Beyond Delivery - Advocating for Health Equality in Motherhood

Candice Kemp, M.A., ED., RN, BSN, MSN (C), is a highly skilled RN and educator with more than 25 years of relevant experience providing excellent care while ensuring smooth nursing operations and regulatory compliance. She is recognized as an exceptional leader and problem solver with expertise in training, quality, utilization, and risk management. She has notable success in hospital policy and procedure development, and proven ability to produce results through effective application of core competencies. Candice brings a deep understanding of the challenges faced by mothers, particularly those experiencing disparities in maternal care, highlighting the urgent need for addressing such issues.

Dr. Robin McCormick DNP, RN has been a nurse leader for over 23 years in nursing practice, leadership, management, and education. Dr. McCormick earned a Doctor of Nursing Practice (DNP) from Troy University in 2018, a Master of Science in Nursing degree from the University of South Alabama in 2007, and a Bachelor of Science in Nursing (BSN) degree in 2000 from Troy University. Dr. McCormick has published and presented topics relevant to nursing practice and education on the local, national, and international levels. With a passion for improving community health outcomes, Dr. McCormick has a research focus on mental health, maternal-child outcomes, and community health.

Episode 1 Transcript

Robin McCormick: Hey, this is Dr. Robin McCormick with Elite Learning for Colibri Healthcare, and you're listening to our Elite Learning podcast, where we share the most up-to-date education for healthcare professionals. And today, we're delving into some crucial conversations surrounding disparities in maternal care. We really want to navigate the challenges and also the triumphs that impact the well-being of new moms. And today, we're joined by a true champion of mothers and families, Candice Kemp. Beyond her title as president and CEO of the Necessary Nurse Concierge Services, she has over 25 years of diverse healthcare experience as both a nurse and as an educator. And so, I'm so excited that she's able to share with us her passion for helping maternal, to helping new moms, and helping with issues such as critical issues such as maternal disparities and how we can better support our parents in their journey. And really, I'm excited to draw on her knowledge and her passion. And so, Candice, I just wanted to ask you, what sparked your passion for addressing these maternal disparities?

Candice Kemp: Well, thank you, Robin, for having me on today. And hello to everyone in the audience. Drawing on that over 25 years of diverse background, I started in the military, and my own experiences with that, which were kind of traumatic, and followed me for a long time such that I eventually did go into the field of nursing, started in education, and would see how moms struggle with maybe a new baby and one starting pre-K or one starting kindergarten and

trying to juggle that. I came up with the term of being a single married woman, a single mom as a married woman, because they were carrying the burden and the workload of providing for children in childcare and in working and all of that. And then as I've gotten into nursing over the last few years, I had some friends, I'm an older woman at this age, I'm not of childbearing age anymore, but they have daughters who are having babies and were separated from the families, because they're married to someone in the military or their position. Their job took them to a different part of the country where they had no support and were new moms. And how overwhelming that experience was for them not having anything to draw upon because they'd been pursuing their careers and none of their friends had any family or whatever. So, it was born out of that, listening to the crying, being overwhelmed, thinking I'm a horrible mom because this child is crying, and I do not know what to do. And the feelings that come along with that, you're not knowing you're going through postpartum, that that's what you're dealing with, not having the vocabulary or the experience to be able to put a word to it, or a diagnosis to it to understand that is completely normal.

MCCORMICK: Wow. That speaks a lot to me. Are there any particular women that you met during that time you can share a little bit more about their challenges?

KEMP: Well, specifically, it was the military moms, spouses, especially if they are the spouse of an enlisted, which is a little bit different from the spouse of an officer in terms of the income, disparities in income, because unfortunately, a lot of enlisted members, their pay is such that they qualify for benefits, food stamps and such. And those kind of strains manifest themselves in a marriage, in a relationship. And then you're having a new bundle coming along on the way that adds to an already stressful marriage, because you're separated geographically from everybody and everything you know trying to navigate that. I'm sure there are small communities of other like-minded moms. But it's such a unique experience when you're not around your own mother, your sister, your mother-in-law, anyone like that to support you in that journey, especially moms who are overseas. We don't think about them being that far away from family and having to go through that experience individually. So that's where my passion is for active-duty moms or veteran moms, because the reality is a little bit different. But everybody who's been a mom can speak to that experience, even though it's individualistic, you know, the crying and not thinking you're a good mom feeling like a horrible person, other kids depending on you the job, wanting you to come back to work after six weeks. It's just a lot.

MCCORMICK: A lot. That is that is a lot. And it brings me back to having my own child. She's ten now, and how it took us so long time to get pregnant. And so, of course, you're excited. And I'm so blessed that you have the resources and have everything around. And I even have, you know, my own support system with my family being here. And even with that, I struggled. I struggled so much with postpartum.

KEMP: And, you can't even imagine not having it, right?

MCCORMICK: That's what I'm thinking. I'm like, I wanted this little bundle of joy. Why am I so sad? Why am I struggling? And I can't even imagine what it would be like not to have that support around you.

