

Chapter Six

Honouring our Ancestors: Reclaiming the Power of Māori Maternities

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Introduction

Ancestors whisper and chorus
Your whakapapa grows with you (Kahukiwa and Potiki 83).

Māori¹ maternal knowledges are intimately tied to ancestors, to ancestral knowledges, and to *whenua* (land).² *Iwi* (tribes), *hapū* (smaller tribal groupings), and *whānau* (families)³ have their own maternal knowledges, which are woven into their cosmologies, histories, songs, carvings, place names, chants, and incantations. These knowledges, though spatially and temporally specific, speak to the sanctity of the maternal body, the power and prestige of women's reproductive capabilities, and the empowering collective approach to raising children. Māori knowledges pertaining to pregnancy, childbirth, and parenting were imparted generation to generation as they were lived, embodied and emplaced by our ancestors, sustaining the sacred and empowering approach to maternities within our communities.

This chapter considers the challenges and possibilities of reclaiming Māori maternal knowledges and their associated practices and ceremonies for Māori women and whānau in contemporary *Aotearoa*-New Zealand. Three key themes frame this chapter. First, I consider the

ways in which colonialism has served to silence Māori maternal knowledges to such an extent that whānau are left trying to find meaning in the voices, knowledges, and advices of others. Indigenous women are largely birthing within Western ideologies and institutions that do not adequately provide for Indigenous ways of being and birthing. The chapter then considers the ways in which women and whānau are reclaiming ancient knowledges and practices in new and contemporary ways. I seek to illustrate the ways in which traditional practices and ritual customs have the potential to transform and empower individual and collective experiences of birth and afterbirth. The chapter ends with arguing that Indigenous maternities, Māori maternities, are an important site of decolonization. Reclaiming the messages and embodied practices left to us by our ancestors can provide an empowering collective approach to pregnancy, birth, and afterbirth, and can facilitate a “decolonized pathway” (Simpson 28) into and through the world for our children and for generations to come.

Māori Maternities

Māori maternities has been largely represented and enacted through the creative arts, tribal-based projects, and in the lived experiences of women and whānau. Many creative artists have dedicated their works to tracing what pregnancy, birth, and mothering has been like for Māori women throughout history (Grace; Kahukiwa and Potiki). These women and many others are making vital contributions to Māori maternities. Studies of Māori maternities within the academy, however, are relatively scarce. There are of course exceptions, all of which are important precursors to this research (Gabel; Murphy; Mikaere, *Balance Destroyed*).

This chapter is based on my PhD research, which seeks to add to the growing body of literature pertaining to Māori maternities (Simmonds). The research sought to understand the contemporary experiences of birth for women and whānau in Aotearoa. A total of thirty-two women and whānau participated in the research—through interviews, *wānanga* (group interviews), diary writing, and participation in an online forum. The narratives shared in the research, some of which are presented in this chapter, illustrate the inextricability of the maternal body from land, language, and spirituality. Women in the research also discussed the effects of colonial impositions on their present day understandings and experiences of pregnancy and birth. What the research highlights, however, is that Indigenous women have richly textured and colourfully woven birthing experiences, which demonstrate how reclaiming our ancestors’ maternal knowledges and practices can transform the spaces—discursive, symbolic, and material—of birth for women and their whānau.

Silencing the Power of Māori Maternities

Colonialism has employed many mechanisms used to silence, fragment, and marginalize Māori maternal knowledges and practices (Mikaere, *Balance Destroyed*). Colonial retellings of our cosmologies, histories, and stories consigned Māori knowledges, specifically maternal knowledges, to the realm of myth or superstition, or completely erased them altogether. Representations of our ancestresses were distorted and their power negated. Furthermore, the Aotearoa’s legislative landscape has also served to marginalize Māori maternities through the forced hospitalization of birth (and subsequent sterilization and surveillance), the disenfranchisement of our *tohunga* (spiritual experts), and traditional birth attendants (through the 1904 Midwifery Registration Act and the 1907 Tohunga Suppression Act). Add to this the

physical dislocation from tribal lands, land confiscation, spiritual disempowerment through Christianity, economic hardship and poverty, and the marginalization of our language, and it is not surprising that colonialism has transformed the spaces of birth in Aotearoa-New Zealand.

