- As at February 2026 the highest percentage of tamariki not fully immunised at 24 months were Māori **(8.8%)**.
- As the graph below shows, this rate has fluctuated over the past year but, overall, has dropped significantly since February 2025 when **17.5%** were not fully immunised.

20
15
% 10
5
0
8.8%
5.3%
3.9%
2.1%
1.8%
Feb 2025
Mar 2025
Apr 2025
May 2025
Jun 2025
Jul 2025
Aug 2025
Sep 2025
Oct 2025
Nov 2025
Dec 2025
Jan 2026
Feb 2026
Māori
Pacific Peoples
Asian
Other
All Ethnicities

Tamariki whose whānau have declined immunisation at 24 months

- The line graph below shows the decline rate for tamariki Māori aged 24 months which has fluctuated between **7.5%** and **12.4%** over past 12 months. ‘Decline’ means at least one immunisation in the first 24 months has been declined.
- Overall, the decline rate for tamariki Māori has been higher than all other ethnic groups for most months in the past year.[17]



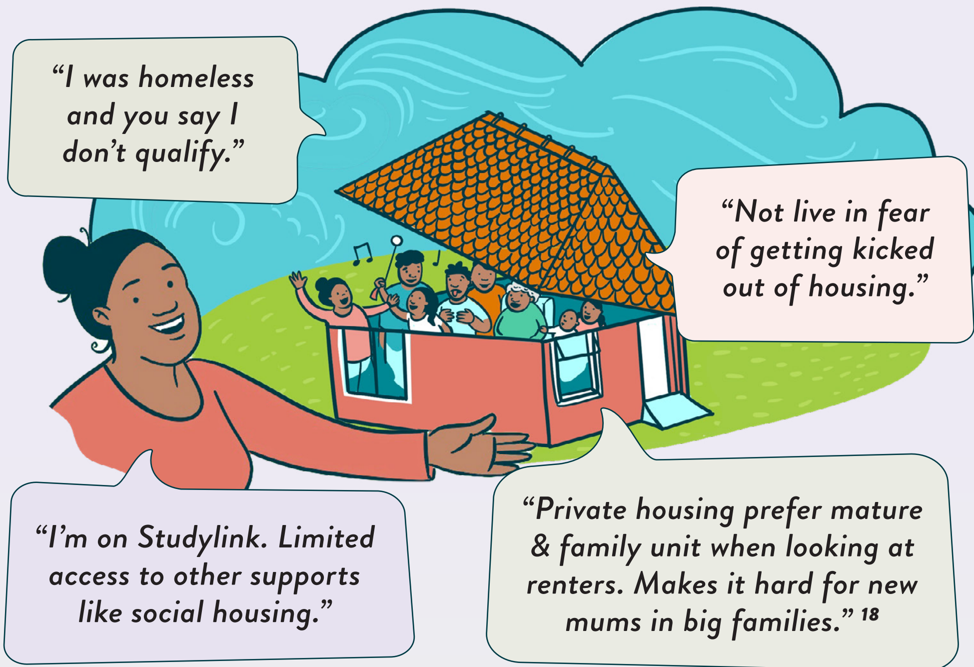
Aromātai – Key insights on immunisation

- While tamariki Māori immunisation rates in our rohe have improved by around **7%** over the past 12 months, they continue to lag well behind non-Māori rates and well below the rate needed to provide herd immunity to serious and life-threatening diseases such as measles, whooping cough and diphtheria. Likely reasons for this include vaccine hesitancy, inadequate information around the importance of immunisation as well as practical barriers like time pressure and transport.
- Ongoing concerted investment in flexible, culturally responsive models of care are needed to continue to lift Māori immunisation rates. Elements for success include clear health education from trusted providers, as well as proactive outreach, home visits, culturally safe settings such as marae and opportunistic immunisations as part of broader whānau wellbeing support; for example, wellness packs for new māmā.