KEMP: And that's the reality for more people than not, that not having that support. And then when we talk about the disparities in healthcare, we could talk about that all day. But the reality is a doctor only has so much time to spend with a patient. And that limitation, that directly and indirectly impacts that new mom. And because the foundation of it is nutrition and minimizing stress. Well, how do you know you need to minimize stress if you don't know where the stressor is or what's causing it, or how to address it with your provider, because you only have a limited amount of time in which to talk to them. And then we have the cultural differences and often their language barriers. And then a lot of times people are scared to advocate for themselves because they defer to the individual who happens to have the most education in the room as being the all knowledgeable individual, and minimize or dismissing their own thoughts and question and are not having the health literacy to be able to advocate more staunchly for themselves.

MCCORMICK: Right. And you mentioned, like you said, with the maternal disparities they are, I was shocked when I looked at the numbers. Like I knew that we had a lot of disparities, and then I've been around enough to see it. I live in a rural area in Alabama, and I see the disparities around me. But I was shocked to see that the US does have the highest maternal mortality rate in all the developed nations, and that is just scary.

KEMP: In all the developed nations.

MCCORMICK: Yes.

KEMP: Yeah. We're talking on the politics of it and in the financial piece, which drives everything. And when you look at how much healthcare is cost and accessibility, because of the costs or because of you're in a geographic region where there isn't a lot of representation for providers, then you start to see the snowball effect of the disparities in the healthcare. Because if you're not, if you don't have access, you don't have anything, it doesn't even matter. But I just recently got some data that was eye-opening that a lot of pregnant women are seeing other specialties while they're pregnant to accommodate the lack of ob-gyn providers that are not available in their area. And I was like, wow, I was not aware of that. That was new information for me. And yeah, we have a long way to go. And it's unfortunate because that's the foundation of society, healthy moms and children.

MCCORMICK: I mean, and we need our moms to be healthy and, and our children to be healthy. And it's almost like, it's such a big problem. I look at it, like what can we do? But also, you know, we talk about these real-life hurdles. And I know you brought up the lack of doctors. And what other hurdles do you see that we might not even consider related to maternal mortality?

KEMP: I honestly think that nurses who are at the forefront do everything responsible for a lot of care and then ruffle feathers. But I think women nurses should be able to bill on their own independent of a doctor. That would address some of the disparities with access and with providing quality care. Open it up.

MCCORMICK: You know, I agree. We nurses have certain and I think, we have a lot of lived experiences too, a wide range of ideas that it would be a fantastic thing to be able to be all bill, to be able to see and support moms.

KEMP Why not? I worked in the emergency room network. That's where I cut my teeth as a nurse, and you have to know just as much. You know, you do things within the scope of your practice that help patients. And we're professionals, we have organizations. We need to advocate on policy, and I'm committed to doing that. Whatever we need to do to make sure we can take care to those most vulnerable, and marginal marginalized in our communities.

MCCORMICK: I agree.

KEMP: And why not open up that base to nurses?

MCCORMICK: You know, the thing is, nurses, we are a profession, and we are broad and wide. And what we are able to do, and what our educational background prepares us for, and then what we see, and there are so many things that I think nurses can do to support our new moms.

KEMP: We do. It is just not recognized or appreciated or respected and I think that's where our own advocacy for us as professional needs to come to the forefront.

MCCORMICK: Right. While we're on that track, tell me if you were in charge for a day, what would you like it to look like? What would you do? If we could do anything we wanted, I'm kind of going off on a pig trail a little bit, but if you could do anything.

KEMP: I would take money out of healthcare. It's just a benefit of being a human being and being a citizen. Just take the money out of it. Where you have money, you know, priorities tend to change and shift. If you took the money out to deliver quality care, you're not worrying about, I got to get a prior authorization for something that's a necessity. All expectant moms should have a high blood pressure machine, a cuff at home. A simple way is to check their blood pressure and make sure everything's where it's needed. Why isn't it just standard practice to just issue one to a new mom soon as she gets the results that she's pregnant. Inexpensive things that we can implement right away to try to offset problems down the road.

MCCORMICK: Right.

KEMP: Prevention ounce of prevention is worth a pound of cure.

MCCORMICK: I have to agree with that. So much. And when you look at our new moms in the mortality rate, there are so many things that can be prevented if we just head it off before it even starts and is going to stop those bad outcomes. You know, thinking about.

KEMP: Well, one of the things I think is, again, is foundational is the nutrition, because a lot of what a lot of issues can be avoided by being more cognizant of what we eat, your increase, your folate and your folic acid, and your intake, and minimize the sugars, increase your water, move. There are things that you can do to be proactive, to make it a more positive experience because of the barriers. And you know, Google is your friend. What do I eat as a pregnant woman? What do I need to do? Things that can help the delivery be a lot less impactful on the body and being aware of what changes to look for, what's the problem, what's normal, what's not normal. But a lot of it does start with the diet and the level of stress, and I think it varies. As a new mom, your first baby, you're probably overthinking it and thinking, I don't know what I'm doing. And then you add to that the separation, and not having the health literacy and experience to be able to communicate every little aspect of something, it gets overwhelming. And then you're like, well, if you don't know how to be a mom, then why are you having kids? The guilt that comes with that, because everybody thinks they're supposed to automatically know what comes with being a parent, and it's as individual as fingerprints.

