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Analysis Finds NFP Program Efficacy in Both Urban and Rural Settings

DENVER, CO (Nov. 1, 2010) — A new, independent study of [Nurse-Family Partnership](#)® in Pennsylvania has found that the evidence-based [nurse home visitation program](#) has had significant effects on pregnancy spacing (a.k.a. birth intervals) among clients around the state.

In a peer-reviewed paper published today in the *Archives of Pediatrics & Adolescent Medicine*, a *JAMA/Archives* journal, lead author David Rubin, M.D., and colleagues found that in 2004 and 2005, Nurse-Family Partnership (NFP) clients had significantly fewer second live births within two years of their first child, versus comparison subjects. The difference was twice as pronounced in rural communities of Pennsylvania as in urban ones.

“The finding of potential benefit in rural locations seems to justify [Nurse-Family Partnership] implementation in such locations in addition to urban areas, greatly expanding the reach of the program,” write the authors. Rubin is director of PolicyLab: Center to Bridge Research, Practice and Policy at The Children’s Hospital of Philadelphia.

Increasing the interval between first and second births is an important public health outcome. Peer-reviewed research (independent of NFP) has found that babies born within 27 months of their older siblings are more likely to die or to have health and developmental problems than are those born with larger intervals between births¹, and that closely-space pregnancies may make it more difficult for women to achieve education and/or career goals^{2,3}.

The study found no significant difference in birth intervals between clients and comparison subjects from 2000 to 2003 — a finding that is not surprising, say the authors, because it is a period of time coinciding with NFP program start-up in the state. The authors observe that NFP’s data gathering and monitoring system likely helped the Pennsylvania implementing agencies begin achieving program efficacy regarding

birth intervals at a relatively rapid pace. They conclude that “these data provide evidence that the NFP continues to be successful after statewide implementation.”

Rubin’s study examined data for 3,844 NFP clients from 23 sites (17 urban, six rural), along with comparable data for 10,938 comparison subjects. Clients were matched to comparison subjects based on maternal age, race, education, smoking status, TANF receipt, history of receiving food stamps, history of pregnancy-induced hypertension, history of gestational diabetes, and zip code. The PolicyLab research was funded by the Pennsylvania Department of Public Welfare.

More than 13,000 Pennsylvania families have received [pregnancy help](#) from Nurse-Family Partnership nurse home visitors since the NFP program was first implemented in the state in 2000. In Pennsylvania, NFP funding comes primarily from the state and is administered by the Office of Child Development and Early Learning in the Pennsylvania Department of Public Welfare and the Department of Education.

At present, NFP serves more than 22,000 families in 32 states. Since NFP program inception in the late 1990s, a total of 122,453 families have received Nurse-Family Partnership [pregnancy assistance](#) services nationwide. NFP nurse home visitors are locally-employed [community health nurses](#), and the NFP program is always voluntary for clients. More communities are expected to soon add or expand [NFP locations](#) thanks to the five-year, \$1.5 billion mandatory funding stream in the 2010 Maternal, Infant and Early Childhood Home Visiting Program, which enables states to implement, expand or maintain [evidence-based programs](#) such as Nurse-Family Partnership.

About Nurse-Family Partnership

The Nurse-Family Partnership National Service Office (www.nursefamilypartnership.org) is committed to producing enduring improvements in the health and well being of low-income, first-time parents and their children by helping communities implement and sustain an [evidence-based public health](#) program of home visiting by registered nurses. Nurse-Family Partnership is the most rigorously tested [maternal and early childhood health](#) program of its kind. Randomized, controlled trials conducted over 30 years demonstrate multi-generational outcomes that benefit society economically and reduce long-term social service expenditures. Nurse-Family Partnership is headquartered in Denver, Colorado.

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¹ Conde-Agudelo A, Rosas-Bermudez A, Kafury-Goeta AC. Birth spacing and risk of adverse perinatal outcomes: a meta-analysis. JAMA 2006; 295(15):1809-1823

² Zuravin SJ. Fertility patterns: their relationship to child physical abuse and child neglect. J Marriage and Family 1988; 50(4):983-993

³ Furstenberg FF, Brooks-Gunn J, Morgan SP. Adolescent mothers in later life. Human Development in cultural and historical contexts. Cambridge University Press, New York, NY 1987