16. Āti Awa Toa Hauora Partnership Board, (2025) *Te Matatini 2025 Oranga Survey: Whānau Insights Report*
17. All Immunisation data sourced from National Public Health Service, Te Whatu Ora.

Māmā and Housing

Wānanga – what we heard from māmā about housing

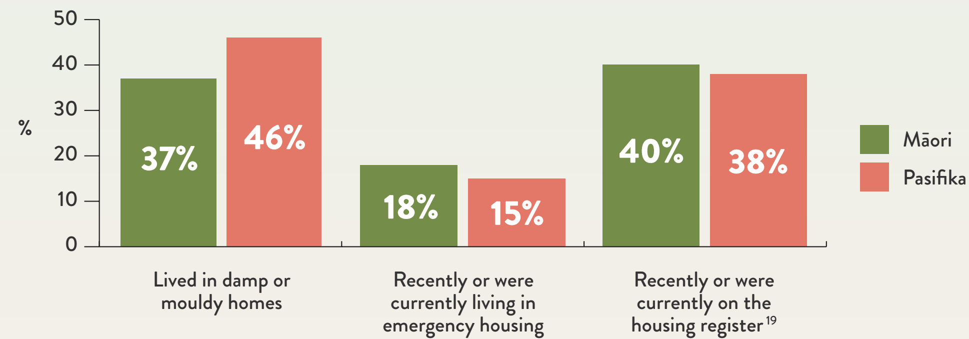


Aroturuki

Living conditions, housing and Ambulatory Sensitive Hospitalisations for tamariki aged 0 to 4 years

Quality and security of housing for māmā and pēpi

Of all māmā who gave birth in high deprivation areas (decile 6 to 10) of Porirua between 2018 and 2024:

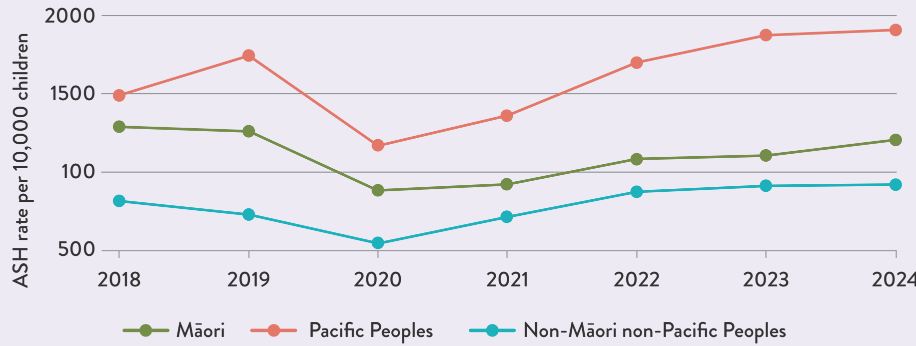


Census 2023 data shows that in Cannons Creek North where **31.2%** of all residents were of Māori descent, **57.5%** are Pacific peoples, and **9.5%** of all households had children under the age of 5, **50.5%** of all homes were sometimes or always damp, **44.5%** were sometimes or always mouldy.

18. Quotes from māmā at Te Wāhi Tiaki Tātou Manaaki Māmā Reimagining session, 2024
19. Social Investment Agency (2025). *Hapū Māmā Insights: IDI Analysis for Te Rūnanga o Toa Rangatira*
20. An ambulatory sensitive hospitalisation (ASH) is a hospital event for a condition where hospitalisation could potentially have been avoided by the provision of appropriate health interventions and early disease management, normally delivered in primary care and community based care settings e.g. general practitioners, dentists, nurses and other health professionals.

