A Guiding Light for New Moms: Nurse Family Partnership

“I am so overwhelmed with all information available online nowadays about pregnancy and having a baby, I don’t know how to know what is best for me and my pregnancy!” shared Michelle, who was 15 weeks into her first pregnancy. Not only has the first trimester been full of morning sickness, but she has been obsessed with reading all the latest advice regarding healthy pregnancies and newborn care. This led Michelle to reach out to MotherToBaby’s confidential and free text service asking about prenatal vitamins, but she also wanted to know what other resources were available for first time parents.

As a MotherToBaby specialist, I knew the perfect resource to direct Michelle to: Nurse-Family Partnership. Elly Yost, a nurse practitioner with over 35 years of experience explains how this evidence-based, community health program can help first-time moms and their children affected by social and economic inequality.

Moms enrolled in the Nurse-Family Partnership program benefit by getting the care and support they need in order to have a healthy pregnancy. At the same time, families develop a close relationship with the nurse who becomes a trusted resource they can rely on for advice on everything from safely caring for their child to taking steps to provide a stable, secure future for their new family. Find out more about Nurse-Family Partnership here.

Q: What does the relationship look like between an NFP nurse and parent-to-be?

Elly: The relationship between an NFP nurse and a parent-to-be is built on trust and support. We prioritize the client as the expert in their own life, ensuring that their desires and needs guide our approach to supporting a healthy pregnancy. Our role is to meet them where they are and provide the tailored support to navigate this transformative journey effectively.

Q: What health benefits might a person experience from participating in the NFP Program?

Elly: Participating in NFP can yield a range of health benefits for first-time parents. Through regular health assessments conducted by a registered nurse (RN), participants receive personalized health screenings aimed at promoting overall wellness. This holistic approach not only addresses the immediate health needs of the parent but also extends to the well-being of their child. By closely monitoring factors such as blood pressure and weight gain, NFP nurses work with expectant mothers to identify and understand potential danger signs, such as swelling or headaches, that may indicate underlying health concerns.

Recognizing that pregnant women are the experts on their own bodies, NFP empowers them with knowledge and support to recognize and address anything that seems concerning. We learn about each person’s health history to

customize care to their needs.

NFP nurses also regularly check on the baby's growth and development after birth by measuring length, weight, and head circumference, along with developmental milestones using Ages and Stages Questionnaires®. We look at what the parent and child need emotionally and socially, understanding how their health is linked and creating a caring environment for them to bond.

Q: Why does the Nurse-Family Partnership model work?

Elly: The NFP model is proven to work because it prioritizes the needs and desires of the parents it serves. By adhering to client-centered principles, we believe in listening to each first-time mom we work with because we know she's the one who knows her life best. We've seen that even small changes can lead to big, positive results, so we focus on finding solutions together.

One big part of what we do is making sure moms feel heard and supported. We talk with them about how they're feeling during pregnancy, understanding that it's normal to have all kinds of emotions during this time. We're here to offer guidance and reassurance, helping them navigate any worries they might have.

Our team of RNs is crucial to our work. With their education and experience, they provide moms with the best information and support possible. They're here to make sure every mom gets the care and guidance she deserves on her journey.

Q: How long does the relationship between the NFP and the family last?

Elly: Something unique about the role of an NFP nurse in the partnership with moms is the duration of the relationship. Families have the freedom to stay connected with their NFP nurse until their child turns two. This extended period allows for a deep and meaningful relationship to develop between the nurse and the parents, fostering trust, support, and continuity of care throughout the critical early stages of the child's development. This extended duration underscores the uniqueness of the bond formed within the NFP partnership, reflecting a commitment to long-term support and empowerment for both the parents and their child.

Q: How does the role of an NFP nurse change after a baby is born?

Elly: After a baby is born, NFP nurses adjust their role to support the special bond between the mother and her newborn. While the basics of care stay the same, the focus now extends to the dyad and family unit. The nurse's attention is directed towards both the individual needs of the mother, developmental milestones, well-being of the newborn, and the family.