MCCORMICK: You're so right there. I know when I had this baby and, you know, I'm a nurse. I've been a nurse for years at the time I had my baby and like I said, I've read and researched and I'm like, what is there to know? Like, I know all! No, you don't know anything! You don’t’ know anything!

KEMP: All you know is what you don't know.

MCCORMICK: Right? All you know is you need help, you need support, and then you get postpartum hormones when the baby gets there, too. You're like, even the things I know, I don't know.

KEMP: And I think parenting courses should be, I don't want to say mandatory, but I'm going to say mandatory, because we again, as adults, we don't like individuals telling us what to do. We want to do our own thing. And I'm the boss of me but hearing a different perspective kind of helps you open your mind to things and at least consider something different. And a lot of the changes that that can be implemented because you're in a geographical area where things are not always accessible, then we have to think about, well, what can we do? And community is a lot of it, because there's someone in the community that knows how to give birth, you know, a birthing center, a doula, a midwife, or someone who just does it. So, we have to draw on what's available to us, and not focus on what's not available, because we can only control what we can control, and what we have available to us individually is what we can draw from. And a lot of it, you know, most people have smartphones, and you can Google them or ask Siri or just basic questions like how can I improve my chances of delivering a healthy baby. What can I do immediately, tomorrow, whatever? There are ways that we can do to get answers to questions

that we may have. But a lot of times people don't know the question to ask, like, how does my diet play into me having a successful pregnancy, and how does my being from a different culture, how is that going to show up in this appointment with this doctor who has a limited amount of time, and mostly is going to look at the lab from the urine sample, from the blood work, and not really focus too much on the individual, like what's going on in your home. Is food an issue for you at the end of the month or every month? Little things that clue you in to the social determinants of health to see exactly what the need is.

MCCORMICK: Candice, I love what you were saying about when we were talking about being in charge for a day about prenatal prevention, and like on that first appointment, really focusing on nutrition, given a blood pressure cuff to start monitoring blood pressure and doing parenting courses, what else do you think should just be a standard part of that prenatal visit that first time that?

KEMP: I think my hope would be something that is definitely within the control of the provider is for a more equitable and supportive prenatal and postpartum experience for moms in a healthcare system that prioritizes maternal well-being and culturally competent care. A comprehensive appointment to talk about nutrition, and stress, and monitoring your blood pressure, and movement, and how to prepare for all of that as a standard. And I would also hope that beyond the 30, 45 minutes that you have with the provider, support would be given every day, someone has access to something or someone to support them in that transformative journey.

MCCORMICK: I love that. It would be an amazing thing to just know you had just someone to reach out to ask those daily questions that you may not be able to wait to see the provider next time to ask.

KEMP: Or you may be uncomfortable asking your friend or asking your mom or your sister. People assume that because we have close relationships that we're close to discussing everything with them. And ideally that would be the case. But there are some things you only want to discuss with whoever, outside of your spouse, or someone who could be as objective as they can be without including all the other stuff in their response. So, having that availability I think would make the difference in a lot of mindsets of new moms with being a source of comfort for them.

MCCORMICK: I love that. It makes me think, in the earlier part of my life, I actually worked as a doula for a while and being a nurse but it was interesting. I loved it, but I had to remember to know my role and know my scope at the time, because of course, you know, I'm as I doula, I am their support. And to be able to feel like you could provide that emotional support for people outside of just those medical needs. It was profound for me, and I hope that it was helpful for them. And when you were talking about providing equitable care, I know I just saw myself, I see a lot of inequality in care. Can you think of some things that you maybe have seen just throughout your time?

KEMP: Access is the biggest difference. One of the things when we're talking about equity access is the biggest. If you don't have access, how can you get care. And those of us who have access, just take it for granted that everyone else does. And it would seem counterintuitive for an expectant mom to not be able to receive care, and that could lead to issues that could be addressed if she had it. So that's the main barrier is access to care. And then in certain communities, particularly women of color, they experience higher rates of maternal mortality. And that disparity highlights the impact of some systemic racism and unequal access to healthcare. Because if that is a barrier, you may or may not, a new mom may or may not have the tools or experiences to even recognize it. And in talking about postpartum support, I think it should be a standard of care for new moms to discharge with a doula.

MCCORMICK: Yeah, I agree.

KEMP: That's kind of crazy to me. Like, why aren't we making use of the resources that are available to us? And you know, there are women who do have that, but they have to pay a lot of money for that benefit. So not everyone has access to that, but everyone should. Something as simple having a doula look over you to help you with that transition. You are sleep deprived, you're overwhelmed, you may be alone. That would just be a source of comfort that would make that transition much easier. And then we have the cultural competency piece, you know, different cultures approach and handle childbirth totally different. And we have to be sensitive to that. Rather than having moms fit to a mold, we kind of cater the care delivery to their cultural and individual needs.

