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## RETURNING 'ŌIWI BIRTHING PRACTICES TO HOSPITALS IN HAWAI'I

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## Returning 'Ōiwi Birthing Practices to Hospitals in Hawai'i

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'Ōiwi birthing practices are intimate relationships between family, community, and the environment. They support the physical, spiritual, emotional, and mental health of the whole family. In the Hawaiian Kingdom, with the introduction of institutionalized birth, Queen Kapi'olani hybridized Euro-American birth practices with 'Ōiwi ones. Over time, with the changing of political leadership and the devaluation of traditional knowledge, 'Ōiwi birth practices have become virtually unknown to many. As Native Hawaiians today disproportionately experience adverse pregnancy outcomes, the authors advocate for and outline how returning to ancestral and historical 'Ōiwi birthing practices in hospitals could improve 'Ōiwi maternal and neonatal health.

'Ōiwi<sup>1</sup> childbirth was once a deeply intimate network of relationships between partners, family, community, food/medicine suppliers, health professionals, the environment, and more. These values and connections allowed for holistic care built on the foundation of the health of the forest and waterways, which are the health of the community. Planting the 'īewe (placenta) is just one key example of traditional practices that deeply connects a newborn child to the land or sea and has generational health benefits. Birth practices, like all practices, are living systems that evolve with time. Some changes have advanced our knowledge and improved care, while some changes may have not only worsened outcomes but resulted in the loss of our cultural practices and ancestral knowledge.

This paper reviews four critical time eras that may help us better understand why knowledge and practice of 'Ōiwi birthing practices were taken out of 'Ōiwi created health institutions. The deculturation of these spaces contributed to these practices becoming almost lost. While health education is carried out predominantly through allopathic methods, both allopathic and Hawaiian practices improve maternal and neonatal outcomes in Hawai'i. 'Oihana hānau ('Ōiwi birthing practices) can be applied both in and out of hospital settings. However, since each space has different resources available, each space also requires unique applications of 'oihana hānau. This paper will focus on how 'oihana hānau can be shared with all hospital staff working in labor and delivery

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<sup>1</sup> 'Ōiwi is one of many ways the aboriginal people of Hawai'i refer to ourselves. Throughout the paper, we use Hawaiian, Native Hawaiian, Hawaiian, and 'Ōiwi, interchangeably.

wards through education to re-institutionalize what Queen Kapi'olani first intended when she founded Kapi'olani Medical Center for Women and Children.

By walking through four eras of time, we illuminate what practices were deculturated and how to (re)make space for them as we collectively work towards improving maternal and infant health for all. We start by framing the problem. Then, we move through these four eras to help us understand the connection between our history and the challenges related to health and ancestral birth practices in contemporary times. The time era we start<sup>2</sup> with is when Hawai'i was at its most biologically diverse and society followed strict rules to ensure a clean environment (Nakuina, 1894).<sup>3</sup> For example, we share a mo'olelo (historical data) from this era about when a mother<sup>4</sup> went into labor and the ways in which her partner contributed to this process in the natural environment (Kekoowai, 1922).<sup>5</sup> We then transition to the second era of the Hawaiian Kingdom where birth was moved into an institutional setting with the establishment of medical institutions like Queen's Hospital established by Queen Emma and King Kamehameha IV as well as the focus for us here, Kapiolani Maternity Home founded by Queen Kapi'olani (Unknown, 1891).<sup>6</sup> This particular birth home (hale ho'ohānau) was able to use Western clinical tools and harmonize them with an 'Ōiwi foundation. Important to this discussion is understanding the motivation of Queen Kapi'olani to open her maternity home was because, by and large, Western medicine employed close-minded frameworks, which marginalized non-Western forms of healing making Native Hawaiian patients feel minimized or even be seen as "dangerous" because of their ancestral beliefs and practices. Consequently, this paper will bring forward narratives of deculturation that continue to be harmful to people's health and the ways Kapiolani Maternity Home attempted to balance ancestral beliefs with Western medical beliefs and practices.

The third time era we cover is the illegal overthrow of the Hawaiian Kingdom in 1893 and the ensuing events, including the illegal annexation of Hawai'i to the United States in 1898. The loss of Hawaiian independence inflamed disenfranchised citizens, particularly Native Hawaiians. It also displaced many communities, particularly those sustaining traditional practices, leading to the deculturalization of traditional birth spaces. We assert that the colonization of birth spaces, the natural environment as well as education and health spaces, exacerbated by the broader political climate, plays an important role in the current maternal health disparities experienced by Native Hawaiian and Pacific Islanders (NHPI). We aim to illustrate some of these ancestral birth practices and current efforts to reclaim these spaces through these practices in our

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<sup>2</sup> Too often the marker for time in Hawai'i is pre and post contact. That reinforces the value system over emphasizing Cook's contact with Hawai'i. This paper emphasizes a time marker when Hawai'i was at its healthiest environmental state.

