

Engaging Spanish Speaking Communities with Fernanda Ochoa Toro

Hosted by Dr. Kristin Tully, UNC/MHLIC

Kristin: Welcome to the Maternal Health Innovation Podcast, season two. I'm your host for this episode, Dr. Kristin Tully, and I'm a research assistant professor in the Department of Obstetrics and Gynecology at the University of North Carolina at Chapel Hill, and I'm also part of the UNC Collaborative for Maternal and Infant Health.

This podcast is created by the Maternal Health Learning and Innovation Center at UNC Chapel Hill. Episodes are released weekly, so be sure you're subscribed. In this podcast, we listen to maternal health innovators about the ways that we can implement change to improve maternal health in the US.

In this episode, we'll be discussing Latina maternal health, and our guest is Fernanda Ochoa Toro. Fernanda is a research coordinator at UNC Chapel Hill, and we work together on the postnatal patient safety learning lab. Fernanda has also served as a patient navigator for Spanish speaking patients at UNC Health. Thanks for joining me, Fernanda.

Fernanda: Thank you for inviting me. I'm so happy to be here and share all my thoughts and my experiences.

Kristin: Yeah, we talked about things, you know, a lot over time and, so this is great to sort of reflect and to share with others the things that we are connected around. So first, would you share a little bit just about your background and maybe how we came to get to know each other?

Fernanda: Yeah. I am from Medellín Colombia. my primary language is Spanish and I arrived to United States five years ago with a huge barrier of the language. My English was zero. So I have been experiencing personally a lot of challenges in this country, and actually when I applied for the job at PSL, I was so excited because I have the faith that things could be better here than in my country.

I was pregnant at 17, I just have one child, and I experienced a lot of bad situations, bad experiences with my pregnancy, with my delivery. When, after, when I was breast feeding, I had mastitis 5 days later. I was really sick. My son was in emergency department with a huge bad infection because my mastitis and I didn't know what was happening.

I didn't know what I should do as a new mom at 18 years old, and I was lost. So, I wish that I can go back and have more knowledge and experience and do the things better, and thank God my son was okay because I, I am aware how this lack of information can impact the amount of babies that died in the first days of their life, or they are affected in the transition from the hospital to home without the right, the right instructions.

Kristin: Yeah. Well, thank you. I mean, for all of us, this is so personally meaningful, and that's why, you know, we're here and we're so united and committed. And here, when we think about what health equity means and what justice and joy means and is such important precious life, we're here for the babies and also very much for the moms and the families as a whole.

And so you mentioned the PSL and that's the Patient Safety Learning Lab where we got, to meet, and part of that, and I mean you, were one of the best things about that project among many.

Thank you.

And you know, part of that was your experience not only as a, you know, native Spanish speaker and as a mother, but you also worked as a patient navigator, at UNC Hospitals. And so I wonder if you could share with us a little bit what that was like and what, because you came into this with such experience and taught me and the whole team very, very much.

Fernanda: Yeah. Well, when I start, like being in touch with the Latin patients and all the different scenarios that I have at UNC, I realized the huge barrier or the big challenge that they face is the language, because even if you have a really good team around you, they, they wanna help.

If you don't have good communication, you are not able to ask, to understand what they're telling you. Sometimes it's so hard to find the interpreters, or take long time and people don't have time to wait for an appointment, two, three hours, as well as the doctors of the healthcare providers. So when I start doing my job, I just realize how important it was. Just the fact that I listen to them. I just start explaining to them what was my job or why is the reason that I'm here talking to you?

And, and then almost all of them, they just start talking and talking and talking about many different things, how hard it was to get here to the hospital or how bad is when I am hungry? I don't know what is the cafeteria. I'm embarrassed to ask because I don't know if people is going to understand me. And in that moment I start sharing with them my personal experience. Like, you know, I understand because I'm still learning English, it's not the best, but I know it's hard. You have sometimes money, but you don't know how to ask for a bottle of water or for that snack or, I don't know, simple things. what is the bathroom? Or, I don't understand. Can you repeat it again or, I don't know.