As a result, pregnancy and childbirth knowledges have largely transferred from the auspices of whānau, hapū, traditional birth attendants, and spiritual experts to registered midwives (most of whom are non-Māori) or doctors (most of whom are non-Māori men). The state's drive to medicalize and hospitalize birth has led to Māori birthing becoming almost completely institutionalized; by 1967, for example, 95 percent of Māori births occurred in hospitals (Donley 122). Despite the natural and home birth movements of the 1980s, this has largely remained unchanged: 87 percent of all births in New Zealand happen in a tertiary or secondary maternity facility (New Zealand, Ministry of Health).⁴

I argue a political imperative exists to keep birth located within institutionalized spaces. Confining birth to the hospital setting contains a powerful political message that can limit how, when, and where women birth, and can define who may be involved in birth. Ani Mikaere makes a similar point:

Control over the process was completely in the hands of medical professionals, the doctors and the hospital staff. Husbands were not present, nor it seems, were other members of the whānau. The woman was completely isolated from her whānau and surrounded by strangers. There was no choice of location, nor of method. She was expected to lie on her back with her feet in stirrups and endure regular internal examinations without protest. There was no question of karakia [incantations] to Hineteiwaiwa [deity presiding over birth], for hospitals were about science, not superstition. And when the placenta eventually came away, it was borne off to the hospital incinerators without question. (*Balance Destroyed*, 92-93)

Māori women are not alone in experiencing the forced transition of birth to the hospital and the institutionalization of birth. Anishnaabeg scholar Leanne Simpson argues for many Indigenous women in Canada and elsewhere “colonialism has ... for the most part stolen the pregnancy and birth ceremony from our women, undermining our sovereignty and our knowledge and our power as women” (31). In New Zealand, after some 170 years of imposed systems, ideologies, and practices (for other Indigenous communities around the world this time period is much longer), the reality today is that for a number of whanau, knowing and learning as our ancestors did is not always possible. Instead, many Māori women are left to try and find meaning in the words of others.

The fragmentation and silencing of traditional knowledges has increasingly relied on “professional” or “expert” advice pertaining to pregnancy and childbirth. Although midwifery in New Zealand focuses on learning and understanding maternal processes through story sharing with other women, by and large, authority about maternal matters still sits firmly within institutions. Antenatal education, midwives, doctors, books, and state-produced pamphlets and websites have become the primary sources of information, particularly for first-time mothers. These dominant narratives and knowledges are not neutral or impartial; rather, they are produced in a monocultural framework of maternity care that fails to adequately provide for Māori or Indigenous maternities (Kenney). These knowledges and how they are taught can leave Māori women and whānau feeling uncomfortable, marginal, or even invisible.

In the Māori language, the word “whenua” means both land and placenta. The Māori cultural practice of returning the placenta to the earth by burying in the earth is a significant one for both birthing practices and establishing a “homeplace” for the newborn child. This particular practice is one that has run the gamut of colonial impositions, and as such, a number of women in my PhD research felt that there was still a limited understanding by many maternity practitioners of

the importance of this practice. One such mother reflected on the lack of cultural understanding of this practice at a mainstream antenatal class. In her diary, she wrote about feeling confronted and upset:

I remember at antenatal classes, we looked like the only Māori couple and the teacher was going “you know some people decide to keep the placenta” ... someone else in the group said “do people really do that? That’s so gross!” ... Of all the conversations at antenatal classes, of all the things we were “taught” I remember this statement the most ... I immediately felt offended ... it almost made me cry, it made me mad, sad—a lot of things. It was like she was speaking to my baby saying that the whenua [placenta] that has nourished you for nine months, has given you life, is “gross.” It hurt my feelings.

The space of mainstream antenatal class for this mother and her husband felt culturally unsafe, and she experienced feelings of shame and embarrassment. Because of this encounter, she subsequently became silent about other cultural practices they were planning for the birth of their son. Fiona Cram and Linda Smith point out that a number of health checks and medical procedures, such as cervical smears and internal examinations during pregnancy, for Māori women are culturally and physically invasive and that “cultural safety” is not always understood. In other words “the cultural mores of modesty are not understood by, or even recognized by most health professionals and especially doctors” (Cartwright Inquiry 115). Therefore, it is not simply the biophysical safety of women’s maternal bodies that needs to be considered. Providing culturally appropriate maternity services is necessary if Māori women are to feel supported and respected in their pregnancy and birthing experiences.

