



## Nurse-Family Partnership

### Transforming the Lives of Young Mothers and Babies

**“There is a magic window during pregnancy ... it’s a time when the desire to be a good mother and raise a healthy, happy child creates motivation to overcome incredible obstacles including poverty, instability or abuse with the help of a well-trained Nurse.”**

- David Olds, PhD

Founder, Nurse-Family Partnership

#### Pairing Skilled Nurses with New Moms

Nurse-Family Partnership (NFP) is a relationship-based, free maternal and childhood health program that focuses on low-income, first-time mothers – a vulnerable population segment that often has limited access to good parenting role models. Young mothers-to-be voluntarily enroll as early as possible, with Nurse Home Visits beginning ideally by the 16th week of pregnancy. Mothers and their four-year degreed Nurse Home Visitors make a two-and-one-half year commitment to each other, with 64 planned home visits between pregnancy and the child’s second birthday.

NFP helps break the cycle of poverty – empowered, confident mothers become knowledgeable parents who are able to prepare their children for successful futures. By developing strong family foundations, NFP establishes a better, safer, and stronger community for generations to come.

NFP’s intensive level of support has been proven to improve outcomes relating to:

- **Preventive health and prenatal practices for the mother** – helping her find appropriate prenatal care, improving her diet, and reducing her use of cigarettes, alcohol and illegal substances.
- **Health and development education and care for both mother and child** – providing individualized parent coaching aimed at increasing awareness of specific child development milestones and behaviors, and encouraging parents to use praise and other nonviolent techniques.
- **Life coaching for the mother and her family** – enabling economic self-sufficiency among mothers by encouraging them to develop a vision for their own futures, stay in school, find employment, and plan future pregnancies.
- **Preservation of the family unit** – increasing the parental involvement of the biological father as well as nearly doubling his financial contributions for raising the child.

#### Why Nurse Intervention?

The expertise and experience that Registered Nurses (Nurse Home Visitor) bring to this intervention is key in gaining the confidence of a new mother. A Nurse Home Visitor’s expertise helps guide first-time mothers through the emotional, social, and physical challenges they face as they prepare for a healthy birth. Prenatal support is the starting point, but the Nurse Home Visitor continues to serve the mother after she delivers her baby, teaching parenting and life skills that foster growth for both mother and child.

The original NFP model - developed over 30 years ago by Dr. David Olds - was heavily influenced by nursing theory and practice and remains at the core of the model and nurse education today. In a sense, the NFP model was developed in partnership by Nurses, for Nurses.

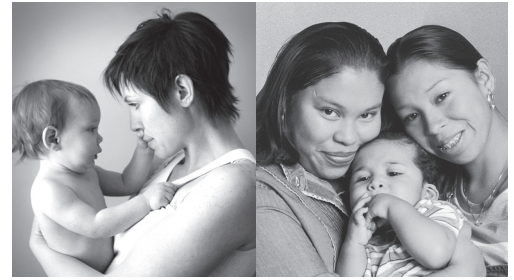
#### Babies are not born with instruction manuals.

**The transition to motherhood can be particularly challenging for many low-income, first-time young mothers. Many are socially isolated or are experiencing severe adversity. Nurse Home Visits can prove extremely helpful.**

- 40% of babies born in Dallas are to women who received inadequate prenatal care.
- Lack of prenatal care is associated with preterm birth, low birth weight, and infant death.
- Common risk factors for child abuse and neglect are premature birth, low birth weight and physical/cognitive disabilities.

*\*Center for Public Policy Priorities*





## Nurse-Family Partnership

### Quick Facts

**“It soon became clear to me, however, that for many children, a supporting preschool environment was simply too little and too late.”**

- David Olds, PhD

Founder, Nurse-Family Partnership

#### NFP vs. Other Parenting Programs

Parenting programs share a common goal of strengthening parenting skills, promoting healthy child development and decreasing child abuse and neglect. However, there are significant differences noted both in implementation methods and outcome results. Primary implementation differences include:

