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Proem 00:52

I Feel Good! James Brown. I didn't know how I'd tie this episode together. What was the storyline? We're going to hear my conversation with Jodi Churchill Chapin, an OB nurse, and green nurse – she supports moms delivering babies, and she advises people on the use of medical marijuana. How do those fit together? While I'm editing this episode, I'm also working out the horn part of I Feel Good on my bari sax. OK. I'm a bit down; eyeball deep in Covid19; maintaining my best health routine and trying to stay sane. Full disclosure, medical marijuana is part of my routine, along with music, and connecting with people on their journey toward best health. I need to feel good some of the time.

Introducing Jodi Churchill Chapin 02:18

Health Hats: Jodi, thank you for joining me. We met a couple of weeks ago on a call with [Jill Woodworth of TSC Talks, the podcast fame.](#)

Jodi Churchill Chapin: Yes, it was celebrating her 100th podcast episode.

Health Hats: A moving the call, everybody was dealing with so much. Perhaps 20-25 people on the call, people that Jill knows and interviewed - people dealing with many family challenges. I was struck by the range of challenges and the complexity of challenges people alluded to, saying, 'my son's been having seizures, and we're trying to figure out whether to use telehealth or do we need to go to the doctor.' They were upbeat - just another problem they were trying to solve. I got in touch with Jill to ask, 'who was that lady?' I felt the affinity because we're both nurses. You were talking about the challenge of being an OB nurse now. Perhaps, first, I should ask how do you introduce yourself in a social situation?

Jodi Churchill Chapin: I tell people that I've been a registered nurse for over 30 years in a hospital setting with an extensive background in women's health and labor and delivery. When I'm not delivering babies at a local hospital, I am a partner and Director of Nursing for the [Green Nurse Group](#). This nonprofit whole health consulting agency serves as a liaison between patients and professionals in the

medical cannabis industry. They are two opposite ends of the spectrum because you're not usually talking about cannabis and labor and delivery and birth together - two separate hats.

Nursing and social distancing 05:09

After this introduction, Jodi and I riffed for a while on social distancing. I can accept what is - I'm easing into this new normal. I'm adapting fine, but I hate it. I'm a touching, hugging, retired nurse. Argh, I hate it.

Jodi Churchill Chapin: In public, I'm usually OK if I'm somewhere where I don't know people with staying six feet away. I'll give them their distance. Most times I don't want to be that close to them anyway. But I find it difficult when I'm around people that make me feel good. I'm a hugger, a kisser, a toucher. When I'm talking to someone, I touch their arm, their shoulder. When I'm at work, labor and delivery, we're very personal. We're into touching. We'll sit at the nurses' station, and if someone has an ache, I'll go over with CBD oils and lotions and work on the knot in the shoulder or what have you. Now that's taboo. We can't even sit near each other to talk close. Our computers have to be six feet apart, and we're in our masks and everybody's wearing their surgical caps now. So, it's distant. When going into a patient's room, usually I go up close, I touch them on their leg or their arm. 'Hi, how are you? I'm Jodi' and shake their partner's hand. After getting to know them for a shift I'm giving hugs or at the end of a delivery. Now, none of that is happening. I feel so lost. It hurts the most when I'm used to going in to give a hug; then I have to step back. I am being punished for this. I know it's not me personally, but what did I do that the universe to deserve this? Something that felt so good, when you can't fix anything, when someone is sad, and you don't have the right answers, a touch, a hug, a kiss. That's not happening. I just feel so starved. You can only give so much self-love. Many times, I break down and just start crying. It's hard.

Health Hats: It is hard. I'm a nurse. A glorious thing for me about being a nurse is its legalized nosiness and this opportunity to have fleeting intimacies in whatever setting. I've done home care, ICU, emergency department, home, rehabilitation. That fleeting intimacy is precious about nursing with the touch, the hug, that physical expression of empathy is fundamental. Now the hardest for me is that I can't hug my kids and my grandkids. Feels crazy and very upsetting. This is early days, but are you starting to see any alternative ways of expressing that caring and intimacy within these like ridiculous constraints that we have? Are you feeling like there's a glimpse of anything, or is it at the point still where it's like, this just sucks?

