

# NT Behind the Scenes: Jade Kearney, Co-founder, and CEO of She Matters

Kimberly Hillyer, DNP, NNP-BC



The following is an amended transcript for Neonatology Today Media of Dr. Kimberly Hillyer and Jade Kearney, Co-founder, and CEO of She Matters. She Matters is a digital health platform designed to provide Black mamas who experience postpartum anxiety or depression with community, culturally relevant resources, and culturally competent therapists. Click this link to go directly to our YouTube channel. Hit the subscribe and notification button to enjoy the direct viewing of the interview when it is available.

subscribe and notification button to enjoy the direct viewing of the interview when it is available.

*“The following is an amended transcript of the Q&A with Dr. Kimberly Hillyer and Jade Kearney, Co-founder, and CEO of She Matters for Neonatology Today Media. Subscribe to our YouTube channel: Neonatology Today Media. Hit the notification button to see the preemie spotlight and the full interview.”*

## Introduction

Thank you for joining us on today’s broadcast. I’m Dr. Kimberly Hillyer, a Nurse Practitioner and the Media Correspondent for Neonatology Today. This segment features Jade Kearney.

Jade Kearney is the Co-founder and CEO of **She Matters** (<https://www.shematters.health>). She Matters is a digital health platform designed to provide help to Black mothers who are experiencing postpartum anxiety and/or depression. Her platform provides culturally relevant resources for the community and connects mothers seeking help with culturally competent therapists.

Thank you for joining us today, Jade. How are you doing?

**Jade Kearney:** I’m great. Thank you so much for having me. I am happy to be here.

**Dr. Hillyer:** Thank you very much, and thank you for the work that

you are doing. Your platform is **She Matters**. It is a company that you Co-founded and are the CEO of. Can you tell me about this platform and what you do?

*“She Matters is designed to support Black women who experience postpartum anxiety or depression through community, culturally competent therapists, healthcare professionals, and culturally competent resources.”*

**Jade Kearney:** Oh sure. She Matters is designed to support Black women who experience postpartum anxiety or depression through community, culturally competent therapists, healthcare professionals, and culturally competent resources. So, what we do is we find a therapist and train them in cultural competency, specifically Black mothers. We match Black mothers with those therapists and healthcare providers. We also provide community through the She Matters App, where Black moms can talk about their experiences in postpartum because a lot of women don’t understand what they are experiencing until after they have experienced it. Because of cultural stigma, we make sure that there is a community element to our platform.

**Dr. Hillyer:** What inspired you to start a platform for Black women experiencing postpartum anxiety and depression?

**Jade Kearney:** I suffered from postpartum anxiety in the form of OCD and intrusive thoughts. It was really a lonely, lonely experience. I am now eleven months postpartum with my second daughter, but I had postpartum anxiety and depression with my first, and I remember feeling just like no one was paying attention to me. I was sinking. I was going to work. I was taking care of my daughter. I really felt terrible mentally. I felt like I was losing myself. I felt like I could not really connect with my daughter from a place of happiness, so I was overbearing with her. I could not enjoy being a mom, and every time I tried to speak to my family or my community about it, the response was, “You will get over it,” “Keep moving,” “You have to go to work.” When I tried to talk to healthcare professionals about it, antidepressants were thrown at me, and it was like, you will be okay, but nobody would listen; no one was listening. So, I decided that I would start She Matters because I didn’t want any other Black mother to feel the way that I felt especially considering all the things that we deal with dur-

**NEONATOLOGY TODAY is interested in publishing manuscripts from Neonatologists, Fellows, NNPs and those involved in caring for neonates on case studies, research results, hospital news, meeting announcements, and other pertinent topics.**

**Please submit your manuscript to: [LomaLindaPublishingCompany@gmail.com](mailto:LomaLindaPublishingCompany@gmail.com)**

ing pregnancy, whether Pre-Eclampsia, hemorrhaging, and all the statistics that go around with just having a Black child, right. So now, in the postpartum period, I'm also suffering. I thought it was over during pregnancy, but I didn't realize it began the moment I left the hospital like suffering and loneliness, really.

