

# NURSES AND MOTHERS

**TRANSFORMATIONAL RELATIONSHIP CREATING 2-GEN CHANGE**

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

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MANY WOMEN DON'T HAVE SUPPORT. YES, I WAS YOUNG WHEN I GOT PREGNANT AND I FELT LIKE PEOPLE WERE QUICK TO JUDGE ME. NURSE STEPHANIE BEING THERE FOR ME, MADE ME FEEL LIKE I COULD DO IT.

— MAHOGANY, NFP MOM



## NFP MOTHERS

**20**  
median age

**78%**  
unmarried

**60%**  
completed high school education

**\$6,000**  
over 1/3 of moms have income less than

\*Cumulative data from 1996 - 2020

## Race

- 45% white
- 29% black or African American
- 9% declined
- 5% multi-racial
- 2% Asian or Pacific Islander
- 2% American Indian or Alaska Native

## Ethnicity

- 63% non-Hispanic
- 31% Hispanic
- 2% declined

\*Cumulative data from 2010 - 2020

### WHY A NURSE INTERVENTION?

The expertise and experience that registered nurses bring to this intervention is key in gaining the trust and confidence of a new mother. A nurse 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 support her client after she delivers her child enhancing knowledge gains and teaching skills that foster positive growth for both the mother and child.

The original model developed by David Olds, Ph.D., remains at the core of the nurse education today. In a sense, the Nurse-Family Partnership model was developed in partnership by nurses for nurses.

### NURSE-FAMILY PARTNERSHIP MOTHERS

Nurse-Family Partnership focuses on low-income, first-time mothers—a vulnerable population segment that sometimes has limited access to good parenting information or role-models. Women voluntarily enroll as early as possible with nurse home visits, ideally beginning by week 16 of pregnancy.

The transition to motherhood can be particularly challenging as many are socially isolated or are experiencing severe adversity and nurse home visits prove extremely helpful.

### A RELATIONSHIP YOU CAN COUNT ON

Nurse-Family Partnership helps break the cycle of poverty—confident mothers become knowledgeable parents who are able to prepare their children for successful futures. Nurses and mothers make a two-and-one-half year commitment to each other, around 60 planned home visits, adjusting the number of visits based on the mother's needs. This intensive level of support



\*all data is client self-identified

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has been proven to improve outcomes relating to:

**Preventive health and prenatal practices for the mother**—helping her find prenatal care from health care providers, improve her diet and reduce her use of cigarettes, alcohol, opioids and illegal substances, prepare for the arrival of the baby by educating her on the birth process and the immediate challenges of the first few weeks after delivery (e.g., breastfeeding and potential postpartum depression).

**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 by encouraging parents to provide sensitive and responsive caregiving.

**Life coaching for the 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. The partnership may include family members, the baby's father and friends.

## THE NURSE AND MOTHER RELATIONSHIP

**Client-Centered** means the nurse is constantly adapting to ensure the visit and materials are relevant and valued by the parent. Supporting the client's growth and individual needs is the focus.

**Relational** means that the relationship between the nurse and the mother is the primary tool used for learning and growth in each family served.

**Strengths-Based** means that the intervention is based on solid adult learning and behavior change theory. Adults

and adolescents make changes most successfully when they are building on their own knowledge, strengths and successes.

**Multi-Dimensional** means that the life of each program participant is viewed holistically and what the program offers is connected to multiple aspects of personal and family functioning: personal and environmental health, parenting, life course development, relationships with family and friends and community connections.

## FIDELITY TO THE MODEL

Nurses document and enter assessments from each visit into a web-based data collection system. The data is monitored to ensure that the program is being implemented with fidelity to the model as tested in the original randomized, controlled trials, so that comparable results are achieved. The Nurse-Family Partnership Model Elements are supported by evidence of effectiveness based on research, expert opinion and field lessons and/or theoretical rationales.



1900 Grant Street, 4th Floor  
Denver, Colorado 80203  
NurseFamilyPartnership.org  
866.864.5226

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AS A NURSE HOME VISITOR, I GET TO BE THE BEST CLIENT ADVOCATE I CAN BE BY SUPPORTING FOLKS NAVIGATING THE HEALTH CARE SYSTEM AND PROMOTING THEIR RIGHT TO SEEK CARE THEY DESERVE WITH RESPECT, DIGNITY, COMPASSION AND EVIDENCE-BASED INFORMATION THAT MEETS THEIR NEEDS AND CONSIDERS THEIR VALUES FREE OF JUDGEMENT.

— REBECCA DUNCAN, NFP NURSE