



# **Empowering Voices:**

**Evaluating the Whanganui Best Start Model of  
Care through Hapū Māmā Perspectives**

**EXECUTIVE SUMMARY**

# Executive Summary

## Introduction

Early engagement and wrap-around support during pregnancy are critical to improving maternal, whānau (family), and pēpi (baby) wellbeing (McMenamin & White, 2025). The Whanganui Best Start Model of Care was developed to increase early pregnancy identification, strengthen access to culturally grounded care, and improve coordination across primary care, community providers, and midwifery services. This evaluation explores how the model is currently working in practice—what is being achieved, what māmā say matters most to them, and where further investment is needed to ensure consistent equity of experience.

The evaluation was guided by Kaupapa Māori values—such as manaakitanga (care and hospitality) and whakawhanaungatanga (strengthening connections), prioritising the voices and experiences of hapū māmā (pregnant women) and whānau. Nine māmā participated in in-depth interviews. Of these māmā, seven identified as Māori and one as a Pacific Islander. Their reflections highlight both strong foundations of the model of care and key opportunities for improvement.

## Experiences of the Best Start Process

Overall, māmā described the Best Start assessment as a **positive and valuable** step in their pregnancy journey. When the process worked well, it created a welcoming entry into maternity services, reduced uncertainty, and helped māmā feel genuinely supported. Māmā consistently emphasised that the relational, unpressured nature of their appointments was what made the Best Start assessment different from ordinary clinical interactions. The majority of māmā felt **heard, safe, and respected**, and that the appointment provided space to ask questions openly without judgement.

Māmā also appreciated being connected to information and services they had not previously known existed—particularly for mental health, social support, and community-based pregnancy programmes. Where referral pathways were clear and follow-up occurred promptly, the Best Start model helped build confidence and reduce stress.

However, these positive experiences were not universal. In some cases, referrals were not completed, information was not clearly explained, or appointments felt rushed. These gaps reinforced how essential **consistency of engagement and follow-through** are—not just to link māmā with care, but to build trust in the system.

## Whakawhanaungatanga and Cultural Safety

Relational connection was found to be central to the success of Best Start. Māmā valued clinicians who took time to build rapport, actively include whānau, and adapt the appointment to their needs rather than a set checklist. Together, **manaakitanga** (respectful,

supportive care), **aroha** (empathy and compassion), and **whakamana** (empowering self-agency) reflected care that signalled genuine care and partnership.

Cultural safety was most strongly experienced when the Best Start assessment began with whakawhanaungatanga. In addition, when discussing sensitive topics, māmā needed to feel free from judgement, confident that clinicians were not making assumptions, and reassured that decisions about their pregnancy remained in their hands.

While Best Start assessments are currently provided in the primary care clinic setting, the majority of the Best Start evaluation interviews were held at Te Whare Piringa—a recently established, co-designed, mātauranga Māori support service, based on Māori knowledge and ways of understanding the world (Healthy Families Whanganui Rangitīkei Ruapehu, n.d.). For these māmā, having their kōrero at Te Whare Piringa—a non-medicalised, community-based space—created a relaxed and welcoming environment. As a result, these māmā were opportunistically introduced to the kaimahi (staff) and kaupapa (purpose) of Te Whare Piringa as they arrived for their kōrero, helping to build trust and whanaungatanga from the outset. In particular, this experience of meeting Te Whare Piringa kaimahi reduced barriers to future engagement, making māmā feel more informed and at ease about accessing ongoing wrap-around, culturally grounded support for themselves and their whānau through this Kaupapa Māori-based service.

The evaluation shows clearly that **how** care is delivered is just as important as **what** is delivered. Strengthening cultural safety across all Best Start settings remains a key opportunity.

### Agency, Strengths, and Whānau Involvement

An important finding was the way in which hapū māmā bring **knowledge, resilience, and determination** to their pregnancy care. Many described actively researching information, seeking advice from peers and whānau, and making measured decisions that aligned with their values and circumstances. They did not see themselves as passive recipients of care, but as partners and leaders in decision-making.

Best Start was most successful when practitioners recognised and built upon these existing strengths—through open, responsive communication and **shared decision-making**. For some multigravida māmā, who felt they did not necessarily require full or intensive support, having the space to accept or decline referrals without pressure helped maintain mana and autonomy.

When these strengths are acknowledged, it can reinforce **confidence and continuity** in a way that supports equitable, respectful care.

