This issue is dedicated to all of the tenacious nurses and families navigating virtually during this public health crisis.

#NursesforGood #NetworkStrong #TelehealthWorks

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CONGRATS NFP GRADUATES

We enjoyed celebrating, sharing special memories and dreaming about the future at our first ever National Virtual Graduation

Graduating from Nurse-Family Partnership is a special milestone for every NFP mom. It is the culmination of two and half long years of laughter, tears and transformation with her nurse.

After many network partners were forced to cancel live graduations due to COVID-19, the NFP National Service Office decided to host a virtual graduation so that moms, nurses and families from across the country could come together to recognize this important achievement.

440 ATTENDEES FROM 24 STATES, U.S. VIRGIN ISLANDS AND CANADA

Hosted on August 8, the event was full of inspiration and celebration, including a slideshow of graduates and their families, remarks from NFP’s founder Dr. David Olds and reflections from NFP mom and 2020 graduate, Sue and her NFP nurse Lisa. We also heard from NFP CEO Frank Daidone and two of our Parent Ambassadors, Amber Hill and Asia Muhammad. Graduates shared messages with their nurses. To add to the fun we had door prizes and an iPad giveaway for National Alumni Group sign-ups! Over 400 graduates joined the alumni group to stay connected with other moms across the country, enjoy special alumni opportunities and more.
The hardest part for NFP Nurse Susy is missing her Nurse-Family Partnership moms and their babies.

The NFP nurse in the Tri-Cities area of Washington state has been deployed by the Benton-Franklin Health District to help with the campaign to control the COVID-19 outbreak.

Since March, she and other NFP nurses at Benton-Franklin Health District have been working on both contact tracing and telehealth visits with their NFP moms. In-person home visits have been suspended due to the pandemic.

“We’re in the office every day doing epidemiological work,” said Susy, who is one of the Spanish-speaking nurses on the staff. “We pull the files on new positive cases and call them. We ask about symptoms and request they isolate per CDC guidelines. Then, we call their close contacts to notify them that they are at risk, ask about any symptoms and request that they quarantine for 14 days.”

At the same time, Susy is receiving texts and phone calls from the 19 moms on her NFP client list.

“In between calls for contact tracing, I serve my NFP moms,” she said. “It’s quite a challenge. I’m juggling the best I can.”

Fortunately, she hasn’t had any urgent cases among her new moms – “Thank you, God,” she said. “But I do have new babies I’ve never laid eyes on, and that really bothers me.”

As with all new mothers, Susy’s clients have lots of questions.

One of the moms could not get her baby to latch onto the breast. “The baby was one month old,” Susy said. The mom was able to use a breast pump that Susy had provided for her before the stay-at-home order was issued, so the baby has remained exclusively breast fed and is doing well.

The moms send Susy pictures of their babies, so she gets to see their little faces and she looks closely at them to evaluate how they are doing.

“I have one little guy who I was really concerned about before this whole pandemic started,” she said. “He was not gaining weight and his behaviors were a little off.

“When we were told we couldn’t have in person visits, I left a scale there so the mom could weigh him on a weekly basis, and she would send me videos of his progress and his interactions with others. Now he’s gaining weight and doing well. It makes my heart so happy,” Susy said. “I miss my people and they say they miss me, too.”
In addition to the usual questions about infant care and development, Susy is fielding a blizzard of questions from her NFP clients about COVID-19.

“The biggest one is ‘Can I get this again if I’ve already had it,’” she said. “I have to tell them that I don’t know the answer.”

Susy’s phone buzzes with calls and texts from 5 a.m. until 10 or 11 p.m., but she has established a firm limit to ensure she gets some sleep and protects herself from burnout.

“I’ve incorporated some self-care into my schedule,” she said. “Except for emergencies, after 8 p.m. I don’t answer anything until morning.”

The Tri-Cities region has experienced a high number of coronavirus cases. An outbreak at a nearby meat-processing plant created a lot of anxiety. “People were complaining that workers were not being protected,” Susy said.

A self-described “people-person,” she said she really enjoys contacting people “and the more empathetic I am, the more information I get from them. I tell them I just want to know how they’re doing, and I ask them open-ended questions, so they have an opportunity to feel heard.”

When she would call people to inform them that their COVID test had come back positive, many would thank her for calling. And when she would ask them how they were doing, they thanked her for listening.

“These people just need to feel heard and giving people the opportunity to feel heard is very, very satisfying,” Susy said.

She reminds her Nurse-Family Partnership clients the end is not yet in sight.

