Access and Equity in Health Care

Nurse Home Visiting: Reducing Maternal Depression and Partner Violence

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The NFP Nurse-Family Partnership:

*Helping First-Time Parents Succeed*

National Center for Children, Families and Communities

University of Colorado Health Sciences Center
Nurse Family Partnership: Program Targets

• First time, low income pregnant women
• Program Goals
  – To improve the outcomes of pregnancy
  – To improve infant/child health and development
  – To improve mother’s own personal life-course development
National Outcomes

• Randomized-controlled trials in Elmira, Memphis and Denver
  – Improved prenatal health: decreased cigarette smoking and hypertensive disorders
  – 56% reduction in emergency room visits
  – 79% reduction in child abuse & neglect
  – 32% reduction in subsequent pregnancy
  – 83% increase in labor force participation
Long Term Outcomes

• In Elmira study, 15 years later:
  • Children:
    - 48% decrease abuse and neglect
    - 59% fewer arrests
    - 90% fewer juvenile convictions
  • Mothers:
    - 61% fewer arrests
    - 72% fewer convictions
    - 98% fewer days in jail
How Does NFP Work?

- Voluntary
- Enrolled *prior* to the 28th week of pregnancy
- RN’s--have information pregnant women want
- Intensive visitation schedule:
  - Visits in home, generally about one hour
  - Once a week during first month, then
  - Every other week until delivery of child
  - Once a week for first six weeks after delivery
  - Every other week until the 21st month
  - Once a month until baby’s second birthday
Nurse Visitor’s Guidelines

• Focus is on 6 Domains of Functioning
  – Mother’s personal health
  – Environmental health
  – Maternal role development
  – Maternal life course development
  – Family and friend support
  – Accessing health and human services
The Mother-Nurse Relationship

- Nurse forms a positive relationship with the mother:
  - Consistent, reliable, dependable, non-judgmental
  - Provides information moms-to-be want to know
  - Listens and supports
  - What are the mother’s “hearts desires?”
  - Assists parent to set goals and priorities, problem-solve
  - *Focuses on strengths*

- This relationship provides a “parallel process” for the mother as she learns to care for her child
Important Components

• Timing--first pregnancy
• Use of nurses; individualized guidelines visits
• Long term, comprehensive, theoretically based
• Positive/strengths-focused
• Team support--1 supervisor/ team of 8 NFP Nurses
  - Caseload of no more than 20-25 families
  - Nurses well-trained and supervised
  - Case conference
  - Reflective supervision
• Relationships are the key!
| Program                           | Per Child Benefit | Per Child Cost | Saved Per $1 spent | Benefit minus cost |
|----------------------------------|-------------------|                |                    |                    |
| Nurse Family Partnership         | $26,298           | $9,118         | $2.88               | $17,180            |
| Early Childhood Education for 3-4 y.o. | $17,202           | $7,301         | $2.36               | $9,901             |
| Even Start                       | $0                | $4,863         | $0                  | -$4,863            |
| Systems of Care/Wrap Around Services | $0                | $1,914         | $0                  | -$1,914            |
| Family Preservation              | $0                | $2,531         | $0                  | -$2,531            |
NFP in LA

• First clients served in 1999
• Currently serving clients in 41 parishes, in all 9 regions (including Orleans, Jefferson)
• Funding: Medicaid; MCH Block grant; some state general funds; TANF pending
• To date, has served over 4500 mothers
• Expanded or new teams planned for 2008-2009
Clients at Intake

- Median age 18 years
- 45% completed HS/GED; avg. 10th grade education for non-hs grads
- 91% unmarried
- 71% unemployed
- 63% African American, 32% non-Hispanic white, 2% Hispanic, 2% Native American, 1% multiracial/other
Mental Health and NFP

• Nurses receive extensive training, including 30 hours in infant mental health (LA)
• Wide range of mental health needs, often serious; very few resources
• Nurses view mental health issues as one of their greatest challenges in the program

Boris et al, 2006; Zeanah et al, 2006
Mental Health Consultants

• Licensed mental health professionals trained in IMH provide consultation to the nurses and direct services to infants and their families
• Interdisciplinary work rewarding
• Model program/unique to Louisiana
• Not available to all teams—funding an issue

Boris et al, 2006
Louisiana Program Effectiveness

- Small randomized controlled study:
  - 52% decrease in premature births **
  - 50% decrease in emergency room utilization **
  - 43% decrease in prenatal depression **
  - 22% reduction in low birth weight births
  - 17% reduction in prenatal alcohol use and 51% reduction in alcohol use to intoxication
  - 33% fewer subsequent pregnancies by 14 months
  - decrease in current partner violence

Boris et al, 2002
Recent Data-2007

• 23% reduction in violence during pregnancy
• 16% decrease in smoking during pregnancy
• 48% reduction in marijuana use
• 13.3% AA premature births (% in LA: 16.8)
• 12.1% Non-hispanic white premature births (% in LA: 10.9)

LA Evaluation Report, 2007; LA MCH data, 2004
Recent Data, cont’d:

• Higher rates of breastfeeding:
  • 40% initiate (LA = 37.1% AA, 65% White)
  • 14% continue 6 months (LA: 8.2/18.7)
  • 6% at 1-year

• Immunization rates:
  • 12 months: 83% fully immunized
  • 24 months: 96% fully immunized
Recent Data-2007

- Improved toddler language scores
  - 29% between 51st and 75th %-iles
  - 29% above 75th %-ile
  - 6% below the 10th %-ile

- Repeat pregnancy
  - 12% at 12 months
  - 31% within 24 months

LA Evaluation Report, 2007
Challenges

• Depression:
  – screening prenatally, postpartum, 3 months, PRN
  – appears to be high--what helps?
• Partner violence:
  – promising results/direction of problem?
• Other mental health:
  – variety of mental health issues/lack of resources
Summary

• A well-designed, well-implemented nurse home visitation program improves outcomes for at-risk mothers and infants
• *Relationship* focus is key
• Implementation is complex—mental health needs are great
• Short and long term benefits exceed costs
Highlights and References:

- *Swamp Nurse*, New Yorker, 2006
- ABC Nightline, March 2006
- *Www.nursefamilypartnership.org*
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