Transcript of interview conducted between Lorna Davies (LD) and Lactation Consultant (LC) carried out via Zoom on 1st December 2020

Acronyms

LD =Lorna Davies

LC = Interviewee

… = umms, ahhs, unintelligible etc.

LC: I am a Midwife by profession and a lactation consultant. For the last four years I have been working on developing a community based breastfeeding programme in the BoP.

I also do a lot of education for midwives. One of the things I talk about is millennial mothers and about how we need to change our mode of communication for this younger birthing generation. It is something I have been aware of,probably prompted by my own four off spring, how they function, how they learn things ,how they want to communicate and knowing there is a big generational difference.

Before Covid, I was working in the Eastern Bay of the Bay of Plenty, which is a Kaupapa Māori Iwi based service. We –were setting up alternative means of communication for providing a service. The western model was a problem, with referral,appointment, assessment and a care plan - it just doesn’t work for Māori . So we were finding out lots of different ways of working and how Māori wanted to work.

LD: ……..

LC: One of them being that if you’ve got no money on your phone you can’t text back, you can’t call back, so forget phone calls, forget texts half the time but FB messenger is a good mode cos we were finding more would chat to us that way. Tap in tap out, ask a question so we got good at sending short answers with a screen shot or something. Then Covid came and so we had 2 days to pack up and work out how to do this. I set myself up at home with the laptop and work phone and put out messages that we were still here guys and that we could do this visually and digitally. However our referrals, like a lot of places, just dipped down for a number of reasons. Talking to my LC colleagues around the country, some were not setting up alternative services because they had no idea what was going to happen. A lot of people anticipated being redeployed in the Covid situation, so their managers instead of saying ‘oh you know, just set up virtual services, they were saying, “just forget your work and prioritise because we might need you on the floor”. So I saw a gap and thought that lots of women were not going to get what they need and in the early days of Covid a lot of midwives were not sure what they could provide in the way of service. And what I saw was a big difference around the country what some midwives were prepared to do and some were not. Like in the Eastern Bay, there is a small midwifery team and they did a great job with their home visits and carried on doing what they do normally really but with more caution. But I know in other places, particularly the cities there was very little. There is a Lactation Consultants Facebook discussion page and I put out a message asking if anyone was interesting in doing a free online support for women via FB and about 5 LC’s put their hands up so we set up Lactation Lockdown. I don’t know whether you have had a chance to look at it but its still there and we said, “we are available to you” and in the next month we helped 250 mama/ baby pairs

LD: Wow that is fantastic

LC: Two of us took the bulk of that with three doing little bits but they were busy with their own mahi as well or had small children as well and couldn’t commit to it whereas I had the time. And one of them was really good at IT and I am not. She set up the page and any issues we had with it she dealt with very quickly. We invited our LC colleagues who were still providing services to put a post up on the page so that women could go there and know who was available and who’s not. So we got calls from women with 2 day old babies to 6 month olds olds although most of them were in that midwifery space. And we were able to help women quite successfully with a mixture of conversations by FB messenger, screenshots and video link or mainly I’d get them to take a photo or something or get their partner to do a short video to show what a feed looked like and then Id answer back and then we may set up a Zoom but I quickly learned to keep the Zoom appointments very quick. So a lot of scaffolding up with very short verbal appointments just with some tweaking and then packed down slowly and this might take a week or two. And in that period of time women and her support person trouble shooting, problem solving and the videos that they sent me were very good and I was able to see in an instant what could be tweaked and what have you………..

LD – Fantastic and of course everyone has a phone now and so……..

LC– and the advantage of most partners being home was that they could hold the phone . It was also very telling because some partners were so supportive of this process and could not be more helpful and others would be sitting in the armchair on the other side of the room playing on a playstation going ‘what?’ So that was a little bit obvious too as to what support people had. And a lot of women only having quick visits from their midwives on the porch and their babies hadn’t been weighed for ages and they were really stressed or ……….and there was a whole variety of issues and I set up some documentation and we actually kept documentation from each and every visit and if a care plan had to be written then I would send them a photograph and give them a copy of the care plan which they could share with their midwife when their midwife came by or they could text it to their midwife or what have you

LD– Did you do much interface with midwives and other Health Professionals?

