



Testimony of Katelyn Galbraith, Government Affairs Manager

Nurse-Family Partnership

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Thank you, Chair Webb, Chair Brouk, Chair Persaud, and Chair Rivera, for the opportunity to submit public commentary. My name is Katelyn Galbraith, and I am the Government Affairs Manager for the National Service Office for Nurse-Family Partnership (NFP) and Child First. NFP is an evidence-based community health program that pairs low-income, first-time pregnant women with a registered nurse from early in pregnancy through the child's second birthday. Through regular, ongoing home visits, NFP nurses help first-time mothers achieve healthier pregnancies and births, improve their child's health and development, and help NFP moms develop a vision and plan for their own lives and a more stable and secure future for their new family. This is accomplished through the provision of health education and guidance, care coordination and preventive services. New York invests \$4.2 million into its NFP implementations, supporting nearly 4000 families every year

I come before you today, on behalf of the National Service Office, our NFP staff and nurses, and the children and families we support, to speak about the maternal mortality crisis.

Approximately 700 women die from pregnancy-related complications in the U.S. each year. We continue to be concerned by the high rate of maternal mortality and morbidity in the U.S. and are committed to maintaining our dedication to help reduce these pregnancy-related complications and deaths. Preventable deaths are the primary drivers for our country's maternal mortality and morbidity rates, especially among Black and American Indian/Alaska Native (AIAN) women.

Sixty percent of all maternal deaths reported in the U.S. were preventable. We know implicit bias and racism exist in health care, which has contributed significantly to the tremendous disparity in health outcomes. Black and American Indian/Alaska Native (AIAN) women are about 3 times as likely to die from a pregnancy-related cause as white women. By partnering an expectant mother with her very own registered nurse during pregnancy, NFP helps to identify medical conditions and mitigate the risk factors that can lead to maternal mortality. In New York, 85% of clients are enrolled in Medicaid at the time of intake, which is up until the 28th week of pregnancy. Their annual median income is between \$6000 and \$9000 per year and 78% are unmarried. Our moms are 14% White, 47% Black or African American, 1% Asian 1%, American Indian or Alaska Native, 1% Native Hawaiian or Pacific Islander and 16% are multi-racial. 43% are Hispanic.

Nurse-Family Partnership Model and Outcomes

Paired with the trusted relationship between a nurse and mother, the NFP model builds protective layers for mothers and their babies against the societal obstacles that contribute to toxic stress and adverse pregnancy outcomes. NFP is solely focused on serving the highest risk families. NFP nurses work with first-time mothers, many of whom are young, living in poverty, and navigating several challenges, including social isolation, abuse, and mental illness. Many NFP mothers lack stable housing, family support and experience food insecurity. Our nurses are uniquely situated in our communities to reach underserved women and trained to help mothers at one of the most transformative parts of their lives -- the birth of their first child.

NFP nurses apply clinical expertise and assessment skills to determine the strengths and risks that mothers have experienced in their lifetime with the potential to impact their health and their child's health. Our two generational approach allows nurses to identify and remediate early warning signs of health problems during pregnancy, in post-partum, infancy, and early childhood that drive adverse outcomes—including death. For example, nurses can identify early signs of preeclampsia, high blood pressure and other cardiovascular risks, and educate mothers about the warning signs they need to identify and monitor, and when they need to seek emergency medical care.

In addition to monitoring for risk factors, NFP nurses ensure that women and children experiencing signs of possible health complications are seen by the appropriate health care provider and that follow-up care is completed. They also connect moms with community resources and partners to provide ongoing support and care.

A 20-year follow-up study of the program shows that NFP is effective at reducing all-cause mortality among mothers and preventable-cause mortality in their first-born children living in highly disadvantaged settings. This study found that mothers who did not receive nurse home visits were nearly 3 times more likely to die from all causes of death than nurse-visited moms (3.7% versus 1.3%).¹

NFP is a rigorously researched evidence-based model with over 40 years of randomized controlled trial research and longitudinal follow-up studies. This research has found that families served by NFP experience the following improvements in maternal and child health:

- 35% fewer cases of pregnancy-induced hypertension²
- 79% reduction in preterm delivery among women who smoke cigarettes³
- 48% reduction in child abuse and neglect⁴
- 67% less behavioral and intellectual problems in children at age 6⁵

¹ Olds, D., Kitzman, H., et al. Impact of Home Visiting by Nurses on Maternal and Child Mortality: Results of a Two-Decade Follow-Up of a Randomized, Clinical Trial. *JAMA Pediatrics*. 2014.

² Kitzman H, et al. Effect of prenatal and infancy home visitation by nurses on pregnancy outcomes, childhood injuries, and repeated childbearing. A randomized controlled trial. *JAMA*. 199.

³ Olds DL, Henderson CRJ, et al. Improving the delivery of prenatal care and outcomes of pregnancy: a randomized trial of nurse home visitation. *Pediatrics*. 1986

⁴ Reanalysis Olds et al. Long-term effects of home visitation on maternal life course and child abuse and neglect fifteen-year follow-up of a randomized trial. *JAMA*. 1997

⁵ Olds DL, Kitzman H, et al. Effects of nurse home visiting on maternal life-course and child development: age-six follow-up of a randomized trial. *Pediatrics* 2004.

Reducing maternal mortality and morbidity by increasing access to quality and personalized care for vulnerable mothers and their children is going to continue to be of paramount importance. Nurse-Family Partnership is dedicated to continuing to provide and increase our services to women and their families. Thank you again for the opportunity to present testimony today.