“The good news is that, based on what these new moms are telling me, they feel supported. They know they can ask us anything and get an accurate answer,” she said. “There are a lot of questions about the pandemic, and if I don’t know the answer, I tell them I’ll find it and get back to them.”

As the agricultural seasons have begun in earnest across the state, more essential workers are in the fields and orchards, and the risks of new hotspots are increasing.

Many local residents also have related that they are taking part in social gatherings, holding sports practice sessions and not wearing face coverings in spite of state and local directives.

Case counts and hospitalization rates continue to increase in Benton and Franklin counties, which means the public health effort to stop the virus likely will continue.

“All of the NFP moms have the same questions: ‘When will this end?’ ‘When will we have home visits again?’”

“I JUST KEEP TELLING THEM WHAT GOOD MOMS THEY ARE STAYING HOME AND STAYING SAFE. I'M SO PROUD OF THEM.

SUSY, NFP NURSE
Nationally, approximately 700 women die each year from a pregnancy or delivery complication, and many more suffer from severe morbidities associated with childbirth. Additionally, there are significant racial disparities that exist – Black women are three times more likely than white women to die from a pregnancy-related condition.

The leading causes of pregnancy-related deaths include hemorrhage, infection, embolism, preeclampsia and eclampsia, cardiovascular conditions, cardiomyopathy and mental health conditions. From 2011 to 2015, cardiovascular conditions were responsible for over one third of pregnancy deaths.

While some maternal mortality and morbidity is inevitable, there are opportunities to reduce preventable mortality and morbidity and to reduce longstanding inequities that lead to mortality and morbidity. Analyses suggest that the effects of structural racism are a root cause of maternal mortality and morbidity amongst women of color, particularly Black women, and these inequities persist across education and income levels.

WHAT NFP IS DOING

NFP seeks to promote health equity and eliminate racial disparities to improve outcomes for the moms and babies we serve now and beyond. The NFP National Service Office has formed the Maternal Mortality and Morbidity Task Force to:

- Improve NFP data collection on maternal mortality
• Use data and research on maternal mortality and morbidity to inform program improvements.
• Assess strengths and gaps in current NFP nursing education and practice to address contributing factors.
• Improve our short- and long-term communication plans and strategy.
• Prioritize national policy work and advocacy on this issue.
• Explore strategic collaboration between NFP, community partners and other health care providers to reduce maternal mortality and morbidity.

HOW NFP NURSES HELP

By partnering an expectant mom with her very own registered nurse during pregnancy, NFP helps to identify and mitigate the risk factors that can lead to maternal mortality and morbidity. NFP nurses are there for moms at critical moments to help save her life and the life of her baby. By developing a trusting relationship early in pregnancy, NFP nurses play a critical role to help each mom develop a deep understanding of her health.

NFP nurses conduct comprehensive nursing assessments and identify the moms’ concerns that could lead to poor maternal health outcomes. Once moms and nurses identify concerns, nurses provide education about medical conditions and CDC-identified contributing factors to maternal mortality and morbidity. Moms are referred to needed health care providers for further treatment. NFP nurses also assess the social determinants of health to connect the mom to community resources to mitigate unstable or unsafe housing, food insecurity, social isolation and other risks. This support helps families on their path toward a better, healthier future.

NFP nurses support each new mom to bravely and boldly advocate for herself and insist she receive the care she needs when she knows something is not right. **If a mom believes something is wrong, her nurse encourages her to not take “NO” for an answer.** If a medical provider dismisses her concerns, she knows to stand up for herself and insist that her concerns be addressed. This is especially important when identifying and addressing racism and implicit bias in health care.

OUR NEXT STEPS

NFP is working with a sense of urgency to listen, innovate and advocate to address maternal mortality.

We are working with our network partners to understand what is working, what is needed and how we can support better outcomes and efforts to deliver culturally responsive care.

We are partnering with other leaders so that we can be part of collective approaches and solutions.

We are learning from our research and using it to drive change.

We are leading policy efforts to improve disparities in the health care system and dismantle barriers that limit access.

LEARN MORE

SHARE

CONTACT US

35% FEWER CASES OF PREGNANCY-INDUCED HYPERTENSION
18% FEWER PRETERM BIRTHS
79% REDUCTION IN PRETERM DELIVERY AMONG WOMEN WHO SMOKE CIGARETTES
Nurse-Family Partnership nurses have stepped in to fill the gaps in support and provide guidance to first-time moms as they navigate challenges during a pandemic. Contact your Members of Congress to urge them to pass a robust stimulus package.