Karen – No well one or two but only usually the ones who knew me and they, a lot of the, and the first thing that happened when I had this idea and remember this all happened very quickly

LD: Yes

LC: I put on the Kiwi Midwifery page, ‘hey guys we’ve set up a free breastfeeding support page. What do you think?” I think that I got back 80 replies very quickly saying yes please, thanks we desperately need something . I sort of got their permission so to speak They thought it was a great idea but weren‘t socialised into three way consulting.

LD: Yeah

LC:

LD: Oh how interesting. You didn’t get any GP’s involved either

LC: Who was that sorry?

LC: GP’s no I had to worry about capacity, so really just put it out there that Lactation Lockdown …..

LD: So it was predominantly midwifery You said there were some women with babies up to six months so…..

LC: We did get the odd call later but mostly it was in the midwifery time . My initial thought was to help out our midwifery colleagues and pick up the slack from what DHB LC’s would normally be doing. The other side of that is those DHB s that kind of sunk the service in the first week not knowing what was going to happen….by the second or third week were going “Ooh we could be doing this so they started picking up their own as well”

LD – I love the idea of scaffolding, so by the time that you get to the Zoom you don’t need to spend an hour online

LC: Absolutely not. In fact it doesn’t work. So This was something that I was starting to learn long before hand anyway and because in our project in Eastern Bay, we employ young Māori Wahine as breastfeeding kaiawhina. They got me onto this because they said “oh look. One of the problems is that you guys give too much information in a short period of time and we don’t want that .We want soundbites and a screenshot or something and give us a chance to go away and try it “. So we were changing our work model before Covid absolutely I have seen the benefit of working differently anyway and written up a few frames about this too about a Western model of care versus a Mana Wahine model of care which is get to know someone a bit let them tap in, tap out, give them little bits of information as they want it, involve the Whānau, but the videos and the pictures that they sent me were just brilliant and it would take nothing really for me to spot what was happening, give them some tools and tweaks and they would go oh ok that works gee thanks and I wouldn’t hear from them for a week then tap back in hey I’ve just got a question you know and it was brilliant

LD-:and you got that lovely two way flow as well not just them consulting you its that lovely ongoing and using different media as well to do that

LC: Absolutely Do you know the BreastfedNZ app?

LD: No I don’t

LC: Ok So I wrote most of that five years ago for the Midlands DHB so I guess that I am a little ahead of my colleagues as far as using alternative means of working

LD: and yet you say that you’re not very digitally minded

LC: I am and I’m not I’m actually good at doing it myself , I like to be creative in how I work and also seeing how we’ve been doing things. It actually didn’t work that well.

LD: Are you familiar with the MoH Telehealth Guidelines?

LC: Yes sort of I remember reading a few things at the time and since

LD: Because that doesn’t really fit the model does it? Not quite

LC: No and even like Plunket have a video LC service but its all reliant on referral and appointment but this was nothing like that. This was woman led and it was empowering for them and when we did have a video call as I say, it was always short They would be on their couch feeding and the partners around or something and Id say “ah actually could you just drag that cushion and put it under your elbow or something” Its just so workable in their own home

LD: Im just thinking about the difference between being a midwife using something like Zoom but I guess that its more immediate for lactation advice A lot of people feel really uncomfortable about doing things digitally without being face to face because they are saying that you are missing the cues and the importance of non verbal communication but you don’t seem to have had that problem

LC: Not at all. I guess because I am experienced I could spot things, but its about forming that rapport before you get to that video point so that manaakitanga and Whānaungatanga has already taken place. You are able to be quite interactive with each other It was really workable

LD: This is really cool. I am so impressed. Where there any kind of barriers or challenges as a result of this different way of communicating?

LC: Not really. Unfortunately we only reached those who had the resources to find us. At the same time I was carrying on my work and as I said our referrals were down I did know that a lot of women had run out of money on their phone and what have you I do remember speaking to my boss and said “hey can we get $20 phone cards available for these people “It didn’t actually happen in the end To reach the needs of high need clients at times like this you know They need to be able to access some data. $20 is nothing

LD: I was going to say it’s a drop in the ocean isn’t it?

LC:

LD: Have you had feedback from the women that you worked with about their experience

LC: We did get some feedback we actually meant to when it was all over . Some midwives asked us to keep the page up because its got useful info on it so we just kept it up. We actually meant to out a survey monkey to get some feedback because I thought, hey this is going to be interesting information and you know we all got busy and it didn’t get done but I did get some feedback and the local women who I ended up talking to had been touch since and said oh you were just a lifesaver at that time and it was the same with the other LC’s. Getting back to Midwifery I think a lot of this was easier for me because I am a midwife so if I got the history of the birth and it was so much easier for me to put the package together.

