

To: House Committee on Early Childhood

From: Catherine J. H. Hill, QMHI, Nurse Family Partnership Alumna 2020,

Date: 05/10/2021

RE: Informational Hearing on Home Visiting Programs in OR, Catherine J. H. Hill, in Support of NFP.

Thank you, Chair Power, and committee members for receiving my testimony. I testify as a third generation Oregonian wearing two hats, the first an alumna of the Nurse-Family Partnership (NFP) program, and the second as an emerging mental health professional. I am honored to represent the families that have benefitted from NFP services, and to advocate for home visitor services. It is my goal today to share my story, give you some insight of the challenges of early parenthood, and show how NFP helps families. I will try not to overshare, as family, pregnancy and parenthood are personal, messy, sometimes undignified, and even gross. Much of early parenthood is hidden in society, often a baffling, isolating and an othering time of life for many parents.

First, a little bit about my family back when we started with NFP - things were much harder than they are today. I am, and was, legally blind and my husband is able bodied. We live in a dense urban area, and did not own a car. We came from low-income families. Both of us survived childhood trauma and early parental losses, so our support systems were primarily our few chosen family members. At the time, we both worked in the art world. With 9 low-paying jobs between us we were underemployed and dealing with massive student loan debt. Yet we valued self-reliance and were resourceful – we made the best of what we had. However, we did not have the financial resources to obtain the much-needed support for our family. Today, I am merely weeks away from graduating with a Masters of Social Work degree and beginning a promising career in mental health, and we are expecting our second baby. Due to the COVID-19 pandemic my husband is caring for our now three-year-old child full time as I finish school. With determination, careful financial planning and scholarships today we are debt free and we make ends meet.

Now to what NFP did for us. Firstly, they boosted our self-reliance by respecting our family's culture and beliefs, our autonomy, independence and privacy. We engaged with NFP in a nearly two-and-a-half-year relationship where they showed professionalism, competence, trust and love. NFP provided many services that reduced my stress, and kept my family healthy.

In pregnancy they helped me by providing screenings on safety, IPV, anxiety and depression; communication and coping skills training; and help in finding resources for low and no cost parenting and birth classes, which led to us finding other low or no cost resources for families in need. They supported forming a prenatal attachment and provided education on breastfeeding and nutrition. My nurse supported my birth planning, as well as my short-term and long-term life course and occupational planning for after the baby came. She gave needed encouragement and acceptance. She also monitored my weight and blood pressure, and provided information about what she was observing. When I experienced swelling and carpal tunnel in late pregnancy, my nurse worked with me to lower the impact on my body and strategized with me, to reduce my work and the many miles that I walked to my many jobs. My nurse helped me find free birth doula and post partem doula services to support us as we did not have grandparents to help with the first days with new baby. Those support people then gave us more resources and care that relieved our stress and prepared us for parenthood. It was a process of support that was healing of our traumatic pasts and grew our strengths.

After a 44-hour labor my Lily Anne joined our family via a birth with no complications and at full term. Though it was a hard labor, and we ended up going with Plan C of our birth plan. All of the prep worked

and my experience of giving birth was not traumatic. Again, since I am legally blind, I do not drive. So, I appreciated that my NFP nurses came to our home. Walking after such a hard delivery was not a task I could easily accomplish. Like many families my husband had to go back to work right away after only 11 days of paternity leave, so a lot was on me to figure out and there were problems.

I had that baby that would not let you set them down. I remember in the early days, my nurse held my child while I ate a snack, went to the bathroom and took a fast shower. I know I said I would avoid too many details, but like I said parenthood is messy and often embarrassing and if you forgot or didn't know sometime you really need extra hands just to go potty on your own. After days and nights of crying and no sleep it is so important to have those few seconds of self-care and care from another human being. NFP as a routine and respectfully, reminds parents of Shaken Baby Syndrome and support parents to weather the storm of the early months. The truth is, it does take a village and in modern times and for my family our village was too small. We needed the help. My hubby made as many NFP appointments as work allowed. He too received psychoeducation and resources for connecting to other fathers to ease his transition into fatherhood. What some might not know is that a socially unacknowledged grief occurs when our first baby comes and we say goodbye to our old selves and lives. Help is needed and that help, if received is the stuff that supports family unity and cohesion. It is what supports a better society with fewer social problems.

Perhaps the most useful intervention I received was when I was reassigned an NFP Nurse who was an actual lactation consultant to help with our feeding problems. I had tried it all. I tried the hospital lactation services, support groups, WIC Peer Counselor, craniosacral therapy, but it was my NFP nurse who could truly understand my needs and she helped me in my own environment. Due to their support, I stayed motivated and the challenges resolved. Most importantly, during the whole time she monitored that my baby was getting enough food and helped us to supplement formula in just the right amount of food to encourage my milk production and keep baby healthy. I then pumped and nursed my way through my graduate degree, internships, a pandemic, and my current pregnancy, and I will be feeding baby number two with the breast.

After birth and the postpartum period, NFP continued to provide education and developmental assessments of our little one. They brought books from a book project they partnered with, material resources such as clothing and some small toys to support development. They also supported us with food insecurity. They strategized babyproofing and helped with sourcing free safety gates and a booster seat for feeding.

In closing, I speak to you here wearing my two hats – a NFP mom and a clinical social worker. Often times systems deploy social workers to ameliorate all problems of disparity, but in the intimate intersection of the home, and procreation where there are medical needs, we social workers are both not equipped and often not welcomed. So, I believe specially trained nurses may be more effective in serving under privileged communities. For instance, a nurse may be thought of as less of a risk to a family that has had deep system involvement than a social worker. Without the Nurse-Family Partnership I do not know what shape I would have been in to accomplish graduate school with a new baby. They encouraged me and helped our family gain skills to stay unified and thrive. I want this for all Oregonians.

Thank you,

Catherine Hill, QMHI and NFP Alumna 2020