<sup>3</sup> This is a significant time era and, as 'Ōiwi storytellers, we reserve the right to tell time in a way that aligns with our values.

<sup>4</sup> If "mother" does not resonate with you, please feel free to use a word that fits your and/or your family's worldview(s).

<sup>5</sup> This story is shared to present the lifestyle and critical skillsets that 'Ōiwi navigated the world to birth safely and competently in this manner. We use these insights to inform the methods we can use in hospital settings. We present these ideas in the recommendation section at the end.

<sup>6</sup> Kapi'olani Maternity Home was the original English name of today's Kapi'olani Medical Center for Women and Children.

communities and hospitals. Our final era is the contemporary one, in which we end with recommendations that could be easily incorporated into hospital birthing protocols based on the discussions from the three previous eras. Most importantly, we hope that sharing these culturally-based recommendations will help to improve the ways healthcare systems function for Native Hawaiians and, in turn, improve families' birthing experiences and neonatal and maternal health outcomes in hospitals.

### **Framing the Problem: Poor Maternal Health Outcomes for Native Hawaiians and Pacific Islanders**

Neonatal mortality, defined as death occurring from 0-27 days of life, was examined by researchers at the Hawai'i State Department of Health. They found that in 2002-2009, Native Hawaiian neonates were almost twice as likely to die in the first month than white neonates (Hirai, Hayes, Taualii, Singh & Fuddy, 2013). The causes of death varied, but most were due to preterm-related causes. The U.S. Centers for Disease Control (CDC) monitors pregnancy-related deaths, defined as a death occurring either during pregnancy or within one year after a pregnancy ends. In the CDC's most recent Pregnancy Mortality Surveillance System report, from 2017-2019 (CDC, 2023), Native Hawaiian and Pacific Islander (NHPI) persons across the country had a pregnancy-related mortality ratio of almost 4.5 times that of non-Hispanic white persons (62.8 deaths per 100,000 live births versus 14.1 per 100,000 live births) (CDC, 2003).<sup>7</sup> While the CDC has not published any details of where those deaths occurred or when in relation to birth, the Hawai'i Maternal Mortality Review Committee, which convenes semi-annually to review all of the maternal deaths that occur in Hawai'i, found that of the 20 maternal deaths that occurred over a three-year span (2015-2017), 76% occurred after the pregnancy ended, with almost half occurring six weeks to one year after the pregnancy ended (Maykin & Tsai, 2020). It is important to note that death is the tip of the iceberg and there are many more cases of maternal morbidity under the surface that are critical to address. But because most of the deaths occurred well after birth, when the birthing person was in their community, these statistics highlight social determinants of health, the complexity of the issue of maternal health, and the importance of collaborating with all who support birthing families in the community and community organizations. Neonatal mortality and maternal mortality are often used as indicators of the overall health of a nation. Applying those metrics to Native Hawaiians reveals a troubling state of overall health.

As more analyses are conducted to better understand these data, it is obvious that birthing people in Hawai'i, especially NHPI persons, are in need of access to better care throughout their pregnancies, postpartum and, arguably, even prior to pregnancy. Particularly for Indigenous people, one of the critical acts we can do now is to turn to our history, to our genealogies, and to cultural practitioners, such as traditional midwives,<sup>8</sup>

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<sup>7</sup> Editor's note: Through the Pregnancy Mortality Surveillance System, the Centers for Disease Control and Prevention (CDC) collects nationwide data on pregnancy-related deaths, which are defined as a death of the pregnant person either during pregnancy or within one year after a pregnancy ends.

<sup>8</sup> Traditional midwives (TM) have been involved in delivering babies for hundreds of years. They also provide a broad range of other services to birthing families. Usually, TM are people from various cultures that live in the communities they serve. Some have little formal education through state and federally accredited-higher education programs. While others start their training in formal education settings and then prefer to move to traditional apprentice models. Many study with seasoned elder midwives and have rigorous studies that do not fit into standards set by licensing boards. TM seeks to provide family-led health care out of the hospitals. Some TM have been targeted by medical professionals who want births to happen only in hospitals. In Pinto's personal experience, TM have been the easiest health providers to monitor and incorporate 'Ōiwi birth practices as they are open-minded by nature and training.

who continue to perpetuate/(re)awaken our ancestral birth practices. Our hope is not only for more families to reclaim this knowledge, but for hospital administration to incorporate education and training to all hospital staff on 'Ōiwi cultural practices (i.e., understanding 'Ōiwi history, values, epistemologies, and worldviews). This education also includes cultural practices having to do, specifically, with holistically nourishing pregnant and child birthing families through ceremony, foods, medicine, and communication styles.

