

'I Wouldn't Say I Was a Midwife': Interviews with Violet Otene Harris

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THE WORLD'S EARLIEST ARCHIVES OR LIBRARIES WERE THE MEMORIES of women. Patiently transmitted from mouth to ear, body to body, hand to hand. In the process of storytelling, speaking and listening refer to realities that do not involve just the imagination. The speech is seen, heard, smelled, tasted, and touched. It destroys, brings into life, nurtures. Every woman partakes in the chain of guardianship and of transmission.¹

There is one woman in my life who, whether she knows it or not, has been a steady and patient mentor to me, a guiding hand, a *kaiawhina*, and an endless brain to pick. She is also one of my favourite archives, a major and unselfish source of history, tradition, knowledge, experience, *korero* (talk), and inspiration. She has been many things to me, and so this article is also many things. It is an exercise in oral history. It gives voice to one that is often unheard in academic circles. It values the experience of individuals as history. It is an expression of thanks to one of the most influential people in my life. It is the story of one woman and many children. The woman is Violet Otene Harris, my paternal grandmother, known to her many *mokopuna* as 'Nana'.² The children are the now-grown men and women, too many to name, whom she once delivered into this world as newborn babies.

I have variously sought Nana's counsel probably since I was a teenager. I have asked her advice for school projects and

1. Trinh T. Minh-ha, *Woman, Native, Other*, Indiana University Press, Bloomington, 1989, p. 121.

2. *Mokopuna* is usually translated as grandchild or grandchildren. However, here I use it to mean Violet's twenty-five grandchildren and twenty-seven great-grandchildren, and also all the people of younger generations who have ever regarded her as a Nanny or Aunty of some description.

university coursework. I have interviewed her for both my masters and doctoral theses. I have hours and days of recordings and notes collected over a period spanning twenty years or more. And yet, I discovered that she delivered babies incidentally—the result of a chance remark made during an interview about land. It surprised me that it was something I did not know. It was something that my aunties knew, but it was not collectively ‘remembered’ within the family. Over the years, I have asked Nana casually about her midwifery experiences, but it was only when I agreed to write this article that I followed the topic up comprehensively. The content of this article, therefore, is based almost entirely on a single interview of Violet Otene Harris conducted on 8 October 2000.³ All the direct quotes are from that interview. Because the source is clear, footnoted references are absent.

I learned very quickly during the interview that I have attached a significance to Nana being a midwife that she does not see. I found out about her role during a time when Maori women I knew were asserting their cultural priorities in mainstream hospitals—requesting the attendance of family members in the delivery suite, and insisting that hospital staff keep the *whenua* (afterbirth) so that it could later be buried in the *whenua* (land).⁴ In her role as midwife, I see all the things that many contemporary Maori women are currently seeking: birthing on Maori terms. Yet Nana sees it as something far less significant—a matter of doing what had to be done, and aiding with something that was going to happen anyway. In fact, it took her a while to accept that other people might find this aspect of her life interesting or important. Her attitude that what she did was relatively inconsequential made interviewing her difficult. That difficulty was compounded by her preference to talk about who she delivered and how we are related to them rather than discuss what she did and how and why. But I have picked through the recording and

3. It is also supplemented with notes from follow-up telephone conversations, and other interviews previously conducted on 23 October 1995 and 2–3 July 1998.

4. *Whenua* is used to mean both land and afterbirth. The custom of burying the afterbirth in the land bonds the child to the tribal territory from which he or she is descended. See Ranginui Walker, *Ka Whawhai Tonu Matou Struggle without End*, Penguin, Auckland, 1990, p. 70.

through my notes to present the 'what, how and why' while leaving the question of 'who' focused squarely on Violet. I remain convinced that her story, and her telling of it, is interesting and important in its own right. It is also historically significant, if only because it is a story we are unaccustomed to hearing. And yet, in the context of her time and her community, it is a story that seems not so unusual.

Violet was born in 1922. Her parents, Nopera Otene and Ngaronoa Pouaru Otene née Makene, had planned on naming her Ngapeka. But when Nopera went to register her birth, the shopkeeper asked if he could name the baby. Nopera agreed, without discussing the name change with his wife. And so Ngapeka became Violet. She was tenth in a family of eight girls and seven boys, six of whom died as children and three of whom are alive today. In 1938 Violet married Karanga Titipa Harris. Four years later, she gave birth to the first of the eight children she would bear herself, having already begun raising a *tamaiti whangai* (foster child).