**Dr. Hillyer:** Now, usually, the standard of practice in the healthcare field in the OBGYN field is to do the Edinburg scale for screening for postpartum depression. Is this screening equal for all?

**Jade Kearney:** No, we're actually working on changing the Edinburg scale so that it's culturally competent. I am not Afro-Latina; I'm Black American, but if I was, I've had women come to us that were Afro-Latina and say to us, "What does it mean to say I still feel like things are getting on top of me mean?", that can actually be literal like things are actually getting on top of me. This was created over 40 years ago, and times have changed. It is not culturally competent. It is like a standardized test; it's not one size fits all when it comes to explaining your mental state. We are working diligently to change this and put out a new scale by the end of the year.

**Dr. Hillyer:** What are some of the questions you think will be highlighted to help change and make the Edinburg scale more culturally competent?

**Jade Kearney:** I think questions around when it says "sometimes," "all the time." We need to say, "have you felt anxious in the last week" just have people felt anxious, one question "yes" or "no." The question, "I have things getting on top of me," have you felt overwhelmed. What is overwhelmed? Write in a response. What does overwhelm mean for you? Have you cried uncontrollably for the past three days, give some actual context to these questions because the current scale is up in the air, right? It's says the past 7 days, but it doesn't highlight that in the questions. It says that at the top of the scale, in the past 7 days. Then the questions do not say, in the past 7 days, and the questions are just asking you for right now. So, we need a scale that talks about how you felt in the past week. Have you thought about suicide in the past week? Have you felt like you are a harm to you or your child? are you scared right now? These are like common questions.

**Dr. Hillyer:** What really stood out for me was that you said you felt you weren't being listened to. The first reaction was to prescribe medication. Even as you talk about the adjustment of the Edinburg scale, I hear how it's really important to sit down with the mothers and find context within the questions being asked.

---

***"That's why we believe in culturally competent healthcare professionals because if you're not building a relationship with your healthcare professionals, you need a different healthcare professional, you need a different doctor, you need a different pediatrician because the person should have the time to sit with you and go over this scale."***

---

**Jade Kearney:** Yeah, and that all goes back to your provider. That's why we believe in culturally competent healthcare professionals because if you're not building a relationship with your healthcare professionals, you need a different healthcare professional, you need a different doctor, you need a different pediatrician because the person should have the time to sit with you and go over this scale. Hey, I noticed that you're struggling to answer this. Is there something I can help you with, or do you need clarity around these questions? I mean, it's that simple, but the healthcare industry makes it that difficult, and honestly, a lot of people, a lot of Black mothers that we talk to said that they didn't remember getting the scale or they got it, and no one ever said anything to them about it. So, there was no follow-up, and just culturally as Black folks, we know mental illness is stigmatized. It's a huge cultural stigma, so if you say to us, medication, medication for mental illness is automatically a turnoff. No, you didn't talk to me, I don't know why you are giving me this, I don't know if I can trust you, I don't know if I can trust this medication, I don't know if I'm going to feel like myself, I don't know if it's going to control me or change me. As a healthcare provider, you need to be culturally competent.

**Dr. Hillyer:** So, context is everything.

**Jade Kearney:** Context is everything. As much as we like to say that we're all one people and in a lot of respects we are but there are cultural differences around vocabulary colloquialism. So, "I feel like things are getting on top of me" is nothing that I would ever say in my community. It just doesn't speak to everyone, it doesn't speak to South-East Asian women, but specifically, it doesn't speak to Black women. I want to say this, I'm a Black woman, so She Matters starts with Black women, but we also started with Black women because Black women had the highest incidence of death during postpartum. So that's why we start with Black women, and that's why I'm speaking specifically about Black women in this context. It is just not something culturally that we would say. I don't think people of color in general say, "sometimes," "always," "never." It's very confusing stuff. I think it's confusing for any woman, but when you get down to people of color and specifically Black people, it is not how we converse with each other. When doing challenges, this is not the language that we use, not the vocabulary that we use. It's important that healthcare providers understand that and are able to use the language in that and in context when speaking with Black women, right Black mothers.