NFP nurses have transitioned to serve families through telehealth. In many cases, they are the only access or connection families have to primary care and linkages to other community resources. NFP nurses need flexibility and resources to provide the best care to families through the ongoing pandemic.

Specifically, we are requesting a one-time $100 million appropriation for MIECHV. NFP nurses need flexibilities that would allow virtual visits to be considered home visits by the end of the calendar year to safely preserve valuable relationships without being penalized.

We have also asked Congress to prioritize a range of other important needs, including:

- Expand Medicaid maternal postpartum coverage requirement from 60 days after baby’s birth to 12 months.
- Provide $500 billion in aid to states and localities in order to mitigate cuts to essential programs for families.
- Increase the state FMAP rate to 12 percent to allow states to effectively allocate public health resources.
- Provide support for childcare providers and workers with funds that allow providers to cover ongoing operating costs while they are closed for public health reasons.
- Increase funding and access to WIC and extend USDA waiver authority for WIC services through at least September 30, 2021.

To see the complete list of NFP’s policy priorities in response to COVID-19, click here.

We are grateful for the advocacy efforts of many NFP supporters throughout this crisis and we look forward to continuing to partner with you in the weeks ahead to advocate for NFP nurses and families.

Support NFP nurses continuing to serve new moms and families by contacting your Members of Congress.
We are proud to release our first-ever digital annual report. Learn about the transformative impact Nurse-Family Partnership has, not just for NFP Moms and their families, but also for their communities and future generations. The 2019 Annual Report highlights the groundbreaking research findings, powerful community of support and tenacious nurses who propelled NFP forward in 2019, and highlights the bold aspirations we have for years to come.
MEET OUR NEW BOARD MEMBERS

Welcoming three new members who bring deep expertise in nursing, advocacy and philanthropy to the organization.

Dr. Bobbie Berkowitz served on the board of advisors to NFP founder Dr. David Olds in the early days of the organization. She went on to a career in public health, including serving as deputy secretary of the Washington State Department of Health. Berkowitz also led an initiative funded by the Robert Wood Johnson Foundation and held academic appointments at the University of Washington School of Nursing and Columbia University School of Nursing. As Dean of the School of Nursing at Columbia, Dr. Berkowitz improved fundraising, built a new building and increased NIH research rankings and funding for the school.

From her role as a head nurse and captain in the U.S. Army to academic appointments at several universities, Dr. Marion E. Broome has been a steadfast champion of the nursing profession. A Fellow of the American Academy of Nursing, Dr. Broome is a leading scholar focused on pediatric nursing research and practice and has published more than 100 peer-reviewed articles and seven books. She currently serves as dean of the Duke University School of Nursing, vice chancellor of nursing affairs and associate vice president for nursing at Duke University Health System.

David Kass has served at the Children’s Defense Fund, the Department of Housing and Urban Development (HUD) and the Council for a Strong America. While at the Council, he was instrumental in proposing and advocating for the standards that led to the passage of the legislation that created the Maternal, Infant and Early Childhood Home Visiting (MIECHV) program. Kass currently serves as vice president for government affairs and strategic communications at the Council of Foundations, where he is working with foundations nationwide on improved advocacy and philanthropic policy.
In response to the Covid-19 pandemic, Nurse-Family Partnership launched an innovative program called Phones for Families. Thanks to a partnership with Verizon and Action Technologies Group we have provided a free cell phone, minutes and data to NFP moms who otherwise would be unable to have telehealth visits with her nurse. Since launching the program in April, 8% of nurse telehealth visits have taken place on a phone from NFP. The moms who received a phone also had 15% more nurse telehealth visits than other NFP moms.

A recent publication by the Association of State and Tribal Home Visiting Initiatives called Home Visiting Through Coronavirus recognized Phones for Families for its positive impact with nurse home visitors referring to the program as being a “a lifeline for families.” Emails and calls received by the National Service Office shared stories of moms experiencing intimate partner violence who used their phone to seek immediate help and of an NFP mom who was able to secure employment during the pandemic because she had now had access to a phone.

Phones for Families was initially scheduled to last for four months (May-August). NFP has extended data and minutes for moms who have already received a phone through September 30 and is presently evaluating the need for and feasibility of continuing the program into the fall.

Through the Phones for Families Program, 3,000 NFP moms in 40 states are staying connected to their NFP nurse during this public health crisis.
"SCARY IS NOT EVEN THE WORD. EVERYTHING HAPPENED SO FAST. THEY KEPT DRAWING BLOOD AND THEN THEY CAME IN AND SAID, ‘YOU’RE GOING TO HAVE THE BABY TODAY.’