### Early Pregnancy Identification and Assessment

A key aim of the Best Start Model of Care is to identify pregnancy **early**—ideally before 12 weeks' gestation. This evaluation showed that the model is successfully supporting this goal, with **half of the māmā interviewed** being identified opportunistically rather than through a planned pregnancy appointment.

## High rates of māmā identified through opportunistic identification demonstrate:



- Strong awareness among general practice teams
- Responsive systems for activating the Best Start pathway
- Reduced risk of late engagement, particularly for young māmā or those less connected to services

To strengthen consistency, there is value in embedding **structured prompts** into routine care and enrolment systems, so all practice staff feel confident identifying pregnancy early and initiating support pathways.

When early identification occurred, māmā felt reassured and informed, describing Best Start as “the first real step” in their pregnancy journey.

### Prioritised Care and Acute Appointment Access

Timely access to support during pregnancy directly impacts safety and wellbeing. Māmā valued when urgent or same-day appointments were prioritised once their pregnancy was known—particularly if they experienced concerning symptoms or were unsure where to seek help.

Positive acute care access:

- Reduced stress and fear
- Supported safer clinical decision-making
- Reinforced trust in the health system

Where prioritisation did not occur, or where guidance on after-hours care was unclear, anxiety increased—especially for newly enrolled or newly relocated māmā. Ensuring that all hapū māmā have clear, consistent, and equitable routes to urgent care strengthens the integrity of Best Start as a wrap-around support model.

### Midwife Access and Continuity

The most important access challenge identified was **difficulty securing a midwife**.

Multiple māmā described:

- Delayed responses from midwives
- Limited availability
- Uncertainty about continuity if a midwife change became necessary

This created stress at a critical time when relationships and trust are being formed. Even when interim measures were offered—such as joining a waiting list—this did not fully address concerns about whakawhanaungatanga with a different person who would support birth and postnatal care.

Closer coordination between general practice and midwifery services is urgently needed to ensure māmā do not bear the burden of navigating a workforce shortage alone.

### Mobility and Newcomer Vulnerability

Of note, four participants, (44%) of those interviewed, had moved to Whanganui within the past 18 months. This warrants consideration, as it may indicate greater mobility and transience among this population, and suggests that many māmā may still be establishing whānau networks and becoming familiar with the local health system.

**Māmā who had relocated in the past 18 months were found to be at increased risk of:**

- Later engagement
- Experiencing difficulties securing a midwife
- Reduced social support
- Uncertainty about urgent care options



These māmā responded particularly well to the community support provided by Te Whare Piringa and to proactive follow-up by practice teams.

Supporting newcomers to establish care earlier is a **strategic opportunity to strengthen equity** within Best Start and across Whanganui maternity pathways as a whole.

### Wrap-Around Coordination and Holistic Care

When Best Start processes were fully activated, māmā described feeling “looked after” both clinically and emotionally. This was most evident when clinicians checked health concerns with a doctor and followed up with māmā afterwards, reinforcing continuity of care.

In many cases, māmā received verbal information around important pregnancy-related processes, reflecting Te Whare Tapa Whā (Durie, 1994) in meaningful practice. This included:

- Wellbeing team involvement—such as, Health Improvement Practitioners (HIPs) and Health Coaches (HCs)
- Facilitation of midwifery contact
- Information about hapū wānanga and community programmes

However, the majority of māmā struggled to retain verbal information, due to factors such as the length of the appointment, morning sickness, and neurodiversity. In addition, some māmā reported inconsistent follow-up, making it difficult to clarify the information further.

Strengthening communication and referral pathways across services would ensure that every māmā receives the full benefit of the Best Start Model of Care.

### Implications for Equity

The Best Start Model of Care is already **reducing equity gaps** in early pregnancy engagement—particularly for Māori, young parents, and those less connected to services.

But to deliver on its full potential, system-wide alignment is needed to ensure:

- Early activation becomes the **norm**, not dependent on individual clinician vigilance
- Follow-up processes are **guaranteed**, not optional or variable
- Midwife access support is strengthened to uphold **continuity and cultural safety**
- Kaupapa Māori delivery environments are **resourced and expanded**
- Newcomer māmā receive tailored navigation and care support early

The evaluation demonstrates that **equity is achievable** when the model operates as intended—and that improvements are needed to ensure consistent delivery and sustainable outcomes.

### Summary of Key Learnings

The Best Start Model of Care demonstrates clear strengths in relational engagement, early support, and culturally grounded care.

