



## Evidentiary Foundations of Nurse-Family Partnership

Nurse-Family Partnership (NFP) is a program of prenatal and infancy home visiting for low-income, first-time mothers and their families. The program is staffed by registered nurses, who begin visiting families as early as possible during pregnancy and continue visiting until the first child's second birthday. The nurses have 3 major goals: 1) to improve the outcomes of pregnancy by helping women improve their prenatal health; 2) to improve the child's subsequent health and development by helping parents provide competent care to their babies; and 3) to improve families' economic self-sufficiency by helping parents develop a vision for their futures and make appropriate decisions about planning future pregnancies, finishing their educations, and finding work.<sup>1</sup>

Leadership of the Nurse-Family Partnership chose to offer the program for public investment only after they had:

- replicated evidence of program impact from at least two randomized controlled trials;
- evidence that the program improved outcomes of public health importance;
- evidence of enduring program impact;
- evidence of cost-savings;
- confidence that the essential elements of the program could be reliably reproduced; and
- a web-based information system that could help ensure quality program implementation, accountability, and continuous program improvement.<sup>2</sup>

These kinds of evidentiary and replication standards are advocated by the Coalition for Evidence-Based Policy,<sup>3</sup> Blueprints for Violence Prevention,<sup>4</sup> and the Society for Prevention Research.<sup>5</sup> They also are consistent with those required by the Food and Drug Administration before pharmaceutical companies are allowed to market new drugs.<sup>6</sup> They are founded on the conviction that scarce public dollars ought to be invested in programs that work and that have the infrastructure to ensure high quality implementation and on-going monitoring of performance.

Nurse-Family Partnership has consistent evidence, based upon replicated randomized controlled trials with different populations living in different contexts, that it:

- improves prenatal health;<sup>7-9</sup>
- reduces childhood injuries;<sup>7;10;11</sup>
- reduces the rates of subsequent pregnancies and births;<sup>7;9;12-15</sup>
- increases the intervals between first and second pregnancies and births;<sup>7;9;12-15</sup>
- increases maternal employment;<sup>7;9;14</sup>
- reduces women's use of welfare;<sup>12-15</sup>
- reduces children's mental health problems;<sup>15;16</sup>
- increases children's school readiness and academic achievement;<sup>16;17</sup>
- reduces costs to government and society;<sup>18;19</sup> and
- is most effective for those most susceptible to the problems examined.<sup>1</sup>

The Nurse-Family Partnership National Service Office is responsible for helping agencies implement the program in their community. Learn more at: [www.nursefamilypartnership.org](http://www.nursefamilypartnership.org).



Relative to Nurse-Family Partnership's program goals, the following outcomes have been observed among trial participants in at least one randomized, controlled trial of the program:

### Improved pregnancy outcomes

- Reductions in high-risk pregnancies as a result of greater intervals between first and subsequent births, including a 28-month greater interval between the birth of first and second child (among low-income, unmarried group)<sup>13</sup>, 31% fewer closely spaced (<6 months) subsequent pregnancies<sup>12</sup>, and a 23% reduction in subsequent pregnancies by child age two<sup>7</sup>, and 32% reduction in subsequent pregnancies for the mother at child age 15 (among low-income, unmarried group)<sup>13</sup>
- 79% reduction in preterm delivery among women who smoked<sup>8</sup>
- 35% fewer hypertensive disorders during pregnancy<sup>7</sup>

### Improved child health and development

- 39% fewer injuries among children (among low-resource group)<sup>22</sup>
- 56% reduction in emergency room visits for accidents and poisonings<sup>11</sup>
- 48% reduction in child abuse and neglect<sup>20</sup>
- 50% reduction in language delays of child age 21 months<sup>9</sup>
- 67% reduction in behavioral and intellectual problems at child age 6<sup>16</sup>
- 26% improvement in math and reading achievement test scores for grades 1-3 (among low-resource group)<sup>23</sup>
- 59% reduction in arrests at child age 15<sup>21</sup>
- 90% reduction in adjudication as PINS (person in need of supervision) for incorrigible behavior<sup>\*:21</sup>

\*Based upon family-court records of 116 children who remained in study-community for 13-year period following end of program.

### Increased self-sufficiency of the family

- 61% fewer arrests of mothers at child age 15<sup>20</sup>; and 69% fewer arrests (among low-income, unmarried group)<sup>13</sup>
- 72% fewer convictions of mothers at child age 15<sup>20</sup>
- 20% reduction in welfare use<sup>16</sup>
- 46% increase in father presence in household<sup>12</sup>

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