Apart from a period of about two years working in the nearby Puketi Forest, Violet has lived her whole life in Mangamuka, a small Maori settlement along the river of the same name in North Hokianga. She describes her growing up as 'living like a whanau' of everyone living and eating together and adults never sending you 'home'. In fact, in some respects, Violet had no home; rather, her family had a series of houses, which collectively constituted home. There was her 'birth home', where she lived with Karanga after they married and until they went to work at Puketi. And there were two other homes; one near the road but prone to flooding, the other further away from the road but clear of the flood zone.

One of the outcomes of Violet and Karanga living continuously over a period of decades in the same community has been the development of a strong sense of community commitment and involvement, something that began at a relatively young age by today's standards. Karanga took over his parents' small family farm (where Violet still lives) when he was in his early twenties. He also became involved in the Mangamuka Marae Association, various land administration committees, and later the Mangamuka Tribal

Committee.⁵ He was essentially groomed for community leadership by his father-in-law, Nopera, and an uncle, Steve Harris.

Violet says she often got *rikarika* (fed up) with her father and Steve Harris because they took Karanga away from the farm to various meetings, usually land-related, leaving her to care not just for the children but also a rather demanding herd of cows. Violet said she would stand her babies up in the cream cans while she milked, until the older children were able to look after the younger ones. Yet, Violet too became involved with various community groups. She participated in the *marae* association and tribal committee alongside her husband, as well as women's organisations such as the Country Women's Institute and the Maori Women's Welfare League.⁶ Her years of community service culminated in 2000 with her receipt of the Queen's Service Medal for community service.

Assisting during childbirth is one of the many areas in which Violet served the Mangamuka community. Specifically, she was on hand to help in the delivery of numerous babies, sometimes on her own, sometimes as assistant to one of two older women—either Ani Rakena (née Harris) or Turu Harris. Violet remembers that Ani had a talent for relaxing the mothers, to the point that she could often get them to laugh. But it was really under the tutelage of Turu that Violet learned to deliver babies. Turu (née Barber) was known to most as Nanny Turu, and was married to Steve Harris.

5. Tribal committees were originally set up in 1942 to lead the community-based activities of the Maori war effort. In 1945, the *Maori Social and Economic Advancement Act* put the committees on a firmer legal footing and realigned their work with that of government's Maori Affairs policies especially in the areas of housing, health and general welfare. (See G. V. Butterworth, *Maori Affairs*, GP Books, Wellington, 1990, pp. 83–93.) In Mangamuka, the tribal committee was not set up until the 1950s. Until then the Mangamuka Marae Association^a established to raise funds for a new meeting-house and also to organise mutual assistance between local farmers^b provided the central structure for community leadership.

6. The Country Women's Institute emerged in New Zealand in the 1920s and encouraged fellowship among rural women, bringing them together to discuss matters of importance and to foster country crafts. It had a number of Maori branches, mostly in Northland and on the East Coast. The Maori Women's Welfare League was established in 1951 to promote the health and welfare of the family and preserve traditional women's crafts. See Tania Rei, 'Maori Women's Welfare League', and Sandra Coney, 'Bessie Jerome Spencer', in *Standing in the Sunshine: A History of New Zealand Women since they Won the Vote*, Sandra Coney (ed.), Penguin, Auckland, 1993, pp. 132–3, 298–9.

Aunty Turu Harris was very helpful for many pregnant women. As time went on, she asked me to go out with her to see [how she did it].

Violet began her apprenticeship, so to speak, during World War II when she was in her late teens. She is unclear why Turu chose to teach her in particular to deliver children:

I don't really know why Turu taught me. She just used to ask me to go with her, and as far as I know she never took anyone else. She did get her boys to drive her sometimes, and maybe they helped her sometimes, I don't really know.

However, it is clear the two women and their families shared a close relationship on a number of levels. They were kin, as were most people in Mangamuka, Turu and Steve being senior to Violet and Karanga. They were also neighbours. Turu, Steve and their family lived on the hill immediately behind Violet and Karanga's family home. Violet recalls a relationship that was 'very, very close'. She was 'back and forth to Turu's house' many times a day. Also, Turu delivered all but one of Violet's children most of whom were conveniently born after Violet had finished milking the cows. One of Violet's daughters was named for Turu; Turu was considered 'too heavy' a name for the child so instead she was given Turu's 'saint name', Bridget.

