

MATERNAL AND CHILD HEALTH OUTCOMES

Nurse-Family Partnership® is an evidence-based health program with nearly 40 years of evidence showing significant improvements in the health and lives of first-time moms and their children living in poverty.

ACCORDING TO THE CENTERS FOR DISEASE CONTROL & PREVENTION, IN THE U.S. AN ESTIMATED 700 WOMEN DIE EACH YEAR DURING PREGNANCY, CHILDBIRTH OR DURING THE FIRST YEAR FOLLOWING BIRTH WITH LEADING CAUSES BEING CARDIOVASCULAR DISEASE, HYPERTENSIVE DISORDERS, HEMORRHAGE AND INFECTION.

BLACK MOTHERS FACE EVEN STEEPER ODDS. THE CDC REPORTS THAT BLACK MOTHERS IN THE U.S. DIE FROM ALL CAUSES RELATED TO PREGNANCY AND CHILDBIRTH AT A RATE MORE THAN 3 TIMES HIGHER THAN WHITE MOTHERS.⁴

THE CENTERS FOR DISEASE CONTROL & PREVENTION



ALL CAUSE MORTALITY OVER 20 YEAR FOLLOW-UP

3x

Mothers who did not receive nurse home visits were nearly **3 times more likely to die** from all causes of death than nurse visited mothers (3.7% versus 1.3%)¹

8x

Mothers that did not receive nurse home visits were **8 times more likely to die** from external causes – including unintentional injuries, suicide, drug overdose and homicide – than nurse visited mothers (1.7% versus 0.2%)¹

Nurse-Family Partnership Improves Pregnancy and Birth Outcomes

Nurse-Family Partnership is on the front lines of prevention efforts aimed at reducing maternal and child mortality and promoting healthier pregnancies and birth outcomes. NFP nurses use their skill and expertise in 2-generation assessments to detect early warning signs of health problems during pregnancy, post-partum, infancy and early childhood that can lead to adverse outcomes—even death. In addition to monitoring for risk factors, NFP nurses support mothers to bravely and boldly advocate for themselves and their children as they interact with the health care system.

Research on pregnancy-related mortality data has consistently concluded:

- The pregnancy-related mortality ratio in the U.S. has increased over the recent decades while health care costs continue to rise.²
- Significant disparities exist in pregnancy and birth outcomes according to race, ethnicity, age, income and health insurance status.²
- Approximately half of maternal deaths in the U.S. are preventable.²

NFP nurses ensure that women and children experiencing signs of possible health complications are seen by the appropriate health care provider and that appropriate follow-up care is completed. Nursing is the most trusted profession for 17 years running, according to Gallup, positioning nurses to be highly effective in supporting family health through building strong relationships with caregivers.³

MATERNAL AND CHILD HEALTH OUTCOMES

BACKED BY GOLD STANDARD EVIDENCE



MEMPHIS TRIAL BEGAN: 1990
MORTALITY STUDY FOLLOW-UP: 1990-2011
POPULATION: LOW-INCOME AFRICAN-AMERICAN
ENVIRONMENT: DISADVANTAGED, URBAN AREA

Beginning in 1990, the second randomized, controlled trial was conducted in Memphis, TN to study the effects of Nurse-Family Partnership on low-income, primarily African-American mothers living in disadvantaged, urban neighborhoods.

In July of 2014, JAMA Pediatrics published a study that found for participants in Nurse-Family Partnership there were lower rates of preventable causes of death among children and all causes of death among mothers.¹



PREVENTABLE CHILD MORTALITY OVER 20 YEAR FOLLOW-UP

- Among Nurse-Family Partnership participants, there were **lower rates of preventable child mortality** from birth until age 20.¹
- 1.6% of the children not receiving nurse home visits died from preventable causes – including sudden infant death syndrome, unintentional injuries and homicide – while none of the nurse visited children died from these causes.¹

Additional Maternal and Child Health Outcomes

Maternal Health Outcomes

- 35%** fewer cases of pregnancy-induced hypertension⁵
- 18%** fewer preterm births⁶
- 79%** reduction in preterm delivery among women who smoke cigarettes⁷
- 31%** reduction in very closely spaced (<6 months) subsequent pregnancies⁸

Child Health Outcomes

- 48%** reduction in child abuse and neglect⁹
- 39%** fewer health care encounters for injuries or ingestions in the first 2 years of life among children born to mothers with low psychological resources¹⁰
- 67%** less behavioral and intellectual problems in children at age 6¹¹
- 56%** fewer emergency room visits for accidents and poisonings through age 2¹²

Next Steps

Nurse-Family Partnership is actively exploring opportunities for policymakers to better invest in improvements to address maternal and child mortality. We are encouraged by recent reforms to several federal funding streams to better address this issue and seek to better understand and harness the role of Nurse-Family Partnership in these conversations.



DEATH AMONG MOTHERS AND CHILDREN IN THESE AGE RANGES IN THE U.S. GENERAL POPULATION IS RARE, BUT OF ENORMOUS CONSEQUENCE. THE HIGH RATES OF DEATH IN THE CONTROL GROUP 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 REFLECT THE NURSES' SUPPORT OF MOTHERS' BASIC HUMAN DRIVES TO PROTECT THEIR CHILDREN AND THEMSELVES.

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