Discussion on issues affecting the nutrition of Asian mothers and infants in New Zealand

A summary of workshop discussions from the 2013 Agencies for Nutrition Action Asian Forum

Diana Pedlow, Events Coordinator
Agencies for Nutrition Action
January 2014
diana@ana.org.nz

Acknowledgements

Agencies for Nutrition Action (ANA) would like to thank the following people for their help with the workshop and the development of this document:

Ada Cheung, *Dietitian, Waitemata District Health Board.*

Dr Ruth DeSouza, *Senior Lecturer, School of Nursing and Midwifery, Faculty of Medicine, Nursing and Health Sciences, Monash University.*

Thin Myat Khine, *Master's Student, School of Population Health, The University of Auckland.*

Sue Lim, *Service Manager, Asian Health Support Services, Waitemata District Health Board.*

Dr Annette Mortensen, *Project Manager, Auckland Regional Settlement Strategy Asian, Refugee and Migrant Health Action Plan, Northern Regional Alliance Limited.*

Serena Nelapatee, *Student, School of Population Health, The University of Auckland.*

Sarah Parackal, *Student, University of Otago.*

Dr Sherly Parackal, *Research Fellow, School of Population Health, The University of Auckland.*

Pritika Sharma, *Health Promoter, Auckland Regional Public Health Service.*

Kim Tucker, *Administrator, Agencies for Nutrition Action.*

Contents

Executive Summary

In December 2013 Agencies for Nutrition Action (ANA) hosted the fifth biennial national nutrition and physical activity Asian Forum. Participants drew on their own experiences and expertise to discuss and debate five key issues relevant to the public health workforce working to improve Asian mother and infant nutrition.

The five issues under discussion were: barriers to accessing health services, cultural differences that may impact on nutrition, Asian public health workforce, cultural and linguistic competency of services, and research.

The key points to come out of these discussions were as follows:

- Cultural competency training for public health workers should be mandatory. Health workers need to understand the array of cultural beliefs and practices that impact on Asian mums and babies, for example understanding postpartum confinement, and the significant role of the extended family.
- Health workers need to be allowed the time to work adequately with culturally and linguistically diverse families. Performance measures based on the number of clients contacted can be counterproductive if they do not take into consideration the additional time required to work with non-English speaking families.
- There is a need for competent and easily accessible interpreting services. Interpreters need to be health literate, and it is important that female interpreters are used for infant and maternal matters.
- Health workers need to be trained in how to use interpreters and given the time to use services frequently enough to become familiar with the process.
- Health workers feel they need more resources to assist with improving the health literacy of Asian families, especially with regards to breastfeeding. Resources need to be visual. There was a strong call to utilise technology, for example smart phone apps, and internet videos.
- Better networking, communication and sharing is needed across maternal and child services.
- The public health workforce needs to grow to match the Asian population profile.
- Areas for potential research that could impact on Asian mother and child nutrition include: understanding Asian family nutrition knowledge and perceptions, the impact of cultural beliefs and practices, attitudes towards breastfeeding, and the impact media has on the nutrition behaviours of New Zealand-based Asian families.

Background

ANA Asian Forum

In December 2013 Agencies for Nutrition Action (ANA) hosted the fifth biennial national nutrition and physical activity Asian Forum. These are one day events designed to support those working to promote nutrition and physical activity in Asian communities with new research, resources and tools. The Asian Forums are funded by the New Zealand Ministry of Health.

The 2013 forum titled, "Healthy Beginnings", focussed on maternal and child nutrition in line with the Ministry of Health's recent funding of providers to deliver services that promote women's health during pregnancy, and healthy feeding of babies[1].

A discussion workshop based on the World Café method[2] was held during the 2013 Asian Forum. Participants drew on their own experiences and expertise to discuss and debate five key issues relevant to the public health workforce working to improve Asian mother and infant nutrition. This paper summarises those discussions, highlighting the key issues and ideas for improvement.

