In January, the peer-reviewed Maternal and Child Health Journal published two eagerly anticipated studies on Nurse-Family Partnership that showed significant results on reduction in preterm births and improvement of child health outcomes. These studies provide contemporary research on the current U.S. replication of Nurse-Family Partnership, outside of the original randomized, controlled trials.

These studies build on the previous findings observed in the original randomized, controlled trials and show significant benefits for Nurse-Family Partnership children in being more likely to have been born full-term, breastfed and up-to-date on immunizations,” – Bill Thorland, PhD, director of evaluation and research at Nurse-Family Partnership and lead author of the study.

The study, “Status of Birth Outcomes in Clients of the Nurse-Family Partnership,” showed that Nurse-Family Partnership had a significant reduction on preterm births. This marks a new finding of a reduction on all preterm births when measured on almost 30,000 families enrolled in Nurse-Family Partnership. This study complements the 2015 meta-analysis study conducted by Dr. Ted Miller of the Pacific Institute for Research and Evaluation that also showed a broader impact on preterm births and improvement of child health outcomes. These studies provide contemporary research on the current U.S. replication of Nurse-Family Partnership, outside of the original randomized, controlled trials.

**KEY FINDING #1: NFP Moms Had Fewer Preterm Births (NFP Saves Money!)**

The study, “Status of Birth Outcomes in Clients of the Nurse-Family Partnership,” showed that Nurse-Family Partnership had a significant reduction on preterm births. This marks a new finding of a reduction on all preterm births when measured on almost 30,000 families enrolled in Nurse-Family Partnership. This study complements the 2015 meta-analysis study conducted by Dr. Ted Miller of the Pacific Institute for Research and Evaluation that also showed a broader impact on preterm births and improvement of child health outcomes. These studies provide contemporary research on the current U.S. replication of Nurse-Family Partnership, outside of the original randomized, controlled trials.

**Average medical costs for delivery:**

- $4,389 for a healthy baby
- $54,194 for a premature baby
Vaccination is one of the best ways parents can protect infants, children and teens from 16 potentially harmful diseases. Vaccine-preventable diseases can be very serious, may require hospitalization, or even be deadly – especially in infants and young children.

– Center for Disease Control and Prevention

**KEY FINDING #2: More NFP babies were breastfed**

Another study, “Status of Breastfeeding and Child Immunization Outcomes in Clients of the Nurse–Family Partnership,” showed that Nurse-Family Partnership moms were significantly more likely to have ever breastfed and to have continued to breastfeed their babies at 6-months old.

*My nurse asked me why and what my reasons were. I choose breastfeeding because it's free, it's very nutritious. It does hurt at first but then it feels better. Because my daughter was premature, she had it when she most needed it. The way you feel emotionally does affect production. You have to be calm and eat and drink consistently. It's a very good bonding experience. I'm very pro breastfeeding because of the situation my daughter was in.*

– NFP mom, Monmouth County, NJ

**KEY FINDING #3: NFP children were more likely to be up-to-date on immunizations**

Up-to-date immunizations at 6 months, 18 months and 24 months of age:

- **19%**
  Percent more likely to be up-to-date on immunizations at 6 months compared to a reference sample.

- **14%**
  Percent more likely to be up-to-date on immunizations at 18 months compared to a reference sample.

- **6%**
  Percent more likely to be up-to-date on immunizations at 24 months compared to a reference sample.

*Vaccination is one of the best ways parents can protect infants, children and teens from 16 potentially harmful diseases. Vaccine-preventable diseases can be very serious, may require hospitalization, or even be deadly – especially in infants and young children.*

– Center for Disease Control and Prevention

The birth outcomes study was completed by Bill Thorland and Dustin Currie, a former NFP research analyst. In addition to these two lead authors, the child health study also was completed by Emily Wiegand, Joe Walsh and Nick Mader of the University of Chicago.

The beneficial findings in these recent studies importantly await more rigorous studies such as the MIHOPE-Strong Start Randomized Controlled Trial which is currently in progress.