



OVERVIEW

Nurse-Family Partnership® (NFP) is an evidence-based, community health program that helps transform the lives of vulnerable mothers pregnant with their first child. Each mother served by the program is partnered with a registered nurse early in her pregnancy and receives ongoing nurse home visits that continue through her child's second birthday. Independent research proves that communities benefit from this relationship – every dollar invested in Nurse-Family Partnership can yield up to five dollars in return.

The Nurse-Family Partnership model is a unique community health program that is based on evidence from randomized, controlled trials that proves that it works. Moreover, independent analyses based on the outcomes of these trials suggest that when communities adopt the Nurse-Family Partnership model, they are making a smart investment. For every dollar invested, a community can see a return of up to five dollars.

DISTINGUISHING PROGRAM FEATURES

Nurse-Family Partnership focuses on first-time mothers. It is during a first pregnancy that 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, a client begins to work with her nurse home visitor during her first trimester

and continues through the child's second birthday. This early intervention during pregnancy allows for any critical behavioral changes needed to improve the health of the mother and child.

The program also has sufficient intensity, combining relevant content valued by the mother with a therapeutic relationship focused on self-efficacy.

The Nurse-Family Partnership National Service Office provides intensive education for nurse home visitors who utilize Visit-to-Visit

Guidelines, clinical consultation and intervention resources to translate the program's theoretical foundations and content into practice in a way that is adaptable to each family.

Nurse-Family Partnership maintains fidelity to its model by using a web-based performance management system designed specifically to collect and report family characteristics, needs, services provided and progress toward accomplishing program goals as recorded by Nurse-Family Partnership Nurse Home Visitors.



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 30



years of research from randomized, controlled trials prove it works – delivering multi-generational outcomes that benefit communities and eliminate 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 arrests at child age 15
- 67% reduction in behavioral and intellectual problems at child age six
- 72% fewer convictions of mothers at child age 15

THE ORIGINS OF NURSE-FAMILY PARTNERSHIP

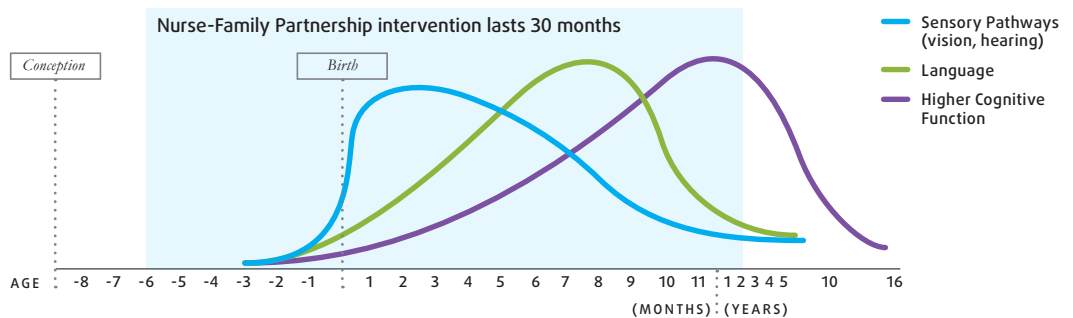
The Nurse-Family Partnership model was developed more than 30 years ago when its founder, Dr. David Olds, began the first of three randomized, controlled trials in Elmira, New York. His vision and commitment were a result of his early experience working in an inner city day care center. He saw the need for care early in a young mother’s pregnancy and through the first two years of her child’s life if social problems like child abuse and neglect were to be reduced.



A report from the Center on the Developing Child at Harvard University shows the extent to which 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 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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