Karanga too seems to have been favoured by both Steve and Turu. It was Steve, for example, who encouraged Karanga to become the secretary of the Mangamuka Tribal Committee in the late 1950s. Turu took a particularly motherly interest in Karanga after he saw a *tohu* (omen) signalling the death of her brother. He was on his way to her house one night, when he was waylaid because he helped some travellers with a puncture. While he was helping them, he saw a big red dog coming from the direction of the cemetery, 'but it wasn't an ordinary dog, *engari he tohu, he kaitiaki*' (it was an omen, a guide). When he arrived at Turu's he sensed that something was amiss. He told Turu why he was late and what he saw. Turu explained that the dog was a *kaitiaki* (guardian) that only showed itself to certain families. The next day, she got

word that her brother died, and following that incident she developed something of a soft spot for Karanga.

In Violet's eyes, Turu was gifted with the ability to deliver children. The gift was in her *kawai* (lineage). Her father, Ngaketo Barber, had the gift, and together they descended from ancestors who were *tapuhi* (midwives).⁷ Even with the appropriate *whakapapa* (genealogy) and its associated passing of knowledge from generation to generation, there seems to have been a degree to which understandings of the modern public health system undermined the perceived legitimacy of their skills and services. Both women, from time to time, questioned their 'training'.⁸ For Violet, it would have been safer if she had been trained, and Turu counted herself as 'too old' to train at age forty-two when she had the last of her eight children. Yet despite this apparent succumbing to modern standards, Violet is sure that Turu was so able, talented and popular as a midwife that most women would have chosen her services even if they had had access to 'proper' maternity services in Mangamuka.

As Violet became more and more practised at delivering children, Turu practised less. Often she would wait outside while Violet dealt with the birthing process. Later, she would counsel and advise Violet before sending her off to assist at a birth, and on the rare occasion that Violet faced complications during a delivery she could call Turu. Being a midwife required fitness of both mind and body, and Turu stopped delivering babies some time in the 1950s when she became inexplicably ill, suffering from unbearable and difficult to treat headaches. With the illness Turu gradually became 'too old' and *ahua ngenge* (weary). By the time she

7. Midwife is a modern translation, and is perhaps inaccurate as men also delivered children. Nanny Turu herself had been taught by her father, Ngaketo Barber. *Tapuhi* can also mean nurse generally.

8. The *Midwives Act 1904*, introduced state control of midwives. The seven St Helen's hospitals established around the country between 1905 and 1920 then dominated midwife training for the next thirty years or so. If Violet and Turu had opted to train, they would have had to relocate for up to three and a half years, depending on when they trained and the specific course they chose (maternity nurse or midwife, for example). See Charlotte M. Parkes, 'Pain Relief for Normal Labour', in Coney (ed.), *Standing in the Sunshine*, p. 61. For a detailed history of midwifery in New Zealand, including training matters and a chapter on the Maori experience, see Joan Donley, *Save the Midwife*, New Women's Press, Auckland, 1986.

retired, she would have delivered well over one hundred babies. Violet nursed Turu quite a bit in her old age, and continued to deliver babies. She has a vivid memory of the day in 1963 that Turu died. Turu had been raised in another Hokianga community, and the Mangamuka *kaumatua* (elders) were expecting a heated debate with her relations over where she should lie in state and be buried. So one of the *kaumatua* told the hospital staff not to let anybody else take the body.

It seems to have been completely usual for a local person to assist during childbirth in isolated communities like Mangamuka during the war years and later into the 1950s and 1960s. Although the story of Violet Harris may be anecdotal, her experience does seem to illustrate an accepted convention for its time, and the importance of *kawai* indicates the continuation of traditional birthing practices and practitioners into the modern era. Several people, men and women, in Mangamuka and neighbouring communities were known midwives. Violet’s own mother delivered each of her seventeen children herself. And a lot of women were having a lot of children. Violet’s own family of eight appears small compared to some of her peers who were having fifteen or more. Besides Turu and herself, Violet can recall about five other men and women who practised midwifery during her lifetime.

Necessity also kept this system of community-based birthing practices alive. It was simply too difficult and time-consuming to get to the local hospital across the Hokianga Harbour at Rawene. In the 1940s and 1950s getting to hospital meant travelling some forty kilometres, either by private car or courtesy of the daily cream truck, to ‘the long wharf’, where a ferry across the harbour was available throughout the day. Pregnant mums often did not call for assistance until the baby was close to arriving, so there simply was no time to get to hospital. It made more sense to call in someone like Violet than have the child in the car on the side of the road on the way to hospital. In addition to the logistics of getting to hospital, Violet recalls women going to hospital to have their children, only to be turned away because it was too soon. They would make the journey back to Mangamuka and have to return to Rawene again within a day or two.

