

## **We Can Do Better** **By Amy**

Never discredit what even the smallest amount of care and support can do to change another person's life. One of my mentors told that to me at the beginning of my nursing career.

Ever since I was young, I wanted to be a nurse. Specifically, a nurse that worked with pregnant people and babies. *Do you remember in Elementary school, and everyone would make drawings of what they wanted to be when they grew up, and they were put on the wall for parent's night?* Well, in my classroom there were drawings of singers and teachers, firefighters, and doctors, and then there was my picture right smack in the middle of the wall, that said;

"When I grow up, I want to be a "nurse who helps moms and babies" with a very colorful and graphically interesting picture of a person giving birth and me in between the legs catching a baby....

My parents were both mortified and proud.

In high school, I was a volunteer at a local hospital on the pediatric unit and my job was to snuggle and love up the babies who were exposed to substances in utero that were not medically stable to go home. This was the early nineties and the attitudes towards families back then was interesting as they were known as the "crack babies". This was an issue that I did not understand at the time from a systemic viewpoint. However, it was in that space that I learned from the nurses how to be an advocate, how to use my voice, and how to just hold space for those families and babies on the days that were hard. I had no judgement at that time about babies who were born exposed and their parents. That was not the focus on this peds unit. The focus was to care. I heard the stories of these families and saw how much they wanted to do better, and they were trying, but they did not have

anyone to help them. They were not seen or heard, but neither were their children.

These experiences made my passion for becoming a nurse that much stronger. In school, I was a decent learner with a terrible learning disability in math. And in the 11<sup>th</sup> grade when I took one of those career tests, they made you take in the 90s, BOOM! Nurse was on the top of the list.

Then my guidance counselor held a meeting with me and my parents to discuss college. He said "*Amy, as much as we know you want to become a nurse; you should choose something else. You will never be able to do the math involved in nursing, you will never make it through. It is just not for you.*"

And you know what, at that time in my life, I believed him. I was crushed, but so vulnerable at that time.

You see, in my home world, my parents had just divorced, my mother was sick and dying, and at 16 I became her primary caregiver as well as my little sisters. My mother passed away right after I graduated high school and, in my grief, and stage of life, I felt utterly disconnected and alone.

Fast forward a bit, as I promise this part of the story has a happy ending. I went to college Round one "the Grateful Dead Years" as a psych major, which put me on track to become....you guessed it....

A massage therapist.

Later I became a doula.

I also found community, met my partner, and started a family.

It was a mentor of mine who encouraged me to just consider nursing again. That damn Guidance Counselor in my head told me "No" but she was persistent and finally, I became a nurse.

And by the way, I got straight A's in Math.....go figure!

During nursing school, I became a volunteer Doula for the Lund Home. I supported women in the perinatal period and attended their births as their birth support. Again, I was trusted to listen and hold space. The trauma that these individuals had been through made me understand what they carry. I could see how numbing the depths of that trauma allowed them to in many ways carry on and live. They made me understand how hard it is to work against your brain every minute of every day.

I watched with great admiration as many of these women took control of their bodies and birthed their babies into the world. The best part of being a doula is to hear a new parent say, "I did it!" For these women, it meant more. To this day, these are some of the strongest mothers I will ever have served in my life.

My first job out of nursing school was on the postpartum unit at UVMHC. This was the only job I thought I ever wanted. It was at this job where I was trained to do what were called at the time "opiate inductions". This was when a pregnant individual comes to the unit to be safely placed on Medical Assisted Treatment.

I could not believe how forthcoming these patients were about their substance use and their world.

I had to learn how to control my eyes from widening and my mouth from dropping open.

Their touchpoint was open, this was their opportunity to do something for their baby and themselves. The possibility of new life and a fresh start, but it does not always feel safe.

There was one patient who was expecting twins who lived rurally. She was scared because she could not remember the last time, she was sober. She grew up with parents who used substances, a partner who was still using, her friends were using, she was the only person in her friend group who was pregnant. She did not have transportation, or phone, and she was scared that her partner would take her buprenorphine and sell it and she would

have to use. She was 19 years old and completely alone.

Well, I was triggered.

Why the heck are we initiating MAT and sending them home to their environment without support in their environment? Who is going to support her? She wants to try but does not know how to be sober, let alone a mother.... She was one of many who I sent home, unsupported, unseen and set up to not succeed.

I am now working in the community. Where there have been many positive changes for this population throughout the years. They are still completely underserved.

The system must change outside of the hospital and the medical home. Step into the world of the patient and walk with them. Help them where they are at.

I have one client who had 55 visits in the first 6 weeks after she gave birth. She often had to choose between visiting her children who were in DCF custody or traveling 50 miles a week to receive her buprenorphine and the other parts of her MAT program that DCF expected her to have. She would often choose her children over her MAT. She told me that it was easier to have her 'meds' (street bup and prescription pills) delivered to her home on her own time then deal with the fallout from missing visits with her kids.

We need to do better.