### **Era I: Ancestral 'Ōiwi Birthing Practices ('Oihana Hānau)**

'Ōiwi birthing practices are generally made up of twelve (12) categories, each with many subcategories (see Figure 1) (Pinto, 2019). There are significant amounts of primary resources yet to be fully analyzed, so this list is an incomplete one. Rather, we view this model as beginning points to remember the knowledge we currently have about 'oihana hānau. While it is beyond the scope of this article to go through all the practices identified, it's helpful for you to know the complexity of the blanket term "Ōiwi birthing practices." Simply, these customs show how to prepare and care for pregnant women<sup>9</sup> not just during their pregnancy but also during labor, birth as well and postpartum journey, ensuring the physical, mental, spiritual, and emotional health of her and the child (Pukui et al., 2014). They also show community dedication to the complete well-being of the next generation, investing a great deal into how the whole society was built to support birthing practices and the environment (Pukui et al., 2014). This holistic approach made it a rare occasion to call in the birth expert, or kahuna pale keiki. Western-Allopathic approaches engage in "patient centered care," while the key component in Hawaiian worldviews centers the environment.

The most efficient way for you to get a sense of some of these practices is a snapshot of a mo'olelo, or oral history, that was put to text in 1922 by Samuel K. Kekoowai in *Ka Nupepa Kuokoa*. It shows how the partner of the birthing person was familiar with birth and, thus, critical to aiding in birth. Furthermore, this mo'olelo also shows the intimacy of the interplay with environmental phenomena as poetic descriptions of how women navigate labor as a physical, spiritual, mental, and emotional experience. Kekoowai (1922) writes,

Aia i ka aina nona na inoa ekolu i heaia, o Uliuli, o Melemele, ame Hanakalau-ai, e noho ana o Mihanakapo, kane me kana wahine o Loloī, ua hāpai iho la oia i ka laua hiapo, i ke kokoke ana, oiai ke kuakoko e hoonaku ana ua uwai aku la ke kane i ke kua o ka wahine a pili i ka paia o ka hale, paa aku la oia i na kuli o ka wahine me kono hooholo mau aku i ka lima i maopopo ka puka mai o ke keiki.

Iaia e hana pela, o ka wa ia i haule iho ai kekahi kuaua Naulu ikaika a popoi iho la ka uhiwai o Kaala\*, a nalowale nā mea āpau o loko a me waho o ka hale.

Oiai ka ohu pohina (uhiwai) e poipu ana iloko o ka hale ame waho, ua nalo ka helehelena o ka wahine mai ka ike aku a na maka o ke kane, kokoke mai nei paha ke keiki ho'oholo aku la oia i kona lima i ke alo poli o ka mauu, ia wa hookahi oia i puiwa a'e ai ke kani poha o keia mea, mamuli o ia puiwa i kapeke loa aku ai kona lima a hookui i ka

pali lauae o Makana<sup>9</sup> o ka wai o ia i pa aku ai o kona lima i na wawae o ke kama e panee malie mai ana.

This passage was translated into English by Stone (2014),  
In the land that goes by three names, Uliuli, Melemele, and Hanakalau'ai, lives Mihanakapō, the husband and his wife Lo'ilo'i. She was pregnant with their first child, just as she was about to give birth, where as she was starting to get labor pains. The husband moved the back of his wife up to the wall of the house. He solidifies her knees and drives his hand so that the emergence of the child is clear.

As he is doing that, some strong Nā'ulu rain showers start to fall and the mist of Kaala\* suddenly comes and overwhelms, everything inside and outside of the house disappears.

As the gray, misty fog is engulfing inside and outside of the house, the face of the woman disappears from the sight of the man. Perhaps the child is near, he reaches out his hand and bumps the laua'e cliff of Makana. It was then that the gracefully moving feet of the child reached his hand.

**Figure 1.** 12 categories of 'Ōiwi birthing practices with subcategories.<sup>10</sup>



<sup>9</sup> Ka ipo laua'e o Makana, the sweet beloved of Makana [reference to the famous laua'e ferns of Makana, Kāua'i]. ho'o.lau.a'e To cherish, as a beloved memory. (Pukui & Elbert, 1991)

<sup>10</sup>This is not a comprehensive list as there are many resources still to be explored in the Hawaiian Language Repositories. For a more in-depth explanation of these practices, please see the thesis dedicated to setting a starting point of what are 'Ōiwi birth practices (Pinto, 2019).