Alternatively, they could bear the cost of boarding in Rawene for a couple of days. Quite apart from being the accepted norm, home births were a convenient alternative for mothers who did not have access to the requisite transport, who could not spare the time away from their family and domestic and farming chores, or who were unwilling to opt for hospital care.

Even at a local level there were access issues to overcome. The homes that comprise the Mangamuka community are scattered rather than collected into a central neighbourhood. People live along steep, windy gravel roads, across paddocks and creeks spread around a relatively deserted and forgotten ten-kilometre stretch of State Highway One. Although Violet could drive, she rarely did so until after Karanga passed away in 1979. Instead, she depended on Karanga to take her where she was needed. Therefore, Karanga had an important role to play in the process, not just because he drove Violet, but also because he sometimes drove mothers who had no access to a reliable car to hospital. The likelihood that he would one day become involved first-hand in a delivery was, therefore, reasonably high. That day came one Christmas in the early 1970s. A local woman rang Violet to say her daughter was in labour, to please hurry. Then she rang back immediately afterwards to say it was okay, and they probably had time to get to hospital, so could Karanga please take them. On this occasion, Violet did not see the mother before she left for hospital, but she did have a 'funny feeling' and so gave Karanga some scissors before he left. As predicted, Karanga made use of the scissors when he cut the umbilical cord after delivering the baby in the car, on the side of the road, on the way to the ferry. That baby was named Titipa, which was Karanga's middle name, and after he was born they continued on to Rawene Hospital where the doctors said everything was fine.

Sometimes, if Karanga was away, Violet had little choice but to rely on herself. In the early 1950s she recalls going by horseback to fetch her brother-in-law who was working about two kilometres away when one of his sons was being born. Sometimes, the mother-in-waiting came to Violet. For example, she has a vivid memory of her cousin walking down the road while in labour:

Lea walked from up the hill [about a kilometre away]. I looked across the paddock and she was resting on a tree stump. I was carrying too—I was about seven months pregnant with Mahuika, my second son. Nanny Turu and I helped deliver Lea's baby in our home.

There was a doctor based at Umawera, a predominantly Pakeha community some ten kilometres south of Mangamuka along a stretch of state highway that was not tar-sealed until the 1960s. District nurses operating out of Rawene would visit Mangamuka, and the hospital provided a free weekly GP service. But none of these things were enough to move Mangamuka's women to use public maternity services in any wholesale way. Violet recalls ringing the doctor on numerous occasions to come to a birth, but 'he hardly ever arrived in time to deliver the baby, usually the baby was long born [and] there was no need for him to take so long'. In fact, Violet recalls the doctor being called to one of the first deliveries she ever witnessed. She had gone to a birth with Turu, who ascertained very quickly that the baby was about to come out feet first. Turu contacted the doctor, but by the time he arrived, she had managed to turn the baby around herself. From Violet's account, the doctor seemed relaxed about the various informal midwives operating in Mangamuka. Neither Turu nor Violet ever did any training in the western sense. Turu sometimes feared she would get into trouble with the authorities. However, according to Violet, 'the doctor wasn't too concerned, he said all [Turu] was doing was helping him out'.

Violet actually holds a personal view that the women ought to have gone to hospital, and that she and Turu ought to have sought formal training. With the benefit of hindsight, she believes it would have been safer to have a doctor present at all births. Yet, all the births that Nana attended were successful. She recalls few complications. Her own experience of hospital also seems anomalous to her view. The only child she had in hospital, Maruwhenua, later died of consumption (pulmonary tuberculosis) when he was eight months old. And despite her services to the women of Mangamuka, Violet has a way of dismissing her contributions, saying that by today's standards she would be regarded as totally inappropriate as

a midwife. Nor does she view her skills as having any significant importance. She feels strongly that what she did was ‘just helping’.

I wouldn't say I was a midwife. [I was just] helping the mother to do something that she could do naturally anyway. In today's world they would just say I was a *kore take* [useless].

Despite her views, Violet accepts that the realities of pregnancy and childbirth in wartime and postwar Mangamuka made home births the preferred option of most women. In addition, she had complete confidence in the ability of her mentor, Turu, the *whakapapa* (genealogy) and selection processes that made them both the midwives that they were, and the gift that it was to assist new life into the world. For Violet, the gift was more important than the skill.