Approximately 50 people participated in the workshop, with around 60% employed in roles that interact directly with mothers and infants, for example: midwives, lactation consultants, dietitians, and Plunket nurses. The remainder of participants were public health researchers, students, and non-clinical staff from health organisations such as District Health Boards (DHB), Primary Health Organisations (PHOs) and charitable trusts. Almost all participants worked in the Auckland region.

Demographics and definition of "Asian"

The definition of 'Asian' used in the New Zealand health sector is based on the categories used in the census, developed by Statistics New Zealand. This group is made up of people with origins in the Asian continent from Afghanistan in the west to Japan in the east and from China in the north to

---

[1] *Ministry of Health – Request for Proposal – Public Health Services to Improve Maternal and Child Nutrition and Physical Activity, November 2012.*

[2] *World Café methodology is a format for hosting large group dialogue. (http://www.theworldcafe.com/method.html)*

Indonesia in the south. This definition of 'Asian' is unique to New Zealand and differs from many western countries such as the United Kingdom or Australia[3].

The percentage of the New Zealand population who identified as Asian in the 2013 census was 11.8% (or 471,711 in absolute numbers) and it is the fastest growing of New Zealand's level one[4] ethnic groups with numbers almost doubling in size since the 2001 census[5]. The Auckland region is home to 65% of New Zealand's Asian population. Over 1 in 5 people in the Auckland region identify with one or more Asian ethnic group(s), the highest proportion of all the New Zealand regions[6].

Workshop: discussions for progress

The previous four ANA Asian forums had been marked by high levels of energy and commitment from participants, plus many relationships and networks were well established. For the fifth forum, ANA wanted to build on these relationships and make the most of the expertise and experience of forum participants – particularly as we knew there was to be a unique gathering of researchers, service managers and clinicians. The workshop was designed to gather participants' views, opinions and ideas on improving the capacity and effectiveness of the public health workforce in working with Asian families.

Workshop discussion topics

There were five discussion topics that participants debated in 15 minute rounds. The topics for discussion were developed following conversations with stakeholders and from recommendations out of the following two documents:

> Mehta S., 2012. **Health needs assessment of Asian people living in the Auckland region.** Auckland: Northern DHB Support Agency.
> De Souza, R., 2006. **New Spaces and Possibilities: the Adjustment to Parenthood for New Migrant Mothers.** Blue Skies Report N° 13/06.

---

[3] *Ministry of Health website: http://www.health.govt.nz/our-work/populations/asian-and-migrant-health*

[4] *The New Zealand health and disability sector classifies ethnicity data according to the "Ethnicity Data Protocols for the Health and Disability Sector" formulated by the Ministry of Health. These protocols outline a hierarchical system of classification where ethnic groups are aggregated into progressively broader groups ranging from level one to level four according to geographic origin or cultural similarities. The level one ethnic groups are: Asian, Māori, Pacific, Middle Eastern/Latin American/African (MELAA), European and Other.*

[5] *Statistics New Zealand 2013 Census Quickstats: http://www.stats.govt.nz/Census/2013-census/profile-and-summary-reports/quickstats-about-national-highlights/cultural-diversity.aspx*

[6] *Statistics New Zealand 2013 Census Regional Summary Tables, part 1: http://www.stats.govt.nz/Census/2013-census/data-tables/regional-summary-tables-part-1.aspx*

The discussion group topics were as follows:

1. Identifying and overcoming the **barriers** Asian mothers may have to accessing health services. (See page 7.)

2. Identifying and overcoming **cultural differences** that may impact on Asian mother and child nutrition in New Zealand. (See page 10.)

3. Asian public health **workforce capacity and development**. (See page 13.)

4. Improving the **cultural and linguistic competency** of services for Asian mothers and children. (See page 15.)

5. Identifying areas for **research** into improving Asian mother and child nutrition in New Zealand. (See page 16.)

Workshop aims

The aims of the workshop were to:

- create an opportunity for productive discussion on nutrition issues that are relevant to the public health workforce working with Asian communities, and
- to use the collective expertise of the forum participants to further inform the key issues, and to start focussing on possible solutions.

