

Document No: 2098177

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TITLE: Use of Muka (Flax) Ties for the Pito (Umbilical Cord)

1. Statement/Purpose

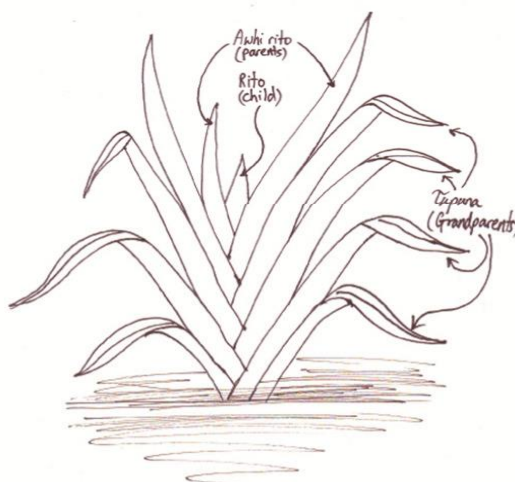
Lakes DHB wish to support birthing practices for all peoples accessing this facility. There have been an increasing number of whanau (family) using muka (flax) ties for the pito (umbilical cord). Muka is a harakeke (flax) fibre tie that is used by many whanau to secure the umbilical cord after birth. This policy relates to the use of muka fibre only, and no other fibre.

In recognition of Te Tiriti o Waitangi (the Treaty of Waitangi) and the Crown’s special relationship with Maori, Lakes DHB is committed to acknowledging the Treaty by working in partnership with Maori. Lakes DHB personnel who are involved in implementing this policy should be aware of Lakes DHB’s Te Tiriti o Waitangi Policy (EDMS 40583).

2. Background

The harakeke plant embodies the closeness of the whanau unit, as it grows in bundles close to each other. Each bundle represents the rito (child), awhi rito (parents), and tupuna (grandparents), symbolic of the whanau unit. Many of our whanau are aware of cultural practices around the harvesting of harakeke, acknowledging who, when and how harvesting occurs. This is to maintain a practice that acknowledges the provider, and maintains an ongoing sustainable supply. There may be slight variations within different Iwi around types of harakeke, harvesting, and its uses.

Muka is environmentally safe and biodegradable. Harakeke (flax) is known to have medicinal properties. It is recommended by the writer that persons need to consult with knowledgeable persons from their own hapu (Sub Tribe) or local area on practices common to their own whanau.



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After the birth of the pepe (baby), the most appropriate time for the pito (umbilical cord) to be tied is after the blood within the cord has been allowed to enter the neonate's (baby's) blood circulation. This usually occurs with physiological delivery of the whenua (placenta). Muka can still be used in active management of the third stage, and in emergency situations. There may be a slight delay to complete the tying of the pito with muka. The purpose of this policy statement is to inform people using muka to practice safe use, which prevents possible haemorrhage that can occur if muka is not tied adequately. As the pito shrinks it needs checking after initial tie and at least each nappy change. Parents would have received sufficient training from their midwife and or whanau to maintain safe use of muka. Ask parents to check at every opportunity and tighten if it has loosened.

3. Scope

All LMCs, Lakes DHB staff, including Midwives, Nursing, HCAs, Medical staff, and Te Aka Matua Manawa Pou Kaupapa services.

4. Definitions

DHB:	District Health Board
WCF:	Women, Child and Family
SCBU:	Special Care Baby Unit
Medical Staff:	Obstetricians, Paediatricians, Registrars, House Officers
HCA:	Health Care Assistant
LMC:	Lead Maternity Carer
Muka:	Flax ties
Harakeke:	Flax
Whanau:	Family
Pito:	Umbilical cord

Active management of birth of whenua: The use of an ecboic Syntometrine or Syntocinon (chemically produced hormone) used to aid birth of the whenua. The ecboic is given as an injection to the mother, soon after the birth of the neonate, and before the birth of the whenua. The cord is clamped, cut and the birth of the whenua is assisted with traction on the cord. This may be an option where the woman may have a history of excessive bleeding after birth of the neonate, or as her choice of management of the third stage of labour. Muka could be used instead of/or in addition to a clamp, and clamp removed when pito is well dried.

Physiological birth of the whenua: This process allows the woman's body to expel the whenua naturally. It also allows the cord to empty all available blood to the neonate via the umbilicus. It is an option to tie and cut the cord after this has occurred. This method is chosen by women and LMC where there are no contraindications for a physiological birth of the whenua.

5. Standards to Be Met

- a. It is expected the LMC, with woman and whanau have a documented birth plan stating the mode for delivery (active management verses physiological) of whenua including, choice of cord tie, with sufficient training by the LMC or knowledgeable persons, so that woman and whanau will feel competent in using muka appropriately.

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- b. DHB staff are informed the choice of cord tie used, with recommended management. Where muka is used, the tie is checked initially and at each nappy change until it remains well secured, and the pito is drying. Staff and whanau need to observe that the tie is secure, drying and site is infection free.
- c. In the cases of emergency births, where the maternal and/or neonate's wellbeing is compromised, and the use of muka was identified, it will be applied if possible. If a cord clamp is used in an emergency situation, attending clinician can leave approximately 10cm of umbilical cord, so muka can be applied when practical. Any part of the umbilical cord removed, is to be returned to whanau.



6. Considerations

- Type of muka fibre varies area to area: ask knowledgeable person.
- Can be plaited, or have a few strands rolled together.
- Storage in snap lock bag has been known to prevent from drying out.
- It is recommended approx. a ten cm length of muka, tied 3-4 cms from neonate's abdomen. Appendix 1 for a couple of muka tie examples.

