

RESEARCH BRIEF

Expansion of NFP to Serve Late Registrants:
NFPx Florida Pilot Study

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PILOT STUDY OVERVIEW

PURPOSE

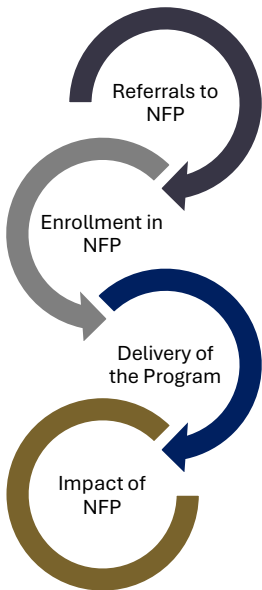
Nurse-Family Partnership (NFP) is an evidence-based nurse home-visiting program typically serving first-time pregnant individuals referred and enrolled prior to 28-weeks gestation. Beginning in 2021, NFP sites in Florida participated in a pilot study to expand access to NFP by encouraging referrals to and enrollment in NFP **after 28 weeks including people with previous births.**

We were particularly interested in learning if expansion of NFP to allow late registrants would enable NFP to better serve the community by reaching families with overlapping risks for poor health and life course outcomes who are known to benefit most from participating in NFP.

METHODS

We used a variety of data sources to conduct our study including Florida's Prenatal Risk Screen, Coordinated Intake and Referral System, and Birth Certificates. We also used data from NFP program implementation and interviews of NFP supervisors and nurses, clients, and referral partners. We compared pregnant people **referred after 28 weeks** gestation to those **referred before 28 weeks** and NFP clients **enrolled after 28 weeks (late registrants)** to clients **enrolled before 28 weeks**.

KEY FINDINGS



REFERRALS

Pregnant people referred after 28 weeks were:

- less likely to have been born in the US
- more likely to have been pregnant previously
- more likely to have first prenatal visit in 2nd or 3rd trimester
- more likely to report smoking

ENROLLMENT

Late registrants (clients enrolled after 28 weeks) were:

- more likely to speak Spanish
- racially and ethnically diverse
- experienced adversities (such as housing and food insecurity) and mental and physical health concerns

NFP PROGRAM DELIVERY

Late registrants had:

- fewer visits during pregnancy
- no difference in number of visits by 12 months postpartum
- better retention at 12 months
- similar or better rates of screening for mental health and child development

IMPACT

Future research should include measuring the **IMPACT** of NFP for late registrants.

- A comparison group of similar people *who do not receive NFP* is required to determine the impact of NFP on late registrants.
- Like previous NFP studies used to determine the effectiveness of NFP for low-income first-time birthing people, a *randomized clinical trial* is the gold standard of evidence. Other study designs with a comparison group are also possible.

- ✓ Although earlier services in NFP result in healthier pregnancies, allowing enrollment of pregnant individuals referred to NFP after 28 weeks gestation **INCREASES THE REACH of NFP in the community.**
- ✓ Late enrollment in NFP can **improve reach in certain populations**, including immigrants, people who do not speak English, people with other children (multiparous), people who use tobacco, and those who receive prenatal care after the first trimester.
- ✓ We can **improve systems to identify pregnant people who would benefit from services** earlier in pregnancy and ensure they are offered those services including access to prenatal care.
- ✓ While numbers of late registrants are small and outcomes should continue to be monitored, **NFP program outcomes appear to be similar for late registrants and clients enrolled on time.**

What does
this mean for
expansion?

Referrals to NFP

(data sources = prenatal risk screen, birth certificates, and interviews)

WHY are pregnant people referred after 28 weeks?



Receipt of **prenatal care later in pregnancy** delays the referral process, with reasons for delaying prenatal care including:

- denial of pregnancy,
- not realizing they are pregnant,
- waiting for or delaying receipt of Medicaid to optimize usage,
- immigrant or undocumented status,
- lack of knowledge about where or when to access prenatal care,
- distrust of the health system, and
- barriers due to transportation or employment.

Other reasons include provider delays in prenatal screening, informing clients about program options later in pregnancy, **not receiving on-time prenatal appointments** due to health system practices or rescheduling issues.

Prenatal Care for those referred after 28 weeks:

- More likely to have their first prenatal visit in the 2nd or 3rd trimester.
- About half of those referred late had later prenatal care, while the other half received care “on time”.

This means there are opportunities for clients to be identified and referred to NFP sooner.

CHARACTERISTICS BY TIMING OF REFERRAL

Referred....	>28 weeks	29 to 34 weeks	after 34 weeks
	N=4641	N=346	N = 119
< HS/GED	24%	26%	26%
<18 years old	13%	15%	11%
Born in the US	72%	70%	59%
Married	16%	19%	22%
Trouble paying bills	25%	19%	26%
Not first pregnancy	12%	16%	34%
Other children < 5 in the home	9%	14%	18%
Other children medical or special needs	2%	2%	6%

PHYSICAL HEALTH, MENTAL HEALTH & SUBSTANCE USE

Referred....	>28 weeks	29 to 34 weeks	after 34 weeks
	N=4641	N=346	N = 119
Illness requiring ongoing medical care	20%	18%	20%
Ever received mental health services	22%	29%	23%
Depressed/hopeless in the last month	11%	9%	12%
Hurt/threatened in past year	3%	3%	7%
Past month alcohol	4%	3%	2%
Past month cigarette	4%	4%	9%
Smoking prior to pregnancy	3%	4%	8%

Enrollment in NFP

(data sources = NFP program data and interviews)

- NFP clients enrolled after 28 weeks of pregnancy (late registrants) were **more likely to speak Spanish**.
- Late registrants did not differ from clients enrolled in NFP ‘on time’ for most health indicators.
- Much like clients who enroll before 28 weeks of pregnancy, late registrants experience adversities including **food and housing insecurity, mental health and substance use concerns, and physical health concerns**.

This means there are opportunities to ENROLL clients who would benefit from NFP.

RACE/ETHNICITY ENROLLED IN NFP BY TIMING OF REFERRAL

Referred....	>28 weeks	29 to 34 weeks	after 34 weeks
	N=4641	N=346	N = 119
Hispanic/Latina-x	37%	32%	43%
American Indian or Alaska Native	<1%	<1%	2%
Asian	<1%	<1%	0%
Native Hawaiian or Pacific Islander	<1%	0%	0%
Black or African American	44%	41%	37%
White	45%	49%	51%
Multi-racial	9%	9%	10%

NFP Program Delivery

(data sources = NFP program data and interviews)

- Late registrants had fewer visits during pregnancy.
- Nurses ‘made up’ those visits, because by 12 months postpartum, there was **not a difference in the number of visits** between on time and late registrants.
- The **average visit length was not different** between on time and late registrants.
- Nurses **adjusted visits during the final weeks of pregnancy** to keep late registrants engaged, including meeting more frequently, having longer visits, and using phone calls and text messaging between visits.
- Late registrants had **BETTER RETENTION** and similar or better rates of **screening for mental health and child development concerns**.
- Nurses were **more likely to make referrals** for late registrants for substance use and for enrollment to Medicaid for the child.
- Nurses stated that they **modified the educational content** covered to meet the needs of late registrants including moving quickly through the various education topics and trying to cover a lot of material during the short window before delivery.