Nurse-Family Partnership
Helping First-Time Parents Succeed®

OVERVIEW

Nurse-Family Partnership® (NFP) is an evidence-based, community health program that serves low-income women pregnant with their first child. Each vulnerable new mom is partnered with a registered nurse early in her pregnancy and receives ongoing nurse home visits. It is a life-transforming partnership, for the mom and her child. Nurse-Family Partnership helps families — and the communities they live in — become stronger while saving money for state, local and federal governments.

The Nurse-Family Partnership model is a unique maternal child health program that is based on rigorous evidence of effectiveness from randomized, controlled trials. Widespread replication of the Nurse-Family Partnership program in diverse communities and populations gives more confidence that investment in this program is money well spent. In fact, independent research shows that when communities adopt the Nurse-Family Partnership model, they are making a smart investment with a solid return on their investment. For example, the RAND Corporation reports that for every dollar a community invests in NFP, they can see up to $5.70 in return.

DISTINGUISHING PROGRAM FEATURES

Nurse-Family Partnership focuses on first-time mothers because it is during a first pregnancy when the best chance exists to promote and teach positive health and development behaviors between a mother and her baby.

The Nurse-Family Partnership program is delivered by registered nurses who are perceived as trusted and competent professionals, fostering a powerful bond between nurse and mother.

Nurse-Family Partnership has sufficient duration, typically from the mother's first trimester until her child's second birthday. This early intervention during pregnancy allows for any critical behavioral changes needed to improve the health and welfare of the mother and child.

Measurement of important and well-defined public health outcomes is a cornerstone of the Nurse-Family Partnership. The focus of the program and its ongoing measurement is on outcomes (such as childhood injuries or inter-pregnancy intervals) instead of "softer" factors believed to affect outcomes (such as quality of parental care or use of birth control). This strong focus on evidentiary standards is an important distinction that allows for entrenched generational challenges to be addressed with confidence.

Quality program replication is possible because of detailed performance measurement at every NFP site using the national NFP data collection and reporting system. In addition, Nurse-Family Partnership combines its unsurpassed level of research through more than 37 years of randomized, controlled trials with ongoing research to ensure the program's continuous improvement and relevance to today's societal issues and ever more diverse populations.

NURSE-FAMILY PARTNERSHIP GOALS

1. Improve pregnancy outcomes by helping women engage in good preventive health practices, including thorough prenatal care from their healthcare providers, improving their diets, and reducing their use of cigarettes, alcohol and illegal substances;

2. Improve child health and development by helping parents provide responsible and competent care; and

3. Improve the economic self-sufficiency of the family by helping parents develop a vision for their own future, plan future pregnancies, continue their education and find work.

"They always say babies don't come with instruction manuals, but if there was one, the Nurse-Family Partnership program would be it."

- ANDREA
Mom from Pennsylvania

"My vision of the future would be to graduate from college with many honors and job offerings in the medical profession, going on to become a pediatrician."

- TYESHA
Mom from Michigan

A PROVEN SUCCESS

Nurse-Family Partnership is at the forefront of community health programs because it is evidence-based. Communities can be confident in choosing the program because more than 37

years of research from randomized, controlled trials prove it works — delivering multi-generational outcomes that benefit communities and reduce the costs of long-term social service programs. For example, the following outcomes have been observed among participants in at least one of the trials of the program:

48% reduction in child abuse and neglect;

56% reduction in emergency room visits for accidents and poisonings;

59% reduction in child arrests at age 15;

67% reduction in behavioral and intellectual problems at child age six; and

35% fewer hypertensive disorders of pregnancy.

THE REASON FOR PROGRAMMATIC RIGOR

Nurse-Family Partnership believes it is important to research what will work and then implement the proven model with fidelity.

And, in fact, Nurse-Family Partnership is a well-defined model with noted rigor in its research and replication. The standards are high for good reason. Simply put, it is hard to improve parents' behaviors and young children's early experiences.


That is why Nurse-Family Partnership has provided clarity on how low-income women bearing their first children benefit most strongly from this early intervention and why the program's goals and implementation methods are clearly defined.

The Nurse-Family Partnership early intervention makes a difference today and for generations. A report from the Center on the Developing Child at Harvard University shows the extent to which very early childhood experiences influence later learning, behavior and health. (See graph below.) The report provides a framework for a variety of informed policy choices, one of which is early and intensive support by skilled nurse home visitors for vulnerable families expecting their first child.

Human Brain Development
Synapse formation dependent on early experiences
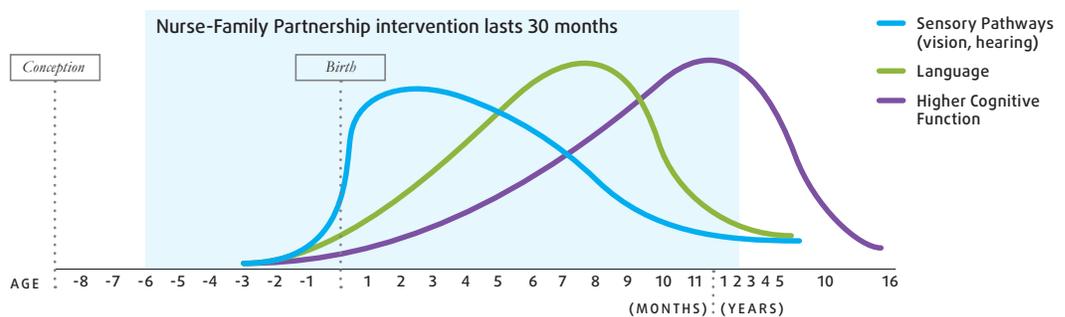
As the chart above shows, during the first 30 months of a child's life, basic brain functions related to vision, hearing and language develop. It is during this window of opportunity that experienced registered nurses can have a huge impact on the future of both mother and child.

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

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