Workshop result

ANA wanted the workshop to result in material that could form the basis for a discussion document that could be used by participants, for example, to:

- further inform projects or work within the community,
- inform the ongoing development of some of the issues with funders and decision makers.

The follow sections summarise the key points that came out of the discussions for each of the five topics. The ideas, experiences and opinions were shared candidly from a wide group of public health professionals. It is important to note that the points on the following pages are not statements of evidence based fact. They are valid points worthy of consideration and further exploration.

1. Identifying and overcoming the barriers Asian mothers may have to accessing health services.

Facilitated by Ada Cheung, Dietitian, Waitemata District Health Board

Key points

Language and translation services:

- Hospitals and primary health services should connect with interpreter services.
- Health professional should have access to free language classes, especially for the basics of Mandarin.
- Chinese people, though they can speak and understand English will often prefer to read in Chinese.
- Even within families there can be communication problems arising from language differences. The new mother can have problems communicating with those in her own family who have influence over her and the baby.

Shared by a participant: "It is impossible to provide medical staff to match each and every ethnic group. It is difficult. We live in New Zealand and need to do our best to fit within the system, and the New Zealand system needs to do its best to cater to the variety of cultures and languages. Health professionals should learn a little bit about other cultures and languages."

Cultural or religious practices and beliefs:

- Postpartum confinement practices influence access to services – some mothers following traditional practice may not receive health visitors, and do not attend health appointments for the period of confinement.
- Gender is important – some Asian women often do not want to be touched by a male doctor.
- There are often some preconceptions about the status and competency of various medical professionals – some Asian women, for example, prefer to see a doctor and not a nurse.
- Chinese people often want to see only Chinese doctors and nurses.
- It is important to identify the correct person to provide information to, for example Buddhist monks are a trusted source of information in the Burmese refugee community.

Lack of knowledge of health science and personal health care:

- There are many myths and misconceptions surrounding motherhood and nutrition in general – many of them are passed down through the generations. Some are harmless, but others can be counterproductive. There are common misunderstandings around breast milk production with mothers and grandmothers thinking certain foods need to be eaten, or that vast quantities of water or milk need to be drunk.
- Knowledge on breastfeeding and capacity can be limited. Families need to know that frequent and regular breastfeeding is needed to keep up milk supply.

Fear:

- Some ethnicities have a fear of the western medical system; some Burmese people for example hesitate to see a doctor.

- Often Asian families or individuals do not want to interact with a health professional for fear that they will be judged.

Transportation:

- Many Asian women are unable to drive, even many of those who have been in the country a long time. This means they are often reliant on male relatives in order to attend medical appointments or support groups.

Limited finances:

- Many families access secondary care directly rather than using primary care services as General Practitioners (GP) are expensive.
- GP costs are different according to the location of the medical centre.

Shared by a participant: "Grandma looks after baby and she cannot drive. So, health services are often received very late."

Issues of control:

- Members of the wider family often control access to the mother and baby.

Racism:

- Health professionals need to be careful not to stereotype and make assumptions. The wider Asian community is incredibly diverse, and one size does not fit all.

Social isolation:

- There is a perceived lack of postnatal support groups for Asian mothers, or perhaps it is that families are not aware of the groups that are available.
- One suggestion was to use Chinese restaurants during their afternoon quiet time as a support group venue.

Stigma associated with mental health:

- In many Asian communities mental illness can be a taboo subject surrounded by shame, fear and secrecy. The causes of mental health problems are often misunderstood. This provides a significant barrier for mothers and families that need support for post natal depression.

Perceived problems within the health system & poor understanding of the health system:

- There is a lack of communication and sharing across health care organisations.
- Women find the Lead Maternity Carer[7] (LMC) system difficult – there are only a few spaces for many people, especially so if you are looking for an LMC with particular language skills. It can be difficult to get a LMC and some families end up having to pay for private and specialist care.
- There is variability across the Auckland region in how easy or difficult it is for mothers to access LMCs and in how the process works.