So I just start like listening and being empathetic with them and trying to guide as much as I could. And I realized that my main job was like trying to make it, build a bridge between the patients and the healthcare providers. And that improved almost everything, just the fact that they feel that they are heard, seen and someone take the time to really listen what they have to say and offer a solution. If I don't have it immediately, I just find my way normally to help them. So I think that's the most wonderful thing that I have been doing in all my life, like be able to help people and I feel passion for this.

Kristin: The framing of this is something again, when this, you know, podcast series, when we think about what innovation means, I think shifting from, I've had challenges to I've been challenged, like we think about the systems, have much opportunity to, you know, not be harmful, first of all. And that's a lot of what we've been defining, just what that is.

And I think, for example, not having access to food, you know, throughout your stay in a hospital, no matter what kind of patient you are, if this is about giving birth or cancer or whatever it is. You know, there's a hierarchy of need and, you know, there's a patient blame narrative that runs deep and I've seen that again, you know, when we

consider the concept of reproductive justice and how to operationalize, It's the ability to be, you know, well, safe and well and happy. And so that is on us as a community to structure appropriately.

Fernanda: I think when we have been talking about innovation, and the healthcare system wanna improve many things, like giving new platforms, new technology. But I wanna give you an example that I experienced as a patient, and it was wonderful one month ago because we have to think in our cultural differences, in our backgrounds, and almost all the Latin people we have problems with the technology, with many other things.

So probably that works for almost all the community, but not specifically the Latin community. So what I experienced, I went for my regular gynecologist appointment in a place where I used to be working to, and I found out that they tried to put me with a doctor who speaks Spanish. Actually it was a resident who speaks Spanish.

They are no Latin, but they speak Spanish. And when we finish they told me like, there is someone specifically at this location that is going to help you now. And I didn't imagine there was going to be a Latin person, a patient navigator. She just sit with me and she start talking like, You have any questions?

Was everything clear for you? And, you know, this is my phone number. I wanna give you this sheet of paper when you can find like, Latin information, pharmacy, who contact if you have this kind of questions and everything. I think for me that's better than any other thing. I feel that it was in my country. I mean, for a while I didn't have like insecurities or, did I understand, it's going to be okay or no.

And she was asking me, what is the best time for you to have the next appointment? I was able to talk with her normally like I was actually, I went to the director of the of that clinic and say, Hey, hi. I mean, I'm so excited. That's wonderful. Thank you as a patient, Thank you as a worker for this institution, I felt so proud of everything.

Thank you so much. I just wanna let you know this is really important for patients. Please keep it. She was like, Oh, well thank you, Fernanda. It's good to know because different people have different point of view about

things. But I think that was amazing and I could see everything was, the atmosphere and everything was so cool.

Kristin: That's wonderful. And that, I mean, your point about perspectives is something, you know, I think about a lot, and how we can broaden them and then actually listen and then celebrate what's working well as you just identified. and I think you shared that actual document with me so that we can follow up with that.

And try to get connected and, and build on that because there are, I think, so many pockets of things that are working fantastic, you know, that are models and that's what, when I think of innovation in internal health, that's what we want to, recognize and then learn and have like a, you know, learning community and then help that grow and be sustained.

Fernanda: Yeah, I think that there are things that are transparent for many people, but things like that we finally could achieve the way the, the line for the restaurant at the.

Yeah, let's talk about that.

Exactly. Yeah, I mean, probably for the people who work every day there, for American people or, or, or you know, people who doesn't have these challenges with the language, it's like normal. You just take the phone, ask for your dinner and done. But when you are a Latin patient and you don't have the language, you have these challenges and they give you the directions, like, because you can't read in Spanish, like, call this number if you are hungry or you wanna order something, please call 45 minutes in advance, blah, blah, blah, But no more.

And then you call after nine and you find out that it's a like a machine, answer you in English. Our hour is until 9:00 PM Sorry, we can't provide you food. And they just wait and wait and wait because they didn't understand and they tried to call again. So now that we, I mean we as a team, we made that huge change.

