EtD 56. How do Pacific peoples and families prefer to engage in discussions and receive information when making shared decisions about the care of their preterm pēpi?

POPULATION:	Preterm infants
INTERVENTION:	Pacific peoples and families engaged in discussions and receiving information when making decisions about the nutrition care of their preterm pēpi
COMPARISON:	Standard care
MAIN OUTCOMES:	**Critical outcomes** Clear and culturally safe communication Upholding Yavu – Foundations of Pacific Engagement Policy Faltering growth/body composition (<0.5 z-score or %FFM) Fully breastfed or breastmilk feeding at hospital discharge (<20 per 1000) **Less important for decision making** Time to full sucking feeds (<0.5 days) Time to full enteral feeds (<0.5 days) Breastmilk supply/volume Duration of initial hospital stay (<0.5 days) Cost: cost of intervention, cost of neonatal care and life-long cost (<NZD$10 per baby) Mortality (<1 per 1000) Neurodevelopmental impairment (<10 per 1000)
SETTING:	Neonatal care
PERSPECTIVE:	Clinical guideline recommendation. Patient perspective
BACKGROUND:	The rate of preterm birth in Pacific families in Aotearoa New Zealand was 8.8% in 2023, and Pacific families are disproportionately represented in the NICU. Yet, only 1% of NICU staff identify as Pacific Peoples and there is a significant lack of research on the experiences of Pacific families in the SCBU/NICU, particularly regarding culturally appropriate essential medical information provision and health communication. To increase equity and provide culturally safe care, health providers must prioritise identifying and delivering medical information in a culturally safe manner and demonstrate behaviours that empower Pacific families. This would increase Pacific families bonding and caring for their pēpi as well as be able to engage confidently with staff".
CONFLICT OF INTERESTS:	None

ASSESSMENT

Desirable Effects **How substantial are the desirable anticipated effects?**		
JUDGEMENT	**RESEARCH EVIDENCE**	**ADDITIONAL CONSIDERATIONS**
○ Trivial	There is a clear evidence gap when it comes to the care of Pacific	In a third study [3] study, parents of infants in NICU were interviewed

○ Small ● Moderate ○ Large ○ Varies ○ Don't know	families in the context of preterm birth. Only sparse indirect evidence was available, extracted from qualitative studies. In Walsh et al [1], 10 Pacific families of pēpi (four Samoan, four Tongan, one Cook Island and one Māori mother married to a Samoan man) with neonatal hypoglycaemia were interviewed about their experience. Infants were not necessarily in NICU, nor were they necessarily born preterm. Enablers of positive experiences were: • Teu Le Vā (the building and nurturing of relationships) was the most important theme identified during the care pathway. Participants recalled positive experiences with healthcare practitioners who provided time and loving care. On the other hand, participants felt disrespected when faced with healthcare providers they did not know and who did not take the time to build a relationship. This was viewed as an invasion of their sacred space. • Faith and spirituality were important to many participants, and the opportunity to have a space and the opportunity to pray while in the hospital, especially before a procedure, was appreciated. Most participants also wished to express their faith without fear of judgement from hospital staff. In a study by Abel et al [2], 150 participants were divided into six focus groups to discuss infant care practices. Among the 150 participants, 25 were Tongan, 28 were Samoan, 30 were Cook Island and 14 were Niuean. The study was conducted in 1998 which could prevent the generalisation of the findings to today's population. Themes that emerged were: • The importance of community support during the postpartum period. In the Pacific Island groups, support from the extended family, especially female members (mother, mother-in-law, sisters and aunts) was expected and readily offered. Support was practical, financial and emotional. The extended family is very much involved in the care of the infant and therefore has a strong impact on infant care practices. • When support from family/community was not available, Pacific Island participants tended to rely more on healthcare providers for information. However, few attended antenatal classes or sought postnatal support from professional organisations as they perceived those services to be developed for Pākehā families. • Information from healthcare providers sometimes clashed with information and traditional practices promoted by elders in the	about their experience. Of the 83 parents interviewed, 7 were Pacific families (8.6%). Challenges that emerged were: • Feeling of disempowerment due to a lack of control, of information and of involvement in the care of the infant. • Power imbalance between NICU staff and parents, with NICU staff acting as gatekeeper to the infant and parents feeling that they needed to ask permission to touch, care for and spend time with their infant. Parents also did not want to disturb the staff with questions. • Lack of space for the fathers, who felt they had a secondary role to the mother and felt they were in the way while in NICU, even though they were described as the main support person for the mother. In a study by Pio *et al [4]*, 20 Samoan mothers were interviewed about their experience with their general practitioners (GP). The study reported that: • Mothers' experiences with their GP influenced their decisions and care of their children. • Participants valued positive feedback on their care of their children and being acknowledged as the expert of their child's health. • Participants often felt rushed during their consultation and received closed answers that prevented true communication with the GP, trust and relationship building. • Participants often felt inferior to the GP and too intimidated to ask questions or disagree. • Limited English of some participants was a barrier to communication with the GP. The use of medical jargon was also a barrier, whether or not the participant understood English. Instead, participants wished user-friendly resources were available, written in both Samoan and English, and using imaging as much as possible. In another study [5], seven grandparents who had provided at least five meals per week to their grandchild (infant <24 months) in the previous three months were interviewed. Two participants were Samoan and five were Māori. Of the two Samoan participants, one was the primary caregiver or had a substantive role for their six grandchildren. The other participant had a substantive caregiver role to one grandchild. Themes that emerged were: • Participants wanted more infant nutrition resources developed