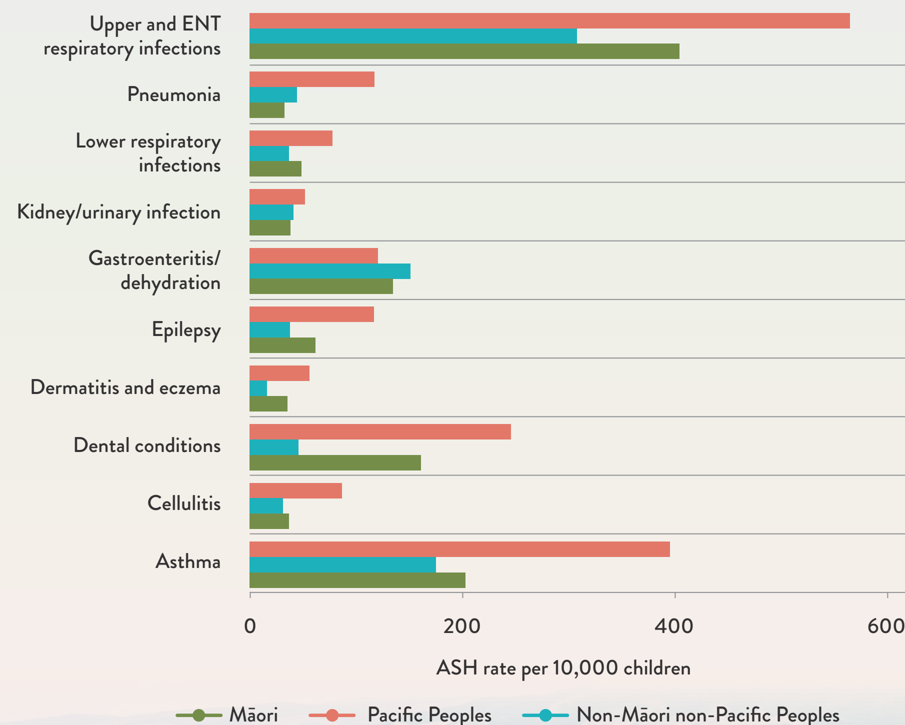
Ambulatory Sensitive Hospitalisation events for tamariki aged 0 to 4 years

In 2024 there were **776** individual Ambulatory Sensitive Hospitalisations[20] (ASH) events for tamariki Māori aged 0-4 in our rohe. They were **1.3 times** more likely than non-Māori, non-Pacific children to experience any ASH event. As the graphs below show, the rates are even higher for Pacific children and all rates have increased again following a decline in 2020.[21]



Top 10 ASH conditions by ethnicity for tamariki aged 0 to 4 years

- In 2024, Upper and Ear, Nose and Throat respiratory infections were the most common ASH condition for tamariki Māori in our rohe **(259 events)**. Other common conditions include asthma **(130 events)** and dental conditions **(103 events)**.
- Tamariki Māori were **3.6 times** as likely as non-Māori, non-Pacific children to experience dental condition-related ASH events.[22]



Potentially Avoidable Hospitalisations

The definition of potentially avoidable hospitalisations (PAH) is broader than ASH as it considers many socio-economic factors.[23]
Data from the Integrated Data Infrastructure (IDI) shows that:

- In 2023, **26%** of tamariki Māori living in Porirua had a potentially avoidable hospitalisation in their first two years.[24]
- As at October 2025 more than **68.4%** of all Māori children living in Waitangirua Tairangi and **75%** in Taita North, had at least one potentially avoidable hospitalisation in their first five years of life.
- These two communities both have the highest socio-economic deprivation rate (Dep 10) on the 2023 NZ Dep Index and some of the poorest quality housing in our rohe. For instance, in Waitangirua Tairangi, **50%** of households and in Taita North **28.5%** of households were sometimes or always damp.[25]

Aromātai – Key insights on housing, living conditions and respiratory-related hospital admissions

- Both local and national data show that tamariki Māori aged 0-4 experience consistently experience higher rates of respiratory-related ambulatory sensitive (avoidable) hospital admissions (ASH) than non-Māori, non Pacific children.[26]
- Data from our rohe also suggests a likely correlation between higher rates of potentially avoidable hospitalisation of Māori children aged 0-4 for respiratory conditions, as well as higher deprivation and low quality or insecure housing conditions.
- Potential solutions to address this include prioritising **joined up** social and housing support for hapū māmā, in high deprivation areas and ongoing efforts to increase the supply of affordable, warm and dry housing options in high deprivation areas.