7. Related Documentation

- Treaty of Waitangi Policy Document 40583
- Midwives handbook of Practice New Zealand College of midwives 2003
- Midwifery Standards review New Zealand College of Midwives 2007.

8. References

<https://maoriplantuse.landcareresearch.co.nz/WebForms/PeoplePlantsDetails.aspx?firstcome=firstcome&PKey=F7DBD5A8-9779-451F-AD75-72F1866C6E1B>

http://learningon.theloop.school.nz/moodle/pluginfile.php/95256/mod_resource/content/1/%201Harakeke%20Fibre%20strength%20testing.pdf

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www.Ngamaia.co.nz

<http://www.oxytocin.space/birth/umbilical-cord-clamping-options/#further-reading>

9. Acknowledgements

- Brendan Smith, Lakes DHB Librarian;
- Phyllis Tangitu, General Manager Maori Health;
- Colleagues: Sarah MacMillan, Moerangi Thwaites and Leanne Leggett.

Prepared by: Janet Taiatini, Registered Midwife.

Authorised by: Obstetrics & Gynaecology Continuous Quality Improvement Group.

Additional note for the Muka ties document:

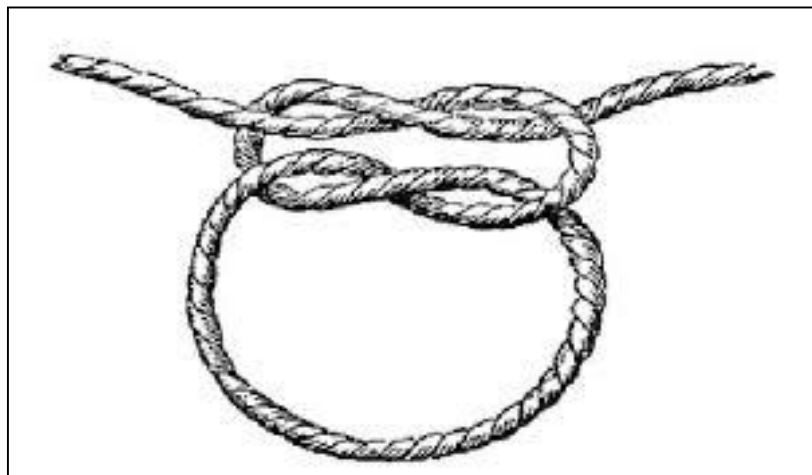
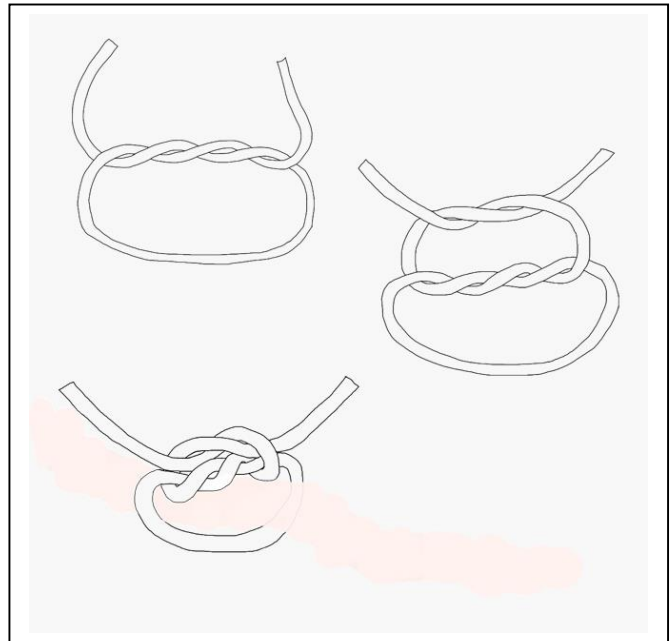
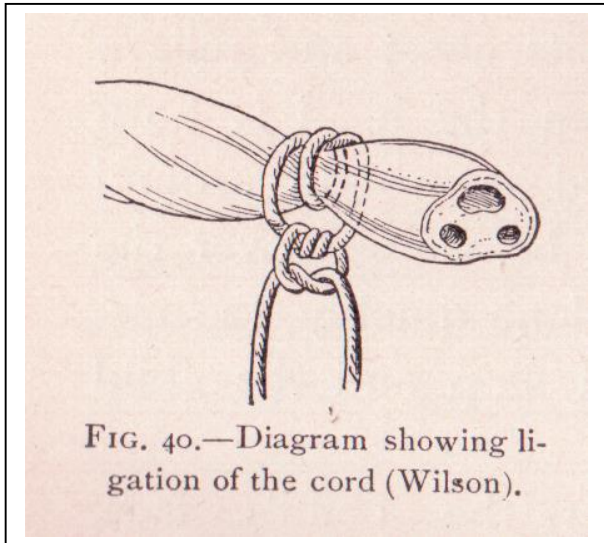
This policy provides choice for wahine and their whanau to use culturally based flax cord ties.

Due to concerns that there may be a risk of bleeding from the umbilical cord if the tie slips or comes undone, it is suggested that a clamp be placed on the cut end of the cord for the first 12 hours, when the risk of bleeding is greatest, after which time the clamp can be removed.

8.4.19 CH CQI recommendation.

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APPENDIX 1 Muka Ties – Knots commonly used but not limited to



These are examples of ties or knots used to secure muka. For your information secure ties are not limited to these examples only.

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