



Blueprints Model Programs **FACT SHEET**

FS-BPM07

1998 (Updated 08/2006)

Nurse-Family Partnership

Nurse-Family Partnership (Formerly Prenatal and Infancy Home Visitation by Nurses), guided by a strong theoretical orientation, consists of intensive and comprehensive home visitation by nurses during a woman's pregnancy and the first two years after birth of the woman's first child. While the primary mode of service delivery is home visitation, the program depends upon a variety of other health and human services in order to achieve its positive effects.

Program Targets:

The program is designed to serve low-income, at-risk pregnant women bearing their first child.

Program Content:

Nurse home visitors work with families in their homes during pregnancy and the first two years of the child's life. The program is designed to help women improve their prenatal health and the outcomes of pregnancy; improve the care provided to infants and toddlers in an effort to improve the children's health and development; and improve women's own personal development, giving particular attention to the planning of future pregnancies, women's educational achievement, and parents' participation in the work force. Typically, a nurse visitor is assigned to a family and works with that family through the duration of the program.

Program Outcomes:

This program has been tested with both White and African American families in rural and urban settings. Nurse-visited women and children fared better than those assigned to control groups in each of the outcome domains established as goals for the program. In a 15-year follow-up study of primarily White families in Elmira, New York, findings showed that low-income and unmarried women and their children provided a nurse home visitor had, in contrast to those in a comparison group:

- 79% fewer verified reports of child abuse or neglect;
- 31% fewer subsequent births;
- an average of over two years' greater interval between the birth of their first and second child;
- 30 months less receipt of Aid to Families with Dependent Children;
- 44% fewer maternal behavioral problems due to alcohol and drug abuse;
- 69% fewer maternal arrests;
- 60% fewer instances of running away on the part of the 15-year-old children;
- 56% fewer arrests on the part of the 15-year-old children; and
- 56% fewer days of alcohol consumption on the part of the 15-year-old children.

Program Costs:

The cost of the program was recovered by the first child's fourth birthday. Substantial savings to government and society were calculated over the children's lifetimes. In 1997, the two-and-a-half-year program was estimated to cost \$3,200 per year per family during the start-up phase (the first three years of program operation) and \$2,800 per family per year once the nurses are completely trained and working at full capacity. Actual cost of the program will vary depending primarily upon the salaries of local community-health nurses. Communities have used a variety of local, state, and federal funding sources to support the program, including Medicaid, welfare-reform, maternal and child health, and child abuse prevention dollars.

The information for this fact sheet was excerpted from:

Olds, D., Hill, P., Mihalic, S., & O'Brien, R. (1998). *Prenatal and Infancy Home Visitation by Nurses: Blueprints for Violence Prevention, Book Seven*. Blueprints for Violence Prevention Series (D.S. Elliott, Series Editor). Boulder, CO: Center for the Study and Prevention of Violence, Institute of Behavioral Science, University of Colorado.

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