21. Manatū Hauora (2025) *Whakamaua Dashboard 2020-2025:* minhealthnz.shinyapps.io/WhakamauaDashboard/
22. Manatū Hauora (2025)
23. It includes hospitalisations that can potentially be avoided by:
    - the provision of appropriate healthcare interventions and early disease management, usually delivered in primary care and community-based care settings (ambulatory sensitive hospitalisations (ASH))
    - public health interventions, such as injury prevention, health promotion and immunisation
    - social policy interventions (such as income support and housing policy).
24. Social Investment Agency (2025). *Hapū Māmā Insights: IDI Analysis for Te Rūnanga o Toa Rangatira*
25. PAH data from IDI October 2025, and housing quality data from Census 2023 – sourced from https://reports.hqsc.govt.nz/whaitua
26. Manatū Hauora (2025)

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Case Studies of Effective/ Promising Approaches

CASE STUDY 1

Strengthening wellbeing of hapū māmā and her pēpi through the Whītiki Ora Model

Delivered by Te Rūnanganui o Te Āti Awa, this model provides integrated whānau care grounded in kaupapa Māori values. It brings together a range of health and broader social services and supports, around the needs and aspirations of whānau. It often starts with a single point of contact which builds connection and opens the door to a wider network of services. Here is a recent example of how this model of care has supported a hapū māmā:

This case follows a 20-year-old hapū māmā navigating the loss of her own māmā, beneficiary status, and a strained relationship with the pāpā of her pēpi. Her journey with Te Rūnanga began at the Awatai Midwife Clinic, where a kōrero led to a referral to the Whānau Ora Team. Feeling safe and supported, she enrolled and completed a Whakatipu Hauora Self-Assessment, sharing her experiences and aspirations for motherhood.

Her care has been holistic, guided by the Whītiki Ora model and strengthened by collaboration across Te Rūnanga and the wider hāpori.

Key supports included:

- **Primary Care Access:** Enrolled with Waiwhetū Medical Centre within a week.
- **Transport Support:** Regular assistance to attend midwife, ultrasound, MSD, and other appointments.
- **Emotional Tautoko:** Ongoing phone contact with her kaiāwhina for reassurance and pastoral care.
- **Education Pathway:** Enrolled in a 2026 Beauty Therapy course at WelTec, with culturally safe support.
- **Parenting Support:** Connected to Kōkiri Marae's Hapū Wānanga programme.
- **Community Connection:** Attends the Lower Hutt Women's Centre Friday group, building social networks.
- **Driver Licensing:** Referred to He Tangata to begin her journey toward independence.
- **Crisis Response:** Received urgent kai support during hardship through Hāpai Kai.[27]

CASE STUDY 2

Providing integrated care and support at Te Puna Wairua Hapū Māmā hub

A kaupapa Māori service available to all hapū māmā and new parents in the community, Te Puna Wairua Hapū Māmā hub provides free and integrated access to antenatal, post-natal and social services in a warm and welcoming environment which helps new māmā connect with each other.

Developed out of a collaboration between Ngāti Toa, Te Whatu Ora and Te Tātai Hauora o Hine (The National Centre for Women's Health Researchers), the hub was launched in 2023 in the then Ora Toa Mungavin Medical Centre facility in Porirua East.

Free services include helping to find a midwife, onsite ultrasound scanning, blood tests, pregnancy vaccinations, breastfeeding clinics, psychiatrist clinics to support maternal mental health, contraception clinics, referrals to free dental care or social services, plus transport or kai packs if needed.

Ūkaipō postnatal wānanga for parents and their pēpi are facilitated by two midwives and limited to five māmā and their partners, enabling connections to be made over shared kai as well as whānau-led discussion. Common topics include safe sleep, mental health and coping strategies, breastfeeding, immunisations and registering with a WellChild provider.