	community, especially those who had been raised outside of New Zealand. • An example of conflict was around the introduction of solids, with healthcare providers recommending (at the time) to wait until four months old before introducing some solids. Some Cook Islands participants believed that Pacific infants were hungrier than Pākehā infants and that the recommendation therefore did not apply to them. Some Pacific family participants introduced solids at 6-8 weeks, and several participants started at 3 months. Solids were pureed fruits, vegetables and cereals and/or sua alaisa (a special Samoan soup), pia (arrowroot starch) and mokomoko (coconut milk). • Most participants, especially those raised in New Zealand, adopted some Western recommendations and modified them to integrate traditional practices. • Most participants favoured breastfeeding although some ceased to breastfeed due to challenges such as having difficulty establishing breastfeeding, experiencing cracked nipples, conflicting advice between healthcare providers and thinking they did not have enough milk. • Bedsharing with the infant was the norm amongst Pacific family participants. Bedsharing was believed to have practical, psychological and spiritual benefits for the infant. • The traditional practice of milimili during pregnancy (gentle rubbing of the abdomen), as well as traditional baby massage were also identified as very important to most Pacific families.	specifically for them (e.g. written in Samoan), readily available and easy to understand (e.g. through the use of lay terms). • Strong support for breastfeeding, considered the healthiest option but also the most cost-efficient. • Limited income and high cost of food (especially fresh fruits and vegetables) were identified as significant barriers to ensuring optimal feeding practices for the children in their care. • Participants were identified as community advisors, carers and cultural custodians. As such, they shared key information and experiences around childcare and infant feeding practices with other members of the community. Many also had gardens and knowledge around plants that they shared with others. Participants were exposed to social scrutiny, with some feeling ashamed or guilty if their grandchildren were perceived as 'skinny' by others.

Undesirable Effects **How substantial are the undesirable anticipated effects?**		
JUDGEMENT	**RESEARCH EVIDENCE**	**ADDITIONAL CONSIDERATIONS**
● Trivial ○ Small ○ Moderate ○ Large ○ Varies ○ Don't know	No undesirable effects were identified.	

Certainty of evidence **What is the overall certainty of the evidence of effects?**