- Program delivery staff’s credentials (four-year degreed Registered Nurses for NFP vs. paraprofessionals for other programs)
- Target population (first time, low-income mothers for NFP vs. at-risk families at open enrollment for other programs)
- Time of enrollment (early in pregnancy for NFP vs. infancy or elementary school ages for other programs)

#### NFP Mothers at a Glance (Upon Intake)

Median Age: 18

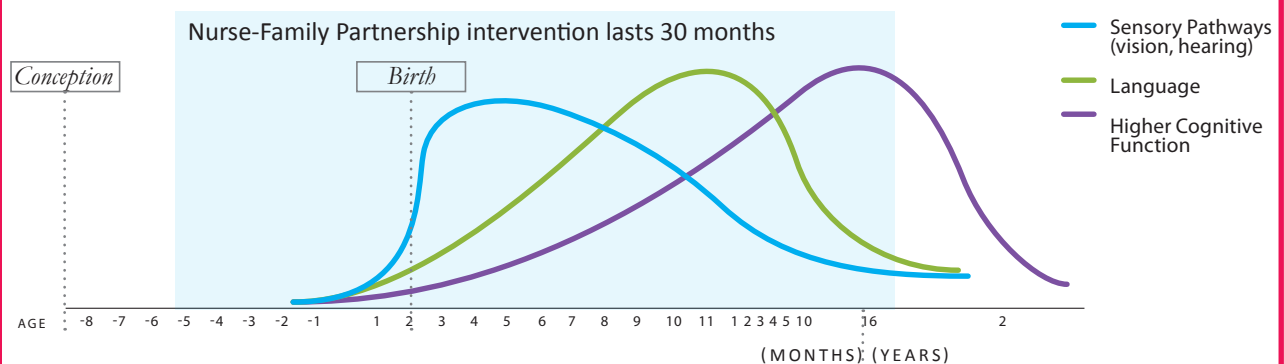
Marital Status: 89% unmarried

Annual Household Income: \$13,500

Education: 54% have HS diploma or GED at intake; median grade for those without diploma is 10th grade

#### Human Brain Development

Synapse formation dependent on early experiences



Source: Nelson, C.A., In *Neurons to Neighborhoods* (2000). Shankoff, J. & Phillips, D. (Eds.)

As the chart above shows, during the first 30 months of a child’s development, basic brain functions related to vision, hearing and language develop. It is during this window of opportunity that experienced Registered Nurses can have a life-changing impact on the future of both child and mother.

#### Return on Investment

Independent research found a net benefit to society of \$34,148 per family served, equating to a \$5.70 return for every dollar invested in NFP.



## Nurse-Family Partnership

## Outcomes

### Benchmarks and Indicators

NFP benchmarks numerous additional indicators related to child health and development. YW's NFP is benchmarked against NFP national rates and NFP established targets, which are adjusted based on comparisons with at-risk populations. Results demonstrate that YW's NFP exceeds NFP national rates and targets in many areas. Likewise, YW's NFP -- serving a young and high-risk population -- is performing close to or better than results for all births in Dallas County.

	YW NFP	NATIONAL	DALLAS (all births)
<b>Pre-Term Births</b> YW serves Hispanic and African American clients in percentages significantly higher than the general population. As these groups are statistically shown to experience higher rates of pre-term births, YW's results notably exceed expectations.	7.69%	9.4%	13.5%
<b>Low Birth Weight</b>	8.15%	9.19%	8.2%
<b>Breastfeeding Initiation Rate</b>	89.1%	78.9%	
<b>Subsequent Pregnancy</b>	30%	25%	27.8%
<b>Immunization</b> at 2 years of age	86%	90.5%	73%

### Additional Outcomes

- At intake, only 22% of client who are 18 years of age or older are employed; by NFP graduation, that percentage increases to 60%.
- 86% of clients that are 17 years of age or younger with no high school diploma at intake were enrolled in school at 12 months postpartum.
- At intake, only 10% of clients are married; by NFP graduation, that percentage increases to 26%.
- Paternal involvement (on a daily basis) increases 10% between six and twenty-four months.
- Paternal financial involvement increases 78% between six and twenty-four months.

*\*Outcomes are prepared and evaluated by the national Nurse-Family Partnership Office in Denver, Colorado.*