

Nurses' Visits Curb Deaths Among Poor, Single Women and Their Children

By Lenny Bernstein

A program that provides poor, single, first-time mothers with [intensive support from visiting nurses](#) reduced death rates among both the women and their children, according to a study of 20 years of the program's efforts published this week.

The well-known [Nurse-Family Partnership](#), founded in 1977 in Elmira, N.Y., but now in operation in nearly 600 counties in 43 states, provides women most at risk for health and social problems with visits from nurses that begin during pregnancy and continue, sometimes weekly, until their first-born children are 2 years old.

It has [previously been credited with reducing childhood abuse and neglect](#), decreasing the number of births to mothers in their early teens and 20s, improving the cognitive outcomes of children, and lessening the use of welfare, food stamps and Medicaid in the three locations--Elmira, Denver and Memphis--where research has been ongoing.

In the latest study, published online July 7 in the *Journal of the American Medical Association*, research conducted by the program's founder, David Olds, and others concluded that "prenatal and infant/toddler home visitation by nurses is a promising means of reducing all-cause mortality among mothers and preventable-cause mortality in their first-born children living in highly disadvantaged settings."

In an interview, Olds, a professor of pediatrics at the University of Colorado School of Medicine, said that "we as human beings are instinctively driven to protect our children. And nurses align with that instinctual drive with mothers, and provide them with the skills to protect their children, and secondarily to protect themselves."

The study looked at 1,289 women in the Memphis program, 92 percent of them African American

and virtually all of them unmarried. Many had less than 12 years of education or were unemployed. They were divided into four groups. Women in the two control groups received free transportation for prenatal care appointments or that service plus developmental screening and referral services for their children at 6, 12 and 24 months. Women in the other two groups received similar services plus varying numbers of visits from nurses who counseled them on health, social, relationship and behavioral issues.

Though deaths overall were rare, the study found 11 maternal deaths from unintentional injuries, suicide, drug overdoses and homicides among women in the first two groups, but just one among women in the groups that received nurse visits. There were nine deaths considered "preventable" among infants and toddlers in the first two groups--fatalities from Sudden Infant Death Syndrome, unintentional injuries and homicides. Among the nurse visit families, there were none.

The women and children in the control groups also suffered triple the number of deaths from natural causes--21 vs. 7.

The study concludes that the difference in maternal deaths "is likely explained by maternal behaviors that require anticipation of risk and regulated behavior," such as "wearing seat belts and avoiding criminally involved individuals." Among the children, decreased mortality in families that received nurse visits was consistent with previous findings that they had better home environments, fewer mothers impaired by substance abuse and fewer children suffering from depression, anxiety and substance abuse.

The nurses "do function in this really effective supportive role with the mothers," Olds said. "I don't think it supplants the role of the fathers. But for people who are feeling vulnerable, they'll take any kind of support they can get."

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