

**Title:**

The Value of Nurse Family Partnership

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**Session Title:**

Health Promotion for First-Time Mothers

**Slot:**

H 02: Monday, 30 October 2017: 2:45 PM-3:30 PM

**Scheduled Time:**

2:45 PM

**Keywords:**

First time mothers, Low income and Nurse - Family Partnership

**References:**

Smyth, S. & Anderson, G. (2014). Family Nurse Partnership: Meeting the needs of teen mothers. *British Journal of Midwifery*. 22(12). 870-875.

Nurse Family Partnership (2016). Nurse Family Partnership Snapshot (fact sheet) retrieved from: [http://www.nursefamilypartnership.org/getattachment/about/factsheets/NFP\\_May\\_2016\\_Snapshot.pdf.aspx](http://www.nursefamilypartnership.org/getattachment/about/factsheets/NFP_May_2016_Snapshot.pdf.aspx)

**Abstract Summary:**

Nurse - Family Partnership is home visiting, preventive health program that targets first time, low income mothers. The purpose of this project was to compare health statistics for counties in California with and without Nurse - Family Partnership.

**Learning Activity:**

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
The learner will be able to discuss three primary features of Nurse - Family Partnership program	Overview of the Nurse - Family Partnership Program and the target population it serves.
The learner will be able to compare and contrast counties in the study who have implemented Nurse Family Partnership and counties in the study who not implemented Nurse Family Partnership.	Comparison demographics and statistics will be presented for those areas of study in which Nurse Family Partnership was implemented and those where the program is not in use. Discussion as to the meaning of these data will be promoted.

**Abstract Text:**

Nurse Family Partnership (NFP) is a home visiting, preventative health program that targets low income mothers who have had no previous live births and their children up to two years of age. The Nurse Family Partnership program provides ongoing intensive support by specially trained registered nurses (Dawley, Lock, & Dindrich, 2008; NFP, 2015; Olds, 2006; Smyth & Anderson, 2014). The concept for NFP was

developed in 1977 by Dr. David Olds, psychologist, who after working in a day care facility in 1970, saw a correlation between a young child's development and home life (Dawley, Lock, & Dindrich, 2008; Smyth & Anderson, 2014). The concept was tested in Elmira, New York in 1977, Memphis, Tennessee in 1988, and in Denver, Colorado in 1994, generating over 39 years of data (Dawley, Lock, & Dindrich, 2008).

The goals of the program are to improve pregnancy outcomes, to improve child health and development, and "to improve parental life course by helping parents plan future pregnancies, complete their education, and find work" (Olds, 2006, p.5). Nurse Family Partnership shows significant potential for decreasing some of the most damaging and widespread problems that low income children and families face in the United States today which have far reaching consequences for society as well (Cline, 2012). The goal of this project was to provide definitive evidence that a partnership between low income, first time mothers and professional community based nurses can positively impact the community at large.

Nurse Family Partnership is currently in 43 States and 581 counties, six tribal communities plus the US Virgin Islands (See Table 1) and 8 countries around the world (NFP, 2016). Vulnerable mothers are identified as financially challenged, unemployed, under 25 years of age or struggling with essential resources needed to raise a child, such as food and shelter. Each vulnerable new mother is partnered with a registered nurse home visitor who has a background in women's and children's health. The specially trained registered nurse provides continuing home visits, education, emotional, and social support during pregnancy and continuously to the child's second birthday (NFP, 2016). The focus on pregnancy until the child reaches the age of two is a target-rich timeframe for preventing a plethora of adverse outcomes poised to affect future life trajectories (Olds, 2006). Support during the prenatal period is the foundation of the relationship. The goal is to improve pregnancy outcomes and infant health by coaching and mentoring the new mother on parenting and life skills through the first two years of the child's life (NFP, 2014).

The State of California has 58 counties. Twenty-one of the counties in California have implemented the Nurse Family Partnership Program. It is noted that some of the counties in which Nurse Family Partnership has not been implemented are rural in nature, have limited resources, are medically underserved and contain a population with low median household income. This comprehensive report reviewed each of the counties in California comparing demographics and health statistics using the parameters set in Healthy People 2020. The results indicated that for counties in which Nurse Family Partnership was implemented, some of the Healthy People 2020 parameters were improved.

The Nurse Family Partnership program costs approximately \$4,800 per family per year to fund with approximate ranges of (+/-) \$1300.00, secondary to nurses' salaries in the area (NFP, 2014a). Family Nurse Partnership is a wise investment that can yield substantial, quantifiable benefits in the long term. These benefits are not only to the child and family but also affect the community. Cost benefit studies have been conducted that revealed that NFP services save the Federal Government more than it spends on the program. Federal savings were estimated at 154% of costs, yielding a net 54% return on the federal investment (NFP, 2014a). It has been shown that NFP programs are far less expensive than mental health interventions or high risk pregnancies and the associated re-hospitalization of mother or infant.