I call what I did ‘helping’ or ‘compassionate services’ or ‘inspiration’. That's the difference between me and a trained [midwife]. Being able to deliver a child was not a learned thing, it was a gift. That's why I don't ask for recompense, the moment I do, I'll lose that ability.

Inspiration may be an apt description. Violet seems to have been inspired in a number of ways, making as much use of her instincts as her experience and skill, when dispensing her ‘compassionate services’. For example, sometimes Violet could sense when an expectant mother was about to give birth. Prompted by no more than a feeling, she would ring Turu, who would then send her off to the relevant delivery. The environment also signalled when a pending newborn might arrive. The question Violet would ask herself was *he aha ra te tai?* (What is the tide doing?) The tide could reliably herald birth:

When the tide is going out, *e matemate ana*, that is the last breath. When the tide is coming in, that is the new life. Children are born on the incoming tide.

Violet illustrates her point with a story about Rimu, the third of her four daughters:

With Rimu, she asked me take her to hospital . . . We missed the ferry crossing so we had to wait for the next. While we were standing there, I could see *ko timu te tai*. The tide was still going out, so I knew the baby wouldn't come for hours. When we got to the hospital I said to the doctor, "She won't have her baby yet. I can go into Kaikohe and do my business." So I left Rimu and went to town. When I got back to the hospital, I looked out at the harbour and said to the doctor, "She won't be long." He said, "How can you tell?" And I said, "By the tide." And sure enough, it wasn't long before Rimu's baby was born.

When pressed on the fact that the tide cannot be seen from Mangamuka, Violet replied that when inland, a cat's eyes will reveal if the tide is in or out. If the pupils are dilated, the tide is out; if they are narrowed, the tide is in. Besides, Violet says she could always tell if a baby was coming by 'touching the *puku* (stomach) in the right ways'. The fact that Violet could do this was secondary to what she regards as the 'wisdom of the old people'. In her view, her ability as a midwife was invoked on an as required basis, rather than a learned formula to be followed. She was mentored into midwifery, and learned by watching and doing, not having things explained. Between births she had no need to recall the process of delivery. Not surprisingly, then, she had great difficulty relating even parts of the process during her interview, saying:

I forget now what to do, but as soon as I get to the woman, everything comes back, when I can feel where the baby is, it all comes back to me. If someone went into labour right now in front of me I would know what to do.

There are aspects of her midwifery experiences that Violet can recall—like making sure there was plenty of boiled water, and how it was easier for her if the mother opted to kneel, although most lay down on their beds. Mostly, though, the things she recalls are remembered in comparison to her understanding of current birthing practices and her knowledge of the hospital experience. For instance, she refers to women who haemorrhaged when they had their children in hospital but not when they had others at home. And women did not book in with Violet in advance, as is the norm these days:

People used to just turn up when they were in labour '*kia whakamamae ka tae mai*' [when they got pains, they'd arrive]. Sometimes they asked during their pregnancy if I would say how they were doing, and I would feel their stomachs. There's a place under the ribs that I used to push my fingers into. If I could push them through easily, I knew '*kore e roa ka whanau*' [the birth would be soon]. Some of them that are ready to come are really quick, you push them and the baby pops out! Others, you can help bring the baby on. There's a *miri* (massage) that you can use to help the baby turn around and come down.

The first thing Violet did at a birth was boil water. She also kept her scissors close. Some people used a mussel shell for cutting the umbilical cord, but Violet preferred scissors. The water was used to wash the mother. The baby would be massaged with olive oil, which gets into the skin and keeps the baby warm. Often the baby would not have his or her first bath for a few weeks. Occasionally a sponge bath would be given, but really the focus was on massaging with oil. Massage was an important component of the birthing process, and one that, in Violet's view, is absent from current mainstream birthing practices:

There was a *miri* (massage) that I did; a massage for the baby that the mothers always enjoyed. I don't know how to massage really, I just knew how to massage for the baby and the mother, and how to massage to turn the baby into the best position for birthing. See in hospital, they don't seem to do that, they let you lie on the bed until the baby is nearly ready to come out. I learned that *miri* from watching Nanny Turu, and I can [use it to] tell where the baby's head is. I know the mothers liked that massage, it made [the birth] so much easier for them.

