

# Newsletter

TAHA – Pacific Health Section – School of Population Health

May 2010 | Biannual newsletter | Number 01



## From the Director

### Welcome

Talofa lava, Malo e lelei, Kia orana, Fakaalofa lahi atu, Bula vinaka, Taloha ni, Fakatalofa atu, Greetings. It is my pleasure to welcome you to the first newsletter from TAHA – Well Pacific Mother and Infant Service.

TAHA has been established to support health professionals who work with Pacific mothers, babies and their families during pregnancy and the 1<sup>st</sup> year of life. This biannual newsletter, along with our website, have been developed to keep you up-to-date with the latest information and research in Pacific maternal and infant health. For more information, see page 4 and visit [www.taha.org.nz](http://www.taha.org.nz)

### Giving Pacific babies the best start to life

We've recently completed a literature review into Pacific SUDI (sudden unexpected death in infancy) and stillbirth. During 2003-2007, SUDI rates for Maori (2.34 per 1000) and Pacific (1.31 per 1000) infants were significantly higher than for Other (including European) infants (0.52 per 1000)<sup>1</sup>. During 1996-2005, late fetal deaths were consistently higher for Pacific babies than for babies from other ethnic groups<sup>2</sup>.

Many of the risk factors for these causes of death are modifiable e.g. maternal smoking and sleeping in a prone position. In addition, attending antenatal care and education must be strongly promoted to our Pacific families.

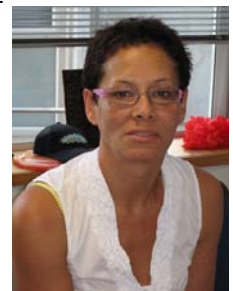
We have used this review and other evidence, including interviews with a range of health professionals to develop a peer education programme to ensure that health professionals understand how to address these risk factors with our Pacific mothers and families. Please contact us for more information on this programme.

The literature review recommends a number of actions requiring collaboration by a wide range of organisations including the Ministry of Health, District Health Boards, Midwifery and Well Child Providers, other sectors and community groups (see page 3 for more information about the review).

We will support and advocate for further research into Pacific maternal and infant health to ensure that the health inequalities experienced by our Pacific mothers, babies and families are addressed and reduced.

Enjoy this issue. We'd welcome your feedback (please see back page for contact details).

Soifua,  
Teuila



### In this edition

From the Director .....	page 1
National Update .....	page 2
International Update .....	page 2
Research Update .....	page 3
Introducing TAHA .....	page 4
Dates for your diary .....	page 4

<sup>1</sup> Child and Youth Mortality Review Committee, Te Rōpū Arotake Auau Mate o te Hunga Tamariki, Taiohi. 2009. *Fifth Report to the Minister of Health: Reporting mortality 2002-2008*. Wellington: Child and Youth Mortality Review Committee

<sup>2</sup> New Zealand Child and Youth Epidemiology Service. 2009. *The Health Status of Pacific Children and Young People in New Zealand*.

## National Update

### Smoking Cessation for Pregnant Women

On 8th April, the Ministry of Health Tobacco Policy and Implementation Team hosted a workshop with Tala Pasifika and Pacific Heartbeat at Heart Foundation offices (Auckland) to seek Pacific input and recommendations in regards to the ABC and core competencies training and how to best work with Pacific women pre, during and post pregnancy.

Key issues for discussion included:

- How is the Pacific sector working together with the maternity sector to support smoking cessation for pregnant women?
- Is there an action moving forward? How can we improve the reach to Pacific pregnant women?

The discussions from the workshop will be made available. For more information contact Stephanie Erick, Tala Pasifika Coordinator, National Pacific Tobacco Control Service, email [stephaniee@nhf.org.nz](mailto:stephaniee@nhf.org.nz), phone (09) 571-4668.

### A Quality and Safety Programme for Maternity Services

On 26th March, the Ministry of Health held a workshop in Auckland to discuss a draft model of how a quality and safety programme for maternity services might look. The draft model was presented for review, critique and comment. Workshops were also held in Wellington, Christchurch and Rotorua.