LD: Right yes

LC: The other LC’s were very effective. The conversations and the to and fros and the photographs and the videos are a case study on their own

LD: I was going to say you have got the makings of an incredible article

LC: Yes maybe and who knows we could put a survey monkey this late in the day. I’ve been involved with the MoH review panel for the new breastfeeding strategy and since I’ve been in that I have been saying we need to do things differently

LD: So I know that you had already started it before lockdown you were dipping your toes in and this kind of cemented it for you presumably

LC: Oh absolutely because a lot of colleagues said oh you can’t possibly do your job properly you know. `It was for urban women you know rural and remote women missed out a lot but the mode of communication has to be quick and easy. Because we had a Facebook page it was a page not a group so we couldn’t do messenger video calls on it and sometimes we had to use our own Facebook page for that. So we gave women a choice between that, Zoom or WhatsApp. WhatsApp is really good. Now all of the Indian women who tapped in like WhatsApp because that is what they are used to

LD: Oh interesting

LC: It is encrypted and the video quality is good but a lot of Kiwis are not used to WhatsApp

LD: That’s a really good point actually

LC: It would have been much easier if we could have just video called by FB messenger but we would have had to have changed to a group

LD :But a group can have its drawbacks as well because you have to accept people and what have you

LC: Yeah yeah yep and Zoom, a lot of people were put off Zoom especially the younger ones . So we gave those choices of how they wanted to communicate and there was one woman in particular who couldn’t do any of those things and we did it all with text and pictures late on a Friday night, she was a Pacific Island woman in Sth Auckland. She didn’t have a laptop, all she had was her phone, she didn’t have FB she couldn’t do anything else and there we did it just by text one Friday night and she got back onto full feeding.

LD: You really tailored it for the needs of the individual women in terms of their digital experience . It’s fantastic honestly I am really blown away.

LC: We made it from 8am to 7pm seven days a week through Covid because we were all fitting it in around our other work and our children and if one of us needed a day off we would just say oh look I can’t do any calls today can someone pick these up. It was also easier for me because I was still getting paid. There were a few other LC’s who were private who would have loved to have but they would have been giving it away and it would have impacted on their incomes.

LD: Oh right

LC: so I didn’t feel compromised at all

LD: So the private LC’s did they do their own consulting

LC: Yes they did but they charged

LD: SO they used Zoom etc but they charged yeah. So that was a real privilege really to be able to without having to worry about payment

LC: Yes and so I am one of the lucky ones my pay continued you know I was away from work for eight weeks in the end and the service kept us going Yes I would love to write it up sometime

LD: Honestly I think that it would be really valuable Its such a great story. I think that fact as well, that you kind of set out trying to find a modality that fitted the needs of Māori clients but you ended up providing whatever it was that young women want

LC: and actually its been interesting since because I’ve wrapped up my role in the BoP I was there as a project lead So now I am in Waikato setting up something new.

LD: isn’t it interesting? That lock down has changed things fundamentally and I think that it will happen Certainly the younger midwives in the midwifery community will kind of look at this technology and embrace it as an adjunct not a the main means of communication

LD: No you are right but I guess that you mentor people in that way as well couldn’t you? And what a wonderful set of resources as well with the woman’s permission to share for teaching purposes. So its not just in the home of the woman you are also generating teaching materials

LC: Yes and using screen shots from the BreastFedNZ appand the Mama Aroha Talk cards were very helpful. Someone would have a blocked duct and you would send a screen shot and they would say Ahhh!

LD: That is absolutely amazing. Ive got It was a semi-structured the interview that ended up less than structured but you have answered all of my questions I think so thank you so much Karen

LD: If you want more info about it just look up

LD: Would you like to see a copy of the transcript? When its completed.

LC: Yes I would like to see the end results of everything because from my own point of view I need to put all of this into the new contract coming up and having some research behind it is going to be very helpful to get my generation of health workers to adapt quicker

LD: There will be a group Zoom for bringing people together to talk o each other as well so I don’t know if you would be interested

LC: Just let me know

LD: Thank you its been a pleasure talking to you. And keep up that fantastic work