Tan’ia was clearly skeptical.

A sophomore in high school and 17 weeks pregnant, her high school counselor had recommended that she seek the support of a Nurse-Family Partnership nurse through Healthier Moms and Babies in Fort Wayne, Ind. But she wasn’t convinced that was a good idea.

Her mom insisted, though, so Tan’ia went along with the idea. She said she’d give it a chance, if only to placate the adults in her life.

“At that first meeting in March 2019, she was just like ‘I’ll see where this goes,’ ” said nurse Donielle.

The family had recently moved to Fort Wayne from Indianapolis. Tan’ia was trying to adjust to a new school and a new doctor and needed to develop a support network from scratch. Her mom wanted her to have as much support as she could get.

“I don’t think I was in the right state of mind,” Tan’ia said. “I kept taking home pregnancy tests over and over again. I couldn’t believe it. My mom took me to the doctor and when they asked me when my last period was, I lied.

“I was terrified.”

And she admits that she was hesitant to open up to nurse Donielle.

“I thought she was going to be all up in my business and that maybe if I tell her the wrong thing, I’ll get in trouble,” Tan’ia said.
But sometime during the second or third visit, things started to click.

“The stuff she talked to me about made me feel comfortable and I let my guard down,” she said. “I let her know what was going on and I opened up to her.”

Now, “she says we jive,” Donielle said, laughing.

The relationship between Donielle and Tan’ia ultimately was more than counseling, friendship and ordinary nursing support though. It was critical care.

While Tan’ia had a mostly uneventful pregnancy, at 37 weeks, Donielle noticed a change in her blood pressure.

“She had low blood pressure at first,” Donielle said, “but I wasn’t concerned because she was very fit and healthy.

“But then at my visit on Aug. 1, when she still had three weeks to go, I noticed a change. We were talking about pregnancy danger signs and what to expect, and I saw that her blood pressure was 133 over 100.”

Donielle took it three times to verify it and noticed that Tan’ia also had gained 6 pounds since her visit two weeks ago. She asked her if she’d experienced any symptoms of preeclampsia.

“She said, ‘I don’t think so,’ but then she said, ‘Do you see that black spot on the wall?’ ”

It was a telltale sign. Changes in vision are a common symptom of preeclampsia.

They called Tan’ia’s doctor, but couldn’t get through, so Donielle called the nurse. She said that Tan’ia’s baseline blood pressure was very low, so the otherwise innocent-looking spike was actually a serious danger sign.

“If Tan’ia had called herself, they would have said it was no problem, that the blood pressure was OK,” said Donielle. “I pushed further with the nurse and I said they needed to see her today, so they said we should go ahead and send her to labor and delivery.”

Tan’ia’s blood pressure kept rising and she ended up having the baby the next day.

“It was such a near-miss,” Donielle recalled.

Tan’ia admits she was rattled.

“Scary is not even the word. Everything happened so fast. They kept drawing blood and then they came in and said, ‘You’re going to have the baby today.’

“My mom was there for me the whole time,” she said. “She just kept saying, ‘You’re going to be OK.’ ”

Harmony was 5 pounds, 10 ounces at birth and “perfect,” said Tan’ia.

“Not all babies are cute, but she was beautiful.”

Now Harmony is 10 months old crawling everywhere, babbling and trying to walk.

“She’s fun baby,” Tan’ia said. “She’s very sweet and has lots of spirit.”

Tan’ia lives with her mom. She is working in a nursing home and finished the school year online. She will be a senior in the fall and then hopes to go on to college.

“I’d like to deliver babies,” she said. “I’d like to be a doctor.”

Donielle said that Tan’ia is “more forward-thinking than most young moms. She’s very mature and interactive in our visits. She always is talking about what she can do to have a healthy baby.

“I’m super excited to see how well she’s doing.”

Both are grateful that Donielle was there to identify Tan’ia’s preeclampsia.

“Donielle saved my life,” Tan’ia said and Donielle doesn’t disagree.

“There’s no question that the nurse/mom relationship is a game-changer,” said Donielle. “And these kinds of things that save lives will continue to happen as long as Nurse-Family Partnership is here.”
MOVING TO VIRTUAL EDUCATION

2020 has taught us the importance of being able to pivot.

Nurse-Family Partnership’s education team has the honor of connecting with every newly hired nurse from across the country as they start their NFP journey. From the moment that the nurse’s information is entered as a new hire event our interaction begins. There is always great anticipation and energy every month as nurses make their way to Denver to join us for a week of in-depth education.