Jodi Churchill Chapin: I have fully gowned before and put on an N95 mask and embraced some of my closest people because I can't go without it. So, I have put on PPE so that I can show affection. That's the only way I've found around it.

Figuring it out – adapting 09:56

Health Hats: Right now, our interventions are gross, meaning gross as opposed to refined. We're managing with a sickle or a sledgehammer when we'll need a needle or a scalpel. The other day I was talking with somebody who had a bunch of kids, and each child was allowed to have one friend that would be included in their pod so that they could have playdates. So, I'm thinking, 'Oh my goodness, what are the implications of that?' I don't know. Sounded a little risky, but I also thought, 'OK, people are trying to figure out what can I do safely and maintain my sanity and continue with life?' It sounds

like you're gowning up for a hug is an example of that. Is this hug worth the dress up? Now you have to ration, prioritize. There are only so many times I can gown up. What do you see around you with your colleagues? How are they adapting? What are they coming up with as ways to be a nurse?

Jodi Churchill Chapin: It's lots of verbal encouragement. Now that we have to wear more protection, I'm finding now many of us or are wearing scrub caps, whether we're going into the operating room or not. We are wearing our masks. We are wearing protective glasses because women can come in and deliver babies, huffing and puffing and aerosolizing all around us. We're finding that our noses are getting worn down. Our ears are uncomfortable. We help each other figure out different ways to wear our PPE. Encouragement is a big thing. When we recognize that somebody is having a hard time, we pull them aside and give them a little extra. I've had to be pulled aside and go into the crying room.

Health Hats: Meaning your colleagues?

Jodi Churchill Chapin: My colleagues, right. They are trying to encourage each other because it is difficult to perform our jobs. Then when we get to the patients, it takes a lot of encouragement as well because it's stressful trying to gear up for a labor and birth process anyway. But now so much is being taken away from them. So many rely on their own support group. They'll have their significant other, a doula, other family members, and family members will be waiting in the waiting room to cheer them on from afar. Now all of that has come to a halt. They are only allowed one person in with them during that birth process, and it has to go through the whole visit. You can't interchange anybody. It's that one person that's with you from labor delivery, birth, postpartum, and home. The process has shortened now - a vaginal birth is 24 hours, where it used to be 48 hours, and now a C-section is 48 hours, where it used to be a 72-hour stay. Then if you have a patient that's a PUI (a person under investigation) or Covid positive, gosh, then they have even more taken away. They're not allowed visitors. They're put in isolation. The baby's put in isolation. The baby's taken away from them for 24 hours. It is sad. Now that we're finding that women without symptoms, the asymptomatic women are also positive. Now any woman that comes in for admission automatically gets a Covid test regardless of her symptoms. We take the significant other's temperature and record their denial of Covid questions for documentation in the patient's chart. I've never taken a partner's temperature, vital signs, let alone document it in my patient's chart. That's a little weird. Moms require a lot of encouragement because they're forced to make choices on, my gosh, should I stay home and deliver this baby if there's the possibility of the baby being taken away. Not everybody has a setup for a home birth. There aren't enough providers that will assist them with home birth. We have to reassure them that it's still safe to come into the hospital. Yes, you might not be able to follow through with everything that was on your birth plan. Often, many people can't follow through with their birth plan. Birth plans change. But especially with this. They know that there are restrictions right upfront. We're going to have to watch for is postpartum depression because people build-up to this one day, and then it's deflated because it didn't turn out the way they wanted. This just sets them up plus their hormonal imbalance from having a baby. Then once they get home, they're back into being quarantined. That's huge. These depression cases are going to be missed because they might not call on the doctor for a visit. They might not be aware of telehealth visits. I'm concerned.

Health Hats: I appreciate that. In my work now, I focus on people dealing with Covid at home. The industry is dealing with acute care and medical settings. But as you're alluding to here, more than 80%

of dealing with Covid does not happen in an institution; it occurs at home. We are woefully Inadequate in how we deal with that. You're bringing up a significant area: now I'm going home with a newborn, and my girlfriends aren't coming over or my extended family. It's all on me, or me and my partner. Then there are my three kids who need me, too, and I'm exhausted, and I've been through this experience. That's what I think about now. How do we offer answers to common questions - millions of them, very few about PPE? How do I get help taking care of my newborn baby? I'm going crazy. I'm exhausted.