Māmā expressed genuine appreciation for clinicians who centred them as active contributors rather than recipients of support. This approach reflects Kaupapa Māori values and is a strong foundation for continued growth of the model.

However, variability in follow-up pathways, midwifery access, and newcomer support suggests that **system consistency** remains a challenge. Where these elements are present, the model works well; where they are weaker, māmā may feel less supported and less certain about next steps.

Strengthening structural supports—particularly around coordination between services—will enhance the model’s effectiveness and equity impact over time.

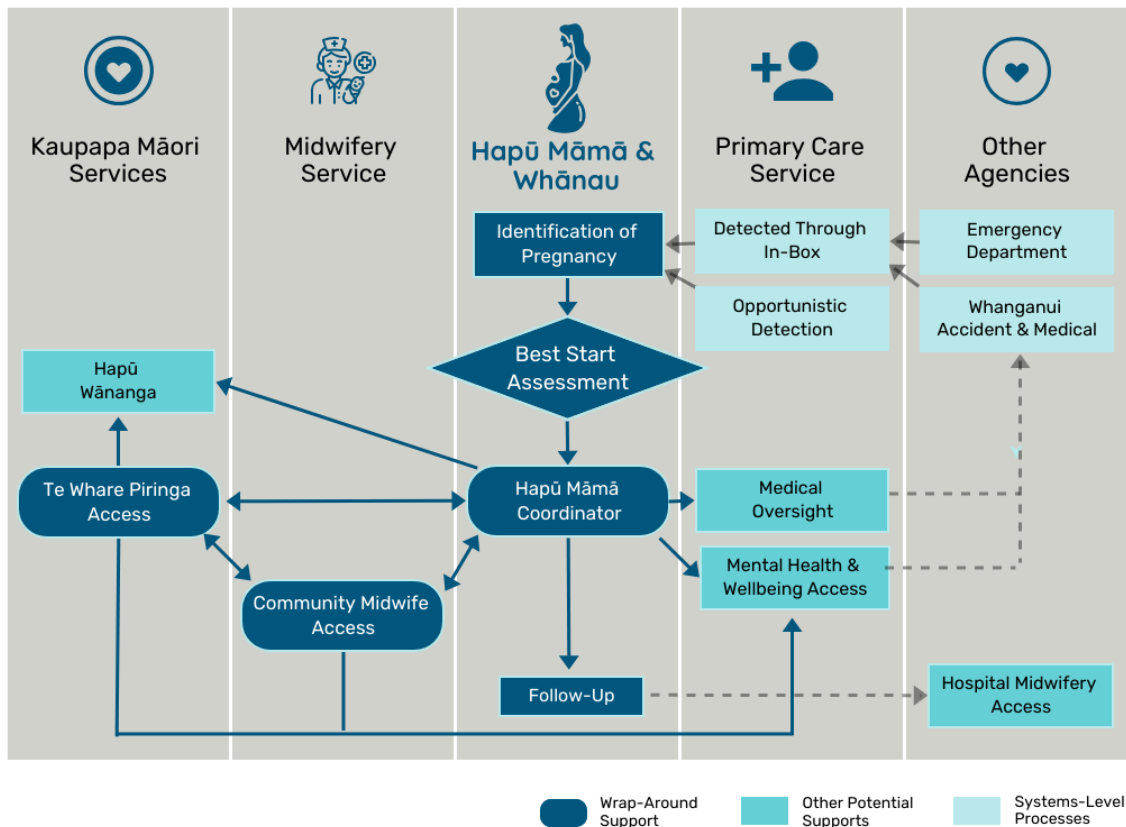
### What māmā want from the Best Start Model of Care:



- Warm, unhurried interactions that prioritise whakawhanaungatanga
- Information sharing that enhances understanding and confidence
- Partnering with whānau in decisions about care
- Culturally safe environments that support identity and belonging
- Follow-through on agreed plans to maintain trust

## Suggested Pathway for the Best Start Model of Care

Overall, this evaluation shows strong progress toward the model's goal of early and equitable support for hapū māmā. The Whanganui Best Start Model of Care is supporting māmā with timely information and early pregnancy support. Insights from māmā, however, indicate areas of variability that warrant attention to ensure equitable access for all. In response, this evaluation proposes a potential pathway for delivering the model, highlighting Kaupapa Māori-aligned touchpoints (such as whakawhanaungatanga and Te Whare Piringa) and showing how wellbeing and midwifery support can progress in parallel. The pathway also reinforces follow-up as an essential component of care.