This silence, or silencing, was not uncommon among whānau I spoke with. A number of our *kuia* (female Elders) reflected on how little their mothers and grandmothers spoke of their own birthing experiences. When one of the participant’s asked her own Elders why this was the case, they responded: “The nannies aren’t talking about it because they all got made to feel that a Māori birthing process wasn’t as good as a Pākehā (non-Māori New Zealander) one.” What these

narratives reinforce is that hegemonic maternity knowledges and practices are imbued with culturally constructed discourses about the right way to birth. As a result, other ways of birthing and parenting can become silenced.

The hurt and marginalization experienced by previous generations is often felt and embodied by women today. The silence, hurt, and shame is not always confined to the individual but can be produced and reproduced in the experiences of women across generations. We continue to live with, and are shaped by, the silence (both contemporary and historical) that surrounds Māori and Indigenous maternities. Māori women, however, are not passive victims of this silence. They actively shape silence. In fact, some women choose silence as a strategy of resistance. For example, women choose not to participate in mainstream antenatal education; they only reveal bits of information to others about birth plans and perform ceremony in ways that are unheard. These are powerful acts of resistance toward protecting Māori knowledges in spaces that fail to recognize their value.

Not only are women today giving form to silence, but they are also actively working to break it. For many, the experience of birth has prompted them to do so. Hoping that their children will not have to struggle against colonialism, in the same ways that they have, many whānau are beginning to voice what was previously unspoken. For many, their *karanga* (call) to their children is becoming so loud that they shatter the silence and reclaim their power and knowledge as women, as Māori women.

Reclaiming Our *Tikanga*, Reclaiming Ourselves

Mikaere describes “tikanga” as “the practical expression of a philosophy that is founded in the experience of our tūpuna [ancestors], and has been adapted over time in the light of successive

generations' experience and circumstances" (*Colonising Myths* 25). Sometimes understood as customs, traditions, practices, or ethical behaviour, "tikanga," Mikaere argues, is the practical application of values embedded in our worldviews and knowledges that is pivotal to our identity, community, and to our survival as Māori. She writes that it is "imperative to treasure those physical manifestations and expressions of ancestors that connect us to our origins and enable us to project ourselves with confidence into the future" (298).

As the narratives in the previous section suggest, despite the impacts of colonialism, a number of women and whānau are reclaiming traditional knowledges and associated tikanga pertaining to pregnancy and childbirth, such as the return of the placenta to the earth. Indeed all of the stories and experiences shared in my research have made me confident that Māori maternal tikanga continue to exist and inform the birthing experiences of women and whānau today. It is my contention that colonialism, though significant in our lived realities, should not be the defining feature of Māori women's maternity experiences and we must look beyond colonialism to those stories, concepts, and practices celebrating maternities from a uniquely Māori perspective.

Women vary in their use of birthing tikanga and traditions; some perform a multiplicity of tikanga. One mother explained as follows.

We used muka [softened flax fibre] to tie the pito [umbilical cord] and greenstone to cut the cord and made ipu whenua [container for the placenta]. My boy went straight into a wahakura (woven basket) for sleeping. I went down to my sister's antenatal class which was on the marae ... at the class we made muka [softened flax fibre]. We made our ipu whenua [container for the placenta] ... I got a friend of mine to cut the cord with greenstone. It makes sense because that's how they would have done it back in the day as well. All our terminology, as far as we would refer to our body parts and our baby and processes were all in Māori; little waiata [songs] and things like that ... Also, it wasn't just me; the whānau were on board, and they would actually just get things and do things.

The use of tikanga for this woman and her whānau was both material and symbolic. She highlights the role her whānau took in reclaiming of tikanga for her son's birth. The collective

responsibility in recovering Indigenous maternities is pivotal if *wāhine* (women) are to feel empowered in their birthing experiences. This responsibility must be shared by many. The potential for overburdening women who are in the throes of caring for new babies and infants is very real. Therefore, we must encourage the wider collective, the maternity practitioners, and the wider sociopolitical context in supporting women and whānau to engage in this important and potentially transformative work.