Despite this adjustment, the core role of the nurse as a source of guidance, advocacy, and support for the mother persists, ensuring that she continues to receive personalized care and attention throughout her journey into

motherhood.

Q: How do NFP nurses support first time parents' mental health?

Elly: NFP nurses play a crucial role in supporting the mental health of first-time parents through a combination of clinical expertise, compassionate care, and advocacy. From a clinical perspective, nurses conduct thorough assessments for depression and anxiety. Additionally, nurses assess the temperament and emotions of mothers, providing tailored support and referrals based on individual needs and preferences.

What sets NFP nurses apart is their dedication to building trusting relationships and providing personalized care. They invest time in getting to know each client, fostering a supportive environment where parents feel comfortable expressing their concerns and emotions. This level of care and observation allows nurses to offer not only clinical support but also emotional reassurance and guidance.

NFP nurses also act as advocates, guiding parents through the healthcare system and connecting them with resources for mental well-being. By addressing both the clinical and emotional aspects of mental health, NFP nurses empower first-time parents to navigate the challenges of parenthood with strength and confidence.

Q: What would you like to see improved about the current state of pregnancy and/or post-birth care?

Elly: I think one area for improvement in current pregnancy and post-birth care is the practice of listening and truly hearing the experiences and concerns of expectant and new parents. For example, the 'Hear Her' campaign by CDC highlights the importance of this simple yet profound concept: actively listening to pregnant and postpartum people and believing them.

By taking the time to genuinely hear and understand the needs and perspectives of clients, healthcare providers can foster trust, enhance communication, and deliver more patient-centered care. Empowering women to share their stories and validating their experiences can lead to improved outcomes and a more supportive healthcare environment for all.

Q: What is additional guidance you would give a first-time parent?

Elly: Additional guidance I would offer to first-time parents is simple yet powerful: You're doing a great job! Love for your child is the cornerstone of effective parenting. Embrace the idea of 'good enough parenting,' where you do your best without feeling pressured by unrealistic standards. In a world full of advice and expectations, what matters most to your child is your love and care. Trust your instincts, show them love, and believe in your ability to navigate parenthood's journey. If you are a first-time mom who is 28 weeks pregnant or less, you can find a free, personal NFP nurse in your area here.

NFP Is Here For You!

After sharing the resources of NFP with Michelle, she texted back the next day saying “Thank you! I read through their website and this is exactly what I need to make me feel confident in my decisions during the rest of my pregnancy and have someone to help me during the early days of parenthood. I already enrolled in the program and hope to get started soon.” It is so lovely to hear that NFP was exactly what Michelle needed, and I hope that she and other first-time parents continue to benefit from this resource for years to come.

Disclaimer: MotherToBaby Fact Sheets are meant for general information purposes and should not replace the advice of your health care provider. MotherToBaby is a service of the non-profit Organization of Teratology Information Specialists (OTIS). Copyright by OTIS, May 30, 2024.

A Guiding Light for New Moms: Nurse Family Partnership

“This is my first child, and I don’t know what to do!” exclaimed Lyndsay, a newly pregnant woman when I answered MotherToBaby’s free and confidential helpline. Lyndsay explained that she is taking several medications and was concerned about their potential effects on her unborn baby. She is currently very new to recovery from cocaine and opioid use disorder. She is taking buprenorphine and naloxone for the opioid use disorder, along with baclofen and n-acetylcysteine (NAC) for cocaine cravings. Her medication regimen also includes aripiprazole, escitalopram, bupropion and mirtazapine for depression, mood stabilization and insomnia.

“This combination has been working well for me,” she explained. “Having that said, I wonder if the treatments are increasing my chances for pregnancy complications or birth defects in my baby?” She wondered if she would be better off getting off the buprenorphine and naloxone now.

In preparing to answer her concerns, I reached out to Ellen Kolomeyer, PhD, PMH-C, a licensed clinical psychologist certified in perinatal mental health, who is part of the National Maternal Mental Health Hotline team to assist us in providing the best answers about recovery treatment while pregnant. The National Maternal Mental Health Hotline provides 24/7 support to pregnant and postpartum individuals experiencing challenges with mood and anxiety, as well as their support women and loved ones through its phone and text line 1-833-TLC-MAMA.