**Dr. Hillyer:** Why do you think it is or that it appears that women of color, Black women suffer in silence?

**Jade Kearney:** Well, I think that it is two folds, right. One is because of cultural stigma, and some people say, are you giving the healthcare system a pass? No culturally, mental illness is not something that we discussed. It's not!. We have this strong woman's syndrome. This ideal that we're supposed to live up to is that we're supposed to handle everything. We're supposed to

suffer; we're supposed to suffer with class. That's what we like to say. Black women are held to the standard of she suffered so well through that. No! So, we're living up to the standard of I went through all these challenges and "I did it alone" or "I did it." I made it all the way here through all of this. That's not healthy, right.

Then the healthcare industry has historically been vicious to Black women. Starting from the father of gynecology, who would practice on slave women without any anesthesia operations without any anesthesia, right. Down in the '80s and early '90s on the east side of Harlem, they were sterilizing Black and Latina women who were going there for birth control. We can take it around the globe and go to South Africa, where they were giving Bondi beer in cartons with tremendous alcohol; it was sterilized Black women. I mean, this is something that's done to Black women around the world, but it's done with precision in the United States. So, there's an earned distrust that we have for the medical system, and they need to earn our trust back. So, our cultural competency certification is one way, it is a step because we know that we can't change maternal health care, but we can improve.

---

***"Then the healthcare industry has historically been vicious to Black women. Starting from the father of gynecology, who would practice on slave women without any anesthesia operations without any anesthesia, right. Down in the '80s and early '90s on the east side of Harlem, they were sterilizing Black and Latina women who were going there for birth control."***

---

***Dr. Hillyer:*** I remember learning about precisely the history that Black Americans went through in the United States within the healthcare industry. I don't think that the average healthcare provider understands that part of our history. Or goes through a cultural competency on the deep generationally rooted pain and mistrust that Blacks have within America. Let alone your everyday person. So, our society may not even see America's history as a barrier, but obviously, you pinpointed a huge issue when it comes to the historical and generational mistrust. What are some of the other cultural obstacles that may take part in this?

***Jade Kearney:*** I think other cultural barriers are what our mothers see. I'll take quotes from some of the women in our community. "I was tired of not being heard, so I started to just do self-care at home," which is terrible because there's screening that needs to be done to guarantee that you're healthy. If you're hemorrhaging, there's no way, if you're not a medical professional, that you know how much you should be bleeding. So, there's this thing of like I'm on my own because they don't know what I need because they don't understand me. So, we're also improving communication because there's a language that's spoken and in healthcare that sometimes we don't speak and vice versa, right. So, yes, we're all speaking English, but if you're not communicating with me on an empathetic level, then I immediately tune you out because I don't

feel safe. Everything in healthcare has to do with safety, right. This is my life. This is my child's life.

I need to feel safe with you, so I can be honest with you. There's also this barrier to mental health with Black women. I don't want to tell you that I had thoughts of hurting my kid because I'm afraid that you're going to take my child. If you look at the incidents for Black women's children are taken for mental illness, it's greater than white women. I mean, we can go down the line schizophrenia, depression, and anxiety; our kids are taking at higher instances than white children. You have to be a healthcare provider who is learned in our culture. You understand the conversation. I want to help you. It's safe here unless you are a harm to yourself, your child we're not going to take your child. We just want to help you. But that takes caring. That takes understanding who you're working with. That takes building a relationship with the person you're giving care to. Outside of an emergency room situation, like in an emergency, you're trying, I understand that emergency room doctors are trying to figure out the same. Right like this emergency, I'm trying to help you even then in order to fix you in an emergency, you have to speak the language of the person, or you won't know what's wrong.

***Dr. Hillyer:*** That is correct. So, do you think there is a correlation between the racial disparities in pregnancy-related mortalities and Black women's mental health during and after pregnancy?