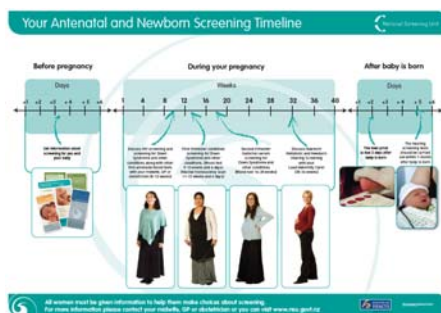
For more information contact Caroline Greaney, Senior Policy Analyst, Child, Youth & Maternity Policy, Ministry of Health; phone (04) 496-2278, email [Caroline\\_Greaney@moh.govt.nz](mailto:Caroline_Greaney@moh.govt.nz)

### Antenatal & Newborn Screening Programmes

From 14 March to 27 June, the National Screening Unit is implementing a light weight programme of media activities to encourage women to access screening programmes early in their pregnancy.

The primary target audience is pregnant Maori and Pacific women. The message is of early access to information so informed decisions can be made and the material emphasises it is the individual's choice whether to participate in screening or not.

For more information, contact Jude Cooney, National Screening Unit, email [Jude\\_Cooney@moh.govt.nz](mailto:Jude_Cooney@moh.govt.nz), phone (09) 580-9109, or visit [www.nsu.govt.nz](http://www.nsu.govt.nz)



## International Update

### Pacific Child Health Indicators

An exciting new project is underway involving paediatricians and other health professionals in Samoa and Tonga. The team are developing a set of indicators of child health in these Pacific countries.

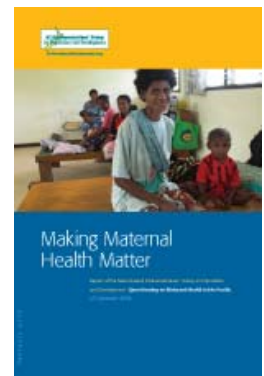
Dr Teuila Percival, who is leading the project believes that meaningful indicators are required for effective policy and decision making by governments and donors. "We need appropriate information that reflects the true health situation for our Pacific children accurately" she says.

For more information, contact TAHA (see back page for contact details).

### Pacific Maternal Health Report

*Making maternal Health Matter by the NZ Parliamentarians' Group on Population and Development (NZPPD).*

This report presents a comprehensive picture of the maternal health situation in the Pacific region and identifies the gaps to be addressed. The information aims to motivate and increase awareness, action and investment into maternal health.



Key facts:

- Five women a day die in the Pacific region due to pregnancy or childbirth related causes.
- The sub-region of Melanesia has the worst reported rates of maternal deaths in the Pacific.
- Papua New Guinea, the Solomon islands, Kiribati, Vanuatu and the Federated States of Micronesia report the highest rates of maternal deaths in the region.
- The maternal death rate in Papua New Guinea is second only to Afghanistan in the Asia-Pacific region.
- Teenage pregnancy rates in Vanuatu, Solomon Islands, Papua New Guinea, Kiribati and the Marshall Islands are among the highest in the world.
- It is estimated that approximately 77% of Pacific Island populations live in rural areas. Women living in remote areas may face journeys of several hours or more to get to a health facility or to trained health workers.
- Recommendations are outlined to address the concerning findings that were presented at the hearing.

For more information and the full report, visit <http://www.taha.org.nz/file/reports/making-maternal-health-matter-nzpod.pdf>

## Research Update

### Pacific sudden unexpected death in infancy (SUDI) and stillbirth: literature review

Seini Taufa

This research was commissioned by TAHA to identify ways to improve antenatal and postnatal care for Pacific mothers and infants and forms part of the evidence base for a workforce training programme which is being developed to support health professionals who work with Pacific mothers and families.

The review explores the issues of Sudden Unexpected Death in Infancy (SUDI) and Fetal Death with particular reference to Pacific people, indigenous and minority groups. It reviews current literature on the risk factors associated with SUDI and stillbirth that impact upon Pacific pregnant women and their babies.

