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JAMA Pediatrics Reports Nurse-Family Partnership Reduces Preventable Death Among Mothers and Children

MEMPHIS, TENN. (July 8, 2014) — A [study published by JAMA Pediatrics](#) – a leading, peer-reviewed journal of the American Medical Association – found that Nurse-Family Partnership® (NFP) reduces preventable death among both low-income mothers and their first-born children living in disadvantaged, urban neighborhoods. This is the first randomized, clinical trial of an early intervention program conducted in a high-income country to find evidence of reductions in maternal and child death.

“Death among mothers and children in these age ranges in the United States general population is rare, but of enormous consequence. The high rates of death among mothers and children not receiving nurse-home visits reflect the toxic conditions faced by too many low-income parents and children in our society. The lower mortality rate found among nurse-visited mothers and children likely reflects the nurses’ support of mothers’ basic human drives to protect their children and themselves,” said David Olds, Ph.D., professor of pediatrics at the University of Colorado and lead investigator on the study.

Beginning in 1990, this trial enrolled low-income, primarily African-American mothers living in disadvantaged neighborhoods in Memphis, Tenn., and assessed maternal and child mortality for over two decades until 2011. Olds announced today these findings at a press conference held at Le Bonheur Children’s Hospital, which serves families through NFP in Memphis.

Nurse-Family Partnership produced a significant reduction in preventable child death from birth until age 20. Children in the control group not receiving nurse-home visits had a mortality rate of 1.6% for preventable causes – including sudden infant death syndrome, unintentional injuries and homicide. There were zero preventable deaths among nurse-visited children.

In addition, over the same two-decade period, mothers who received nurse-home visits had significantly lower rates of death for all causes compared to mothers not receiving nurse-home visits. Mothers in the

control group who did not receive nurse-home visits were nearly three times more likely to die than were nurse-visited mothers. The relative reduction in maternal mortality was even greater for deaths due to external causes – those tied to maternal behaviors and environmental conditions – including unintentional injuries, suicide, drug overdose and homicide. Mothers not receiving nurse-home visits were eight times more likely to die of these causes than nurse-visited mothers.

“We intend to continue this research to see whether Nurse-Family Partnership reduces premature mortality at later ages and corresponding health problems as the mothers and children grow older,” said Olds.

Earlier follow-up studies of the Memphis trial found that nurse-visited mothers, compared to those assigned to the control group, had better prenatal health and behavior; reduced rates of closely-spaced subsequent pregnancies; decreased use of welfare, Medicaid and food stamps; fewer behavioral impairments due to substance use; and fewer parenting attitudes that predispose them to abuse their children. At earlier phases of follow-up, nurse-visited children, compared to children not receiving nurse-home visits, were less likely to be hospitalized with injuries through age 2; less likely to have behavioral problems at school entry; and less likely to reveal depression, anxiety and substance use at age 12.

The Nurse-Family Partnership program is a national home visiting program for low-income women who are having their first babies. Each woman is paired with a nurse who provides her with home visits throughout her pregnancy until her child’s second birthday. The program’s main goals are to improve pregnancy outcomes, children’s health and development and women’s personal health and economic self-sufficiency.

This follow-up study of the Memphis trial is the most recent report from a [series of randomized, clinical trials of the NFP program](#) conducted over the past 37 years. Families in these trials are being followed over their life-course to estimate NFP’s long-term effects. The Coalition for Evidence-Based Policy – a nonprofit, nonpartisan organization – has identified Nurse-Family Partnership as the only prenatal or early childhood program that meets its [“Top Tier” evidence standard](#), which is used by the U.S. Congress and the executive branch to distinguish research-proven programs.

In the United States, Nurse-Family Partnership currently serves over 29,000 women in 43 states, the U.S. Virgin Islands and six tribal communities through the NFP National Service Office. In addition, NFP is

implemented in six additional countries through the [Prevention Research Center for Family and Child Health](#), directed by NFP founder David Olds.

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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 37 years demonstrate multi-generational outcomes that benefit society economically and reduce long-term social service expenditures. Nurse-Family Partnership is headquartered in Denver, Colorado.