And now you can just call and you have everything in English, but in a Spanish at the same time. That's innovation. That's a huge step like growing as a healthcare system, like thinking in everyone, being

inclusive, being helpful, and treating people as a human. Yeah, because it was so hard for me when I was recruiting moms came one day at 11:00 AM to recruit people, and they just ask me like, Hey, now that you're speaking Spanish, can you let me know who I can call and have food? I delivered yesterday after nine. It was 9:30 something and I didn't have breakfast or anything. I'm hungry, so when I checked the phone, it was dead first.

The phone didn't work. Then we make the phone, like they change the phone and then they say, Yeah, but we don't know how to order. We, we just didn't know. So I obviously that day, I help them because I always thinking myself or my family or people that I care about, and that's unfair because after the delivery you're exhausted and probably you're hungry, you're thirsty, many things.

And even they don't know if they can pay in cash, if they have to pay with credit card. So they say, I have \$20 here, but I don't know how to use this. So now we have all that things improving and I'm so happy for that.

Kristin: Well, I'm gonna come back and repeat this maybe on a loop. So like, so the, the story is in this research project that we worked on together with many others.

You know, we intentionally set out to partner with Spanish speaking families and a lot of other priority groups. And so when you were at the hospital to recruit new moms after childbirth, cuz our work focuses on the postpartum, and you were recruiting them for various things, for filming in the hospital, for surveys and interviews. We did a lot of, a lot of stuff.

And so the story that you've just told, which happened repeatedly, repeatedly, is that when you came to approach people and when you, you know, knock and when you wait and when you introduce yourself, and I'm saying that on purpose because we know that that doesn't always happen.

Then they shared, you know, their reality with you. And that was that they hadn't had access to food. And so that was stunning for me, and I think for a lot of us, And something we've been working on, on multiple

levels, you know, ever since, including immediately. And you, you know, you, paid out of pocket for people.

Fernanda: Yeah. But, I think the best thing that I can do is see someone who's hungry, who has, has a lot of stress, just feeling a little bit of peace. That's everything for me. I just don't care about, you know, if I pay or what I, I just want, I bring happiness and make the people feel they are not alone, even if just see me once, but they are never going to forget that part.

Even if they have bad experience, it's one little beautiful thing that happened to them. Or when I went to the room and a mom was with the baby, hungry and she say, I have no idea how to do this. I can't have my mom here because the covid, it's just my husband, but my husband has to go for work during the day and I ask her if she has like a, the lactation consultant come, she say, Not so far. It was almost midday because that's the regular time that I used to go and she was like, I don't know, like in panic, like having a stress cuz she say my mom is the person who should be here.

So I think it's not just sometimes system, but the covid affect many things too. And I always think that how a new baby or all that experience should be wonderful and all the different, different aspects. And I was so sad when they saw that things, and I always tried to help them and or the mom. I don't know if I can share more.

Yeah. Yes, please.

The mom who I just came and she was sitting in the chair, almost sleeping with the baby and almost fell from her arm. And I just, obviously when I came, she was like awake and I just start talking to her and she start just sharing with me just because she felt comfortable talking. I take time to listen and she say, You know, I am in pain, but my baby was choking last night because she has something and she was getting purple. I was in the bathroom, I was peeing in the bathroom, and I just know how I jump from the bed and take my baby and I call; I use the button. Someone came 30 minutes later and the nurse told me, Oh, I'm not the nurse for the baby. Let me call the nurse for the baby.

So she was dealing with the baby for all the time, being shocked, like something, I dunno. So she said finally the nurse came and help the baby, but she, she had C-section. And I ask her, I, we start talking and she say, You know, I didn't wanna take any medicine for pain since last night because I am afraid that I get, that I fell asleep and I, I can't be able to help my baby. And I ask her, Do you know what is going on? I have no idea. That happened again, and I just did what I saw last night and it works, because now I know the button doesn't help. So she was really in pain. I could see how exhausted she was, and that was actually more dangerous because she can just sleep suddenly.