[7] *A Lead Maternity Carer (LMC) provides maternity care and support through pregnancy, labour and the first weeks of a child's life. Most LMCs are midwives, though some doctors and obstetricians also carry out the role.*

- The Health Point website is useful as Auckland LMCs can be searched for by language spoken. (Refer to the link on page 20.)

2. Identifying and overcoming cultural differences that may impact on Asian mother and child nutrition in New Zealand.

Facilitated by Pritika Sharma, Health Promoter, Auckland Regional Public Health Service

Key points

Family dynamics:

- Many Asian children are raised by their extended family. Health professionals often need to work with the whole family.
- Mothers can sometimes feel powerless because of cultural traditions and involvement from an extended family.
- It is important to identify who is the key caregiver; this is not always the mother of the child.
- Health professionals need to be open to a different world view, and be prepared to find out why families do things the way they do.
- Consider who is cooking the food – often it is the grandparents who prepare what they think is best, and this may not be what is best for mother and baby.
- Health professionals need to have some understanding of postpartum confinement traditions which are common in many Asian cultures – this can range from six days to over 40 days. Traditionally, mothers do not receive visitors apart from close family members until the confinement period is over[8].
- Some Asian mothers may want to do things the "New Zealand" way but are often overwhelmed by family and cultural practices.

Shared by a participant: "Asian mothers with newborns cannot be approached as individuals – Mum and baby are part of a whole family package"

Grandparents:

- Grandparents can have a significant influence on the Asian mother. Practices are passed on through the generations.
- There is often immense respect for the older generation and it is not appropriate to contradict instructions from elders.
- In some families the paternal grandmother holds a higher status and has greater influence than other grandparents over decisions relating to the new baby.
- Services need to look at how to include grandmothers in antenatal clinics and visits. Both Waitemata and Counties Manukau DHBs have tried various initiatives – some including transport, however success has been limited.
- Birthcare[9] runs groups that include grandmothers.

---

[8] http://www.babycenter.com.my/a1021145/confinement-practices-an-overview

[9] *Birthcare is a maternity hospital for birthing and postnatal care. (*http://www.birthcare.co.nz/*)*

Fathers:

- With each generation fathers are getting more involved.
- Often it is the paternal grandparents who are the most influential, so fathers can have a role in explaining to his parents what is best for baby and mum.
- It is important to get fathers "on board" so practices can change within the family.

Other:

- Amongst some Chinese families there is a perception that New Zealand milk powder is the best food for baby. There is commercial promotion of this in China and this influences New Zealand-based Chinese families. This needs to be addressed in order to support breastfeeding.
- In some Asian cultures it is common to not brush the baby's teeth for the first three or four years. It is not considered important to look after baby teeth as they all eventually fall out.

Ideas for solutions – things to consider:

Resources:

- Resources need to be translated into all major Asian languages[10]. It was suggested that the Ministry of Health could take the lead on this.
- Asian families need resources for breastfeeding, (especially how to keep up milk supply), and toddler dental care. Resources need to cater for vegetarian and vegan diets, and need to explain the long-term benefits of good nutrition.
- Resources are needed for grandparents – Waitemata DHB has some leaflets in Mandarin for grandparents.
- Resources need to be visual – not too much written text, as not everyone can read their own language. An example of a good visual resource is this one from Queensland Health on Baby Feeding Cues. (Refer to page 20 for the link.)
- Utilise technology: visual resources can be DVDs, You-Tube clips, and smart phone apps.
- Having resources available as .pdf files that can be downloaded and printed is very useful and less expensive than printed hard copies.
- Messaging needs to be consistent across all channels, for example all services should follow the recommendation of the World Health Organization's infant feeding recommendation for

---

[10] There are eight Asian languages spoken by more than 0.5% (approximately more than 20 000 people) of the New Zealand population. The following links show the languages spoken by more than 0.1% of the population at the 2013 New Zealand census:
http://en.wikipedia.org/wiki/Languages_of_New_Zealand#Immigrant_languages
http://www.stats.govt.nz/Census/2013-census/data-tables/total-by-topic.aspx

six months of exclusive breastfeeding[11], and the New Zealand Ministry of Health Food and Nutrition Guidelines for Healthy Infants and Toddlers (aged 0-2)[12].