The struggle is real – postpartum depression, abuse, and aloneness 18:20

Jodi Churchill Chapin: The struggle is real; the concerns are real. Anxiety and depression are increasing, as is postpartum depression and child and spousal abuse. That's going unreported now, too, with people in quarantine. It's scary.

Health Hats: It is scary. So, what do you recommend? Now you've had eight weeks or whatever of experience in this maternity support world. If there are families, women, and partners are pregnant, anticipating. What do you advise? How can they go into this situation and maximize the health of that situation?

Jodi Churchill Chapin: I think their biggest fear is delivering alone.

Health Hats: That's heartbreaking.

Jodi Churchill Chapin: Oh my gosh, exactly: delivering alone, dying alone. Alone without people that they trust that they were planning on, and then we come in, and they only see our eyes. We have our scrub caps on and our masks. Often, we have gowns and gloves. I wear glasses and goggles. So I am completely garbed up. It's like an alien coming to deliver your baby. That's not what they sign up for.

What can we do? Trust? 20:14

Health Hats: There's the cohort of people thinking, 'this is so strange.' They're overwhelmed. But then there's that smaller group of people who are more take charge. Before, you could bring a partner, your doula, make sure somebody is taking care of your kids that you trust so you can focus on having a baby. Now that isn't enough; they need more tools in their toolbox to have a successful experience. What do you think some of those things might be?

Jodi Churchill Chapin: At this point, it would be helpful to trust their bedside nurse. How can we help them through, cause now we have become their prime support person along with their one other support person? We're there for both of them; we have to put back on all of the hats. It's not just about clinical care; it's now about emotional support and how to make this situation better for them. Because we've also taken away walking in the hallways, too. We don't allow anybody in our kitchens either where they could usually help themselves to anything, food. So many things have been cut short. We suggest to them bring in your own snacks, bring a cooler.

Health Hats: Is there a way to meet you ahead of time so that they have a sense that Jodi is going to be there.

Jodi Churchill Chapin: No. Our unit is too big. Our shifts change. It's tough to know. I wear a few different hats at work: I'm triage nurse, charge nurse, labor and delivery nurse. It's a trust game.

Health Hats: That is a huge trust game - the science or the art or both. How do you build that trust in five seconds, that's on you as a nurse? I'm going to go on a limb here and say you're pretty good at that. So how do you do it?

Reading the room – like the clowns 22:49

Jodi Churchill Chapin: I go in with a positive attitude. Granted, they can't see my smile behind my mask, but if you smile big enough, they can see it in your eyes. It's feeling them out. That's the great thing about having so much experience in the triage department because you're seeing many people and all their significant others, and their baggage and issues that they might carry. When you walk into the room, you get a feel for the room, for the patient. It comes with years of experience. You walk into a room, and you can tell the vibe whether they're going to need that gentle hand or whether you can joke around with them and throw out some profanities. You feel the room, read the room, and play your cards accordingly. Some people want lots of information; some people want nothing. The biggest thing is to let them know that it's all about them. You never let them know that it's busy on the rest of the unit. You never let them know that you're having a tough time with other people. Somebody without a fetal heart rate just came in. You have to make sure that when you walk into each room, they know that they're the only patient.

Health Hats: One of my favorite podcast episodes was with [Jason Stewart](#), the clown supervisor at Boston Children's Hospital. They have a clown unit that goes from room to room. When I worked there leading their patient family experience initiative, Jason hosted a class on reading the room - one of the more valuable lessons I ever learned - reading the room—trusting myself to read the room in five seconds. I was probably right two-thirds of the time – not a huge amount - but I wasn't terrible at it. You can't read the room and get it right every time. There are too many permutations. Why didn't I learn to read the room fast in nursing school? It's not that big of a mystery. I appreciate you saying that the ability to read the room is a gift - a gift to your patients. Part of the ability to read the room is trying something and in the next five seconds, realizing you read it wrong and shift. Because you need to trust it, if you blow it, it'll happen quickly.