Kristin: You know, one of the things that I've also learned over these years is about safe staffing, whether we're talking about navigators or doulas or, you know, like connecting people. Like, so that's like a critical and then with interpreters as well, I'm talking about certified medical interpreters, outpatient and inpatient, as important or most of them all safe nursing staffing levels.

And, for people, I mean, we're talking about one of the best hospitals there are. And that's what's so concerning is if it happens here, and if we're talking about it here, it's, it's to shine a light on us as a society, you know? How do we get to that point where people aren't able to respond, including to emergencies?

And then what does that do for people's, you know, recovery in the facilities and discharge timing? And return an ongoing connection to services like postpartum visit, like if it was not great. it's no surprise that we don't, and when it's not structured, you have to go in and baby in covid and all this stuff, you know, like in work and, just, and with sleep and even getting dressed like, you know, like, yeah, I remember with my first one and like, right. Hard pants, like that's a, a big milestone. Like let alone like going anywhere. And that was, you know, before Covid.

And so foregoing pain medication for fear of how that might impact your, you know, ability to respond, that's as important as it gets I think maternal health.

Fernanda: I think many of us have this feeling that we don't deserve, we normally feel that we are different because that's how, how it feels being here many times from my own experience and when I talk to them.

So they just don't wanna bother anybody. They just sometimes don't have the best answer or me, and we prefer just, you know, I prefer, don't say, Oh, that person does, is not patient with me. That patient is just like a little bit, because sometimes you don't have to say anything, but your expressions can tell me that you are a little bit, you know, like impatient with me.

And I understand sometimes the frustration with someone when I talk to me and they don't understand me, I don't think they are doing that because they are bad people. It's because they really have frustration. But at the same time, I really need something. Yeah, they really need something.

Kristin: So yeah, I mean that's, that's the heart of it. And I'm trying to, you know, I'm looking at you and I'm looking away to try to stay calm because, you know, our values show and so that's what this is about, is, demonstrating care and respect. And this, you know, maternal health is not gonna, maybe not change the universe, but it's our part of it.

if we cannot only be accommodating, but uplifting to really, have this be special. And, you know, a source of joy and pride and you know, cuz we all, I think we wanna feel gratitude and connection and we remember how we felt. . And I appreciate you identifying that there are so many ways and like I just tweeted a quote from Andre Lord about revolution isn't, you know, a big one off thing.

It's, it's seeing all of the opportunities and then acting on them. And that's what, is encouraging I think, because it can be so overwhelming. Like it's, it has not been right designed for us. And so there's quite a list. You mentioned how. Call for food that was only in English. and we fixed that so like that was one.

And then, you know, we've been questioning then, why, why do we call for food? Like, it may not send it to people like, and have, and it, it's been really interesting for me, learning all the interconnectedness of, you know, the different parts of a hospital system or healthcare system with, with the clinical and the communication as in like the call center and then the nutrition services and how we, when we talk together, we learn, and with the interpreter services, then we learn how a change in one thing. Then of course affects, affects the whole and it takes a lot to identify

what I think priorities are for having helpful impacts and more efficiency on the clinical side, which is in service to the patient experience and need.

So like, you know, I think continually questioning like with genuine curiosity and like, you know, help me understand, like, you know, why and I think that's been my role, with regards to genuinely seeking to, to strengthen it so it makes more sense for everyone. Yeah.

Fernanda: And I now I remember another thing that I think is so important. After all the directions that the healthcare providers give to the moms before they are discharged, talking for example, about the rectal temperature.

Yeah, I mentioned before in our regular meetings, almost all our community, we don't use like the rectal temperature for our kids. So, I just, I didn't know the, the, the thermometer exist for me in my mind it was the regular one. When I start listening that in our job and then I see when we could see in our job, when they give the directions to the family and they say, Okay, you go to the pharmacy and you ask for the, for the rectal thermometer. I mean, you're talking with a Latin patient, they don't speak, you know, English, and then how, Why you just don't show me how it looks like?