In the Oct-Dec 2025 quarter Te Puna Wairua engaged with **285** whānau members.

Te Puna Wairua reports that the introduction in October 2024 of onsite free scanning once a week for hapū māmā living in the Porirua community has been a gamechanger – combined with free parking at the whare, kaimahi on site to look after other children and transport if needed. In the Oct-Dec 2025 period it performed 103 scans. It is looking to increase the number of days sonographers are onsite to provide scanning to meet demand.

From February 2026, kaupapa Māori antenatal classes provided by Hapū Wānanga Te Raukura ō te Aroha are also being offered. Future aspirations include a local midwifery-led kaupapa Māori birthing unit for local whānau.[28]

"Please keep these groups going, they are so needed! You have no idea how much us māmā need groups like Ūkaipō."

"I really enjoyed the activities, feeling productive. Love being with other māmā with babies the same age. Having expert wāhine around like Mahana, midwives, helpers."

"Trish was able to pick me up for my scan appointment and drop me home because my husband has the car at work and I wouldn't have been able to come otherwise."

"My baby was looked after by the kaimahi at Te Puna Wairua so I was able to have my scan and not worry about him."

"This is so good! I don't know how other people are able to afford their scans elsewhere."[29]

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27. Sourced from Te Rūnanganui o Te Āti Awa Case Study: Hapū Māmā Q1 2025
28. Sourced from Ora Toa PHO Q4 report to HNZ, 28 Hūrae 2025
29. Sourced from Whānau Stories, Te Puna Wairua in Ora Toa PHO report to HNZ, 2024-2025

CASE STUDY 3

Home-based parenting education, maternal health and whānau support – Nāku Ēnei Tamariki

Operating across Te Awa Kairangi, the **Nāku Ēnei Maternal Health Service** is a home-visiting programme providing parenting education, advice and support services for whānau and their pēpi; contributing to whānau emotional health and wellbeing, and positive outcomes. It seeks to enhance the circumstances of whānau through a supportive, strengths-based solution-focused approach which promotes attachment, uplifts positive parenting capability, and nurtures relationships between mātua and their tamariki.

Nāku Ēnei Tamariki – Te Awhi o te Rito offers regular two-day antenatal education wānanga to support hapū māmā, including informing them about their rights in terms of birthing and what this looks like from a Te Ao Māori perspective. The kaupapa is to empower and give whānau the confidence to navigate their hapūtanga. Te Awhi o te Rito weaves the strands of indigenous Māori narratives and birthing practices in childbirth today. Alongside labour and birthing information, the wānanga includes: using natural resources to create ipu whenua and muka pito;[30] key messages around breastfeeding, immunisation, baby safety and sleeping; and the distribution of wahakura or pēpi pods for safe sleeping. Transport is provided across the Hutt Valley as well as kai and whānau / pēpi koha packs.

CASE STUDY 4

Preventing Sudden Unexpected Death in Infancy – Moe Ora Pēpi

The Kōkiri Marae **Moe Ora Pēpi** service supports the prevention of Sudden Unexpected Death in Infancy (SUDI) by providing education and training to distribute safe sleep baby beds to whānau. It provides whānau with a wahakura or pēpi pod - safe sleep beds, complete with mattress and bedding, alongside clear, practical guidance on safe sleeping practices.

Priority is given to pēpi who are most at risk of SUDI, including those who meet two or more of the following criteria: exposure to smoking, Māori or Pasifika whakapapa, or where clinicians have identified safety concerns such as low birth weight, co-sleeping, or premature birth. The service also supports referrals and connections to other providers to ensure wrap-around care for whānau across the wider Lower and Upper Hutt region.

