

YWCA Nurse-Family Partnership

Transforming the lives of young mothers and babies

Babies are not born with instruction manuals. The transition to motherhood can be particularly challenging for many low-income, first-time young mothers. Many are socially isolated or are experiencing severe adversity. Nurse home visits can prove extremely helpful.

According to the 2009 Children's Medical Center publication *Growing Up in Dallas, Beyond ABC's*:

- *In Dallas County, infant mortality increased 21% between 1998 and 2006.*
- *Forty percent of infants were born to mothers who received inadequate prenatal care.*
- *The teen pregnancy rate increased 16 percent between 2004 and 2006.*



YWCA Nurse-Family Partnership Program: Providing a Solution

Nurse-Family Partnership focuses on low-income, first-time mothers – a vulnerable population segment that often has limited access to good parenting role models. Young mothers-to-be voluntarily enroll as early as possible, with nurse home visits beginning ideally by the 16th week of pregnancy.

Nurse home visitors and their clients make a two-and-one-half year commitment to each other, with 64 planned home visits between pregnancy and the child's second birthday. This intensive level of support has been proven to improve outcomes relating to:

- **Preventive health and prenatal practices for the mother** – helping her find appropriate prenatal care, improve her diet, and reduce her use of cigarettes, alcohol and illegal substances.
- **Health and development education and care for both mother and child** – providing individualized parent coaching aimed at increasing awareness of specific child development milestones and behaviors, and encouraging parents to use praise and other nonviolent techniques.
- **Life coaching for the young mother and her family** – enabling economic self-sufficiency among mothers by encouraging them to develop a vision for their own futures, stay in school, find employment and plan future pregnancies.

“There is a magic window during pregnancy... it's a time when the desire to be a good mother and raise a healthy, happy child creates motivation to overcome incredible obstacles including poverty, instability or abuse with the help of a well-trained nurse.”

David Olds, PhD
Founder, Nurse-Family Partnership

Why nurse intervention?

The expertise and experience that registered nurses bring to this intervention is key in gaining the confidence of a new mother. A nurse's expertise helps guide first-time mothers through the emotional social and physical challenges they face as they prepare for a healthy birth. Prenatal support is the starting point, but the nurse continues to serve her client mother after she delivers her child, teaching parenting and life skills that foster growth for both mother and child.

The original model developed over 30 years ago by Dr. David Olds was heavily influenced by nursing theory and practice and remains at

the core of the model and nurse education today. In a sense, the Nurse-Family Partnership model was developed in partnership by nurses for nurses.

NFP Quick Facts

NFP Mother at a Glance

Median Age: 18

Marital Status: 89% unmarried

Education: 54% have HS diploma or GED at intake; median grade for those without diploma is 10th grade

Annual Household Income: \$13,500



“Many times girls don’t understand their bodies. They’re intimidated by doctors and don’t ask the questions that they should, or they’re being rushed out of the clinic. We can spend more time with them and make sure they understand things.”

Holly, Nurse-Home Visitor

NFP vs. Other Parenting Programs

Parenting programs share a common goal of strengthening parenting skills, promoting healthy child development and decreasing child abuse and neglect. However, there are significant differences noted both in implementation methods and outcome results. Primary implementation differences include:

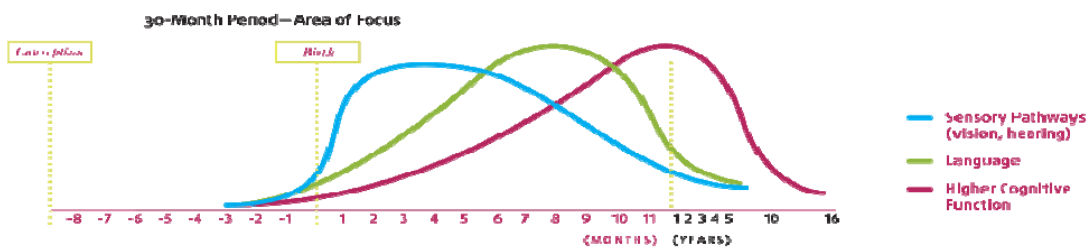
- Program delivery staff’s credentials (registered nurses vs. paraprofessionals)
- Target population (first time, low-income mothers for NFP vs. at-risk families at open enrollment)
- Time of enrollment (early in pregnancy for NFP vs. infancy through elementary school ages for other programs)

Reaching Children with the Earliest Intervention

“It soon became clear to me, however, that for many children, a supporting preschool environment was simply too little and too late.” Dr. David Olds

Human Brain Development

Synapse formation dependent on early experiences



Source: Nelson, C. A., *From Neurons to Neighborhoods* (2000).
Shankoff, J. & Phillips, D. (Eds.)

As the chart above shows, during the first 30 months of a child’s life, basic brain functions related to vision, hearing and language develop. It is during this window of opportunity that experienced registered nurses can have a huge impact on the future of both child and mother.

Return on Investment

Independent research proves that communities benefit from the Nurse-Family Partnership relationship. Every dollar invested in NFP can yield more than five dollars in return.

YWCA NFP OUTCOMES

NFP benchmarks numerous additional indicators related to child health and development. NFP sites are benchmarked against NFP national rates and NFP established targets, which are adjusted based on comparisons with at-risk populations.

Results demonstrate that the YWCA NFP exceeds NFP national rates and targets in many areas. Likewise, the YWCA NFP, serving a young and high-risk population, is performing close to or better than results for all births in Dallas County.

	DALLAS YWCA	NATIONAL	DALLAS (all births)
Pre-Term Birth <i>YWCA serves a significantly higher population of Hispanic and African American clients which generally would seriously increase our rate</i>	9 %	9.7 %	13.5 %
Low-Birth Weight	8.9 %	9.3 %	8.2 %
Breastfeeding Initiation Rate	83 %	75.2 %	
Prenatal Care	100 %		72 %
Emergency Room Treatment for injury or ingestion Between 12-24 months of age	9.3 %	14.8 %	
Subsequent Pregnancy rate at 18mo	21 %	25 %	27.8 %
Immunization at 2 years of age	91 %	90 %	73 %
WIC SERVICES	92.6 %		69.6 %

ADDITIONAL Outcome Measures		
Ages & Stages and Social-Emotional Stages	26-40 % more than the national average	Twelve-month assessments indicate 1.7 % show a need for further evaluation, compared to national target of 4.5 %.
Employed clients 18 years and older were	At intake 22 %	Child age 2 60%
School clients 17 years and younger	86% of clients with no high school diploma at intake were enrolled in school at 12 months postpartum	
Marital Status	At intake 10 %	Child age 2 26%
Paternal involvement on a daily basis	Increased 10% between 6 months and 24 months.	
Paternal financial involvement	Increased 78% between 6 months and 24 months.	

*Outcomes are prepared and evaluated by the national Nurse-Family Partnership Office in Denver, Colorado.