Communication:

- There is the need to build communication skills in the workforce. Cultural competency training should be mandatory for health professionals working in maternal health.
- Plan and coordinate the provision of information – don't give too much information at one time. Information is better given in small doses.
- Be flexible – the right information needs to be given in the right way at the right time.
- Explain why practices are recommended or not – "don't do" does not work.
- Grandparent education needs to be more subtle than telling them what to do – need to frame messages around what is best for the baby.

[11] *The World Health Organization's infant feeding recommendation as stated in the Global strategy on infant and young child feeding (pdf, 192kb),*
(http://www.who.int/nutrition/topics/infantfeeding_recommendation/en/)

[12] *The New Zealand Ministry of Health Guidelines for Healthy Infants and Toddlers (aged 0-2)*:
http://www.health.govt.nz/publication/food-and-nutrition-guidelines-healthy-infants-and-toddlers-aged-0-2-background-paper-partially

3. Asian public health workforce capacity and development

Facilitated by Sue Lim, Service Manager, Asian Health Support Services, Waitemata District Health Board

Key points

Composition of the workforce:

- It should be a priority to develop the Asian health workforce – the workforce should ideally match the ethnicity profile of the population.
- Having health professionals that can speak the client's language is better than having an interpreter. It saves time, money and misunderstandings.
- Services should prioritise recruiting bilingual clinicians.
- Are we making the most of New Zealand's skilled migrants? Is enough being done to up skill migrant health professionals to meet New Zealand qualification and certification requirements?
- The cultural skills of new migrant health professionals should not be underestimated.
- Services should consider the need for Asian cultural advisors to help non-Asian staff address stereotypes, and learn how to listen, engage and develop a rapport with the family.
- There is a need for an Asian health professional network. This could be a one stop shop for cultural advice, networking and referrals for health professionals and families.
- Services need to be aware of overloading Asian staff leading to burnout. There is the potential for Asian staff to be expected to take on all Asian clients, as well as act as an Asian advisor for other staff.
- Is the New Zealand health sector doing enough to positively/actively recruit Asian staff? For example, promoting job opportunities in certain ethnic communities, shoulder tapping, or offering career pathways for skilled new immigrants?

Workforce training and education:

- Cultural competence training should be mandatory for health professionals.
- Health managers need to give staff the time to attend cultural competence training.
- Clinicians need to receive training on using interpreters, and be encouraged to frequently use services in order to develop familiarity with the process and develop relationships with interpreters.
- Are we promoting health careers (including the need for health sector interpreters) well enough in our high schools? Do young people know enough about the roles available?
- There seem to be significant barriers for overseas educated people to gain a New Zealand midwifery qualification/registration. Is this something that should be looked at or improved?

Translation services:

- Improvements are needed in the interpreter workforce. Interpreters often do not know how to explain health matters. It is very important that interpreters are competent and have some medical knowledge. Miscommunication can result in misdiagnosis.

- Cannot expect either the health professional or the client to build an instant relationship with an interpreter – it helps to have consistency and to use the same service frequently to become familiar and comfortable with the service.
- The gender of the interpreter is important for maternal and infant matters. Having a male interpreter helping with issues of pregnancy and postnatal care may be deeply offensive to many women.
- Should we be developing interpreters to take on the wider role of health promoter/educator? Should more services consider having interpreters as permanent employees who work as integrated members of the team?
- Interpreters who regularly work with health services need regular professional development on both language and health related issues.
- How do you evaluate the quality of an on-call translation service?
- There can be issues with privacy in smaller ethnic groups where no one is unknown or anonymous and health matters can be too personal to be shared in the presence of an interpreter.

