



KŌRERO I WISH I COULD'VE
HAD WITH THE WELLCHILD
NURSE

This prompt asked whānau to share stories about what they felt they couldn't say, what questions they would have loved to be able to ask, and if there were things they felt they couldn't share with their Well Child nurse. We focused on the relationship with the Well Child nurse as one of the key supports for health available for whānau and tamariki from when they are six weeks old to five years of age. Understanding why people might not tell health services the full story helps to improve how health services work.

The project was launched on 29th August 2021 and closed on the 31st October 2021. Participants were recruited for the project through our social media campaign, word of mouth, and through emails sent out as part of our partnership with Action Station. In total, 420 stories were submitted. Most were submitted by women and the average age of those submitting stories was 34 years. Of those who indicated ethnicity, 19% indicated Māori, 3% Pacific, 81% NZ European Pākehā, and 6% other.

Wāhi Kōrero was monitored and moderated to ensure safety, anonymity, and proper use. The identity of participants posting stories and other people and organisations were protected through the removal of identifying information. Stories were also moderated for offensive language and minor edits for readability. Moderated stories were published to the *Wāhi Kōrero* website usually within two hours of submission.

Read all the project stories [here](#).

"I have decided I won't be attending any further plunket sessions with my daughter, or with any future children that I have. I really wanted this service to work for my whānau. At the start I kept giving each nurse that saw us the benefit of the doubt ... maybe they were just having a rough day and were a little off. But I can see now that it was more than an off day. It is just a service of box ticking. Every single time I left the appointment feeling worse than when I arrived. I felt judged, isolated and anxious. I remember the last appointment I attended, and the moment I decided I won't be coming back. The nurse asked me how I was coping. I said I wasn't. I had returned to full time work and was exhausted. She asked if I had a support network. I said that I didn't. I moved to Auckland before my daughter was born and had spent most of my maternity leave in lockdown. I didn't have any friends or family in the city. She said – "But your daughter goes to daycare right?" Then ticked the box that I was all good. She didn't even look up from paper the whole time. I felt embarrassed and even more isolated than when I had come in."



Analysis of the stories

The stories shared are important in illustrating whānau experiences of Well Child services. Hearing these stories can be challenging, and may differ from health professionals' perspectives, but also help us to understand the limitations of current service provision and better respond to the needs of whānau. Even though we asked for specific and personal experiences, we are viewing these as arising out of a much wider service provision context. This project has shown Wāhi Kōrero to be an effective and collective space in which whānau voices have been prioritised.

Our approach to analysing the stories acknowledges that people's lives are shaped by their health, their circumstances, and the society that they live in. Personal experiences are shaped by access to resources and social networks. Utilising Māori research principles means we can approach the kaupapa from a Māori perspective and make visible Māori experiences.

We've identified several topics which were commonly referred to in the stories: sleep, feeding, mental health, and relationships with the Well Child nurse. Sometimes whānau talked in the same way about different topics. For example, many felt judged about their baby's sleeping *and* their feeding. To go beyond a topic-based approach, we have looked at how people talked about the services they received across these topics in terms of the following seven themes. We see these as representing both tensions in service provision and possibilities for change.

Theme 1: Whānau excitement

Whānau spoke of anticipation and eagerness to engage in the Well Child programme. They spoke of having high expectations of the service. They saw Well Child services as a key part of their parenting journey in acknowledging and supporting the growth and development of their pēpi and tamariki.

"When I got to see my well child nurse I was always super excited & had so many milestones to share. One day when I went into the office I was left alone with my daughter in the room. My file was on the desk and I peeped over to see what lovely things were written about my gorgeous little girl ... The nurse has said I talk too fast & excessively and was possibly on DRUGS!?! What the actual? I wish I had of been brave enough in myself to say something. I didn't & I just went home and cried my heart out. I couldn't believe being a young enthusiast first time mum could be perceived so wrong. Really put a damper on the whole system for me and shut me down from ever wanting to open up at any other appointments."

Theme 2: Whānau preparation

Whānau spent time and energy organising themselves and their households for their Well Child visits which felt futile and disappointing if appointments were missed or cancelled. Often the visits didn't meet their expectations.

"My Son is nearly 2, and I've only seen plunket 3 (maybe 4) times, each for maybe 15 mins. One appointment was double booked and I had to come back another time. Another appointment they asked to push out a few months as they couldn't keep up with the workload in the region. While I'm sympathetic to these lovely people, they would be the last people I go to for any concerns regarding my child, especially one that I feel society may judge or shame me for. While I have no doubt they do their best with 15 mins every few months, it's simply not enough time for someone in the vulnerable position of being a new mother – as well as any other challenges people face like race, socio economic factors etc."



