

The Impact of a Nurse Home Visiting Program on Maternal and Child Health Outcomes in the United States

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Sector(s): Health**J-PAL office:** J-PAL North America**Location:** South Carolina**Sample:** 6,000 first-time mothers who meet Medicaid income eligibility criteria**Initiative(s):** US Health Care Delivery Initiative**Target group:** Children under five Mothers and pregnant women**Outcome of interest:** Sexual and reproductive health Health outcomes**Intervention type:** Early childhood development**AEA RCT registration number:** AEARCTR-0001039**Partner organization(s):** Nurse-Family Partnership, South Carolina Department of Health and Human Services

Low-income mothers have increased risk of poor birth outcomes, and their children are vulnerable to numerous negative outcomes. Prenatal and early childhood developmental interventions may be particularly effective in combatting these disadvantages during this crucial period of life. Nurse-Family Partnership (NFP) is a non-profit organization that provides low-income, first-time mothers with intensive support through regular home visits in order to improve pregnancy outcomes, child health and development, and the economic self-sufficiency of the family. Researchers are studying NFP's impact on a number of outcomes, including premature births, birth spacing, child injuries, and wellbeing across a wide range of domains.

Policy issue

More than 280,000 children in South Carolina—or about 27 percent—live in families struggling with poverty.¹ More than half of the babies born each year in South Carolina are born to low-income mothers who qualify for public health insurance. Young mothers living in poverty are at greater risk for poor birth outcomes, including delivering babies who are premature or weigh too little at birth. Growing up in poverty can be harmful to a child's cognitive development, health, school performance, and social and emotional well-being. But research suggests that home-visiting programs can have positive effects on both the health and development of mothers and children.

Context of the evaluation

Nurse-Family Partnership is a non-profit organization that serves low-income mothers and their children. NFP pairs vulnerable first-time mothers with specially trained nurses who provide support to help mothers have healthy pregnancies and become good parents. Nurses conduct home visits from early pregnancy through a child's second birthday. Nurses use the visits to provide mothers with a number of services, including help in improving personal health decisions and assistance in gaining access to appropriate prenatal care.

NFP's nurse home visiting program is held up as an example of an evidenced-based intervention to improve outcomes for mothers and children. Between 1978 and 1994, NFP conducted randomized evaluations of its program in Elmira, NY, ; Memphis, TN, ; and Denver, CO. Those evaluations and subsequent follow-up studies suggest that NFP improves prenatal health and other outcomes for both mothers and children. The health care and social service landscape has changed substantially in the intervening decades, and NFP has not previously been available as a Medicaid benefit. It is important to revisit prior evidence to understand the impact and cost-effectiveness of the program in a modern context, for a different population, and operating at larger scale.

Details of the intervention

The South Carolina Department of Health and Human Services (SCDHHS) is leading an innovative expansion of NFP over the next four years, providing NFP services through a Medicaid waiver coupled with a pay-for-success contract. Researchers are conducting a randomized evaluation to measure the impact NFP has on mothers' and children's health outcomes. Despite a substantial increase in the number of mothers NFP serves annually, the program will not have enough slots to serve all eligible women. Applicants will be randomly assigned on a rolling basis to either a treatment group that is offered access to NFP services or to a control group that is not. Researchers and NFP have completed a pilot phase, and the full expansion is now underway. The study will enroll 1,500 women per year over the next four years, with approximately 1,000 being assigned to the treatment group each year.

Using administrative data from the South Carolina Department of Health and Environmental Control and the South Carolina Data Oversight Council, researchers will measure NFP's short- and long-run impact on a wide range of health, economic, and other outcomes, starting with preterm births, birth spacing, and child injuries.

Results and policy lessons

Project ongoing; results forthcoming.

1. "Kids Count: 2015 Data Book, State Trends in Child Well-Being." The Annie E. Casey Foundation, <https://www.aecf.org/m/resourcedoc/aecf-2015kidscountdatabook-2015.pdf>