

## NURSES AND MOTHERS

# A TRANSFORMATIONAL RELATIONSHIP THAT BENEFITS MULTIPLE GENERATIONS



### WHY A 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 after she delivers her child, teaching parenting and life skills that foster positive growth for both mother and child.

The original model developed 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.

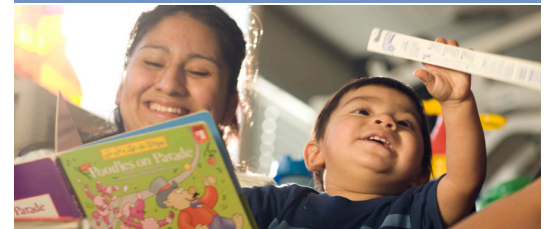
### NURSE-FAMILY PARTNERSHIP MOTHERS

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 the 16th week of pregnancy.

The transition to motherhood can be particularly challenging for many low-income, first-time mothers. Many are socially isolated or are experiencing severe adversity and nurse home visits can prove extremely helpful.

### The NFP Mother at a Glance

MEDIAN AGE: 20  
 MARITAL STATUS: Unmarried (85%)  
 EDUCATION LEVEL: High school (54% completed)  
 ANNUAL HOUSEHOLD INCOME (MEDIAN): \$7,500  
 At program intake 2013



### Race and Ethnicity of NFP clients

**Race**

- 42% White
- 27% Black or African American
- 17% Declined to self-identify/No response
- 8% Multi-racial/Other
- 3% Native American or Alaskan Native
- 3% Asian, Native Hawaiian, Pacific Islander

**Ethnicity**

- 60% Non-Hispanic/Latina
- 31% Hispanic/Latina
- 9% Declined to self-identify/No response

Annual data: October 1, 2012 – September 30, 2013  
 All data is client self-identified.

*“I knew I could trust her [my Nurse-Family Partnership nurse]. She was comfortable talking about things I wouldn't talk to anyone else about. In an emergency, she was the first person I'd call and I don't know what I'd have done without her.”*

- GISELLE  
Mom from Colorado

*“Many times the 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.”*

- NICOLE  
NFP Nurse Home Visitor

## A RELATIONSHIP YOU CAN COUNT ON

Nurse-Family Partnership can help break the cycle of poverty – empowered, confident mothers become knowledgeable parents who are able to prepare their children for successful futures. Nurse home visitors and their clients make a two-and-one-half year commitment to each other, with 64 planned home visits. 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 from healthcare providers, improve her diet, and reduce her use of cigarettes, alcohol and illegal substances. Nurses also help the mother prepare emotionally 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, and encouraging parents to use praise and other nonviolent techniques.

**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 can extend beyond the mother and nurse to involve the mother's family members, the baby's father and friends.

## CHARACTERISTICS OF THE NURSE/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 needs is the focus.



**Relational** means that the relationship between the nurse and the client 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 tied 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 chart and enter data from each visit into a web-based performance management 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 NFP Model Elements are supported by evidence of effectiveness based on research, expert opinion, field lessons and/or theoretical rationales. The Model Elements can viewed at [www.nursefamilypartnership.org](http://www.nursefamilypartnership.org) > Communities > Model elements.



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