Furthermore, feeling that tikanga must be enacted in a particular way is often connected to notions of authenticity, which tend to fix tradition and tikanga in a specific place and time. For example, not all women had whānau to assist them; some also faced other challenges in reclaiming particular tikanga. One woman in her early thirties explained that she did not have the time, and sometimes the confidence, to incorporate all of the things she wanted into her birthing experience: “I really wanted to make muka [softened flax fibre] to tie the cord. I wish I would have been a lot more confident to do those sorts of things. I wish I was a lot more confident and organised. Pregnancy goes fast.” The conceptualization and performance of tikanga and tradition, therefore, must be fluid and dynamic if it is to account for the diversity of women and whānau experiences of birth and afterbirth today. Although tikanga can provide a blueprint created by our tūpuna, it is not, and should not, be rigid or fixed in its expression. The underlying values and philosophy of tikanga reminds us of the purpose and intent of the embodied practice, which should always be remembered. As Ani Mikaere observes:

It was our tūpuna who developed it, confident in the expectation that the generations to come would continue to utilise and adapt it to meet their needs. They had faith in the theory of existence that they inherited from their tūpuna. They were secure in their knowledge that the tikanga they implemented as a practical expression of that theory was capable of dealing with life’s daily challenges ... we are the inheritors of that tradition. (*Colonising Myths* 18)

Whenua Ki Te Whenua

As mentioned previously, one of the traditions that we have inherited is the practice of “whenua ki te whenua”—returning the placenta to the earth. This tikanga has seen a particular resurgence in recent decades. Its importance can be found in the duality of the word “whenua,” at once meaning land and placenta. The merging of mother, child, and *Papatūānuku* [Earth Mother] through this practice creates a reciprocal relationship of nurturance and sustenance. At the same time, burying the whenua can serve to establish a sense of home or belonging for a child and is, therefore, particularly important to the wider spatial politics of afterbirth.

The importance of returning the whenua is such that one homebirth midwife judged her performance as a midwife not only on the safe delivery of babies but on the return of the afterbirth to the earth: It’s not how many babies I’ve delivered at home ... it’s how many whenua have gone back to Papatūānuku, and it’s 100 percent, and I think that’s what makes me proud of my mahi [work].” Sadly, institutionalized spaces have not always provided for this tikanga. The refusal to return the placenta to whānau when women moved into hospitals to birth is perhaps one of the most visceral attacks on Māori maternities. Hospital policy from the mid-nineteenth century until approximately the late 1980s was that the whenua would be burned or thrown in the rubbish. The ritual care that Māori gave to the afterbirth was completely disregarded by institutions and non-Māori practitioners, the effects of which are difficult to fully comprehend.

Traditionally whenua would be returned to a special place, usually on the tribal lands of either mother or father (Makereti). In some cases, the whenua may have been buried at a boundary marker between tribal lands. Some evidence suggests that they were buried under a special tree or stone. For some whanau, the whenua would be buried in their tribal or familial *urupā* (burial ground).

As whānau became increasingly mobile and urbanized, where whenua are being buried has changed and continues to change. For example, some women or whānau make a long trip to return their baby's placenta to their tribal lands. One woman explained the twelve-hour round trip that her family makes to return the placenta to her tribal lands:

We take baby's placenta up north. I know some people put it in the freezer, but our family always put it straight into the ground. We don't have any gourds or any weaving baskets; we just put it straight in. We're a no frills people. It just sort of sat in the boot for the night and then mum and dad went up north on the Tuesday and took her whenua home and buried it at our urupā by my grandfather's grave. Then you have a cup of tea and come home. It sounds crazy. It's a long trip but that's the beauty of it though. For us, it is a matter of time. We do it as soon as we can; so that's where they're from ... that is why we do it, so that people can never say "oh you don't belong here." I think it's because we're not home so you want to get them home as soon as we can.

For some women, however, this is not possible. Some women cannot return home immediately or are unlikely to return in the foreseeable future. For example, some women buried the whenua in a potted plant until such a time that they could return home. On an online forum discussion, one woman writes the following:

My mum went and bought a miniature Kowhai tree for Okaire, it is placed in this pot which is a bluey colour to represent his water birth. We chose a kowhai tree as they are really common up the east coast and we love them because when they bloom it means the kinas [sea urchins] are fat. Also chose to bury baby's whenua in this pot because I want to wait till we have time to go back to our land up the coast and bury it there.

Another woman kept the whenua at home for some time:

He [husband] didn't want them [hospital staff] putting bubba's whenua into the fridge with the other stuff. So I never saw the whenua at all because I had Caesareans, and they just took them away put it into the hue [gourd] and then closed it up; oh and we had it for quite a while; it didn't have a smell or anything, but we kept it until we could go back home and bury it. We just kept it at home in the lounge, sort of close to us.

