

## PANHANDLE HEALTH PROGRAM CONNECTS NURSES, EXPECTING MOTHERS

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Faith Drane with her baby, Xander, at a Nurse-Family Partnership banquet in Washington, D.C., on May 8, 2019. The Kellogg resident was invited to speak about her experiences with the program, which connects nurses to expecting mothers in need. Courtesy of Panhandle Health

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Faith Drane freely admits the fear most new mothers face.

“When I got pregnant, I didn’t really know much about being a mom,” Drane said. “I never had that experience, and I didn’t know what to expect.”

Not only was Drane new to motherhood, but she didn’t have a stable family from which to draw inspiration, leaving a void in her parenting skills.

“I was really scared,” she said. “But they helped me learn how to take care of my baby, and they helped me take care of myself.”

“They” represent the Nurse-Family Partnership, an outreach program administered locally by the Panhandle Health District office in Coeur d’Alene that dispatches nurses to new parents in need.

“It’s such an awesome program for new families to take advantage of,” said Katherine Hoyer, public information officer for Panhandle Health. “It’s important that people know these services are available.”

Those who qualify for WIC services qualify for the Partnership, which schedules free, informal, regular meetings between nurses and new parents to gauge their well-being, measure the baby's development and conduct a series of assessments to help clients course-correct any unhealthy trends. The program currently helps 62 families in the five northern counties of Kootenai, Shoshone, Bonner, Benewah and Boundary.

"We'll meet the client wherever it's comfortable for them," said Cindi Richardson, RN/BSM, nurse manager for the Partnership. "Nurses will meet them at their homes, at the library, at a coffee shop, wherever the family needs us to."

Before the child is born, the nurse will examine the expecting mother's health, go over prenatal needs, explain available services to the family and discuss any concerns the mother or father might have. After birth, the focus shifts toward baby development while still maintaining a full view of the family's health, helping them through the first two years of the baby's life with resources and advice.

"I remember one time," Drane recalled from her Kellogg home, "Xander was just crying and crying. He was crying for more than 24 hours straight, and the nurse was able to get an earlier [doctor's] appointment. It turned out Xander was just teething, but it's really scary when you're a new mom."

One common theme resonates through each meeting, Richardson and Drane agreed: setting goals.

"By encouraging these women to set goals for themselves for after the baby comes, we're not only there to provide support for their pregnancies and child rearing in those very important years, but we're helping them set goals for themselves and go on to be highly successful people," Hoyer said.

"That's really what it's about," Richardson agreed. "We're motivating the [parents] to do the work. We're just there to facilitate the conversations, help identify the things they want to work on, then be able to give the resources to help where they need it."

"It's definitely helpful to have a nurse come talk to you," Drane said. "She will come over and talk to me and Xander a little bit. We'll talk about previous goals from last week or the week before, and then I'll set new goals for the weeks ahead. Right now, one of the things we're talking about is furthering my dream to continue my career."

Drane was 26 weeks pregnant when she reached out to WIC, which in turn reached out to the Partnership. Richardson said the new mother qualified, as the program accepts only expecting mothers who are less than 29 weeks pregnant.

"It wasn't a moment too soon," Hoyer said. "We're so fortunate we were able to get her into the program."

Hoyer and Richardson both said they feel fortunate Drane entered the Partnership not just for the opportunity to help a new family, but for the opportunity to meet the mother-to-be.

"She's really brilliant with what she's taken away with her experience," Richardson said. "She is such an inspiration to all of us. It's really been a privilege working with her ... The nurse taught her about communication skills months and months ago. She's still using them today. She's so motivated to be a great mom. It's been a real pleasure to get to know her."

## DRANE'S STORY

Drane said that at the age of 2, her stepfather physically and mentally abused Faith, Faith's brother and Faith's mother, introducing the latter to a life of drugs before siring two more children into the family. Faith's new sister was born with marijuana in her system and her heart on the wrong side of her body, forcing an intervention from social services that splintered the siblings into foster care.

Drane spent her childhood in seven foster homes, some of which Drane said were abusive. For the next 12 years of Faith's life, her only contact with her family was a monthly phone call with her older brother. Her circumstances changed, however, when she reconnected at the age of 14 with her grandmother and, eventually, her mother in Pinehurst.

"I never knew what happened to my mom," Drane said. "I thought maybe she was dead. I thought she hated me. I thought she gave up on me. When I finally met her, she was crying. She was sorry."

While Drane and her mother slowly developed a new relationship, the bond didn't galvanize until she gave birth to Xander. The experience of raising Xander, now seven months old, also galvanized her resolve.

"I think having a child has really matured my mind," she said. "My mom wasn't really there for me, and my foster moms were abusive, but that taught me a lesson. I learned how to be a better mother. Since I've reconnected with my mom, she's a better person now. One [conversation] that really stuck with me is when she told me she didn't know what to do either."

One lesson Drane wants to pass on to other mothers in similar positions is one she says her own mother was fortunate to survive.

"There's help out there," she said. "I don't want moms to think they have to resort to drugs, because there are people out there who can help. And if they already have a drug issue, they can go and get help. They can still go on to be good mothers."

Being a good mother, Drane said, means focusing on the future. With help from the Nurse-Family Partnership and other services, her goals include pursuing a career as a child psychologist or a social worker.

"I want to work with foster kids," she said, "because I was one myself. I know the things they went through — their challenges — and I want to help."

Drane's story inspired program leaders to fly her and her family May 7 to Washington, D.C., where she spoke to Congressional legislators at an NFP weekend banquet.

"It was really fun," she said. "I enjoyed the experience. I really enjoyed getting to know other people in the program, and I really enjoyed getting to know their experiences on a personal level."

"Faith is really a prime example of how the program can help young mothers," Richardson said. "I'm astonished — everyone here at Panhandle is astonished, really — at how driven she is to be a good mom to Xander."

Drane said the first step for anyone to become a good mother is to let go of the past.

"Any background you come from," Drane said, "whether you have a mom or not, whether you have a dad or not, it doesn't have to define you as a parent. If you connect yourself to the right resources, you can become a better person than you might have thought you were. You can achieve whatever goals you have in mind. It's never too late."