**Figure 1.** Suggested Pathway for Wrap-Around Service Provision of the Whanganui Best Start Model of Care.

## Recommendations

The following recommendations reflect voices of māmā and insights from clinical teams, and are grounded in both practical need and cultural responsibility.

### 1) **Streamline the Early Pregnancy Care Pathway**

Ensure Best Start identification is supported by routine prompts and training across all frontline roles. In addition, ensure it is initiated consistently and promptly wherever pregnancy is identified. This will maintain early access as a core equity driver—especially for young or newly relocated māmā—leaving no māmā waiting for support due to variation in practice systems or clinician awareness.

### 2) **Strengthen Communication Through Relational, Respectful Engagement**

Embed communication approaches grounded in whakawhanaungatanga, manaakitanga, and whakamana to ensure all māmā feel heard, respected, and supported as partners in their care.

### 3) **Offer Flexible, Māmā-Centred Options for Engaging with the Best Start Tool**

Adapt the conversation to the needs, knowledge, and readiness of each māmā—ensuring the interaction enhances mana rather than follows a rigid protocol.

### 4) **Offer Flexible, Culturally Responsive Locations for Best Start Assessments**

Expand delivery in spaces such as Te Whare Piringa that foster comfort, openness, and cultural safety, enabling māmā to engage more fully in kōrero.

### 5) **Strengthen Coordination and Follow-Up**

Standardise referral process, documentation, and monitoring. Ensure referrals are reliably completed, information is shared across services (with māmā consent), and māmā know what will happen next so care does not rely on them to chase support. A clearly defined **lead role** within each practice should maintain oversight and accountability.

### 6) **Improve Resource Quality and Consistency**

Create and distribute clear, accurate, culturally relevant information that is easy to understand and consistently used across all practices.

### 7) **Tailor Best Start for Multigravida Māmā**

Offer choice about the level of support required and protect autonomy for those with previous experience, while still ensuring access when needed.

### 8) **Enhance Cultural and Relational Continuity**

Where possible, maintain contact with the same clinician throughout early pregnancy to strengthen trust and reduce stress during a time of vulnerability.

- 9) Strengthen Awareness of and Referral Pathways to Local Community Supports**  
Ensure that information about hapū wānanga, parenting services, and other community resources is clearly explained, provided as a handout, and actively facilitated to support holistic wellbeing.
- 10) Promote Supported, Low-Stress Access to Kaupapa Māori Community Services**  
Use Best Start assessments as an introduction to the space and kaimahi of Te Whare Piringa, helping māmā feel confident to return for wrap-around support. Further investment in community-based services like Te Whare Piringa will help ensure care is culturally resonant, strengthens wairuatanga, and fosters lasting whānau engagement beyond the clinical environment.
- 11) Prioritise Acute Appointments During Pregnancy**  
Ensure that urgent or concerning symptoms are always prioritised and that clear pathways for after-hours care are communicated early in pregnancy.
- 12) Improve Primary Care, Secondary Care, and Midwifery Services Connection**  
Strengthen collaboration and shared responsibility around midwife access, communication, and ongoing support. General practice should play a **proactive role** in initiating contact with midwives at point-of-care, not relying on māmā to pursue access alone. Tracking of unmet demand will be key to future workforce planning.
- 13) Ensure Socialisation to Pregnancy-Related Healthcare**  
Provide newcomers and first-time parents with clear guidance on roles within the maternity system, reducing uncertainty and encouraging earlier engagement. Develop consistent relational outreach for newcomers and ensure information is accessible and welcoming for those still building local support networks.
- 14) Acknowledge Māmā-Based Strengths and Contributions**  
Recognise māmā as knowledgeable decision-makers by affirming their resilience, cultural identity, and whānau supports as core to effective pregnancy care. Empower māmā to choose the supports they need, while affirming strengths and cultural identity as central to the pregnancy care journey.

Whānau inclusion needs to be upheld as a **protective factor**, not an optional add-on.

Together, these recommendations outline a pathway toward more consistent, connected, and culturally grounded early pregnancy care across Whanganui. To support practical implementation, the following section organises these actions into priority tiers—immediate improvements, targeted enhancements, and strategic system redesign—and identifies the key partners responsible for leading and supporting each change (Table 1). This structure ensures that progress is achievable, accountable, and aligned with equity commitments that honour the expertise and aspirations of hapū māmā and their whānau.