Matching the workforce to the clients:

- There is the perception that it is not easy for Asian families to find a midwife. Is there a need to improve the processes for matching families to LMCs?
- Many families use word of mouth to find midwives and other health services.
- At present Asian families can choose a midwife that speaks their language, if available, however they cannot ask for a specific language speaking Well Child Nurse. It would be good if the Well Child services could work towards having more Asian staff and providing Asian families with the choice of a nurse who speaks their language.

4. Improving the cultural and linguistic competency of services for Asian mothers and children

Facilitated by Dr Annette Mortensen, Project Manager, Auckland Regional Settlement Strategy Asian, Refugee and Migrant Health Action Plan, Northern Regional Alliance Limited

Key points

Culturally and Linguistically Diverse (CALD) training programme:

- The CALD Cultural Competency Training Programme is available to anyone in the health care workforce in the Auckland region. It includes both online and face-to-face learning opportunities. (Refer to page 20 for the link.)
- Free interpreting services are available to the primary/community and secondary health sectors in the Auckland region through several providers. (Please refer to page 20 for the contact details of these providers.)

Perceived problems:

- There is the perception that amongst health professionals there is a general lack of information and knowledge about services available to help them work more effectively with Asian families.
- Many health professionals think it is too hard and too time consuming to use an interpreter – there is also cost issues.
- Some services are performance-target focused and that staff feel they don't have the time needed to effectively communicate with families that have limited English. Working with an interpreter can double the consultation time and managers should consider this when setting performance targets.
- Staff turnover is an issue – new staff take time to get up to speed with the resources available to them.

Ideas for solutions – things to consider:

- Utilise technology to develop some solutions for health professionals – for example smart phone apps that can connect directly to an interpreter.
- There needs to be support from management so staff feel they are able to regularly use interpreting services.
- Consultation times with non-English speaking families need to be longer, and need to be supported with language specific leaflets.
- Mothers and families are always more comfortable in dealing with someone who speaks their language.
- Perhaps language specific clinics could be run on certain days?
- Larger primary health organisations could employ on-site facilitators or cultural advisors to support non-Asian staff.

5. Identifying areas for research into improving Asian mother and child nutrition in New Zealand

Facilitated by Dr Sherly Parackal, Research Fellow, School of Population Health, The University of Auckland

Key points

- Diversity between and within Asian subgroups should be considered whilst researching maternal and child nutrition issues.

Understanding family dynamics

- Asian families are often extended families and there is the need to communicate with everyone. We need to better understand the dynamics of Asian families. Culturally appropriate and effective pathways need to be determined to deliver key messages to ensure they reach the pregnant woman or new mother.
- What are the factors of living with an extended family that impact on maternal and infant nutrition? How does community and peer support fit in?
- How can we raise awareness amongst Asian women about the negative impacts of social isolation, and the importance of peer and family support? Social isolation is not of choice and is a reality for many Asian mothers hence there is a need to raise awareness of the support services available.
- What are the most influential intergenerational hand-me-down practices around motherhood? Which practices, if any, are genuinely counterproductive to mother and infant nutrition?
- What other lifestyle factors before and during a pregnancy are playing a role in the health of mother and child?

Breastfeeding

- There is a need to know more about the factors that support breastfeeding with Asian and migrant families. There are many misconceptions and myths that often influence a women's decision to breastfeed – do we understand these influencers?
- What are the settlement issues of migrants that impact on breastfeeding?
- Are we correct to presume that Asian cultures understand the benefits of breastfeeding? What are the cultural and traditional practices associated with breastfeeding?