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
○ Very low ○ Low ● Moderate ○ High ○ No included studies	The overall certainty of evidence is low due to indirectness: no information was available for Pacific families and the care of their preterm pēpi. No statistical analysis was provided in any of the included studies and the evidence is therefore purely narrative. However, the included evidence, while indirect to the PICO, ranked high on the Critical Appraisal Skills Programme (CASP) checklist* for qualitative studies. Overall, the strength of the including qualitative studies was high to moderate. Two of the included studies used a Pacific family/ies centred framework when developing their study methodology/epistemology (e.g. use of the Fonofale Model in George 2021) or when reporting on study findings (e.g. use of the Seitapu Framework of Cultural and Clinical Competency in Walsh 2025). Results of the CASP checklist were as follow: · Walsh et al., 2025: 20/20 (high quality) [1] · Abel et al., 2001: 20/20 (high quality) [2] · Tapera et al., 2016: 20/20 (high quality)[5] · George et al., 2021: 19/20 (moderate quality) [6] [criteria statement of aims partially met] · Pio et al., 2020: 18/20 (moderate quality) [4] [criterion for relationship between researcher and participants not met] · Serlachius et al., 2018: 17/20 (moderate quality) [3] [criterion for recruitment strategy partially met; criterion for relationship between researcher and participants not met]	* CASP criteria: 1. Was there a clear statement of the aims of the research? 2. Is a qualitative methodology appropriate? 3. Was the research design appropriate to address the aims of the research? 4. Was the recruitment strategy appropriate to the aims of the research? 5. Was the data collected in a way that addressed the research issue? 6. Has the relationship between researcher and participants been adequately considered? 7. Have ethical issues been taken into consideration? 8. Was the data analysis sufficiently rigorous? 9. Is there a clear statement of findings? 10. How valuable is the research? CASP critical score: a) Criterion is completely met = 2; b) criterion is partially met = 1; c) criterion not applicable, not met, or not mentioned = 0; Total score 20 = high quality; 16–19 moderate quality; ≤ 15 low quality

Values
Is there important uncertainty about or variability in how much people value the main outcomes?

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
○ Important uncertainty or variability ● Possibly important uncertainty or variability ○ Probably no important uncertainty or variability ○ No important	Two models of health for Pacific Island whānau were identified during the search: In George *et al* [6] in which 17 Pacific Island households were interviewed around their sleep patterns and habits, the Fonofale Model was used. In this model, family is considered the foundation for health. Wellbeing involves several posts such body, mind, spirit and culture, all occurring within the broader context of time and environment. In Walsh *et al*, the Seitapu Framework of Cultural and Clinical Competency was used [1]. It is based on four principals of Seitapu	

uncertainty or variability	(sacred flower): Family, Language, Tapu (sacred religion and cultural beliefs), and Community.	

Balance of effects **Does the balance between desirable and undesirable effects favour the intervention or the comparison?**		
JUDGEMENT	**RESEARCH EVIDENCE**	**ADDITIONAL CONSIDERATIONS**
○ Favours the comparison ○ Probably favours the comparison ○ Does not favour either the intervention or the comparison ● Probably favours the intervention ○ Favours the intervention ○ Varies ○ Don't know	The studies are primarily qualitative data summarising experiences and not the effect of an intervention. The limited available evidence shows that Pacific families place the highest value on relationship-centred care, where trust, time, respect and spirituality are honoured, and where extended family are included in decision-making.	

Resources required		
JUDGEMENT	**RESEARCH EVIDENCE**	**ADDITIONAL CONSIDERATIONS**
○ Large costs ○ Moderate costs ○ Negligible costs and savings ○ Moderate savings ○ Large savings ○ Varies ● Don't know	No information is available. Resources are first needed to bridge the evidence gap and find out the best communication strategies and practices to engage with Pacific Island whānau in the context of premature birth.	

Certainty of evidence of required resources **What is the certainty of the evidence of resource requirements (costs)?**		
JUDGEMENT	**RESEARCH EVIDENCE**	**ADDITIONAL CONSIDERATIONS**

○ Very low ○ Low ○ Moderate ○ High ● No included studies	No included studies.	

Cost effectiveness **Does the cost-effectiveness of the intervention favour the intervention or the comparison?**		
JUDGEMENT	**RESEARCH EVIDENCE**	**ADDITIONAL CONSIDERATIONS**
○ Favours the comparison ○ Probably favours the comparison ○ Does not favour either the intervention or the comparison ○ Probably favours the intervention ○ Favours the intervention ○ Varies ● No included studies	No included studies.	

Equity **What would be the impact on health equity?**		
JUDGEMENT	**RESEARCH EVIDENCE**	**ADDITIONAL CONSIDERATIONS**
○ Reduced ○ Probably reduced ○ Probably no impact ● Probably increased	In 2023, 8.8% of Pacific Island pēpi were born before 37 weeks' gestation, compared to 7% of NZ European/other pēpi. In the 2019 Review of neonatal care in New Zealand pēpi of Pacific peoples accounted for 7% of level 2 unit, 4% of level 2a unit and 16% of level 3 unit. The review noted that the NICU staff did not reflect the population it	