Because I can have another thermometer at home. And then they say, Okay, with the finger, you're not going to introduce this. You're going to introduce this. How I can just put all that together in my mind. If I don't know what we talking about, and actually for my culture doesn't know something that is like, probably many people now do it, but no low-income communities, there is the problem that we experience many times here. So it could be nice if you at least can show then one thermometer and educated how to use it and explain why it's important.

Yeah, because it's more accurate. Because this is important for your baby, and it's like that way that when the healthcare providers just assume that it's just a mom, another mom. Like on the other ones, no, we have different background. Our mind works different, and we need be aware why it's important before.

So probably when you go home, if you were embarrassed to ask or you think, Ah, I have a regular thermometer, I will do that. She say something like this. So probably I just going to introduce this. but is that the right moment? So that kind of things, they should be really improve and be sure that you give the right direction to the, to the family.

Kristin: Yeah. Well I'm so glad that you have brought that back up to me and I'm looking, we have our friend and team member Marina here with us for, for Joy. and we're working on, you know, handouts and that should be one. and will be now. And I mean, you know, I'm today years old and a mother of two and I don't know how to do that.

Like, and I, so like, and like being honest about that instead of pretending, I mean, that's what I think is the most frustrating thing. Like pretending that it's enough or okay or acceptable. and we're not here for that. and so we can fix that. Like we can do that and we can make it open access. And we can give that during pregnancy, so that people are prepared. Because that's the context too. Like, giving birth is a lot.

Yeah, it is. It is.

And then those hours and days and months and years after are also a lot. And that is not the time. It is not. And so like, it has, I mean, when we think about something being accessible, if it's, if it's not and it's inaccessible and a lot of things are worse than nothing.

And so, you know, there's so much to get through. And so how do we partner with community groups? And, you know, right before this, I was on a call with the Dream Center in Burlington, North Carolina, and they're doing amazing things including partnering with libraries, you know, lots of, and the diaper bank, lots of groups, none of us that's good can do it all or should.

And so like that I think is exciting and like the vision that we have, how do we leverage all the strengths, so that we get people the information they need and want in a way that makes sense for them.

Fernanda: Yeah. And I think it could be a good idea starting moms when they are pregnant. Yeah, because I did last, I think what I saw in our project is more for Latin moms, but I see that with all of the moms.

They just wanna go home and with the moment of the discharge come, they are exhausted. They, I don't think they hear, I don't think they put attention what they are telling. They just like, Okay, okay, keep going, keep going, Keep going. Half or more of the information they don't got it because they are, I just wanna go home. Yeah.

Kristin: So, and like, we wanna be ready to go to, you know what I mean? Like, we wanna be fine. We wanna be feeling great and ready. And I mean, it'd be wonderful if hospitals, were more like birth centers and places of wellness and with, you know, midwifery model, and as a default, and then structured appropriately for rest and peace and learning, and assessments. And we're far from that. And so when we ask, you know, Do you have any questions? Or, you good?

You know, like, it, there's not, there's not space. And then I think what's really concerning is then once you are out of that facility, there's not usually opportunity to connect back and to like, you know, check in and, and to ask, unless it's like a big urgent thing. And then it's just so much, too little, too late.

Fernanda: I think a lot of time is waste time during the regular appointments. I just have that idea because when, mom is pregnant, they go to the regular care appointments and they can wait for an hour. Just waiting in a room, chatting, checking their phones.

Just it could be a good space that you can start talking with them about because I, when I talk with a couple of them, they were overwhelmed. That's another study that I used to do for the allergies, but they say like, I'm scared because I have this condition, and my neighbor just told me that she has this, this, and this, and I should do this.

I don't know. I think it's a lot of things that you have in your head and people making noises that maybe is not the right thing. Every single woman is different. Every single pregnancy is different. Even if you have similar things. So I think that it could be like the whole process with I am pregnant now.