For some women, at the time of the interview they had yet to determine where that “homeplace” will be. One woman wrote the following in her diary: “We still haven’t buried our baby’s whenua yet—we have discussed a location for it but just haven’t done it yet. In the meantime, her whenua is sitting in our lounge, under the couch. We’re probably breaking a rule or two keeping it there, not burying it just yet—but at least it’s not in the fridge or deep freeze!”

Within Māori tikanga, putting the whenua with food is considered culturally inappropriate. The whenua is considered *tapu* (sacred), and food is used to *whakanoa* (remove the tapu); hence, they need to be separated.⁵ This has not always been possible, and in the early days, hospitals would store the placenta in ice cream containers or plastic bags in fridges and freezers alongside food. Although this has largely changed, these narratives do highlight that Māori birthing tikanga afford an ethics of care to the afterbirth not always understood by those charged with caring for pregnant and birthing women and whānau.

The way whānau perform this tikanga is diverse and evolving, changing to meet their contemporary realities and needs. What does not seem to have changed is the intent and function of the tikanga. Where and when whānau bury the whenua are still important considerations; furthermore, the use of *ipu whenua* (container to hold the placenta) is being revitalized in new and creative ways. The disconnection created by colonialism means that for some “returning to one’s native place is not an option for everyone but that does not mean that meaningful traditions and values that may have been part of their past cannot be integrated into homeplace wherever they make it” (hooks 213).

My research has found that honouring our ancestors through reclaiming, and at times recreating, traditional practices can instill women and whānau with a sense of confidence in their

abilities to carry, birth, and mother as well as provide them with a range of coping strategies and support. Underlying the outer manifestations of traditional practices are values at the heart of Māori maternities. The sacredness of life and of women's bodies—the collective approach to raising children, and the centrality of children to the wellbeing of our communities, to name a few—must not be forgotten. Reclaiming tikanga is tied to reclaiming our knowledges, reclaiming confidence in our own traditions, and ultimately reclaiming ourselves—our sense of identity, culture, and belonging.

Decolonizing Maternities

All Māori women are involved in a decolonizing politics, whether knowingly or not. Māori women and whānau negotiate the complexities of the intersecting oppressions of colonialism and patriarchy (and often class-based and homophobic oppressions) on a daily basis. In my research, I have been overwhelmed by the commonality that the wāhine share. Despite multiple oppressions and hardships, they continue to uphold and honour the maternal traditions and knowledges of our ancestors. This research—as well as other local research (Gabel; Mikaere; Murphy; Stephenson et.al.) and international research (Anderson; Lavell-Harvard and Corbiere Lavell; Simpson)—shows that Indigenous maternal knowledges do exist and are embodied, enacted, and performed in multiple ways.

For many of the women in this research, their maternal journey was the impetus for them to (re)claim a politics of self, of motherhood, and of culture that may not have been a focus otherwise. In fact, many women felt that the act of giving birth itself is an empowering and transformative experience. For example, one mother in her thirties said the following:

Even though birth didn't go as planned [she had to have a Caesarean section], I'm still proud of and really thankful of my body for doing its job. This journey has definitely made me feel so much stronger and have faith in myself, my culture, and beliefs. The high when my baby finally was in my arms was amazing. I was more elated and joyful than I ever imagined! And proud my body had held and given life to such awesomeness!

Decolonizing the spaces of the hospital, the birthing centre, and even the home could serve to transform how women and whānau experience birth. Furthermore, I think we should pursue the possibilities of establishing localized tribally based birthing units. These contemporary birthing houses or units should be grounded in Māori knowledges and tikanga. They can provide a culturally safe space where women and whānau can feel nurtured and supported to birth and mother their babies in a way that upholds and celebrates the uniqueness of Māori maternities. Reinstating the collectivism of maternities and reconfiguring maternity institutions and their practitioners continue to be important parts of decolonization. Also, the government of Aotearoa-New Zealand must recognize these cultural rites and provide for Māori maternities in new and meaningful ways.

Decolonization, also, takes confidence, courage and bravery. Moana Jackson says that we need to be brave, to know who we are, where we have come from, where we are going, and what we need to do to get there: "there are many ways to transform once we identify what we need to transform, and we will each find our own way in which to do it" (76). Linda Smith explains that decolonization is multiple: "it's not just political; the political does not exist out there. It's tied to decolonization of our spirit and about letting our spirit free" (175).