MCCORMICK: I really love that. And it makes me think about, you know, times of being a nurse, and what if I was a nurse of someone who had needs and they were outside of my culture? What would be a good way to assess and get them to open up to tell me what their needs are?

KEMP: Thank you for asking that question. And I think one of the ways is educating, being self-aware, and understand that we all have some kind of inherent bias based on how we're socialized and our relative experiences and such, and knowing that it may show up in having an honest conversation with self and saying, why am I feeling this way? Why? What is driving these emotions or these feelings that I may have for someone who's just simply presenting and in need? And when you can start having those, asking those hard conversations, questions of yourselves, then you can start exploring and see where it takes you so that you can't address what you don't acknowledge. So, it's all for me when I'm coming in contact with someone who's maybe from a different culture, from one that I had time to plan, then I'm going to be empathetic and sympathetic enough, have to kind of research it and see what information I can find. Again, we have information everywhere. It's like who has access and who knows how to use the information that they receive. But I'm also a fan of asking questions. So if it's someone with whom I haven't come in contact, what is the way that would work best for you, for us to approach this and that, People are really fans of talking about themselves, so I'm pretty sure they be really open to just hearing that. So lean into that, you know, motivational speaking and questions. And again, people like talking about themselves and I'm going to find

out if there's some cultural things, like we don't do this when we find out we're pregnant or we do this which way, how to best communicate with you. Is it through text, because different generations prefer social media and texting and then other people like the warm and fuzzy. You want to hold your hand and have a conversation. And they got others who want the face to face. That's how specific you have to get to be able to give the best care to the individual with that myriad of tools that we have available now to reach people based on cultural competency. And I think going back from we were talking about gender roles and having more representation in genders, there's not just male and female, it's much more than that. I mean, making people feel comfortable and accepted by accepting that different does not mean deficient.

MCCORMICK: I love that it's just different.

KEMP: It is different. Just means different. There's always more than one way to do something. Always.

MCCORMICK: That's so true. And I think you nurses in general, in our roles we want to be compassionate, and we want to provide equitable care. I think sometimes we just get so busy and so stuck on what we're doing that we're not asking the questions that we need to ask and so I really like what you said about, you know, different just means different, and that I need to take that time to really understand what those needs are or to ask those questions. Because you're right, most people would love to tell you what their needs are and how they can be met.

KEMP: And it helps you as a nurse, if you tell me what works for you, I'm going to use my clinical judgment to make sure it makes sense, but I'm going to try to deliver that to you because, you know, hey, I don't like you to take blood out of my left arm, can you use my right? That that kind of information makes that interaction that much safer, that much more comfortable and that much easier. It is just asking the questions, doing a little background research to find out, you know, like sometimes. Even now you can go on LinkedIn and I can find out about Robin, and though she's from a little small town in Alabama and uses that as a bridge to have a conversation with her and it opens her up and maybe you thought about me enough to find out something that I like. It goes a long way.

MCCORMICK
I so agree, you know, we are different. But there are so many ways that, even in our differences, we have similarities. And I think by finding out about the differences, it's surprising to me how easy some of those differences are to meet the needs of if we are just asking.

KEMP: There is a saying that they're like, I cut you, you're going to bleed. If you cut me, I'm going to bleed. That doesn't change regardless of what culture you are in, it's going to be the same. And I think people rather than again ask themselves hard questions like, why? Why am I feeling like this? What is being triggered within me makes me want to respond in a way that's

not productive, that's maybe hurtful, that can break down communication because that's all you could control is your thoughts and your mind. You can't control anyone else. So, if I'm as a caregiver and I've taken an oath to do no harm, that means my mindset needs to be do no harm. So, I'm going to try to find out what I can do so that I can't do any harm. And that's arming myself with cultural competency. That's asking my patient probing questions, even if they are uncomfortable. That's how we get to the social determinants of health. Are you feeling safe at home? Is your husband hitting you or do you or do you have enough food? Those are questions we have to ask and they're not easy questions to ask. Then if they answer affirmatively, then you have other responsibility before you as a caregiver and a practitioner. So, then we're talking about, I got to do more paperwork. I got it. And that's where you start to get the breakdown in the care delivery, right?

MCCORMICK: I agree. And I think about what you're saying that, you know, when you admit a patient to the hospital and the very first thing you do is you ask them about their health history and it's supposed to have questions in there about, you know, where do you live? Do you have running water? Do you have power? I mean, some of the very, you know, do you feel safe in your home? Some of those questions that we're asking, how many times do we not take the time to really seek out the answer? And how important it is.

KEMP: The nonverbals can tell you if we're paying attention, nonverbals typically give you more information than anything that they could say, and that's why, you know, part of the limitations of not being in a room with someone and seeing the nonverbals. But there are ways to get their information and knowing that you as a practitioner, as a provider, as a nurse, you may be a barrier to that person feeling comfortable to answer the question and even saying, hey, if I'm not, you don't feel comfortable answering this question, I completely understand. Let us get to someone who you know, or what would be the person the individual that could help you be more comfortable having this discussion. That's knowing your limitations and not internalizing it or taking it personally but giving that person what they need to get what they need.