---

***"Absolutely, I think the stress of being a Black mother is enough to create any type of morbidities because we live in a country where systemic racism is a part of our healthcare system our education system. So, who's already stressed there, so I wonder if I'm going to come out alive after I have my child. I wonder if the doctor is going to treat me with dignity and respect."***

---

***Jade Kearney:*** Absolutely, I think the stress of being a Black mother is enough to create any type of morbidities because we live in a country where systemic racism is a part of our healthcare system our education system. So, who's already stressed there, so I wonder if I'm going to come out alive after I have my child. I wonder if the doctor is going to treat me with dignity and respect. Hence, the Dignity and Respect Act in California. I wonder if I'm going to have a premature Black child with a low birth rate because we have higher instances of that. It's stress from inception, and that's all mental health. Across the board, postpartum anxiety and depression went up, whether you are Black, White, Asian, or Other. So, for us, it went up four times, Pre-Eclampsia and hemorrhaging went up four times the rate which is already horrific. We're in an epidemic right now with mental illnesses definitely as a part of it because if you cannot trust the people who are supposed to help you when you're suffering. What are your options? What happens if you're in pain and you cannot go to the doctor to get help? What happens if you are having thoughts that you don't under-

stand? I mean, everyone knows that mental illness left untreated equates to a greater instance of mental illness. Depression that's left untreated gets worse, anxiety that's left untreated gets worse. If there's no reciprocal communication between the healthcare industry and Black women, it will continue to get worse.

---

***“That is absolutely true. You know, one of the things that I think about and am grateful for is that you have a celebrity like Serena Williams, really bringing attention to what it is like for us Black women not being heard during these times. She almost died after giving birth to her first child Alexis Olympia.”***

---

***Dr. Hillyer:*** That is absolutely true. You know, one of the things that I think about and am grateful for is that you have a celebrity like Serena Williams, really bringing attention to what it is like for us Black women not being heard during these times. She almost died after giving birth to her first child Alexis Olympia. When I think about the celebrities I can recall talking about postpartum depression, I remember Celine Dion, [and] Gwyneth Paltrow.

***Jade Kearney:*** Brook Shields

***Dr. Hillyer:*** Brook Shields, yes. Maybe even Princess Diana, but it feels like the only woman of color I remember speaking out is Chrissy Teigen. Then it makes me think that our voices just aren't really being heard even at that level. You believe that you have all the money, and yet you still have that fear or stigma.

***Jade Kearney:*** I agree. I think the fear is people because we have to keep up this, “I am strong.” I think the exterior appearing to be strong like this role that we take on is really because it is a defense mechanism because it is the default to being a Black woman trying to navigate the healthcare system. You encounter so much rejection, you encounter so many no's, it's almost like you don't feel human. It's like when your kids ask, “why does this kid get this, and I don't get this.” Why is she being heard, and I'm not being heard. So, after a while, you stop screaming because no one's hearing you. Nobody's hearing you. I don't care if I'm Beyonce, Serena Williams, if you're not hearing me and if when I do say something, it falls on deaf ears. That's the biggest thing when we do scream when we do say we need help, and we do say we're not strong enough. People ignore us because people are comfortable with Black women suffering. I say this all the time. It is comfortable when we say she's supposed to suffer, and that's also culturally. People are comfortable with us saying, “I'm tired,” “I'm stressed,” “I need help.” Well, not I need help because you never say it. But I'm tired, I'm stressed, it's hard. Okay, that's the role that you play. Historically, we suffer right here in this place. So, no one is alarmed because it's just the status quo, and we've taken that on as a community to say, “okay, it's okay,” but it's not okay. It's not. It's really not okay. Look at the instance of suicide, look at the girl just jump out of the window,

***Dr. Hillyer:*** Chelsi Smith, Miss USA.

***Jade Kearney:*** Miss USA, who just jumped out of the window in the city. She was suffering from depression. We're hearing more stories like that of Black women committing suicide because if you scream, if you speak up if you're hollering, no one hears you. So why?