In the above mo'olelo, two components of 'Ōiwi childbirth are highlighted. First, the partner's<sup>11</sup> high level of engagement in childbirth. 'Ōiwi partners were often trained to deliver their children. In this case, the man/husband, Mihanakapo, when his partner starts labor, knows exactly how to shift her body to open it up and help deliver their child. Conversely, in the hospital, it's the doctor's role to help safely deliver the baby. This mo'olelo teaches us that there can be an increase in involvement for the partner. Labor can last anywhere from a few hours to a few days. The partner can be trained in, for example, how to massage the laboring person, move their body into optimal birthing positions, help to hydrate and nourish their birthing partner, and, most importantly, how to *hold space* for their birthing partner within the walls of a hospital.

The second Hawaiian birth practice in the mo'olelo is the connection between the storm and labor. When the woman, Lo'ilo'i, is in labor, a vivid description of what is happening in the surrounding environment is also introduced. While the above story is a bit more elusive than other mo'olelo in describing how labor and storms are related (Hale'ole, 2016; Manu & Nogelmeier, 2002; Poepoe 1906<sup>12</sup>), in this one, the fog overtakes everything making it hard to see. In Kānaka and many other Indigenous birthing practices, a woman's subconscious can alter during labor (Gonzales, 2012). Her subconscious takes her to the "veil" between the realm of the ancestors (pō, or darkness) and the physical world (ao, or light). When a laboring person is in between the physical and spiritual, she needs people to hold space for her to go and retrieve her child. It is in this space where the term "midwife" originates. These are the people who hold the sacred space in between pō and ao. Holding this space is a key difference between Indigenous knowledge and allopathic knowledge. Hawaiian approaches are very intentional about, for example, lights, quiet, and communication style with the birthing person and others in the birthing space. In short, more observation means less intervention.

Like the fog rolling in, making it hard to see, labor can push a woman into a morphed reality. Hawaiians embraced this phenomenon, ensuring that a birthing person was not only physically safe but emotionally and energetically safe, too. They were cautious of every element around them to help her in this delicate transition. While this perspective on labor may be new to some, as it is not common in Western medical frameworks, this is an opportunity to see labor and delivery not from a clinical lens but from a Hawaiian lens. Also, these differences are not from a lens of what is correct or incorrect; rather, it is a chance to broaden awareness and recognize that connecting to the environment is still possible even in the hospital. Again, this mo'olelo is just one

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<sup>11</sup> While this mo'olelo features a heterosexual relationship, Hawaiian culture normalizes gender and sexual fluidity, diverse gender roles (for some aspects of society), and multiple types of "romantic" relationships. Again, we welcome you to use whatever partnership models that makes sense for you.

<sup>12</sup> Pinto's (2019) thesis deeply analyzes this mo'olelo and looks at 12 other mo'olelo. These mo'olelo connect thunder to contractions. In the exact same way the power of thunder is generated when we hear the first initial bang, its sound travels and vibrates everything around it. Then that sound fades, yet the power of the thunder is still palpable all around. This natural phenomenon, called pua kanikawī kanikawā, is what Pinto asserts is the same phenomenon of how a contraction is generated in a woman's body during labor. It is how Haumea was able to divert a cesarean section using pua kanikawī kanikawā. Pinto's research has also given us insight into additional layers of meaning (kaona) to the word "pua" and its connection to birthing (she is also named Pua). Specifically, she reconnected the 19+ definitions of pua and the layers of kaona connecting the power of storms to effective methods of teaching pregnant people how to navigate their labor pains.

example of 'Ōiwi experiences with birth. We want to emphasize the bounty of resources available about all manner of Kānaka knowledge, specifically birthing practices, written by Kānaka and foreign allies. Much of these resources are still waiting in physical and digital archives to be read, analyzed, and re-incorporated in our birthing spaces.

A critical birthing practice connecting Hawaiians to the environment is washing and planting the placenta. Pukui et al. (2014) write, “The placenta carelessly disposed of could bring harm to the child” (p. 16). The child and placenta are interconnected throughout pregnancy. That connection does not end after the cord is cut. Hawaiians and many other Indigenous peoples believe that whatever one does to the placenta, they do to the child (Moeti, 2023). The best way to care for the placenta is by planting it. There are many ways to plant it, but the one commonality was the importance of it being *washed* and then *planted*. 'Āina (that which feeds) is where Kānaka all come from according to our cosmogonic genealogies connecting us to Hāloalaukapalili, our first ancestor the kalo (taro). Metaphorically, planting the placenta reconnects us to our 'āina because we are returning it to Papa or Haumea, our earth's mother entity. Literally, planting the placenta enriches our 'āina as it transforms into nutrients, which, in turn, enables us to grow our food.