MCCORMICK That's so good. I love that. There have been times, of course, as a nurse where I had to basically remove myself from a situation where I was not meeting the needs. And it's not that that I did anything wrong, but I wasn't meeting the needs. And so, we need to put someone who is able to better connect and communicate.

KEMP: And I think outside of professionally, I think personally it helps professionally if you have a diverse circle.

MCCORMICK: Yes.

KEMP: If I come to your house, you know, you eat, I eat. We might eat different cuisine, but we both have a need to eat. And I want to understand and maybe the little history behind why you might eat what you eat, and you might understand a little history about why. But we both have

a need to eat. And you might watch it just like you said it, discover that we have differences, but we're more alike than we are different in our basic needs as humans. And I think that gets lost.

MCCORMICK: Yeah, I think that gets a little lost sometimes when we're trying to take care of people. And I think sometimes we just get so busy. We're doing the task that we're not looking at that big picture and really understanding each other's needs.

KEMP: And I think that's sorely needed in healthcare. I know that COVID was very eye-opening for a lot of nurses. I'm seeing a lot more entrepreneurship with my nursing colleagues, and I champion that because it's a very diverse feel and there's need everywhere. But one common theme that keeps coming up is the lack of instructors in the field, and the pay that tied, it's a multi-faceted issue with a ripple effect, because if you don't have instructors, then how are you going to train future nurses?

MCCORMICK: Absolutely. It's interesting how it is just a cycle. And if we don't start and fix it, it's not going to get better.

KEMP: No.

MCCORMICK: And I think we are looking at the time, we might be at the end of episode one. So, and we're going to end episode one right now, and then you'll come back. Okay, we're going to start back on episode two where we will really continue the conversation. I really want to focus on other ways. How can we meet these needs? What are some stakeholders and policy makers and community organizations and other things like that that may help us as we're looking to meet these needs?

KEMP: Okay. I look forward to that.

MCCORMICK: Thank you. Me too!

Episode 2 Transcript

MCCORMICK: Welcome to episode two. Please join me and Candice Kemp as we continue the discussion about disparities in maternal care. And Candice, thank you for coming back for this second episode.

KEMP: You're welcome, Robin. Thank you for having me again.

MCCORMICK: You're welcome. I know we've talked about this, but I want to hit on it again. You know, prenatal care and access to care. How can we help meet these things like housing insecurity, lack of transportation, food insecurity? What are some things that I can do?

KEMP: You know, so we're talking again, we hit on the social determinants of health, which, you know, they're pretty accurate in determining longevity of life and access and things of that nature. But going to your question, there is a multi-pronged approach. The cultural competence being the centerpiece of it as a way to reduce disparities in maternal care for women of color for several reasons. With the cultural competency, you're going to have improved communication and it will enable healthcare providers to communicate more effectively with patients from diverse backgrounds. And it would include a better understanding of cultural norms, beliefs and the practices that may influence a woman to healthcare, like we were mentioning in the other segment. And then you tailor that care using a cultural competence, and that involves recognizing and respecting the unique social, cultural and linguistic needs of patients, because linguistics and language may be a barrier to when you're talking about people with English as a second language and you have to have rapport, build trust, and building that trust is understanding the cultural competence and recognizing that they do or will have needs that may be different from your normal or other from another skill. I'm not going to say normal from another here. And then addressing those disparities by understanding the impact of social determinants of health and systemic inequalities on maternal care. And the providers can work to address those disparities and barriers for access by advocating for equitable care, identifying and addressing some implicit biases, and promoting health equity in the clinical practice, where we would see more diversity in the number of providers, the gender of the providers, the race of the providers. All of those things need to be reflective of society itself.

MCCORMICK: Right now, you know, you were talking towards the end of episode one and it kind of comes back to that about, the nursing shortage right now. You know, we're in such a bind with the nursing shortage everywhere. And, you see it from the top down. Nursing faculty shortage, and I think about even in our own community colleges around here, there's always a need for good quality nursing faculty and there's not enough.

KEMP: I think that's where creativity and technology and innovation would come into play because we have the technology to be able to address issues with access. And I think that if there's an instructor in Washington state, if they're an effective practitioner, they should be able to teach to someone virtually in Florida if the need arose. So, we just have to take advantage of available technologies and maybe tweak the model of how we deliver nursing care, how we deliver nursing education. And I know when I lived in Washington State, there was a nurse administrative track for those who knew that they did not want to be bedside nurses. And they can just go through the administrative parts of nursing. So, we have to think about nursing from more than just bedside because there are many other avenues that we can use. So, I think that, and again, it goes back to how can we reduce these health disparities. A couple of groups where they're talking about, the nurse educators are talking about the entrance requirements for nursing, and how are they are stringent as they should be, but they may be weeding out students who may otherwise be good nursing students, and eventually and that nursing instructor. But I think going back to opening up, and just moving past bedside nursing, there should be a path that leads straight to instructing if that's what you want to do,

because that's a skill in and of itself to be an educator and to be a nurse. To me, those are two different skill sets, but I think marry those together and be more effective in how we reach students and deliver nursing education and nursing care.