You have to change that, especially from others. If you're a mom and you have a child, and you're suffering from mental illness, it is a known fact that it will affect your child. So, in order to improve stigmas of mental health in the community, it starts with Black mothers. In order to improve maternal morbidity, it starts with mental health because that's how you get mothers to go to that six-week visit. Black women are 40% less likely to go to the six-week visit because they're interacting with doctors on that first visit isn't positive. So, if the first time wasn't positive, why would I go again? Why would I go for a follow-up with you? That's all mental; that has nothing to do with your physical body. It has everything to do with the relationship that was built or destroyed. That instance when you have that baby and postpartum when you go to your pediatrician. That place is pivotal at decreasing Black maternal morbidity.

***Dr. Hillyer:*** Your website offers tools that can help Black women breakdown the cultural stigma and the medical neglect that we have associated with mental illness. Can you tell me about some of those tools that She Matters provides?

***Jade Kearney:*** Well, we have events. So, for instance. We had an event this past Thursday where we had a doctor come on. It's called Black women and postpartum anxiety and depression. We talked about it and we talked about signs of postpartum anxiety and depression and why we may be more likely to not speak about it. Then we just allow women to express themselves and be heard, and we validate their feelings. I always say I always felt like my suffering. The suffering that I experienced postpartum is the path for someone else's healing. When you talk about what you've experienced, it opens the door for someone else to not experience that same thing or to identify what you experienced and get help. So, hopefully, through our blog and through our events and through our guests' speakers, our doctors, our psychiatrists, women find a voice and speak up for themselves. We can offer tools to ask your practitioner if you're feeling like they're not hearing you. You know, our insurance is the same as other people's insurance, so it's all the same price. This thing you see me, it cost the same as anyone else so you're supposed to serve me. So, I feel like I'm not being served, I have to be an advocate for myself. We offer some of those questions that you can ask your practitioner if you feel like you're not being heard because you can't let people off the hook for not doing their job.

---

***“The suffering that I experienced postpartum is the path for someone else's healing. When you talk about what you've experienced, it opens the door for someone else to not experience that same thing or to identify what you experienced and get help.”***

---

**Dr. Hillyer:** You absolutely cannot. I know some women may want to try and connect with a Black physician. This could be a great tool, but that may not be the solution. Especially when Black women physicians only make up 3% of healthcare, so that cannot be the only answer. What are your thoughts regarding that?

**Jade Kearney:** I feel like we are 12% of the population. Black female doctors are less than 3%. All doctors should be culturally competent because all doctors take my insurance. So, all of you should be able to serve me when I walk into the office. This is not 1950; this is not segregation; every doctor should be able to serve every person. I don't just want a Black doctor. My OBGYN is a Jewish man. So, I want a good doctor if she's Black, well oh great, if she's Asian, Okay. I want you to be great at what you do. I want you to help me. Like I said, I mentioned earlier, there are some other great people doing the work. In HUED (<https://huedco.com/>), these companies find Black practitioners, and they pair them with Black people, in general, looking for health care services. That's amazing. We want everyone to be able to serve Black women, period.

---

***“In HUED (<https://huedco.com/>), these companies find Black practitioners, and they pair them with Black people, in general, looking for health care services. That's amazing. We want everyone to be able to serve Black women, period.”***

**Dr. Hillyer:** Absolutely, and I think that hits it right on the nail, period! So, what steps does your organization take to create these culturally competent therapists and these resources?

**Jade Kearney:** Well, we created a culturally competent certification. It's a 12-week program that goes through the nuances of Black women in this country. We go through details about culture, we go through some of those case studies, we have guest speakers come on from Yale psychiatry, and we just talk about the Black female experience. Once you go through that 12-week process, you meet with Black mothers; we think the best practice is practice, so working with Black women. Then you graduate from the program. It's 12-weeks of someone's life to have some empathy. The learning management system we use has a culturally-bias quiz, so when you get on the platform as a practitioner, you can actually watch your journey. We all have biases so let's put that out there. Everyone has biases, but we all can improve. As a practitioner, I think the job of a physician is extremely difficult and stressful, and so does seeing your progress through this journey is also great for the mental health through the practitioner. We make sure that there's that give and take relationship, but the certification was created by me and psychiatrists out of Yale in Columbia. I have a background in diversity inclusion from Georgetown.