30. Ipu whenua = vessel used to hold whenua (placenta); muka pito = traditional Māori umbilical cord tie made from muka (inner fibre of harakeke).
31. Service data and whānau feedback provided by Nāku Ēnei Tamariki Service, Jan 2026
32. Āti Awa Hauora Partnership Board (2025) *Monitoring our Oranga: A Kaupapa Māori Framework for Collective Learning and System Transformation*

CASE STUDY 5

Supporting hapū māmā to quit smoking – Tākiri Mai te Ata Stop Smoking Service

Provided by Kōkiri Marae Keriana Olsen Trust and available to everyone in the wider Te Awa Kairangi region, this incentivised 12-week programme walks alongside hapū māmā on their journey to becoming smokefree, while also providing caring support through pregnancy and into life with a new pēpi. The programme offers one-on-one support from qualified quit coaches who hui with māmā in ways that work best for them, including at home, in the community, or at their workplace. Free nicotine replacement therapy is available, along with practical tools and encouragement. This service is about supporting the wellbeing of both māmā and pēpi, strengthening confidence, and creating healthier, safer beginnings for whānau.

In the year-to-date period, the Nāku Enei Tamariki, SUDI and Stop Smoking services have supported nearly 100 hapū māmā and newborn pēpi, with many whānau engaging across multiple services. The providers note that whānau rarely present with one isolated need, and instead benefit most from wrap-around, relationship-based support.

Whānau most commonly seek support for:

- Antenatal and post-natal guidance – understanding pregnancy, birth preparation, and caring for a newborn
- Safe sleep and SUDI prevention education, including support to access wahakura
- Smoking cessation (kati kaipaipa) during pregnancy and postnatally
- Emotional and practical support, particularly for first-time māmā or those with limited whānau support
- Navigation of health and social services, including midwives, primary care, housing, and financial supports.

Many māmā report feeling overwhelmed or whakamā when engaging with mainstream services and value having a trusted, culturally safe space where they can ask questions without judgement.

Feedback consistently highlights that the most impactful aspects of the services are:

One-to-one, relationship-based support

Whānau value having a consistent kaimahi who takes the time to build trust, understands their circumstances, and walks alongside them throughout their hapūtanga and early parenting journey.

Culturally grounded SUDI prevention

Safe sleep education delivered in a mana-enhancing, practical way has supported whānau to make changes that feel achievable and aligned with their values, rather than fear-based messaging.

Non-judgemental kati kaipaipa support

Hapū māmā report feeling supported rather than pressured to stop smoking, which has increased engagement and sustained behaviour change. Regular check-ins and encouragement have been particularly effective.

Hapū Wānanga as a place of connection and confidence-building

Māmā consistently report increased confidence, reduced anxiety, and a stronger sense of preparedness for birth and parenting.[31]

Whānau feedback reflects the depth of impact these services are having:

"I didn't feel judged. I felt supported the whole way through my pregnancy. Having someone check in on me made a huge difference."

"The safe sleep kōrero helped me understand why it mattered, not just what to do. It made me feel more confident bringing my baby home."

Pūrongo me te whakaaro – Reporting and Reflection

Using a kaupapa Māori monitoring approach guided by our Monitoring framework[32], this monitoring report brings together whānau voices with health, housing and social sector data to understand the oranga of māmā and pēpi in our rohe between 2018 and 2026. The report highlights both strengths and persistent inequities within our communities.

The evidence shows that Māori māmā and pēpi experience poorer outcomes across multiple indicators, including: later or no enrolment with maternity and primary care services, higher exposure to smoking during pregnancy, lower immunisation coverage, insecure and poor-quality housing and significantly higher rates of avoidable hospitalisations for tamariki. These inequities are closely linked to deprivation, access barriers and fragmented systems rather than individual choice.

Wānanga with māmā and whānau reinforce the importance of kaupapa Māori, whānau-centred and culturally safe models of care. Where trusted, integrated services are available, engagement and outcomes improve. Promising local initiatives demonstrate the potential of joined-up approaches that address health, housing and social needs together.

Overall, this report underscores the need for sustained, coordinated action to strengthen support for hapū māmā and pēpi, particularly in high-deprivation communities. Advancing oranga for Māori māmā and pēpi will require investment in kaupapa Māori solutions, improved access to early and ongoing care and system-level changes that address the wider determinants of health.