MCCORMICK: Yes. Going back to the conversation about equity, too, when you talk about the requirement for nursing schools, we've got to consider, are we letting in the students who really need to be there or are some of the requirements a stringent that the students, just because of their own social determinants, maybe didn't have the access to the tools that would have helped them be successful. It's just such a societal problem.

KEMP: Exactly. It is a societal problem. And interestingly, when women and children are doing well, everyone's doing well.

MCCORMICK: Yes

KEMP: So, it's simple to me, it is really simple. If you've got happy women and kids, you're going to have a happy society.

MCCORMICK: Right. You know that old saying happy wife, happy life?

KEMP: I mean, I know it applies in my house.

MCCORMICK: I know, mine too.

KEMP: And why would not? And the more healthy a society, the more productive a society. So, again, it's like counterintuitive, did not do it in the way that makes the most sense.

MCCORMICK: Yes.

KEMP: And that is s-e-n-c-e and c-e-n-t-s. It just makes the most sense.

MCCORMICK: Right. Exactly. Put the money where the need is.

KEMP: Put the money where the need is, and let's go with a prevention model rather than a cure model. And then there's your savings. And we're nurses. We know how to make do with what we have. And I think that's where the creativity of nursing as a science comes into play, because we can think outside the box and do things differently because we do have more of a connection and a rapport with patients. You know, not saying that doctors don't, but we are a little bit more hands-on and spend a little bit more time with the patients. So, we have a better understanding and idea of what their needs are, which we share with the doctor to help him or her be the best version of themselves in the delivery of the care, because it's all hands on deck to make sure the patient is getting what they need.

MCCORMICK: Absolutely. And like you said, it's the nurse who spends the majority of the time with the patient. And when the healthcare provider or the doctor comes around and it's the nurse who is telling the doctor what the patient needs and so on. I mean, we do have such an important role, which is why if we are not listening and advocating for the patient who is?

KEMP: Who is and again, the patient's feeling overwhelmed, because they don't think they have the education or the academic background to challenge what's being told to them. And I'm simply saying if it doesn't feel right, your body is intuitive about some things. If it doesn't feel right or you're not comfortable, you have to advocate for yourself and say, hey, I'm not comfortable, can we refer me to a doctor who I can have better rapport with? That's incumbent upon the patient to advocate for themselves, and that we nurses, we advocate for patients too. But if you got the nurse advocating for you when you were a patient, advocating for you, you're going to get what you need.

MCCORMICK: Right. I agree. And I've definitely just seen in my own nursing practice so many patients who are so afraid to speak up the doctor finally comes around. Been waiting all day, and then you have a list of questions, and the doctor comes in, well, everything is good, and they don't even ask questions. And it's so frustrating because I know part of it is I just don't feel safe asking the questions.

KEMP: Or know they don't want to look stupid or you're more concerned. They're more concerned about how they're going to be judged than needing the information. You need the information more than you need to care about what the doctor thinks about you. Use him to get what you want. All that other stuff is irrelevant. And that's I think, no one teaches you to be an advocate. That's not a course you take in high school or college on self-advocacy. We're just not taught that. And, you know, challenging someone who has more education, and more background can be a little bit overwhelming if you allow it to be. But if you're there to get a service and that's the service they want to deliver, why not make you make sure you're getting everything that you need from that service provider?

MCCORMICK: I agree. It makes me think about, even my own self going to see the provider and asking for things and knowing I'm educated, and I have already looked up the evidence based resources and I have a print it out with me. Sometimes I know more about it than the doctor because I have research my particular concern to that. But then I get to the doctor and if you don't have that good rapport, you're scared to even bring up what you need. And this is so bad because then you didn't get what you even went for, and someone who doesn't feel like you can speak up. As a nurse, let me ask this question, as a nurse, if you had a prenatal patient, and how would you encourage them to advocate for themselves?

KEMP: So, I am a firm believer before the appointment and after the appointment, I'm going to send in my EMR, this is what I'm coming for. These are the things I want addressed. After the appointment, I'm going to follow up with another email. This is what we discussed. This is a question I forgot to ask. Can you clarify this? And it is documented because, you know, as nurses, if you didn't document it, it didn't happen. Right? So, let's document everything. And

my doctors tell me you're my most thorough patient. And that was the case before I was a nurse, because I realized how important documentation is. So once a doctor an a nurse, anyone in healthcare sees that you're invested in your health and you want help and you want to improve, you're going to get a different response and noncompliance. Again, that's a patient responsibility. You know, it's frustrating as a healthcare provider. I'm sure, you know, when I've given you the information and you just chose not to use it.

MCCORMICK: Right.

KEMP: You just did something totally different from that. But again, that goes in knowing that change isn't overnight. It isn't have what you change want that to mean. You don't revert back to the behavior. You know, I'm a type two diabetic. I try to eat healthy. But, you know, if you catch me on a day with zucchini bread that my sister in law makes it, it's not even a choice. I'm going to eat it.

MCCORMICK: It is a requirement!