**Dr. Hillyer:** Fantastic, and anyone or provider can go directly to your website to sign up for these classes?

**Jade Kearney:** Yes, they can just go to the culturally competent tab and sign up, and then we will let you know when the next class starts.

**Dr. Hillyer:** All the things you have already talked about sound like your program is already working on reducing some of the racial disparities that we have seen with postpartum depression and the screening tool that you're hoping to adjust. Is there anything else you want us to know about specifically your platform and the steps you are doing to help decrease these racial disparities?

**Jade Kearney:** Well, our culturally competent certification is specifically for Black mothers, right, specifically for Black women. There are no other certifications specifically for Black women. There are racial bias certifications, there are birthing with dignity certifications, but it's general; it's for people of color. This is for Black women; there's no confusion. This is if you work and you interact with Black women in the healthcare space. This is something that you should definitely take advantage of because it's pointed. You know it's for us because of the statistics around maternal morbidity. We have to be pointed; we can't go around it. It's not for everyone. It's for Black women, and I think that's important.

**Dr. Hillyer:** So that is just one of the tools that people can find on your website. What are some of the other things that you hope your platform will be able to accomplish?

**Jade Kearney:** Well, we have our app, which is in Beta, and that will be available at the end of March.

**Dr. Hillyer:** Honestly, as I listen to your journey, I hear you talk about the things that you are providing.

I provide care in the Neonatal Intensive Care Unit, but you have me seeing the importance of the NICU. Even if we don't consider ourselves providing direct healthcare to Black mothers. We often view ourselves as technically the providers of the baby. However, if you really want to be a part of a holistic care family-centered care. It sounds like it shouldn't just be the OBGYN but any provider touching bases with the families during this time. The NICU, after all, produces considerable stress.

---

***“It sounds like it shouldn't just be the OBGYN but any provider touching bases with the families during this time. The NICU, after all, produces considerable stress.”***

**Jade Kearney:** Oh my God, so huge with my second baby she was hypoglycemic, and we were in the NICU for a week. I don't want to say the wrong statistic, but Black women are more likely to have their babies in NICU. I came in contact with many Black women and some who had multiple kids, and then they were working, and their babies were NICU. It was just stressful, and so when you leave, you're postpartum, the first doctor you interact with is the pediatrician. That's the first person who gives you the Edinburgh scale. So, it has to be this centered care around the mom coming from the OBGYN, the general practitioner, the pediatrician because every doctor has their pulse on whether or not this mom is okay. It's the relationship, so one isn't able to pick it up the other one should, based on their relationship. I think the NICU is an amazing place to connect with the mom because that's a place where she's vulnerable, where she can hear you because

she's there for her baby. I was there, I was a mess when I was in the NICU and the nurses that were there, thank God. I had both my daughters in Morristown because, in New York, I'm 12 times more likely to die, so I went across the bridge in New Jersey to have both my girls. Morristown Hospital wonderful staff, my baby was very well taken care of, and the women heard me, and I felt seen. After going to the doctor's office here in New York, where I did not. So, I'm very thankful for the staff there.

**Dr. Hillyer:** I'm glad you had a good experience with the NICU staff. I know that there has been an extensive discussion over the last couple of years, with more individuals in the healthcare field having to understand their bias and what it means to be culturally competent. Trying to really understand how systemic racism has developed the healthcare system. I remember reading an article, "Speaking Up to Address Racism and Health Inequity," in *Advances in Neonatal Care* and seeing its responses on the Neonatal Association of Neonatal Nurses Facebook page. However, often there is resistance when people think about systemic racism. The seemingly overwhelming response on NANN's Facebook was, "We wouldn't show any racism towards babies." So, it is interesting to hear you talk about how each of the providers of Black mothers, especially those of us in the NICU when the mothers are the most vulnerable, need to have our hand on the pulse.