I know that they're pregnant and start with the process of educating me. For the right people, the right moment, and then when the time comes, they are more aware about many things. I know, because in my personal

case, I remember the, when I was pregnant, I start having milk when I have four months of pregnancy, and it was. Like, this is weird. What is going on? So I went to the doctor and he explained like, Oh, you are so fertile, so be careful because you can have thousands of kids. And I was like, What, What that means? I mean, well, yeah. So, and I was like, but, and he started telling me, you have to do massage on your nipples because you need for, you have to be able for your baby can feed from you.

And, but they didn't know that at the moment that I gave, my breasts are going to be huge at the same time. I remember they grow maybe three sizes. Yeah, and it was plain, I couldn't breastfeed my baby. That kind of things I didn't know. I didn't know. And I just find out that it still, my son is 26 years old and I could see that misinformation is still going on.

Why don't start preparing like moms with that kind of situations that maybe it doesn't look important prior, but it is. Because it's, you're not going to be scared. When you deliver, you don't know how busy it's going to be, the postpartum floor. You don't know how many lactation consultants can be available. But you already know, Oh, this is normal, all I have to do is use the pump.

Kristin: Yeah. And I mean, with, with, with my own experience and as when I had my first daughter, over nine years ago. I mean, I was a breastfeeding researcher, like that's what I, and, but then we had the NICU and she couldn't.

And so my first six days were all with the pump. and I, you know, was not a patient, coming from the birth center to the hospital. and thankfully I was able to be in that same space in a border room. and, Ooh, that hurt, you know, like, huge hard swelling. and, having that, having any, the whole feeding relationship like is, is immense.

And, and it always like, looks so differently. I mean, sometimes its smooth. Like, and that's, it's like amazing. Like it's, and I'm so grateful when, when that's the case and including with my second, like, but in that first time, it's so time sensitive too, I think is and then persistent. and so like when we think about wellness for maternal health, How, like sleep patterns are different right. Like, to say the least. and so how do you, find harmony or even just survive?

Fernanda: Yeah.

Kristin: It's, it's a lot. And like having someone check on you and I think, I don't know if you have thoughts about how we move from asking how we're doing, and then the response is typically, you know, fine. Like, but, and, and so how do we move like beyond that surface level I think is, is challenging. When we want to be fine, we want it to be going well and so I don't, I don't wanna have a problem, you know what I mean? But, and so like that self-recognition of it and then that openness to be able to receive help, Like that's hard.

Fernanda: It is, it is. That was the reason that I didn't wanna have any other baby because my, my breastfeeding time, it was so hard for me. I was sick. My son was sick. And I, I'm scared, I just didn't wanna have any more kids just because that period of that. I just don't. So I can understand when moms, they are like, I don't know how I can do this. And I can feel myself like, and I wish that everybody can have the help. at the moment that they really need.

and they can understand that everything is going to be ok. Because that in that moment you start feeling that you are the worst mom in the world. It's just a little thing is my little baby and I am not able to fit my baby. I am the worst mom. And that influence your depression a lot? In my case it was, and I could see that in my job.

How they feel like I'm a loser, I can't even feed, breastfeed my baby. But it's not like that. It's because it's something new and you need some guidance.

Kristin: One of the things you've taught me too is how important it is to think about how to show moms that we see how special they are. do you have thoughts on what that can, I mean, there's a lot, like there's, but you know, do you have anything in mind because we're not go just going for, you know, lack of depressive symptoms or lack of ptsd, or lack of emergencies. We want people to be thriving and great and like, with the full awareness that this is an inherently challenging time.

But still like our benchmarks, you know, our measures of success, I think should be much higher, more, more comprehensive. Have you heard from moms, or other patients what, what helps with recognition?

Fernanda: Well, I remember when we were in the period of the interviews. Our last question, I think was, there was, if we are doing our job well, how we can measure this, how we can know, And I think it was the same answer for all of them. You know, do this, don't send me like surveys to feel, just listen to me, Call me, talk to me. It's, it's always the same thing. Someone who just take the time to sit to you, talk to you, listen to you, your specific needs, your experiences, why you, What is happening with you? they just start talking to you. It's just that. It's just that, what do you need? How do you feel? Because even if we bring to all of them the same care, that you have the run of the pediatrician, then the obstetric, obstetrician comps, you know, like all the time.

