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The Role of Community Health Nurses and Relationships Solving the Maternal-infant Mortality Crisis

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Abstract

The following essay shares a reflection about how a community health nurse forged a bond with a family over the course of decades. The author explores whether the therapeutic benefit of the 17-hydroxyprogesterone was indeed due to the medication or the caring relationship between nurse and patient fostered by weekly visits together.

Keywords: Maternal child health; Community health nursing

Perspective

The on-going maternal and infant mortality crisis in Washington, D.C., has been covered widely, and the disproportionate impact of this crisis on women of color living in D.C. has been demonstrated. Without question, there is a desperate need to improve the continuity and quality of maternity care as well as the access to comprehensive primary care services for women of child-bearing age in our city. Less clear, however, is how this improvement can happen quickly and with cultural competence.

Healthcare providers (and specifically physicians) can be guilty of developing solutions that monomaniacally place the one-on-one doctor-patient relationships at the center. I know I've done this before, and as a family physician focusing on maternal-child health in the poorest corner of my city, I'm sure I was convinced at some point that my own shrinking tribe within our specialty was the holy grail for resolving the maternal infant mortality crisis in D.C. (and perhaps, it might be).

I was recently reminded, however, that some of the most critical interventions–the sort of interventions that determine whether Mom and Baby drive home together or not-are implemented by community health nurses. If you've never met an inner-city community health nurse, you're missing out. They are a rare breed of men and women who make considerably less than the average nursing salary while shouldering the limitless care management needs of a cohort of the highest need patients.

In May, I delivered a beautiful, full term baby boy to one of my patient (Ms. M) and her husband at our safety net hospital. Ms. M's first pregnancy was complicated by preterm delivery and thus she qualified for administration of 17-hydroxyprogesterone (17-OHP). While 17-OHP can be administered at home by visiting nurse services, most of my patients opt to come in to the clinic for their shots for one reason or another.

For Ms. M, it became clear that one of the reasons she would opt to come to the clinic for her weekly injections this pregnancy was that she'd already traveled this road twice before with the same community health nurse. Before Ms. M was my beloved patient-actually before I was even old enough to drive-she had been a patient of Sandy, my team nurse. The duo did not intend to change the line-up during the last quarter.

Throughout the pregnancy, I learned that Sandy and Ms. M had known each other for nearly 20 years. In addition to caring for Ms. M during her pregnancies, Sandy had cared for Ms. M's mother, who has brittle diabetes. Sandy had watched the M kids grow up, knew their ages and what they had each been like as babies. When Ms. M planned a vacation to Florida in the second trimester, Sandy adjusted her dosing so that she could get shots on the weekends. She worried that something might happen while Ms. M was away. She reminded me repeatedly to give Ms. M, a copy of her chart.

When the baby was delivered full-term and healthy, I told Sandy first thing the next morning. She seemed relieved, thankful, and then, within minutes, she was back to calling someone about their blood sugars, whittling down her pile of prior authorization requests. When Ms. M brings the baby in for his check-ups, I try to remind Sandy in the morning, but even when I forget, she almost always happens to have some business outside my exam room door around the time Baby M is arriving.

These relationships matter. The 17-OHP did its job for Baby M. But Sandy did, too. As we build a coalition of patients, community leaders, and healthcare workers to solve the maternal-infant mortality crises in our cities, it's important not to discard the bright spots-in this case the Sandy spot-that already exist for many patients. It's an important time to look outside ourselves, to see how others have been quietly working to provide quality, culturally competent care, and to learn brings the baby in for his check-ups, I try to remind Sandy in the morning, but even when I forget, she almost always happens to have some business outside my exam room door around the time Baby M is arriving.

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