Kanaka 'Ōiwi also have a detailed understanding of prenatal nutrition using cultural foods and medicine. Pukui et al. (2014) write,

...pregnant women were put on a fairly high-vitamin and roughage, low-fat diet. Recalls Mrs. Pukui: “the *wahine hāpai*<sup>13</sup> was supposed to eat a lot of greens. These might be *pōpolo*<sup>14</sup> [either pokeberry or the native 'night shade'] or 'āheahea<sup>15</sup> [lamb's quarters], *lū'au*<sup>16</sup> [young taro leaves] and *palula*<sup>17</sup> [cooked sweet potato leaves]. After the sixth month, she was told not to eat too much. Otherwise, she would have trouble giving birth to a too-fat baby. And from the last two months until the baby was born, every day she ate some 'ilima<sup>18</sup> blossoms or the thick end of the *hau*<sup>19</sup> tree blossoms. These were supposed to act as lubricants and help the baby slide out more easily.”

Some diet requirements were designed primarily for the mother's health and comfort. Many more were directed to the young life within the womb.

“The mother was usually given some mild herb medicine, usually a tea made of *ko'oko'olau*<sup>20</sup> ['beggar tick'] or *akiahala*<sup>21</sup> [small, shrub-like tree]. These were given, 'i pa'a ke kino o ke keiki i ka lā'au.' Because 'the herbs build up the body of the child.' “The mother also had to cut

<sup>13</sup> Emphasis in the original text.

<sup>14</sup> *Solanum nigrum*

<sup>15</sup> *Chenopodium oahuense*

<sup>16</sup> *Colocasia esculenta*

<sup>17</sup> *Ipomoea batatas*

<sup>18</sup> *Sida fallax*

<sup>19</sup> *Hibiscus tilaceus*

<sup>20</sup> *Bidens wiebke*

<sup>21</sup> *Broussaisia arguta* also known as kanawao (Ulukau, n.d.; Little & Skolmen, 1989)



down on salty foods because this would make the baby too salty, and it would get sick. She was allowed just a little raw fish, but plenty of cooked fish.” (p. 5)

The details in the above paragraph show the importance and diversity of Hawaiian food in nourishing birthing bodies. These foods are similar to what Queen Kapiʻolani served at her birthing home before it evolved into Kapiʻolani Medical Center for Women and Children (Bishop Museum Archives MS GRP 128, 1897).

### **Era II: Institutionalizing ‘Ōiwi Birthing in the Hawaiian Kingdom: Ka Hale Hoohanau Keiki a Kapiolani**

Kapiʻolani Medical Center for Women and Children was originally established June 10, 1890 and called Ka Hale Hoohanau Keiki a Kapiolani (Kapiolani Maternity Home) (Unknown, 1891). It is an exceptional example of a women’s health institution built and operated with Hawaiian *and* Western values pertaining to healthcare. From the variety of foods coming from Mānoa Valley to the ocean in Waikīkī to offering open forms of payments and bringing together many women to ensure a mother was not left alone, Kapiolani Maternity Home provided Kānaka and other citizens of the Hawaiian Kingdom with a comforting and safe place to give birth (Yardley & Rogers, 1984). The institution itself exemplified the generosity and personal investment of ‘Ōiwi leadership modeled by Queen Kapiʻolani not only in fundraising much of the capital necessary to establish the home but also by donating the physical building for Ka Hale Hoohanau Keiki a Kapiolani. Originally located at Makiki and Beretānia streets, the hale (house) named Ululani was one of Queen Kapiʻolani’s personal homes, a home she inherited from her sister-in-law, Princess Likelike (Higgins, 2016; Yardley & Rogers, 1984). Articles published in ‘Ōlelo Hawai‘i (Hawaiian language) newspapers emphasized the significance of this place being called a home and not a hospital (Unknown, 1891).

At the time, hospitals and doctors carried a certain level of bias that did not accommodate Native practices making ‘Ōiwi leery of going there (Hale Hoohanau, 1891). To counteract these notions and to create a more welcoming space, Queen Kapiʻolani named her maternity home a puʻuhonua (safe haven) (Higgins, 2016; Yardley & Rogers, 1984). She made it a puʻuhonua by never leaving birthing women alone. Members of the community were always coming and going through the home to make it feel like an actual home. They would bring fresh fruits and fish for the mothers. Even medical expenses were waived for women that volunteered their time at the maternity home (Yardley & Rogers, 1984).