KEMP: But I'm making an informed decision on that because I know I'm a type two diabetic. I know it's going to spike my blood sugar or I'm going to make sure I don't eat anything else. I have choices before me because I have information and I know more about what happens when my blood sugar spikes. So, I have to be thoughtful about that. And then I'm going to tell my doctor when I get my next A1C and if it's not where it needs to be, then it's on me because it's my responsibility. And the doctor doesn't want to waste your time telling me the same things, or the doctor will say, hey, we see you're not working well on your own. With that, let me refer you to a nutritionist, listening, active listening to be able to say, okay, you doing okay on your own, but we might want to do this or encourage that or just try not doing this as much, but active listening, being culturally sensitive. Or it may be a situation where if you're have a patient who's gestational diabetes, that might be a good indication that there might be some food insecurity going on in there, only having to eat food that they can afford, which is typically the stuff that's not good for you.

MCCORMICK: Yes. And we hit on that nutrition in episode one. And, it really brought back home to me as someone who does live in a small town and going to the grocery store, just the absolute insanity of the price of groceries right now is crazy. And then, of course, I see it almost daily often when I'm looking at my social media, which is probably the worst source of news I can have, the number of cases of women who just can't afford their baby formula and they're seeing lots of cases of cashiers saying, I saw them walk out the store without pay, but I sure wasn't going to stop a mama with baby formula.

KEMP: Yeah.

MCCORMICK: It is just crazy.

KEMP: Right now, it's going back to the cost in an industrialized country where other countries just don't have these issues, because the health and safety of a mom or women and children is a priority. It's just a priority, and my way of handling the exorbitant prices of food. I try to grow my own. It's more healthy. It might take a little longer. And there's something like lessons to be learned with that. But I have more control over pesticides and GMOs and all of this stuff by growing my own food and, you can start growing something in parallel to being pregnant and see the similarities with that.

MCCORMICK: So good. I love a good garden. It does help. To be able to provide stuff.

KEMP It tastes so much better when you grow it yourself. Oh, this is how it is supposed to taste! really is. That's got to be something that can be discussed during a doctor's appointment and, you know, some alternative ways. And especially when you talk and culturally there are a lot of cultures that encourage growing your own food.

MCCORMICK: Right. And I think too, that really kind of makes me want to move into the topic of community support. And we've talked about, the healthcare provider, what they can do and what the nurses can do, but what can we as a community do? How can we help?

KEMP: Well, I think change is the only constant. We have to think, be thoughtful about what is being taught in terms of reproductive education in understanding your bodies and there is a conflation of issues. You got social media which a lot of people spend a time on social media getting their information, and then you have the cell phone with texting. So, a lot gets lost in tone and things of that sort. So, we have to give information in short bites because everyone's has the attention span of a gnat. But it's informative and it's something that's meaningful and relevant that can be put into practice immediately. And something as simple for me like to help with my journey with diabetes and battling my weight. I always drink a glass of water before I start eating to fill me up. Something really simple that you can control, doesn't cost anything. Drink a glass of water, eat half the vegetables first, if got vegetables on your plate and it'll greatly. It will fill you so that you're not eating as much. And you'll get the benefits of that as Water, hydration is the problem with most people. They're walking around dehydrated and you can drink water and solve a lot of issues, especially when you're young, that, if we had to think about one thing I could do 30 years ago when I was in the Navy, that I would do different, yeah, I would drink water. Something as simple as that. And community. There are community resources there, food banks, there's WIC. There is a lot of nonprofits that offer support for expectant moms. A lot of these large companies like Target offers free diapers. You register, give them an email, access their resources. You just have to be resourceful and take advantage of churches, hospitals, clinics, right in your community. Resources that are right in your community could be someone right on your street if we get out and talk to our neighbors. But it again, is advocacy and wanting to be a part of your community and taking part in your community to know where the resources are and to ask the questions. Going back to advocacy, because we're not taught to advocate for ourselves, but no one can advocate for me as much with as passion and enthusiasm as me. Maybe you could do it for your child and you know, that's because they have not grown up, they even know how to advocate for themselves

from birth when they're crying all the time. So, it's just something we need to say, give me what I need, give me the tools that I need so I can be a productive citizen.

MCCORMICK: You're so right. And I think about the advocacy. We as people can be so ashamed at times to ask for what we need.

KEMP: And there's strength in that. The people will look at it like, it is weak to ask for help. No. There is strength asking for help. Why suffer in silence?

MCCORMICK: That's so good. That's so good because I see all the time, I see somebody else will say so-and-so has a need, because that person is so ashamed to admit that they have it. But it is strong. It's strong to say, hey, I don't have this. I need this. I am trying to make a way in this world, can you help me? I think is so strong to be able to ask. Yes.

KEMP: Or can you give me the tools for me to be successful in what it is I want to do? Can you help me get the tools? Can you show me where the tools are, where the resources are? Who do I need to speak to those types of questions and if I'm going to a doctor like you, like, are you how you doing today, you having a good day? Because I want to make sure that you're present and you're not occupied thinking, I got to take my grandmother to the dentist or something like that. But life happens and you have to be sensitive to the fact that regardless of what side of the desk you are as a provider or as a patient, you still are entitled to basic respect as a human and to be heard.

