Nurse-Family Partnership (NFP)

The purpose of this document is to provide a brief overview of Nurse-Family Partnership based on the information available in The Substance Abuse and Mental Health Services Administration’s (SAMHSA) National Registry of Evidence-based Programs and Practices (NREPP). The content presented in this brief was retrieved from SAMHSA’s NREPP. For detailed descriptions of the outcomes and research mentioned, the quality of research rating, full program information, and a list of studies reviewed, visit http://www.nrepp.samhsa.gov/.

What is it?
Nurse-Family Partnership (NFP) is a prenatal and infancy nurse home visitation program that aims to improve the health, well-being, and self-sufficiency of low-income, first-time parents and their children. NFP was founded on concepts of human ecology, self-efficacy, and human attachment. Its program activities are designed to link families with needed health and human services, promote good decision making about personal development, assist families in making healthy choices during pregnancy and providing proper care to their children, and help women build supportive relationships with families and friends. Nurses follow a detailed, visit-by-visit guide that provides information on tracking dietary intake; reducing cigarette, alcohol, and illegal drug use; identifying symptoms of pregnancy complications and signs of children's illnesses; communicating with health care professionals; promoting parent-child interactions; creating safe households; and considering educational and career options. Program objectives include decreased substance use, improved maternal economic self-sufficiency, fewer subsequent unintended pregnancies, reduced child abuse and neglect, and improved school readiness of the children. Individual programs serve a minimum of 100-200 families and are supported by 4-8 trained registered nurse home visitors (each carrying a caseload of 25 families), a nurse supervisor, and administrative support. Nurse home visits begin early in pregnancy and continue until the child's second birthday. The frequency of home visits changes with the stages of pregnancy and infancy and is adapted to the mother's needs, with a maximum of 13 visits occurring during pregnancy and 47 occurring after the child's birth.

Who is it for?
Low-income, first time parents and their children ages 0-5.

What outcomes are addressed in the research?
1. Maternal prenatal health
2. Childhood injuries and maltreatment
3. Number of subsequent pregnancies and birth intervals
4. Maternal self-sufficiency
5. School readiness
How much does it cost?*
*The following information may have been updated by the developer and may not reflect the current costs or availability of items. Please check with the implementation point of contact for current cost information and implementation requirements.

1. Nurse education materials and home visit guidelines: $502 each
2. Nurse home visitor training: $3,950
3. Nurse supervisor training: $4,663
4. First-year program development start-up support: $4,070 per site
5. Annual ongoing education beginning in second year of implementation: $1,526 per nursing team
6. Annual quality improvement and technical assistance services: $8,816 per nursing team
7. Web-based data system: $1,424
8. Nursing Child Assessment Satellite Training (University of Washington), Partners In Parenting Education, Ages and Stages Questionnaire, and dyadic measurement tools: $6,826

For additional information and resources on Nurse-Family Partnership, visit:

- SAMHSA’s National Registry of Evidence-based Programs and Practices: Nurse-Family Partnership

- The California Evidence-Based Clearinghouse for Child Welfare: Nurse-Family Partnership
  http://www.cebc4cw.org/program/nurse-family-partnership/detailed
  This webpage provides detailed information about Nurse-Family Partnership, including its scientific rating on the CEBC’s Scientific Rating Scale.

- Nurse-Family Partnership
  http://www.nursefamilypartnership.org

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