As previously mentioned, an ‘Ōiwi value reflected in the maternity home was the type of food served. In addition to obtaining kalo, fish, and/or vegetables as payment for services, the maternity home maintained monthly orders from local farming and fishing communities in the Waikīkī ahupuaʻa (traditional pie-shaped land division running from the mountain to the ocean) including Mānoa Valley (Bishop Museum Archives MS GRP 128, 1897; Yardley & Rogers, 1984). The benefits of having traditional foods served in the home was both functional and practical. In addition to supporting citizen farmers and fishers, the maternity home took advantage of the food that continued to be grown in that era and surrounding areas, ensuring its freshness.

Traditional food is also medicine. It is known to be nutritionally dense, which likely aided in recovery after birth and contributed to the patient's general health. After a woman gives birth, her body is depleted of many nutrients. The 'aha 'āina māwaewae (clearing the way feast) was done within the first week after the mother gave birth. It consisted of a mix of seafood, meat, and root vegetables, all with spiritual significance to "clear the way" for the newborn and replenish the mother. These foods being readily available was crucial to help a new mother heal her body and restore both her strength and energy (Pukui et al., 2014). While it is unclear exactly how all these foods were prepared for the patients in the maternity home, one thing was sure – fresh poi and fruits were among them. Ni'ihau native and professor of Hawaiian Language, Dr. Kuuipolani Wong, documented that after a woman gives birth her body is nāwaliwali (weak) and puaniani (a Ni'ihau word for emptiness after having a child in the womb) (2010). How the strength is restored through warm liquids extracted from sweet potato, coconut, sugar cane, and a few others, and spooned slowly to a postpartum mother (Wong, 2010). While this drink is labor intensive, what can be used by hospitals is warm soups served postpartum, like green papaya chicken soup.

### **Era III: Deculturation and Colonialism in Hawai'i and Birth Institutions**

Even as Kānaka and their allies continuously fought to regain control of the Hawaiian Kingdom, the shift in political power had several deleterious impacts on its citizens and lands. After the 1893 overthrow, the first legislative act of the Provisional Government was dredging for the Ala Wai Canal, central to draining wetlands of Waikīkī for its eventual development. In turn, Mānoa Valley, where Kapiolani Maternity Home sourced much of its food, was adversely impacted as it constituted the northern part of the Waikīkī ahupua'a. This act forced lo'i kalo (irrigated taro terrace) farmers in Mānoa, to drain and fill in their lo'i kalo because they were unsightly and unsanitary (Goodyear-Ka'opua, 2009). Without the supply of kalo from Mānoa Valley, the maternity home had no way to continue serving fresh poi in the birthing home. This is an important example of how the broader political climate and loss of independence via government land (and water) policy had a direct effect on removing access to 'āina and, subsequently, our cultural foods, which are fundamental to establishing and maintaining a Hawaiian identity and lifestyle.

By the 1920s, Kapiolani Maternity Home and Queen's Hospital, established in 1859 by King Kamehameha IV and Queen Emma, looked incredibly different from their original mission of being a pu'uhonua for Hawaiians. In *The Queen's Bulletin*, a monthly newsletter of current pressing topics and updated statistics of Queen's Hospital's services, one article stood out as a glaring example of the shift away from valuing Hawaiian knowledge,

No reference to midwifery can be found in any of the Hawaiian literature which does exist. From legendary history we know that among this primitive race there were certain individuals set apart for function in administering in health matters. Medicine and religion with its kahuna system are so interrelated that it is hard to see clearly where one left off and the other began. Undoubtedly, the art of midwifery was given over to the older women of the villages. (...) Present-day Hawaiians have lost much of the arts for which their forefathers were famed. So, in present-day obstetrics among Hawaiian people one gains

little from their former modes of conducting these affairs. (*The Queen's Bulletin*, December 1930, p. 3)

From this writing, we can see the devaluing of traditional knowledge in healthcare institutions. No longer are these institutions like homes, where they feed their patients traditional foods and create an environment of warmth and comfort; where traditional birthing practices would be respected and integrated as an important part of modernity.

#### **Era IV: Recommendations**

Now we have reached era four, or contemporary times. Our travel through the previous three eras illuminates the ways in which Kānaka navigated challenging times. From a culture steeped in holistic 'āina-based approaches to health and healing to traversing the difficulties of foreign intrusions into Hawai'i and its independence, we recognize the connections this history has on our present conditions as illustrated in our collectively poor maternal health outcomes (and health outcomes, in general). We are also informed by our own lived experiences as Native Hawaiian mothers and healthcare professionals who have also listened to and heard from birthing people and stakeholders from our communities, like cultural practitioners and medical staff. We use this collective 'ike, or knowledge, gained from these travels to inform our recommendations.