These include sleep position, bed-sharing, maternal smoking, breastfeeding, obesity, diabetes and socio-economic status. The literature also highlights findings from Pacific research studies that have been undertaken to identify ethnic specific Pacific infant care practices and antenatal care and attendance.

Summary of the key recommendations:

- Workforce development – stronger focus on antenatal care and education, smoking cessation, training for health professionals on SUDI, stillbirth, grief and loss and cultural awareness.
- Need more research on Pacific infant care practices, Pacific SUDI and stillbirth, grief and loss and best practice methods for Pacific antenatal, pregnancy and postnatal care.
- Whole family approach when working with pregnant mothers.
- Implement appropriate Pacific community awareness, SUDI and stillbirth prevention programmes and community support for families who experience SUDI or stillbirth.

For more information —SUDI Report will be published soon.

### Validation of the Edinburgh Postnatal Depression Scale (EPDS) as a Screening Tool to Identify Postnatal Depression in Samoan & Tongan Women

Bettina Ikenasio-Thorpe, Sara Weeks, Siale Foliaki, Jesse Kokaua, Alec Ekeroma

Postnatal depression (PND) is an important and major health issue because of its adverse impacts on the well-being of mothers, spouse/partners, spouse/partner relationships and children.

In New Zealand, PND is reported in the prevalence rate range of 7.8-16% [1-3], however Tongan women prevail at 30.9% and Samoan women at 7.6% [4].

Clearly these high prevalence rates of PND particularly in Tongan women, is of alarming concern. In NZ as well as in Pacific populations, the validity and reliability of the Edinburgh Postnatal Depression Scale (EPDS) has not been established. It is recommended the EPDS have satisfactory reliability and validity in different ethnic populations [5].

The research team have been undertaking validity and reliability investigations of the EPDS against the fully-structured WHO composite international diagnostic interview (CIDI) assessment of mental disorders, in Samoan and Tongan women who delivered live-births at Middlemore Hospital.

For more information, visit <http://www.taha.org.nz/page/27-research+validation-of-the-epds>

- 1 Thio, I.M., et al., Postnatal depressive symptoms go largely untreated: a probability study in urban New Zealand. *Soc Psychiatry Psychiatr Epidemiol*, 2006. 41(10): p. 814-8.
- 2 McGill, H., et al., Postnatal depression: a Christchurch study. *N Z Med J*, 1995. 108(999): p. 162-5.
- 3 Webster, M.L., et al., Postnatal depression in a community cohort. *Aust N Z J Psychiatry*, 1994. 28(1): p. 42-9.
- 4 Abbott, M.W. and M.M. Williams, Postnatal depressive symptoms among Pacific mothers in Auckland: prevalence and risk factors. *Aust N Z J Psychiatry*, 2006. 40(3): p. 230-8.
- 5 Cox, J.L., J.M. Holden, and R. Sagovsky, Detection of postnatal depression. Development of the 10-item Edinburgh Postnatal Depression Scale. *Br J Psychiatry*, 1987. 150: p. 782-6.

### Pacific Islands Families Study: The association of Infant Health risk indicators and acculturation of Pacific Island mothers living in New Zealand

Burrows J, Williams, M, Schluter, P, Paterson, J, Langitoto Helu, S.

Journal of Cross-Cultural Psychology. In press.

This article (currently in press) reports the findings of the PIF Study's analysis of the association between acculturation and maternal and infant risk factors such as Maternal Depression, Gestational Smoking, Small for Gestational Age, Infant Hospital Admission etc.

Acculturation has been defined as "modification of the culture of a group or individual as a result of contact with a different culture".

The key findings were that a mother's strong alignment to Pacific culture had a positive effect on maternal and infant health outcomes.

The key messages are:

- That acculturation is an important influence in health outcomes;
- That Pacific/traditional culture has a positive effect.

The study highlights the need for further investigation of this concept in order to best utilise culture in service delivery.