All of that changed in mid-March. “I remember finishing an education session on March 12 to the news that the office was closing, and travel was being suspended due to the COVID-19 pandemic. The question that was posed to me was what is nursing education going to do?” said Kim Weber Yorga, NFP Education Director. The education team quickly brainstormed and outlined a plan. The uncertainty of the situation made it challenging. We were, however, certain of one thing – that whatever we did, we had to ensure that newly hired nurses have what they require to reach the families that need NFP more than ever during the global pandemic.

We leveraged all our experience and knowledge to inform the transition from in-person to virtual delivery. A decade of research about online instruction in real time shows that it can be as effective as classes taught in-person.

Time did not allow us the luxury of utilizing our standard processes and timelines for the transition – everything had to be adjusted and accelerated. Dedication to the mission was our driving force as the entire education team revised content, developed new activities, practiced virtual facilitation and rehearsed to ensure the technical system was optimized.

In the beginning, we developed an interim plan that would modify the content. This modified content bridged the first and second educational segments. The two-day session offered the basics for nurses to start enrolling and visiting with clients. When it became evident that the Education Center at the NSO wasn’t opening any time soon, we stopped thinking interim and transitioned the incoming nurse segment entirely online. Cancelling a supervisor and administrator session in early summer gave us more of the time we needed.

Preparing materials and getting them in the nurses’ hands was challenging. We started by sharing fillable pdf workbooks and learned from nurses that their preference was to have a printed copy that they could write in and take notes. Nurses love coming to Denver and receiving NFP swag bags and we have even found a way for nurses participating in virtually to receive those gifts.

2020 has taught us the importance of being able to pivot. “We were making this transition while most of the team was also adjusting to working remotely. We were used to seeing each other in the office, stopping by each other’s desk to bounce an idea or get a response to a quick question. The team’s agility was impressive as they developed new project management and communication skills to optimize their ways of working with each other” reports Weber Yorga. We are grateful to everyone in the NFP network for their flexibility. While many things in the future remain uncertain, we do know that the entire NFP network is tenacious and we are all connected virtually to support families as they transform their lives and create better futures for themselves and their children.
YOUR GENEROSITY creates a ripple effect...

because YOU bring proven programs into the lives of first-time moms and their families.

Let’s continue the impact together.

6.4% increase in families served
5X return on investment
18-year study proves long-term impact
3000+ phones for families to bridge digital divide during COVID-19

TWICE THE IMPACT

YOUR GIFT by September 30 will be matched dollar-for-dollar!

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Nurse-Family Partnership
July 8

Nurse-Family Partnership stands with Minnesota moms to fight COVID, racism, poverty.#homevisitingworks #nurses4good

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LISTENING, LEARNING AND TAKING ACTION

Over the past several months, our team has been having tough conversations, looking inward, and asking ourselves – As an organization, how can we do better for families and promote health equity? What actions can we take to address implicit bias and dismantle systemic racism?

All Nurse-Family Partnership National Service Office staff have undergone additional training on health disparities, implicit bias and systemic racism from experts in the field of health equity – helping us better understand root causes of inequality and identify ways, in our own actions and within the systems that our families navigate, that we can work to eliminate disparities.

Together, our Maternal Morbidity and Mortality Task Force and our Inclusion, Diversity, Equity and Anti-Oppression Committee continue to lead us in tackling issues around racism and oppression that are inextricably interwoven and that impact the families we serve. We’re also renewing our commitment to diversity and inclusion across the organization – from our leadership and Board of Directors to our nursing workforce – to ensure voices at all levels that reflect the diversity of the NFP community.

We have also formally adopted a new organizational value, reflecting our long held, deep commitment to promoting health equity for families and communities.

“We will promote health equity and eliminate disparities to improve outcomes for the moms and babies we serve now and beyond.”

Health equity is front of mind as we continue to navigate the COVID-19 pandemic, which continues to exasperate inequities for already marginalized families and communities. Beyond working to meet the immediate needs of families – for instance, through our Phones for Families program – we’re looking down the road, advocating for policies that will ensure a long-term, equitable recovery from the pandemic.

We continue moving in the right direction, but we know our work to promote health equity and address disparities is just beginning. We recognize that to achieve the kind of systemic change we envision, we have to start within our own organization. We will continue to take action and push for equitable solutions to complex problems.

As CEO, I’m continuing to listen, learn, and do the work to be a better advocate. Thank you for being a partner in this work.
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To submit story ideas or photos please contact us at marketing@nursefamilypartnership.org