#### **Policy**

##### ***Regarding Treatment of 'Īewe (Placenta)***

In regards to the 'Īewe, hospital policies exist so patients may take home the placenta. Yet, confusion arises from the lack of clarity regarding testing it for infectious waste because, in other cultures, people consume the placenta (see Bellucci, 1996). If a family is planning to plant it, as in Native Hawaiian tradition, it should not have to be tested. So, we call for a clarification of these policies so that staff is clear on the policy directive and families can pursue their cultural practices unencumbered.

##### ***'Oihana Hānau and Health Insurance***

Another policy recommendation would be to mandate health insurance companies cover pregnancy and birthing services provided by a birthing work practitioner, just as there is a growing push for insurance coverage for doula services (Chen & Rohde, 2023). We argue for a similar acknowledgement for cultural practitioners. Research has shown that care from a doula, a non-clinical person trained to support pregnant and birthing people, has been associated with improved birth outcomes like shorter labor and increased satisfaction with the birthing experience (Robles-Fradet & Greenwald, 2022). Subsequently, doula assistance results in lower healthcare costs. We believe we would find similar results if cultural practitioners could be more incorporated into the care of pregnant and birthing people. Including non-clinical birth workers on insurance will provide families with increased access to engage in Kānaka cultural practices.

##### ***'Ōiwi Birthing Practices Education and Hospital Staff***

Education is a very important part of changing the perceptions of 'Ōiwi birth practices in hospitals and, in turn, building their capacity to support those wanting to engage in 'Ōiwi birthing practices. So, a hospital policy recommendation would be for all staff who interact with pregnant and birthing people to receive education on 'Ōiwi birthing practices and 'Ōiwi worldview. The policy should include not only physicians

and nurses but also birthing support people, such as lactation consultants and hospital social workers. They do not have to become practitioners themselves, just familiar enough to help accommodate families that want to utilize 'oihana hānau as part of their pregnancy and birthing experience.

### ***Working Collaboratively***

Hospital policies should also encourage collaboration between allopathic health care professionals and cultural practitioners for those patients interested in this care. Collaboration should occur not only during labor and birth but during pregnancy and postpartum as well. For example, a patient receiving care from a cultural practitioner who also requires subspecialty care from a high-risk pregnancy specialist for their, for example, severe cardiac condition should be able to receive both forms of care throughout their pregnancy, birthing, and postpartum journey. By encouraging conventionally trained medical staff to gain education in 'Ōiwi birth practices through policy, this kind of collaboration would be better supported. Ultimately, we hope these collaborations will also encourage knowledge exchange between these professionals in support of providing the optimal care for birthing people. Additionally, collaboration may involve reforming medical malpractice laws, which would require legislative action as well.

### ***Hospitals Financially Investing in Community***

Food. Hospitals are an integral part of the community. They are utilized for emergencies, critical care, health education, and proactive/preventative care. They could also play a more substantial role in financially contributing to their local communities as Kapiolani Maternal Home did in the late 19th century. Currently, hospitals like Kapi'olani Medical Center for Women and Children spend a great deal on ingredients for patient meals. In a review of Kap'iolani Medical Center for Women and Children's meal menu available for birthing people, it primarily consists of a Western diet, the majority of which are imported foods (Dudley, 2018; Kapi'olani Medical Center for Women and Children, 2023). There is no semblance of 'Ōiwi foods or medicinal nutrients to help postpartum healing. While these imported foods may provide a delicious celebratory postpartum meal, they also represent a missed opportunity to aid in postpartum healing in a culturally informed and culturally enriched manner.

We can only imagine the financial impact these hospitals would make on our communities if they committed to purchasing at least a portion of their food locally. For example, reinvesting that same money allocated for food into small-scale regenerative farmers lies in multi-layered benefits. A farmer who utilizes regenerative methods is healing the health of the land as well as growing our food. However, that farmer, who is grossly underpaid for their services when they sell to grocery stores or at farmers' markets, gambles on how much they can make for a living. On the other hand, if they had a consistent contract with a hospital, this would allow the farmer to focus on their craft and expand the acres growing food. And, culturally, these foods would help provide access to Kānaka in fully engaging in 'Ōiwi birthing practices.

For example, corn is subsidized \$116 billion by the American government, wheat \$48.4 billion, and soy \$44.9 billion (Hayes & Kerska, 2021). That is why rice is cheaper to get per pound than poi in conventional grocery stores. These subsidies that preferences monocropping agricultural practices are another example of how the government has power over access to cultural foods. Imagine if Hawai'i kalo and

Indigenous crop farmers were subsidized the same amount; it would improve our environment and access to quality culturally rich and nutritionally dense foods.