Understanding the impact of media and advertising

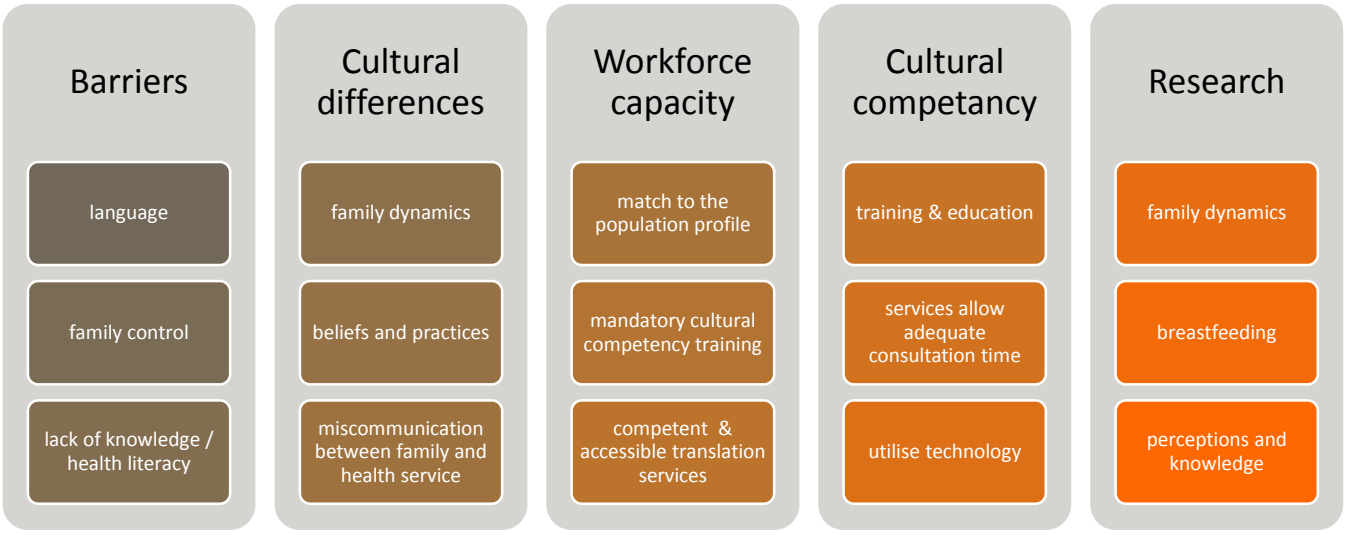
- Media skews women's view of pregnancy. Which media are they accessing and what impact is it really having?
- We need to understand the impact that advertising has on families. Many Asian families frequently access Asian websites looking for advice and support from home – what advertising and advice are they exposed to, and what is the impact? The advertising of baby formula is not controlled in Asia as it is in New Zealand; many Asian clients are exposed to the promotion of baby and infant formula.

Understanding perceptions and knowledge

- Do mothers understand that early nutrition affects long term health? What do Asian women believe is good nutrition? We think there is a lack of knowledge about nutrition during pregnancy.
- There is a perception that it is good to have a small baby and to achieve this the mother will not eat much, often drastically reducing carbohydrate intake. It is not uncommon for Asian women to be undernourished.
- We do not fully understand Asian women's perceptions of good health – poor body image appears to be an issue for some.
- Nutritional supplements are popular amongst Asian women during preconception and pregnancy. What are the perceptions of supplements and why they are taking them? What risks does this pose?

Summary

The diagram below lists the "headline" items from each discussion topic:



Following is a summary of the key points from each of the discussion topics:

1 - Identifying and overcoming the barriers Asian mothers may have to accessing health services:

- Language barriers are significant and challenging to overcome.
- Working with grandparents is key.
- Understanding cultural differences and beliefs is important for health workers. The CALD cultural competency training programme run by the Waitemata DHB Asian Health Support Services is very useful.
- Communication and sharing across health providers could be improved.

2 – Identifying and overcoming cultural differences that may impact on Asian mother and child nutrition in New Zealand:

- Family dynamics play a large role in the good health and nutrition of mum and baby.
- Grandparents have huge influence.
- Health literacy needs to be improved and public health workers would like more resources to assist with this. Print resources need to be visual. Need to utilise technology for the delivery of messages.
- Develop the workforce: the workforce needs to be open to different world views and have a better understanding of why Asian families do what they do.