But any of them take the time to sit with you and talk to you like more than 15 minutes for your regular, you know? Just sit with you, try to connect with you, try to listen to you beyond the, Oh, how beautiful, baby. Congratulations. How you doing? Oh, it's gorgeous. You know, like you are doing so great. You know. It's okay, honey.

No. How do you feel? What was last night? Please tell me. I wanna know. You know, just the fact that someone talk to you, just talk to you, you know, I heard that is happening. Or do you have any questions? I know your, your first baby, or I know your baby's preterm, do you have any concerns about. I would love to talk to you. I would love to give you more information, it's simple. It's just connect with the patient.

Kristin: And that requires institutional commitment. we need to have people who can do that. And they need to be employees, not volunteers. For sustained and for, for them to be right equipped. and for them to be able to process what they hear, because we talk about that a lot.

We've seen hard things, lots of eye contact and hugs. You know, I wanna like, I wanna like, how do we get to the point where everyone is like, you know, really supported, to have meaningful, advancements. It can't be out of people's good will, You know, like we have to have, we have to have time. People's paid time and that's what I was saying, to equip them so that they know about the resources and, you know, so that we know what they know too. Right. So that it's a learning community about what's, what's available and what's quality and what's timely access. . . And then we need to take care of them, the carers,

because, it's really hard, I think dealing with when you connect with people and then they become you.

Fernanda: Yeah. So someone, they, I just come to your room and talk to you and I'm so nice, but you never see me anymore. That happened with me. I couldn't because that wasn't my job. But I'm pretty sure that if my job were like being just checking them then and I can just tell them like, This is my phone number, call me, please.

Yeah. Or I would be again around, in the afternoon. But in the meantime, if you need me, just call me. Leave me a message and I will, in that moment, it's something real. It's not someone who speaks Spanish and just come around, or is not someone African American who just come and I can identify, or you know, is someone who really care.

It's for me, it's here for me. I come with someone, I'm not alone, I think it's, that's the kind of connection that we need. Someone that you know is there for you, you know?

Kristin: Yeah. Over time. Exactly. That was like you just said, and we talk a lot about the four trimester, you know, the first few months, but it'd be great for it to be the first year. Like, and, you know, we have mental health challenges come up months later. I mean, you know, with the hormone change, there's, there's always a lot, but like, like, and we have different needs over time. and, and it's certainly extends past the six to 12 weeks. And, but we don't have very much in between that anyway.

But that, that's what I wanna be a part of. And I'm sure there are models out there that I hope we can learn and, and elevate. more about how to have, you know, human ongoing connection, whether that's doulas or navigator or like whatever core, people.

Fernanda: And I remember there are beautiful details too. I remember I went to talk with the mom after delivery for my other job, and I remember sent a picture to you because she has like a, in a paper, the placenta. You remember that? I sent that to you?

Oh yes.

The doula just did that for her and bringing us a present, like, you know, this is, this is like the, the print of your placenta and she put like a beautiful note around. Yeah, that was, that mom was, I don't know. She was so happy she preserved that moment, like something beautiful, like, I don't know. That kind of things. I think. I think it's make a huge difference. It's just a little thing. and even the impact to me, because it wasn't me, but it was like, I want it. Why it doesn't happen 26 years ago. It's beautiful. Yeah, so the little things I think that should be.

Kristin: Yeah. So there are like concrete, you know, materials, you know. Cards or notes that we can do. And I mean, and going back to your theme of at least like, let's make sure we look at people in the eye.

Yeah. And then hear, you know, and I've probably shared this before, but you know, if we're asking about how they're. And if they say more than just a number, of pain or something, then let's make sure we have capacity to respond to that. and to, you know, validate. And if it's something that, might be helpful to support, let's start that now immediately, you know, not wait for later follow up. because it might be lost, you know, and it might be a lot worse.