---

***"I'm being judged, but it's not a matter of being judged because subconscious cultural bias is something that is we're all a part of because we all live in systemic racism here. So, it could be subconscious, it could be something you're completely not aware of, but it's definitely something you should look into. It's definitely something that you should look at and say, "I am" or "I am not," let me figure that out. Let me look into this, and that takes not being defensive."***

---

**Jade Kearney:** Yeah, because they're the first to interact with us. Look, nobody wants to do this hard-working being a physician and feel like, oh, I'm being judged, but it's not a matter of being judged because subconscious cultural bias is something that is we're all a part of because we all live in systemic racism here. So, it could be subconscious, it could be something you're completely not aware of, but it's definitely something you should look into. It's definitely something that you should look at and say, "I am" or "I am not," let me figure that out. Let me look into this, and that takes not being defensive. No one is judging the physician; everyone is just saying we all have the ability to improve. This is one step to improve because obviously there's a problem. It's not made-up Black women; we are dying more than anyone. Black women are more likely to have their kids be in the NICU. Black women have

higher incidents of postpartum hemorrhage, Pre-Eclampsia. All of the things are bad. It's not just by chance something else is going on, and it has to do with communication, and it has to do with systemic racism. It goes past socioeconomic status, and it's like I'm at the point, I don't know, I don't want to hear it anymore like really there's the problem to say that there's not would mean you're in complete denial.

**Dr. Hillyer:** Today's focus has been about Black women, but honestly, this affects more than just Black women. What is your perspective on that and on how it affects family members or even the generational effect?

**Jade Kearney:** I think that it affects everyone in the community. If you mean, do you mean more than Black women like race-wise, or do you mean people in the Black community or both?

**Dr. Hillyer:** Yes, I am talking about both.

---

***"We're part of the equation and every facet, so everyone should care. Black women dying is an American problem; it's not just the Black problem."***

---

**Jade Kearney:** I think race-wise, it affects everyone because Black women are not only in Black communities. Black women are part of this society, so Black women are suffering. Then can any of us really say that the healthcare system is great, or can anyone ever really stay that America takes care of its women or takes care of his mothers because we're part of the equation. We're part of the equation and every facet, so everyone should care. Black women dying is an American problem; it's not just the Black problem.

**Dr. Hillyer:** As you point out, it is an American problem. So, we have talked about what Black women can do; how they can connect with you, how you can connect them with a culturally competent therapist and providers. Then you talked about how the healthcare system can work on creating culturally competent providers and different things that we can do individually. So, can you tell me how the community can affect State policies to achieve a broader national scale?

**Jade Kearney:** I think that communities have to demand respect and advocate for themselves. Individually we have to advocate for ourselves but also the family members, the husbands, the partners, the grandmothers. We have to start to advocate for ourselves and stop suffering in silence. Use our voices because when we use our voices, people listen; we just saw that with George Floyd; we saw that in the last 2 years. It's important that we speak up, and I think that this place where Black women are less likely to speak up because there's some level of this is what I'm supposed to go through and it's not what we're supposed to go through we don't have to suffer, nor are we supposed to suffer. So, the more that we as a culture, we understand that you can be a mom and you can have some type of peace, and you deserve to have that peace, and you are you're worthy of having that peace. I think that also changes things, and I think that is generational. You know culturally the suffering, the challenges that we've been through. I mean, we're not that far removed from the plantation, so I mean when you think five grandmothers back, suffering was just a part

of life. So, it's hard to change that thinking and pain and suffering. Also was down to a molecular level, so we all have some work to do as a culture with mental healthcare. So, we can change the narrative for our daughters and their daughters, and so we can demand happiness.