Something else Violet would do was let the mother rest once the baby's head and shoulders were clear of the birth canal:

Once the baby's head and shoulders were out I could [turn my attention] to the mother. I used to let the mother rest with the cord attached. The baby was still half way out, and I would just

hold the baby's head . . . and maybe clean a bit. And when the mother had a spell, I cut the cord.

Attendance during a birth is another point of difference that Violet sees between the births she attended and hospital births. Her daughters had hospital births, mostly during the 1970s. Only their husbands were allowed to be present at the birth, whereas, on at least one occasion, she was refused admittance. However, husbands did play an important role. They were usually present at the births with which Violet assisted, although they would 'never come close'. They were more likely to wait outside. In 1942, when Violet had her first child (my father), Karanga was in Auckland in the Territorials. Violet's mother was in Auckland also, so her father attended the birth, and it was only after he arrived that Milton was born. In addition, Violet has often witnessed fathers bearing the mother's labour pains. It happened with her second daughter Bridget and her husband Winiata.

With Bridget, Winiata got all her pain, he had a sore back all through the delivery, until the baby came, then he was able to stand up straight. I've seen it happen quite often with the fathers taking the pain from the mothers.

'Taking the pain' is not something that happened to Violet so much. But it was exhausting work. She had to be mentally and physically fit and well, otherwise 'you can't deliver the baby'. The exhaustion was not felt until after the birth; during the birth 'you are strong'.

Violet was fortunate in that she faced few complications with the babies she delivered. She recollects a small number of breech births, which were dealt with by turning the baby around using a particular massage. In another event Violet decided to take a mother to hospital. The mother was having her twelfth or thirteenth child and was having trouble pushing. As usual, Violet relied on Karanga to drive, and the result was a successful hospital birth. When one of Violet's nephews came out blue, Turu was on hand. She put the baby across her knee and slapped him, after which he was completely fine. A similar thing happened with a niece, although in that

instance medical assistance had been called for and never arrived. Usually, and often due to his late arrival, the doctor would ‘check the baby’ after it was born. Ultimately, all the births Violet attended ended successfully.

After the birth, Violet would bury the *whenua* (afterbirth) for the family, which is the custom of most Maori. In Mangamuka, *whenua* are most often, although not exclusively, buried under totara trees. There is a totara tree in a small gully behind Violet’s home where she buried, and still buries, many *whenua*. Other families had their own trees set aside for the purpose. Violet’s other post-natal service was the treatment of piles, if requested. To treat them she would boil *mingimingi* (a native evergreen shrub) and have the mother squat above the steam created by the boiling. In some cases the piles went away permanently, and they certainly stayed away for at least a period of months.

Violet is unsure how many children she delivered overall—perhaps twenty or more on her own, and a much greater number together with Nanny Turu. She is also unsure when her last delivery took place, although she was still giving advice and sending women off to hospital in the early 1970s. From her accounts, and by calculating the ages of the children she can remember delivering, it would seem that most of the deliveries she participated in occurred during and after World War II until the early 1960s. From there, the frequency of the deliveries declined, due to women having their families away from Mangamuka, having smaller families and opting for hospital births.

Of all the skills and abilities and gifts and lessons that Violet learned from her experiences with newborn babies and their mothers, the most important to her was ‘*kia tapu to mangai*’ (literally, let your mouth be sacred). For Violet, this was the most crucial lesson her mentor, Turu, taught her. Violet’s understanding of the statement was that it was a warning—a fundamental, never-to-be-broken guiding principle:

If I was to have anything to do with delivering babies, *kia tapu to mangai* . . . yes, that was [Turu’s] warning to me, don’t say anything about the woman or the birth.

In fact, Violet found it practically impossible to say anything about any woman who was bearing the pain of giving birth, and when each baby entered the world, there was no room for gossip or small talk. What was present in the room was a profound love, joy and purity. During her interview, Violet had great difficulty articulating this element of the experience, yet it was also clearly the element she remembered and felt most powerfully.

I find that when it's all over—oh, what a joy—you give the baby to the mother and hug . . . To me, the big thing is the love you have for that woman when she has that child . . . it's a big relief to you as well as the mother . . . When that child is born, everything is *ma* (white, pure, clean). I can't really explain it [what *ma* means]. Everything is clean, pure, innocent. It's a very humbling experience and when the child arrives you are so connected to the mother, and the baby is part of the mother's body. You give her her child and say '*ko tae mai to rangatira*' (your chief has arrived).

And in that most perfect of moments, Violet says she was 'finished', complete; there was nothing left to do or say.

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