Māori and Indigenous women are involved in a decolonizing politics, whether knowingly or not. Whether through more tectonic forms of resistance or through the more subtle and subversive variety, women and whānau actively negotiate the complexities and intersecting oppressions of colonialism and patriarchy (and often class-based or homophobic oppressions) in

their experiences of birth, mothering, and maternities more generally. All of the narratives shared as part of this research highlight that no matter how big or small, every expression of tikanga in birth, afterbirth, and beyond is a powerful act of decolonization and, ultimately, a way of honouring our ancestors, their knowledges and practices, and reclaiming ourselves.

Conclusion: Honouring Our Ancestors, Honouring Our Futures

This chapter has sought to demonstrate the diverse yet powerful ways that Māori women and whānau are reclaiming Māori knowledges and practices in their pregnancy and birthing experiences in Aotearoa-New Zealand. The silencing of Māori maternities has been resisted and negotiated by generations of women and whanau; the effects, however, are still being felt today. Despite this, the chapter has highlighted the possibilities of reclaiming birth and afterbirth traditions in new and contemporary ways. Honouring our ancestors through the practice of tikanga, such as returning the placenta to the earth, has transformational effects, which extend beyond the individual to the collective, beyond even generations.

The potential for reclaiming Māori maternities is transformative and empowering. The challenge lies in getting to a place where Māori and Indigenous knowledges and practices are not just strands woven into our experiences, but they are the foundations of it. I hope this chapter, in some small way, demonstrates that when we can meet on our own terms and in our own ways, as Māori women and as Māori mothers, the possibilities are endless. Furthermore, transforming the politics of birth can, I believe, also transform the politics of a generation. As such, by honouring our ancestors in pregnancy, birth, and mothering, we honour future generations by providing a

“decolonized pathway” (Simpson 28) into, and through, this world for our children and for generations to come.

Glossary

The translations used in this glossary were sourced from *Te Aka : Māori-English, English-Māori Dictionary and Index*. It is important to note that there are multiple meanings and translations available for many of these words. In most cases, I have presented the most common translation(s) of the word or the translation as it is used in the context of this chapter.

Aotearoa - New Zealand

Hapū - subtribe

Ipu whenua - container for the placenta

Iwi - tribe

Karakia - incantation, chant

Kaupapa Māori – Māori-centred theory

Kuia - elderly woman, grandmother

Mana - prestige, authority, control, power, influence

Muka - softened flax fibre

Pākehā - non-Māori New Zealanders

Pounamu - greenstone

Rongoā - remedy, medicine, treatment

Tapu - sacred, set apart, under protection or spiritual deities

Tikanga - procedure, custom, practice, habit

Tūpuna - ancestors

Urupā - burial ground

Waiata - song(s)

Wahine - woman

Wāhine - women

Whakanoa - to make free from the extensions of tapu, ordinary, unrestricted

Whānau - family, to be born, to give birth

Whakapapa - genealogy, descent lines

Whenua - land, placenta

Endnotes

¹Use of the word Māori is in no way meant to homogenize what are in reality diverse knowledges, practices, and experiences; rather, I recognize the tribal and even familial variations and differences.

²Māori language words will be italicized and translated in brackets on first use and then will be used without italics and translation thereafter. A glossary is provided at the end of the chapter.

³Whānau as it is used here refers to wide and diverse conceptualizations of family, and the translation to the English word “family” does not fully encapsulate the multiplicity and extent of the concept of whānau.

⁴Tertiary maternity facilities are designed for women with complex maternity needs that require specialist multidisciplinary care. “Well women” (women who are not deemed to be high risk or have any complicating factors in their pregnancy and labour) may use these facilities in the absence of other maternity facilities in their area. Secondary maternity facilities are designed for women and babies who experience complications and may require care from an obstetrician, an anaesthetist, a paediatrician, or a midwife. Well women may use these facilities in the absence of other maternity facilities in their area. Primary maternity facilities account for 9 percent of all births in New Zealand, and these are made up of maternity units in smaller hospitals and birthing centres. Home births accounted for approximately 3 percent of all births in New Zealand in 2014 (New Zealand, Ministry of Health).

⁵In some instances, food is employed purposefully to whakanoa. For example, at the end of formal ceremonies, such as the *pōwhiri* (welcome ceremony), visitors are invited to partake in the sharing of food in order to lift the tapu of that ceremony and to enable people to move through that space free of the restrictions of tapu. However, there are other instances where the mixing of food with things or places that are tapu is not seen as culturally appropriate (Pere)—for example the placenta being stored alongside food.

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