○ Increased ○ Varies ○ Don't know	supports, as Pacific Island staff represented 1% of the workforce in 2019 compared to 73% for NZ European staff.	
Acceptability **Is the intervention acceptable to key stakeholders?**		
JUDGEMENT	**RESEARCH EVIDENCE**	**ADDITIONAL CONSIDERATIONS**
○ No ○ Probably no ○ Probably yes ○ Yes ○ Varies ● Don't know	This evidence gap is an issue, especially considering the significant percentages of preterm infants from Pacific families in NICU. To be acceptable, interventions would also need to consider the specificity of each Pacific Island (e.g. Samoa, Tonga, Cook Islands) as Pacific People are not a completely homogenous group, but each Pacific Island has its own cultural identity.	
Feasibility **Is the intervention feasible to implement?**		
JUDGEMENT	**RESEARCH EVIDENCE**	**ADDITIONAL CONSIDERATIONS**
○ No ○ Probably no ● Probably yes ○ Yes ○ Varies ○ Don't know	While there is no evidence, it is feasible in Aotearoa New Zealand to improve the way we engage with Pacific peoples and families in shared decision-making about the care of their preterm pēpi, but doing so will require intentional, culturally grounded changes in how health services communicate and build relationships. The Yavu – Foundations of Pacific Engagement Policy offers a practical framework for this. Yavu is a Pacific engagement tool developed by the Ministry for Pacific Peoples to help guide engagement with Pacific communities in ways that are meaningful, culturally responsive, sustainable, and relationship based. The word yavu refers to "foundation" and incorporates Pacific values and worldviews into engagement processes. These principles overlay the usual engagement steps and remind health professionals and systems that effective engagement with Pacific peoples is not just about information transfer — about connection, respect and shared understanding.	Key principles of Yavu include: • Understanding context – know the Pacific peoples you are engaging with, including cultural backgrounds, languages, family systems and health-related beliefs. • Environment – invest time and space to connect genuinely, rather than treating engagement as transactional. • Responsibility – recognise the contribution and expertise Pacific families bring, especially in caring for pēpi. • Teu le va – build, nurture and strengthen relationships over time; va refers to the relational space between people.

Summary of judgements

	JUDGEMENT						
DESIRABLE EFFECTS	Trivial	Small	**Moderate**	Large		Varies	Don't know
UNDESIRABLE EFFECTS	**Trivial**	Small	Moderate	Large		Varies	Don't know
CERTAINTY OF EVIDENCE	Very low	Low	**Moderate**	High			No included studies
VALUES	Important uncertainty or variability	Possibly important uncertainty or variability	**Probably no important uncertainty or variability**	No important uncertainty or variability			
BALANCE OF EFFECTS	Favours the comparison	Probably favours the comparison	Does not favour either the intervention or the comparison	**Probably favours the intervention**	Favours the intervention	Varies	Don't know
RESOURCES REQUIRED	Large costs	Moderate costs	Negligible costs and savings	Moderate savings	Large savings	Varies	**Don't know**
CERTAINTY OF EVIDENCE OF REQUIRED RESOURCES	Very low	Low	Moderate	High			**No included studies**
COST EFFECTIVENESS	Favours the comparison	Probably favours the comparison	Does not favour either the intervention or the comparison	Probably favours the intervention	Favours the intervention	Varies	**No included studies**
EQUITY	Reduced	Probably reduced	Probably no impact	**Probably increased**	Increased	Varies	Don't know
ACCEPTABILITY	No	Probably no	Probably yes	Yes		Varies	**Don't know**
FEASIBILITY	No	Probably no	Probably yes	Yes		Varies	**Don't know**

Type of recommendation

Strong recommendation against the intervention	Conditional recommendation against the intervention	Conditional recommendation for either the intervention or the comparison	**Conditional recommendation for the intervention**	Strong recommendation for the intervention
○	○	○	●	○

References

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5. Tapera, R.; Harwood, M.; Anderson, A. A qualitative Kaupapa Māori approach to understanding infant and young child feeding practices of Māori and Pacific grandparents in Auckland, New Zealand. *Public Health Nutr.* **2016**, *20*, 1090-1098, doi:10.1017/S1368980016002950.
6. George, M.; Richards, R.; Watson, B.; Lucas, A.; Fitzgerald, R.; Taylor, R.; Galland, B. Pacific families navigating responsiveness and children's sleep in Aotearoa New Zealand. *Sleep Medicine: X* **2021**, *3*, 100039, doi:10.1016/j.sleepx.2021.100039.

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