3 – Asian public health workforce capacity and development:

- Grow the workforce to match the Asian population profile.
- Cultural competency training should be mandatory – there needs to be commitment from management to release staff.
- Interpreters need to be competent, with both their language skills and basic health knowledge. There is a need to use female interpreters for maternal and infant matters.

4 – Improving the cultural and linguistic competency of services for Asian mothers and children:

- There is a perception that it is too hard and too time consuming to use an interpreter. Some carers/health visitors have to meet performance targets that don't take into consideration the additional time needed when there are significant language and cultural differences between the family and health worker.
- Apps and web-based solutions should be explored, for example apps that allow faster access to interpreters.
- There cannot be a one-size-fits-all approach. The term "Asian" represents an incredibly diverse range of ethnicities.

5 – Identify areas for research into improving Asian mother and child nutrition in New Zealand:

- Understanding the nutrition perceptions and knowledge of Asian mothers and families. What impact does this knowledge have on health across the lifespan – what do they know? What do they understand?
- What are the cultural and family dynamics that govern and impact on decision making with regard to nutrition during pregnancy, breastfeeding and beyond in Asian sub-groups.
- Understanding the impact of structural and societal factors (e.g., settlement issues, family support) and media and advertising (e.g., supplements, and milk powder) on nutrition during pregnancy, infancy and beyond.

Links to further information

The following list is made up of material that was shared or suggested by participants during the forum:

- An example of a resource from Queensland Health that relies on visual information rather than text: http://www.health.qld.gov.au/breastfeeding/documents/feeding_cues.pdf

- An overview of postpartum confinement practices: http://www.babycenter.com.my/a1021145/confinement-practices-an-overview

- Healthpoint, in conjunction with Auckland DHB, Waitemata DHB and Counties Manukau Health, have developed a site to profile information about maternity providers for the Auckland region: http://www.healthpoint.co.nz/maternity/

- CALD refers to "Culturally and Linguistically Diverse" - the CALD resources website is developed and managed by Waitemata DHB Asian Health Support Services. It provides a platform for health practitioners to access resources to establish cultural competence and enable cultural and language appropriate interactions with CALD patients. http://www.caldresources.org.nz/info/Home.php

- Free interpreting services are available to the primary/community and secondary health sectors in the Auckland region through:

  Waitemata Auckland Translation and Interpreting Services call centre: 0800 887 765, fax: (09) 486 8307 email: watis@waitematadhb.govt.nz , website: http://www.watis.org.nz

  Counties Manukau District Health Board Interpreting and Translation Service call centre: 0800 744 735, Fax: (09) 276 0198, email: phip@cmdhb.org.nz

  Auckland District Health Board Interpreting Service call centre: (09) 630 9943, fax: (09) 623 4695, email: phip@adhb.govt.nz , website: https://interpreters.adhb.govt.nz

- **For refugees and migrants - everything you wanted to know about the health system but were afraid to ask:** Pegasus Health (Christchurch) has a booklet and DVD on the New Zealand health system that is aimed at refugees and migrants. The booklet is available in 14 languages (Chinese, Korean, Japanese, Tagalog, Somali, Farsi, Dari, Arabic, Amharic, Nepali, Hindi, Tongan, Samoan, and English) and the DVD in 15 languages (all the above languages including Mandarin and Cantonese). This is a work in progress, as of early 2014 the DVDs are a few months away but the booklets are available now. Wayne Reid (Refugee and Migrant Health Manager, Pegasus Health) is happy to share the booklet .pdfs (available now) and eventually the DVDs. Pegasus Health have funded this work, so need to be acknowledged through the retention of the copyright when the resources are used. Logos of your own organisations can be added. If you are interested in knowing more or receiving copies then please contact Wayne Reid directly: wayne.reid@pegasus.org.nz