For more information, visit <http://www.taha.org.nz/file/reports/acculturation-dan-tautolo.pdf>

## Introducing TAHA

TAHA's vision is that Pacific children have the best start to life, and our mission is to improve the health and wellbeing of Pacific mothers and infants during pregnancy and the 1<sup>st</sup> year of life.

TAHA provides support to health professionals through workforce development and education (e.g. training), evidence translation and sharing (e.g. research seminars, regular newsletters and online information hub) and also provides leadership and advocacy for Pacific mother and infant health issues.

TAHA's focus for 2010 is on addressing the risk factors for Pacific Sudden Unexpected Death in Infancy (SUDI) and stillbirth.

TAHA is based in Pacific Health, School of Population Health, The University of Auckland. The **Project Team** runs the service on a day-to-day basis and consists of Dr Teuila Percival (*Director*), Josephine Samuelu (*Senior Advisor*) and Annie Ualesi (*Programme Manager*).

The **Advisory Group** provides input at a strategic level and includes: Dr Alec Ekeroma (Obstetrician and Gynaecologist, Head of Pacific Women's Health Research and Development Unit), Anna Bailey (Service Manager, Health Star Pacific), Dr Elizabeth Craig (Director, New Zealand Child and Youth Epidemiology Service), Eseta Finau (President, Tongan Nurses Association), Dr Fionna Bell (Clinical Director, TaPasefika PHO), Hilda Fa'asalele, (General Manager Pacific Health, Auckland District Health Board), and Dr Lana Perese (Senior Research Analyst, Ministry of



Some members of Working Group and Project Team: (L to R: Back - Falenaoti Mokalagi Tamapeau, Fine Matoto, Josephine Samuelu, Temukisa Alao-Snyder. Front - Pacific Island Affairs).

The **Working Group** have provided advice and guidance regarding the development of a train-the-trainer programme to address the risk factors for Pacific Sudden Unexpected Death in Infancy (SUDI) and stillbirth. Group members are Elenoa Havea (Langimalie Health Centre), Falenaoti Mokalagi Tamapeau (Royal New Zealand Plunket Society (Inc.), Fiamaua Pouli

(Counties Manukau DHB), Fine Matoto (Counties Manukau DHB), Ngatepaeru Marsters (Independent Midwife), Nora Bukateci (Independent Midwife), Rita Harder (Waitemata DHB), Siniva Cruickshank (Health Star Pacific), and Temukisa Alao-Snyder (South Seas

## Special Invitation



- *Thu 24 June 9:30am – 11.30am*

How could integrated services benefit Pacific and other minority communities?

FREE seminar hosted by TAHA.

Venue: Fale Pasifika, 20 Wynyard St, The University of Auckland.

*Refreshments will be available from 9:00am so come and network.*

For more information or to register, please contact Lisa Joe: email [l.joe@auckland.ac.nz](mailto:l.joe@auckland.ac.nz) or phone (09) 373 7599 ext 83787.

Naomi Eisenstadt is in New Zealand to share her experiences and learnings from the UK's Sure Start programme which brings together service providers from the statutory sector like health, social services and early education, as well as voluntary, private and community organisations and parents themselves, to provide integrated services for young children and their families based on what local children need and parents want.

This event is part of a series of presentations by Naomi being hosted by Te Tuia Well Child Consortium. Naomi's visit to New Zealand is sponsored by the Seelye Charitable Trust.

Naomi was the first Director of England's Sure Start programme and the Director of the Social Exclusion Task Force working across government to identify and tackle policy barriers that increase the likelihood of exclusion faced by disadvantaged children, families and groups.

- *Thu 24 June 12noon – 2pm.* You are welcome to stay on for the public lecture which will be held after in the same venue, hosted by The University of Auckland.

## TAHA Contact details

Website [www.taha.org.nz](http://www.taha.org.nz)

Email [taha@auckland.ac.nz](mailto:taha@auckland.ac.nz)

Phone (09) 373-7599 extn. 83787



Pacific Health, School of Population Health, The University of Auckland