**Dr. Hillyer:** Thank you for shining a light on this topic. What is your platform currently doing?

**Jade Kearney:** Thank you, so thank you for caring about this topic and reaching out, and just being willing to offer a platform. We currently have 6,000 women who signed up in 2 weeks, so we are asking all healthcare providers to sign up to serve the community that really wants change. So, the platform opened on January 7th, and 6,000 women signed up, so if you are an OBGYN, if you are a pediatrician, if you are a psychiatrist, psychologist, or social worker, please go to our site and sign up for the certification. Even if you just want information, we want you guys in our community. We want women to know who you are so they can get services from you. Especially if you feel that you're culturally competent or would like to become a culturally competent healthcare provider. We get about 40 women a day who comes to us for help from mental health, all the way through general practitioners. So please sign up for it if you would like to help in any way. Just go ahead and sign up on the site. We appreciate it.

---

***“So, the platform opened on January 7th, and 6,000 women signed up, so if you are an OBGYN, if you are a pediatrician, if you are a psychiatrist, psychologist, or social worker, please go to our site and sign up for the certification. Even if you just want information, we want you guys in our community. We want women to know who you are so they can get services from you.”***

---

**Dr. Hillyer:** Is there any way we can help support your platform and the policies you are working on?

**Jade Kearney:** I would say you can donate through She Matters. When you donate, a Black mommy gets therapy. So, if you choose \$25, \$50, \$100, a Black woman automatically gets therapy, and we do not turn Black mothers away. So, I think the best thing to do is share this with a Black mom because she may be surfing in silence. Or, if you would like to donate, you can donate to make sure Black mommy gets therapy.

**Dr. Hillyer:** Well, your platform truly is helping us change that narrative. I want to thank you for lending your voice to this crucial subject. I want everyone to know about you, about **She Matters**, and what you do.

To our audience, I want to thank you for joining us on this segment of Neonatology Today. We really want to make sure that we don't just help healthcare providers but the vulnerable communities. To continue to work on assisting Black women in feeling



comfortable about mental health and in bringing attention to the morbidities and mortality rates of Black women during pregnancy. Let us make a path forward in change.

Thank you again, Jade, for joining us and sharing your website and app **She Matters** (<https://www.shematters.health>).

**Disclosure:** , Jade Kearney is the Co-Founder and CEO of She Matters

**NT**



**About the Author: Kimberly Hillyer, DNP, NNP-BC:**



**Title: NT News Anchor and Editor**

**Title: Neonatal Nurse Practitioner & News Anchor, Editor for Neonatology Today**

**Organization: Loma Linda University Health Children's Hospital**

**Neonatology Today in partnership with Loma Linda University Publishing Company.**

**Bio: Kimberly Hillyer, RN LNC, NNP-BC DNP, completed her Master's degree specializing as a Neonatal Nurse Practitioner in 2006 and completed her Doctorate of Nursing Practice (DNP) at Loma Linda University in 2017. She became an Assistant Clinical Professor and the Neonatal Nurse Practitioner Coordinator at Loma Linda University. Her interest in the law led her to attain certification as a Legal Nurse Consultant at Kaplan University.**

**As a Neonatal Nurse Practitioner, she has worked for Loma Linda University Health Children's Hospital (LLUH CH) for twenty years. During that time, she has mentored and precepted other Neonatal Nurse Practitioners while actively engaging in multiple hospital committees. She was also the Neonatal Nurse Practitioners Student Coordinator for LLU CH. A secret passion for informatics has led her to become an EPIC Department Deputy for the Neonatal Intensive Care at LLUH CH.**

**She is a reviewer for Neonatology Today and has recently joined the Editorial Board as the News Anchor.**

**About the Interviewee: Jade Kearney, MA, MA**



**Jade Kearney is the Co-Founder and CEO of She Matters, a digital health platform designed to improve mental health for Black women through community, culturally competent therapists and culturally relevant resources. Jade is the author of "Lean: A Guide to Black Entrepreneurship" and the creator of "Black Girl's Tech Day". She has a background in diversity and inclusion and a Master's degree in Digital Media Design from NYU. As a Black female founder and mother, her goal is to inspire other women of color to experience their power through entrepreneurship.**