Theme 3: Knowing whānau

Whānau felt that the nurses were not always prepared well for their visits. They wished for a continuum of care or handover from their midwives, so the Well Child nurse was shared information about the whānau and who they are before meeting with them. Relationships with the nurses weren't always developed well, through a lack of whanaungatanga and building reciprocal relationships with whānau. Some whānau were concerned about the training, funding and staff resources within the Well Child programme.

"Relationships need to be built during pregnancy, if not right after birth (rather than when midwives discharge the baby into plunket's care). There needs to be more of a bridge between pre and post natal care, and home visits should be the norm where possible, rather than putting the stress on to a tired, potentially overwhelmed etc mother to get baby in the car, wait in the wait room to be seen etc. I truly believe people would feel more comfortable in their own environment, and that it would help break down any barriers they may have."

Theme 4: Meeting whānau where they are

Many whānau referred to the 'tick box' approach of visits. Assessment approaches from initial visits through to the B4 School Check were experienced as superficial questioning, based on a physiological framework, and in some cases irrelevant. There was little recognition of what is normal for their whānau, and consequently they didn't feel heard. In addition, many of the concerns of whānau were dismissed or overlooked. Whānau wanted services that recognised their experiences and perspectives, met them where they're at, and upheld their own ways of knowing and doing. The service seemed to meet the service needs, as opposed to improving the hauora of the whānau.

"It was after her second visit I realised something wasn't right. She was asking questions and replying with answers that were totally unrelated to what I had just said. She was on her mission to tick the boxes in the well child book. And boxes she ticked. All of them !! Even the ones that didn't apply to my son."

"Despite following up numerous times, we heard nothing until the B4 School check for our eldest. When the nurse asked her to count to 10, and she replied in Māori to be told "no, in English," my heart melted and we walked out, never to return. I wish I could tell them how my heart broke for the pepi of whānau who don't have the courage to walk out, who fear their babies will be taken from them if they don't comply. I wish I could tell them they need to change, because right now, they do far more harm than help."



Theme 5: Partnering for hauora

Whānau desired a relationship where they could work together to find a set of solutions that would work for their whānau. Often whānau spoke of advice provided that was generic, narrow and misguided. They felt they could not kōrero openly, particularly around safe sleeping, feeding, and the mother's mental health. Missed opportunities to wānanga meant health needs were often unmet. They also questioned the evidence base of advice given by Well Child nurses. Whānau spoke of knowing their pēpi and tamariki best, and how they wished the Well Child nurses acknowledged and drew on their experiences to develop ways forward together with them in whānau-led relationships.

"An anxious new Mum that had severe PND but my WellChild provider kept telling me I was 'fine' and 'having a baby is hard'. She literally wrote in my Plunket book 'does not enjoy motherhood' - THEN HELP ME!"

"It was too difficult to have a real conversation about these things so I felt left on my own with getting information and making decisions. I felt that if I did not follow the standard advice and pathways to the letter, I would be judged as a bad parent or over-anxious or something else negative and dismissive. What I really needed was a real conversation about the needs and my concerns and the possible benefits and risks."

Theme 6: Feeling fear and judgement

Nearly all whānau spoke of negative interactions with their Well Child nurse. A lack of mana-enhancing relationships led to their feelings of being judged, shame, and anger. Where whānau experienced a sense of surveillance, they felt fearful and compelled to withhold information or lie to the Well Child nurse.

"My daughters plunket nurse was extremely judgemental and I was always left feeling like a failure as a parent after one of her visits. My house was not warm enough. I HAD to make it warmer for the baby. My next two power bills added up to \$1100."

"I had developed a fear of her coming back and taking my baby. As she had written falls risk all over our Well Child book with no explaining as to what it meant. I kept wondering what I had done wrong. What did it mean??"

Theme 7: Disengagement

Ultimately, the lack of positive relationships and feelings of shame led to non-disclosure of parenting practices and concerns and in some cases disengagement from Well Child services. Whānau spoke of active decision-making to withdraw when their needs were not being met. They turned elsewhere to seek advice. Their experiences lowered their expectations and trust in health care relationships.

"I told my Plunket nurse we were struggling with sleep. She referred me on to their "sleep expert" who advocated for stopping overnight feeding and sleep training. When I said I wasn't prepared to let him cry and what else could I do, she literally had no advice. I felt let down and cried. After that, I never told my nurse we started bed sharing. I never got the safe bed sharing advice I needed. I never used their crap service with my second child."