Fernanda: It is. And the other thing that we talk. For example, when they are giving the directions of discharge, when they talk, for example, about the symptoms that you are going to experience at home, when they told you have a headache, the doesn't improve for I don't know how many hours or with ibuprofen or whatever, you should contact emergency department or come, but how you can identify as a patient why is that headache?

Because, many of us, when we have the hormones like crazy, we have headaches, migraine, so whole. Probably that's more than the Latin community, we try to be like a strong and think this is nothing, this is nothing. How they really can realize that they are having like a really, really high blood pressure or something.

That could be really important. Explain a couple of tips with this plus, this plus this or the pain is like this or in this is, you know, part of your head. Or when they talk about depression it's like, so general, Yeah, we normally have that changes after a baby, not necessarily because we are depressed.

In which moment, if I'm going to say, Okay, I'm experiences, depression symptoms, I have to go. You don't, after I have been like seeing what we did, I, I, I won't be able to identify if I am depressed or if I having like a serious headache or something. So that things can improve too. Can be like more specific at the moment that you are educating the moms.

Because sometimes when they arrive its late, taking an account that they live one, one and a half hour away. Yeah. Or when they are bleeding. How, how you can identify that is something serious or No? The mom, I remember one mom that we have that she was bleeding for 45 minutes waiting on the phone because the to the doctor told her, If you feel that you're bleeding or like so something different, and you have headache.

She was pregnant. She had diabetes. I remember that. I shared that with you. So she started bleeding and she was on the phone for 45 minutes waiting because she's Latin. So the phone call went to the wrong place. They were trying to find the interpreter and she told me like, you know, my husband work 45 minutes away. First he came to home, then I can find someone who answered the phone, and we decide to drive. So she was waiting for 45 minutes, then they ride one hour. When she arrives to the hospital, she was really in an emergency and she delivered the baby. But, but that kind of things.

Kristin: Yeah. When we think about that, it was structural determinants of health, this is what it means that we were not equipped to, and we should be, and Right. It's, it's not about like, and this is what preventable maternal mortality and, and morbidity and general suffering. You know, like, Yeah. All these levels, that's what it's about. And so we can, we can fix that.

Fernanda: Yeah. They describe it to me; the husband say I was scared that I have an accident. I was driving as fast as I could and she was, She say like, I was so scared because he was driving like that, but at the same time, you know, it was like a really, really bad time just because the line that they call, you have to wait for interpreter.

And when they finally put the phone somewhere, it wasn't the right department. So, So it's hard. It's hard. It's like a whole things, they should be connected.

Kristin: And so stepping back, like when you think about, you know, your hopes and dreams and our, you know, shared commitment to improving things, you know, are their things you wanna restate or highlight for people to be thinking about? you know, what, what you'd like to see.

Fernanda: I think, for example, when you as a Latin patient, someone give it to you, a phone number that you can call it could be really helpful if the person who answered the phone immediately is another person who speaks Spanish, then you don't have to wait for example.

That person is able. to help you, you know? in the direction that you need first. That's one thing that we can have access to our language at the moment that we need it, because I know it's a huge effort for having interpreters and, but it's not working. At least knowing the emergency cases.

You know, if it's just a consultation, you can wait. But when we talk about emergency line, it should be something that work immediately. because exactly, that's an emergency. And at the same time, when you are at the hospital on the locations, that you can find the resources to someone who understand your language, your cultural background, because it's no same when you are going to touch the breasts for, American mom than for a Latin mom.

We don't like that someone just come and touch us or see us because we don't like, that's how we are. So if you have that in your mind, you have to be a little bit more, you know, gentle and dedicated time you're going to do that, it's going to be helpful for everyone, or, you know, that's my dream that you can be treated like, the rest of the people. No different.

Kristin: Thank you all for taking the time to connect with us and to listen and reflect and plan for action together. For more podcasts, videos, blogs, and maternal health content, visit the Maternal Health Learning and Innovation Center website @maternalhealthlearning.org. We wanna hear from you. Tell us what you want to hear more of. Review our podcasts and share with others.

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