MCCORMICK: Absolutely. I know I find that the majority of the people there, not just asking for me to hand them free stuff, they just have needs, and they need a hand up. I want somebody to help, and not just to help them meet that need, but to help them continue to grow and to be able to have that need met so that one day they can help somebody.

KEMP: Without judgment in the stigmas.

MCCORMICK: Absolutely.

KEMP: Everybody needs help at one time or another in their life and no one has made it by themself. Everybody needs someone.

MCCORMICK: And I know I have. And it's to me it's just a gift to be able to help somebody else so that one day they can also help this society. I think it's just a chain reaction of supporting each other.

KEMP: And I think if we were more positive in our approach, in our thinking, in our energy, you will get different results and just be empathetic and sympathetic because different does not mean deficient.

MCCORMICK: Absolutely. And there's so much that we can learn from other people who are different from us.

KEMP: Yes. And they have a different perspective. They see things differently. They do things differently. It doesn't mean they're any more or less than you are. It just means they had a different experience and may view life differently than what you or I may view it and that's okay. It's needed because if we were all the same, the world would be boring.

MCCORMICK: It sure would be!

KEMP: So yeah, and again, I want to advocate for nurses. I think nurses are advocates. We don't become nurses that join the profession just to be passive and not say anything. I think we have a voice. I think we need to amplify it. I think we need to advocate for policy change and some evidence-based practices that actually help the patient.

MCCORMICK: I agree. You know, that's the thing. When you get back to the heart of why you're a nurse, it's not you're not for the money and it's not for the fame!

KEMP: You want to help. You have an inherent need to want to help someone else. And I'm simply saying give as much help as you can and think about giving help in a different way, not in the way you want to give it, but in the way the person needs it.

MCCORMICK: That's so good. And let me ask this, and I know we have a few more minutes, but I wanted to ask you, earlier in the first episode, if you could do anything in the world that you could, we talked about that, but I wanted to ask a little bit of a different question. What's your vision, if you could envision the future of maternal healthcare and what it would look like in America, what would you say?

KEMP: Well, I would see more of a family involvement, regardless of geography. I would like improved outcomes, and more maternal mortality, with that decreasing, I'd like to see more happy moms ready for the experience or the transformation and to be the best version of themselves that they can be as a mom, as a family unit, for the new life that's coming into play and what do I need, how can I get myself best prepared to be the best version of myself for this awesome change that's going on in my life? And how can I put a team around me to support me in that goal? Every expectant mom would have that. They would leave, discharged from the hospital or wherever with a doula for at least 21 days at least. And if they have another small child at home, a whole month, I just think it would be easier. Going back to what I stated, if we had happy moms and children, we'd have a happy society.

MCCORMICK: I so agree. You know, our moms deserve so much more than what they're getting now.

KEMP: Our moms, our nurses, our teachers, any profession where it's majority women, we need we deserve a lot more respect and a lot more recognition than what we currently receive.

MCCORMICK: Absolutely. Well, as we are getting close to wrapping up, what are some key takeaways that you'd like our listeners to remember? If they don't remember anything else, what would you like them to keep in the back of their mind as they're providing care?

KEMP: Different does not mean deficient. Cultural competency is an individual professional development goal to be the best version of yourself in advocating for your patients and recognizing your own inherent biases. Unconscious bias and how it may be showing up and impacting your ability to deliver quality care that an expectant mom. Any patient deserves as a minimum quality, competent, and compassionate care and recognize that if you're not able to give that, maybe don't come to work that day or maybe find another profession. But we cannot afford to have nurses showing up, not being able to be an advocate for a patient and deliver the care that's needed to have a happy mom and a happy baby and a happy pregnancy and a happy postpartum experience. It's all within our control.

MCCORMICK: You're so right. You know, there's so many things we can't control, but those things we can. And it's something that I definitely am going to keep in mind going into work and taking care of patients.

KEMP: When I was in nursing school, when I first started, I had to give a soap water enema.

MCCORMICK: Bless your heart!

KEMP: And if you know about those, it’s like, oh my God, how am I going to do this? This is my first assignment as a nurse in nursing school. And I had to just really do real quick thinking and think if I was the one that needed this, how would I want that person to approach me? And it made it so much easier.

MCCORMICK: I love that! If I was the one who needed it, how would I want them to approach me? I love that.

KEMP: Let that be your goal.

MCCORMICK Well, we're actually coming to an end. I'll tell you. I mean, that would be one of the last things I would ever want until you need it. And then I guess you're just desperate for it to get better!

KEMP: It's been great talking to you.

MCCORMICK: You too and I have really enjoyed our conversation, and to our listeners and thank you for listening. And I encourage you to explore many of the other courses that we

have available on elite.learning.com to help grow you in your career and earn CE’s and Candice I'm so thankful for you being here with us today.

KEMP: Thank you for having me and I look forward to maybe talking to you again in the future.

MCCORMICK: You too.