



Memorandum

#14-096

TO: WIC Regional Directors
WIC Local Agency Directors

FROM: Lindsay Rodgers, Manager
Nutrition Services Section

DATE: August 20, 2014

SUBJECT: Texas Nurse Family Partnership

The Texas Nurse Family Partnership (TFNP) serves low-income, first-time mothers through twenty agencies in Texas. TFNP provides prenatal and postpartum home visits by registered nurses who have also received breastfeeding training. Some of the nurses are also International Board Certified Lactation Consultants.

Women are enrolled in TFNP early in the second trimester of their pregnancy (by the 28th week of pregnancy), and a nurse begins visiting them. The visits, which usually take place in the family's home, continue throughout the woman's pregnancy and until her child is two years old. The nurses provide support, education and counseling on health, parenting, developmental issues and life skills. Please see the attachments for more detailed information about this worthwhile program or visit the Texas Health and Human Services TFNP web page at <http://www.hhsc.state.tx.us/Programs/NurseFamily/>.

If a TFNP Program serves any of your counties, please refer your participants to this extremely valuable program. Please use the attached list to contact the nurse supervisor that serves your county or counties to ask for an appropriate referral form.

If you would like copies of the attached client brochure, please call the Nurse Family Partnership National Service Office at 866-864-5226. Please contact Sarah Marsh at sarah.marsh@hhsc.state.tx.us or visit www.nursefamilypartnership.org should you have any questions.

“My nurse helped me set goals and see that I could do so many other things. I could be there for my child and have my life as well.”

– Vanessa, 19 year-old mom



Pregnant with your first baby?

How do I sign up?

Call the local Nurse-Family Partnership office listed below.



Let us help.

Nurse-Family Partnership
National Service Office
Toll Free: 866.864.5226
www.nursefamilypartnership.org



What is Nurse-Family Partnership?

Nurse-Family Partnership is a program for women who are having their first baby. If you enroll, a registered nurse will visit you in your home throughout pregnancy and continue to visit until your baby is 2 years old.

How much does the program cost?

Nurse-Family Partnership is FREE to all eligible women.

How often will my nurse visit?

Your nurse will visit every week or two during your pregnancy and up until your baby is 2 years old. You and your nurse will decide the exact schedule.



“My nurse gave me the extra bit of confidence to acknowledge that continuing school would be beneficial to me.”

– Gabriela, 18 year-old mom

My nurse will help me:

- Have a healthy pregnancy and a healthy baby.
- Become a better parent.
- Build a strong network of support for me and my baby.
- Make my home a safe place for my baby to live and play.
- Get referrals for healthcare, childcare, job training and other support services available in my community.
- Find ways to continue my education and develop job skills.
- Set goals for my family’s future and find ways to help me reach them.

Can my baby’s father participate, too?

- Nurse-Family Partnership encourages fathers, family members and even friends to be involved in the visits and learn how they can best support you.
- You and your nurse decide who gets involved.
- Because you are the one who carries the baby and you are the first person to take care of your baby, you are the one who is actually enrolled in the program and you are the main focus of the nurse.

Who can enroll in the program?

Any woman who:

- Is pregnant with her first child.
- Meets income requirements.
- Lives in the service area.

You are encouraged to enroll as early as possible in your pregnancy.

“What really made the difference for me, was that my nurse didn’t tell me to do something—she showed me how to do it the right way.”

–Rebecca, 17 year-old mom





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 > Communities > Model elements.



1900 Grant Street, Suite 400
Denver, Colorado 80203-4304
www.nursefamilypartnership.org
866.864.5226

TNFP Nurse Supervisors Contact List

Agency	Counties Served	Nurse Supervisor	Phone #	Email Address
Any Baby Can	Travis, Williamson	Sandra Marshall	512-610-7985	sandram@anybabycan.org
Baylor Teen Clinic	Harris/Ft. Bend	Chelsea James	281-820-2995	cyjames@bcm.edu
City of Houston Health Department				
Team A	Harris/Ft. Bend	Lillie Peters	832-393-4110	lillie.peter@houstontx.gov
Team B	Harris - Sunnyside district	Linda Buchanan	832-393-4743	Linda.Buchanan@houstontx.gov
City of Laredo Health Department	Webb	Rocio Lona	956-523-7845	rlona@ci.laredo.tx.us
City of Port Arthur Health Department	Chamber, Hardin, Orange, Jefferson	Karla Quigley	409-332-6955	karla.quigley@portarthurtx.gov
Parkland Health and Hospital System	Dallas/Tarrant	Karla McCoy	214-266-1139	Karla.Mccoy@phhs.org
Tarrant County Public Health	Tarrant/Dallas	Karen Miller	817-413-6320	kcmiller@tarrantcounty.com
The Children's Shelter San Antonio	Bexar	Cheryl Weise	210-212-2523	cweise@chshel.org
Texas Children's Health Plan	Harris/Ft. Bend/Galveston	Adrian McKinney	832-828-1273	aamckinn@texaschildrens.org
Lubbock Texas Tech University Health Sciences Center School of Nursing	Garza/Hale/Hockley /Lamb/Lynn/Terry/Lubbock, Floyd/Crosby	Sonya Flores (interim contact)	(806) 743-3390	s.flores@ttuhsc.edu
University Medical Center El Paso	El Paso	Patti Parsons	915-544-1200, x44450	PParsons@umcelpaso.org
University Hospital San Antonio	Bexar	Phyllis Priess	210-358-9867	phyllis.priess@uhs-sa.com
YWCA of Metropolitan Dallas	Dallas/Tarrant			
Supervisor 1		Alison Collazo	214-584-2326	acollazo@ywcadallas.org
Supervisor 2		Wendi Vike	214-584-2322	wwike@ywcadallas.org
University of Texas Permian Basin	Ector/Midland	Paige McPherson	432-552-1939	mcperson_a@utpb.edu
Good Shepherd Medical Center	Gregg/Harrison	Mary Isichei	903-315-4876	misichei@gsmc.org
Women's Hospital at Renaissance	Hidalgo/Willacy/Cameron	Gerie Perez	956-362-4198	ge.perez@dhr-rgv.com
Corpus Christi - Nueces County Public Health District	Nueces/San Patricio	Ashley Gentry	361-826-7036	AshleyGe@cctexas.com
Texas Tech University Health Sciences Center, School of Medicine, Amarillo	Potter/Randall	Ruth Whitehead	806-356-5963	ruth.whitehead@ttuhsc.edu
Community Healthcare Center Wichita Falls**	Wichita	Leslie Gresham	(940) 397-2618	lgresham@chcwf.com
Catholic Charities San Antonio**	Bexar	Cynthia Hernandez	(210) 226-6178	chernandez@ccaosa.org