**Table 1.** Prioritised and Mapped Recommendations.

## Priority Tier 1 – Immediate Wins (0-6 Months)

Changes that require minimal system restructuring and will have immediate equity impact		
Recommendation	Primary Responsible	Supporting Roles
Prioritise acute appointments for hapū māmā	GP Teams	Reception/Triage Teams; HIPs/HCs
Strengthen continuity and follow-up	Best Start Lead Nurse; GP Teams	Practice Management; HIPs/HCs
Support māmā agency and whānau-led decision-making	All Clinicians (GPs/Nurses/HIPs/HCs)	Te Whare Piringa Kaimahi
Ensure early pregnancy identification is routine and proactive	Reception + Nursing Teams	GP Oversight; Practice Data Coordinator
Tailor Best Start for multi-gravida māmā	GP Teams + Nurses	HIPs/HCs
Improve clarity of urgent/after-hours care pathways	GP Teams + Nurses	Te Whatu Ora (Communication Support)

## Priority Tier 2 – Targeted System Enhancement (6-18 Months)

Changes that require collaborative implementation and new processes		
Recommendation	Primary Responsible	Supporting Roles
Strengthen referrals to midwifery support	GP/Nurse Teams	Midwifery Network; Te Whatu Ora Maternity Unit
Promote supported, low-stress access to Te Whare Piringa	GP/Nurse Teams; Te Whare Piringa Kaimahi	HIPs/HCs
Improve socialisation to pregnancy pathways for newcomers	Practice Management	Te Whare Piringa; Kāinga Ora Partners; Te Whatu Ora
Enhance awareness and referral pathways to hapū wānanga and community supports	Nurses + HIPs/HCs	Te Whare Piringa; Te Whatu Ora (Comms)
Improve resource quality and consistency	Best Start Lead Nurse	Te Whare Piringa; Te Whatu Ora (Comms)

### Priority Tier 3 – Strategic System Redesign (18+ Months)

#### Changes that require resourcing, governance support, and sustained collaboration

Recommendation	Primary Responsible	Support Roles
Integrate cultural and relational continuity as a core quality measure	Locality-Level Governance	GP/Nurse Teams; Midwifery Services; Te Whare Piringa
Expand Kaupapa Māori-led Best Start delivery	Best Start Lead Nurse + Te Whare Piringa Leadership	GP Practices; Te Whatu Ora
Strengthen primary-secondary-midwifery coordination	Locality-Level Governance	GP/Nurse Teams; Midwifery Network; Te Whatu Ora
Streamline the full early pregnancy care pathway to minimise fragmentation	Locality Leadership; Te Whatu Ora	GP/Nurse Teams; Te Whare Piringa

This structure highlights shared responsibility across services—rather than māmā-driven navigation, the importance of culturally grounded leadership, clear accountability for action across the maternity system, and the role of primary care as proactive connectors to whānau and community-based supports. More importantly, it demonstrates equity as a structural, not individual, commitment.

#### Conclusion

The Whanganui Best Start Model of Care has established a strong foundation for earlier, safer, and more culturally attuned pregnancy care across the district. Māmā experiences demonstrate that when the model is delivered as intended—with whakawhanaungatanga at the centre, proactive identification, timely navigation support, and a calm space to kōrero—it provides a meaningful first connection into maternity care and strengthens confidence in the system. These interactions uphold manaakitanga and whakamana, supporting māmā to lead decision-making while enhancing whānau engagement and wellbeing.

However, the evaluation also highlights that not all māmā experience the model consistently. Variability in referral pathways, communication approaches, and access to midwives creates avoidable stress during a vulnerable transition. Newly relocated māmā and those still building support networks face additional barriers that can delay care. Strengthening cultural safety and coordination across general practice, midwifery, and community services—particularly Kaupapa Māori spaces such as Te Whare Piringa—will be essential to ensuring equity of experience for all hapū māmā.

The recommendations in this report outline a clear and practical path toward consistency, system alignment, and sustainable equity gains. By embedding cultural and relational continuity as a core quality measure, enhancing navigational support for newcomers, and reaffirming practitioners as proactive connectors to wrap-around care, Whanganui can continue to lead innovative, community-grounded maternity care in Aotearoa. With strengthened implementation, shared responsibility across the primary care and maternity system, and continued commitment to Kaupapa Māori leadership, the Best Start Model of Care can reliably deliver on its core intent: that every pregnancy in Whanganui begins with connection, confidence, and whānau-centred support.

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