Jodi Churchill Chapin: That has happened before. I've walked out of the room with 'damn, that's not going the way I expected.'

Health Hats: The next time you go in with a different approach. Which is OK. That's learning.

Jodi Churchill Chapin: Whatever approach you bring, sometimes there's no winning. OK, somebody else's up.

Keeping your family safe 26:53

Health Hats: I do have another question. How do you keep your family safe as a person in a high-risk occupation?

Jodi Churchill Chapin: Great question, a huge fear that weighs heavy on my mind when I'm working with patients who are either infected or those who we don't know that are infected with Covid19. I'm very concerned about bringing it home to my family and loved ones, mainly because we hear that many people are testing positive and asymptomatic or false negatives. Symptomatic yet, they show up negative, and then a couple of days later or retesting, they show up positive.

Health Hats: Do you have a routine when you leave the hospital and when you walk in the front door of your house?

Jodi Churchill Chapin: I use all the appropriate precautions at work. Even pre-Covid, proper handwashing, and trying not to touch my face. When I show up to work, luckily on my unit, we are required to change into hospital scrubs because, in labor and delivery, you can head to the operating room, the surgical suite on any given notice. We are lucky that we get to leave our street clothes in our locker room. I wear a separate set of shoes at work than I do at home. During the shift, I use appropriate hand hygiene and attire. Before I leave work, I change into back into my street clothes, I make sure that my identification is all wiped down and anything that's coming home with me. I used to bring a big work bag that had all sorts of things in it, any snacks I wanted, any extra socks, whatever. My bag was always filled. I don't bring in a bag anymore. I have a one-gallon Ziploc bag that has my scrub caps in it and a couple of extra procedure masks in case something's not provided. I have run into that there weren't masks provided. I minimized anything that's coming out of the hospital with me. If I bring food in, I eat it. I leave anything there and bring minimal home. When I arrive home, I change out of my clothes, wash up, and continuously monitored myself for any symptoms. Before we were appropriately provided our PPE, we had quite a few nurses test positive on our unit because we were only allowed to use our N95 mask if there was a PUI, patient under an investigation, or a Covid positive person. We had to sign out our protective equipment for those patients. It wasn't until a couple of our pregnant nurses showed up positive and then boom, boom, boom, boom, boom - seven more nurses showed up positive. Ooh, OK, we're going to need more protection around here. What's going on? Pregnant women were showing up asymptomatic; people weren't getting the testing or people coming in with them were denying their symptoms. I was a lot more nervous back when we weren't provided the PPE, but now I go into work, I get on my N95 as soon as I walk onto my unit. I get my surgical or my procedure mask when I first walk into the hospital. Everybody gets that. You have to show a Covid pass for the shift. An hour or two before the shift starts, you have to log in to an app, say that you don't have any symptoms, sign that you don't have any symptoms, and then show them that. Get your surgical mask, and now you can work. Once I get to my unit and get changed, I get my N95, put on my surgical cap, and either glasses or goggles. I feel more protected. I'm better about washing down computers and anything that I might be using before I even use it. Over-washing and sanitizing. I would wash all the time, but now, even if I haven't been anywhere, I find myself washing. My hands and arms are crazy dry.

Bug out bag ready to go 31:49

Jodi Churchill Chapin: I do live with my husband, and one of my children, my other two older children, live out of the house. I'm still around them. We share bathrooms. We eat together. My husband and I are still in the same bed. But in the back of my mind, I'm always thinking, Ooh, is that a little dry cough? Ooh, do I feel warm? Ooh, did the patient that I had the other day... It's always in the back of my mind. I have a bug out bag ready to go if I find out that that one of my colleagues is or that I'm symptomatic. I have a bag packed. Now I can go to a hotel for free. Before, it was more difficult. Before they had closed the hotels to the regular public. I feel confident if I have to pull myself away from my family that I could do it. I have the means if I have to. I don't want to. But it's a concern. I just have to hope that it passes by my family, my loved ones, myself. I'm boosting my immune system every way I can. I have a suppressed immune system anyway. I have psoriatic arthritis, so my immune system is out of whack anyway. These

last few years of changing my life habits, I've been able to boost my immune system properly. I hope that everything I'm doing is going to keep this nasty virus away.