Personnel. Another way to invest directly in our Hawai'i community is to hire personnel from Hawai'i. A creative way to both invest in the community and train staff using the most immersive experiences is through *paid* staff training with community-based nonprofits whose mission "is to restore and grow healthy relationships between people and place through aloha 'āina (love for the land)," for example (Kauluakalana, 2024). Helping hospital staff make connections between Kānaka worldview, 'oihana hānau, and 'āina is a critical component to growing and sustaining 'Ōiwi birthing practices. For example, hospitals could employ an organization like Kauluakalana to provide their staff with immersive 'āina and culture-based experiences through sharing mo'olelo about the 'āina hospitals occupy and the wahi pana of the area as well as engage them in 'āina work days. Through conversations with the community and activities on community work days, one can see how hospital staff will recognize the relationality between the health of people and the health of the land. In this way, layers of intentionality are grounded by wahi pana (culturally significant sites). When hospital staff have these types of unforgettable experiences with cultural practitioners to encourage deeper reflection, this knowledge will transfer into their work.

### **Education**

As previously discussed, educating all hospital professionals interacting with pregnant and birthing people on 'Ōiwi birth is important on several levels. On one level, we believe education will help staff to build pilina (relationality) with families committed to 'Ōiwi birth practices. Having pilina will, in turn, help staff be equipped to help families by better understanding their needs and perspectives. For example, a nurse may be more invested in advocating for a larger room for a patient wanting to have several people present during her birth. Or a physician may be more likely to question the necessity of sending the placenta to pathology if the physician understands the family's desire to take the placenta home.

Education on 'Ōiwi birth must include not only a description of certain practices, but the worldview from which these practices developed. This education about Native communities should be developed by Native people, as opposed to adapting or modifying an intervention developed for another community. Walters et al. (2018) stated, "without acknowledging the underlying deep epistemological and cosmological context that drives health and well-being in the Native community, which differ from Western worldviews, this approach may unknowingly diminish the salience and power of Native cultural practices" (p. S55).

### **Research**

Research on 'Ōiwi birth practices and its application in hospital settings is a largely unexplored area. Therefore, we would like to propose a few ideas.

#### ***Examining Native Birth Practices and Hospitals in Other Native Communities***

For example, Alaska Native birth workers are also engaged in utilizing cultural practices around birthing in hospitals, which look to positively impact the birthing experience and during postpartum (Naiden, 2022). Like Kapiolani Maternity Home, friends and family members flow in and out of the hospital, bringing with them traditional foods, songs, rituals, and ceremonies. How are Alaska Native birth workers and

hospitals creating pilina in support of Alaska Native birthing people? What are the short, mid, and long-term health outcomes of those birthing persons and their babies participating with these traditional birth workers in hospital settings?

### ***Impacts of Doulas on Health Outcomes***

Research examining doula care showed that support from doulas can improve birth outcomes and is now being used to advocate for policy change (see Cidro et al., 2018; Cidro et al., 2021). Research should also examine patient satisfaction with care received when cultural practitioners and allopathic health care professionals are able to collaborate. We would hypothesize that research on cost-efficiency analyses would show a cost-benefit to incorporating cultural practitioners for those who desire this care.

### ***Impacts of Cultural Foods on Health Outcomes***

Incorporating cultural foods into the diets of women and birthing people is important to physical and cultural health. When utilizing 'Ōiwi birth practices documented by Hawaiian scholars (Pukui et al., 2014; Wong, 2010), women and birthing people may experience greater mental, emotional, physical, and spiritual health. They also have more energy for labor and quicker healing postpartum. Larger data sets should be collected to understand the impact of cultural foods on the health outcomes of birthing people, particularly in relation to pregnancy, birth, and postpartum.

### ***Nutrition Facts of Cultural Foods and its Connections to Pregnancy, Birth, and Postpartum***

More research should be done to get updated nutrition facts on cultural foods as well as investigate the connection of the nutrition of these cultural foods to pregnancy, birth, and postpartum outcomes.

### **Conclusion: I Ola 'Oe, I Ola Au**

'Ōiwi birthing practices used to be part of our collective experience in traditional society through the late 19th century through birthing institutions like Kapiolani Maternity Home. Creating a home-like atmosphere in these institutions, particularly through nurturing relationships and providing cultural foods, was the essence of 'Ōiwi birthing practices. Furthermore, the ability for patients to pay for medical services using goods and services helped institutions be more deeply connected to their patients and families. These practices, as well as the cultural practitioners who guide birthing people and their families, should, once again, be actively included in medical institutions to support a more holistic approach to the birthing experience and, most importantly, improving maternal health outcomes for Native Hawaiians. A Kānaka worldview of health is collective, environmental, and communal. I ola 'oe, I ola au (when you thrive, I thrive).

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