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Green nurse with cannabis – pulling it together 34:07

Health Hats: Just cause I'm nosy, what do you do for fun?

Jodi Churchill Chapin: What do I do for fun? Right now, there's a restriction on fun. Right now, just since the quarantine, I have a segment on a morning show called [Green Nurse on the Grow](#). It's on Wednesday mornings and Sunday mornings at 10 o'clock on [Disrupt America. Good Morning Shut-ins](#) is a variety show through Facebook Live, YouTube, Twitter. Basically, I'm a novice grower. I can't grow a tomato, but once I got into this industry, working with other people and connecting with people, I was able to connect with some cultivators and people that are helping coach my lack of ability. Going on this show is fantastic because each time I go on they'll bring a cultivator and I'll bring them through my garden, my grow. I have a couple of tents. This cannabis plant that has changed my life. Four years ago, was when I was introduced to it, I learned about the endocannabinoid system. From there, it expanded when I saw that this plant changed my life. Now I can have a hand in growing my own medicine and medicine for many others as well. It's something that takes up my time. I'm stuck in the house when I'm not working at the hospital.

Health Hats: Cannabinoid, what's an endocannabinoid system?

Jodi Churchill Chapin: That is a system of neurotransmitters of receptor sites all over your body. It incorporates every other system in your body, the cardiovascular system, the respiratory system, the immune system. I found that when it is in balance, it can affect one or many of those other systems. I started incorporating cannabis as a healthy routine. I had partaken as an adult using occasionally. But once I started delving into it and learning what it could do for my body, I got off many of my pharmaceuticals. I was a victim of polypharmacy. I was on more than ten meds with autoimmune disorder. I've had a brain hemorrhage, chronic pain, spinal stenosis. And then just the everyday stress of being a nurse, trying to raise a family. I'm married, I have three children, working shift work. I was the charge nurse of my labor and delivery unit. It's a hectic unit. I was pulled in many different directions, and my body was decompensating. I found that I was running towards more unhealthy habits at that point. Once I started changing things up, I started utilizing cannabis in a healthier way. I was able to sleep more. I had more energy. I was making better choices. When you feel good, you're making better choices on what you eat and how you exercise. My energy level went up.

Health Hats: How has your experience with cannabis help you negotiate this change in your work life as a nurse, all gowned up and not able to hug and touch? I get the sense that you've been challenged by the shift into this highly protected persona as a nurse. I'm wondering, has your growing experience with cannabis and the benefits of cannabis for you helped you deal with the stress of work?

Jodi Churchill Chapin: I think cannabis helps me deal with the stress of life in general, whether it be work or family. It has balanced my mood and allowed me to not fly off the handle, if I find that I'm overwhelmed with life, whether it be work or home, I'm able to take a step back. It's forcing me to take a breath. Whether I smoke or ingest it, it's bringing me into focus. It's making me step back and say, 'Hey, things might seem bad, but we can get through this. We've been through worse and, and it's just another blip in the road.'

Health Hats: Thank you.

Jodi Churchill Chapin: Thank you, Danny. It was awesome. I was nervous at first. I was like, 'Oh my God, how am I going to prepare for this?' Well, it was awesome. It was fun. It was a lot of fun. You made me feel really comfortable.

Health Hats: We're nurses.

Jodi Churchill Chapin: We are nurses, and it is the year of the nurse.

Health Hats: Well, Jodi, thanks for all you do. This has been a great conversation. You'll be in my heart.

Jodi Churchill Chapin: Thank you. It was awesome, really good.

Reflection 39:42

OK. See, it fits together. Staying sane in an insane situation. How do our front-line, essential workers, all of them juggle duty, passion, family, income, pressure? How do moms, babies, and their partners manage the blurring of tragedy and trauma and hope and possibility? I've known, accepted, and even been grateful for that blurring most of my life, but most people don't. For most people, it's not a gift. Nevertheless, I'm grateful for nurses like Jodi. You're in my heart. Let's celebrate the year of the nurse.