Q: How common is it for a woman in recovery and who is also pregnant to be treating an opioid use disorder with medications?

According to the Centers for Disease Control and Prevention (CDC), about 7% of pregnant women used opioids during pregnancy, with one in five of those women reporting that they misused opioids during pregnancy. But, only about half of the pregnant women who use opioids during pregnancy are in recovery, so it is wonderful that Lyndsay is reaching out to learn how to best care for herself and her baby. I hope her story shows that it is possible to get help and have a healthy pregnancy.

Q: What treatments can be used?

When a pregnant woman is dealing with opioid addiction, healthcare providers often prescribe medicines like methadone and buprenorphine. It is best if treatment starts before someone gets pregnant to help both the mother and baby stay healthy. But sometimes, people face challenges that make it hard to get treatment. These can be personal issues like having a tough time managing feelings or problems with relationships. There can also be unfair judgments from others about drug addiction that make it harder for people to seek help. Besides giving medicine, it is also important to get help for mental health. This means talking to a counselor or therapist about the things that might be causing someone to use drugs in the first place.

Q: Is discontinuing treatment while pregnant recommended? Why or why not?

It is important to know that stopping opioid use suddenly during pregnancy can be dangerous for both the pregnant woman and the baby. Managing opioid use with medication is a better way to stay healthy and reduce the risk of going back to using drugs. So, it is best to keep taking the medication rather than stopping it while pregnant. It is crucial to talk with a healthcare provider before making any decisions about treatment.

Q: Should a pregnant woman expect her healthcare provider to start or stop medications or switch to alternatives?

Each pregnancy is different, so there is no one answer that fits everyone. Depending on the situation, a pregnant woman might start, stop, or switch medications. It is common for healthcare providers to talk about medications, like methadone https://mothertobaby.org/fact-sheets/methadone/ or buprenorphine, https://mothertobaby.org/fact-sheets/buprenorphine/ and suggest starting them if needed. Sometimes, providers might think about changing to a different medication but they will carefully consider the risks and benefits. It is best to see a healthcare provider who knows how to give the right recommendations for pregnant women.

Q: What can a pregnant woman do to advocate for herself in this scenario?

Pregnant women who are struggling with opioid use often face challenges in getting the right information and help. Even though there can be judgment from others, pregnant individuals can benefit from speaking up for themselves.

One important way to do this is to understand the reasons behind the problems they are facing and to talk about their goals.

Research shows that many people turn to drugs because of past trauma, not having enough support or money, dealing with bad feelings, and having tough relationships, among other reasons. By thinking about their own situation and struggles, individuals can work to address the main issues they're facing.

I want every pregnant woman in this situation to know that they can still have a good relationship with their baby and take care of their baby's needs. It is a good idea to find a healthcare provider who knows a lot about opioid use disorder to get the right support. Building a strong support system could be the key to making a big change and getting better.

There are some great ways that pregnant women recovering from opioid use disorder can build their support system. Talking through personal hardships in support groups, with home visitors, with a counselor, or with a therapist can help build the tools and confidence you need to learn how to advocate for yourself and your baby with medical providers.

Q: What is the best way that a pregnant woman can share her questions and concerns with their Obstetric provider?

To make sure you get the best support, it is helpful to find a healthcare provider who knows about substance use issues. One great way for a pregnant woman to talk about their questions and worries with their OB is to write them down before an appointment and bring the list with them. As the pregnancy progresses, working together with the provider to plan for labor, delivery, and postpartum care can get the parent-to-be ready for what is ahead at each stage. I suggest asking your obstetric provider to be open and share information throughout the process so that there are fewer surprises when it is time for the birth, after-birth care, and taking care of the newborn.

Q: After delivery, what does a typical newborn period look like for the parent(s) and baby?

It is common for babies to experience withdrawal symptoms from medications used to treat opioid addiction (also called neonatal abstinence syndrome), but this should not stop a healthcare provider from prescribing the medications or pregnant women from taking them. After the baby is born, parents should team up with their baby's healthcare provider to keep an eye on the newborn and get help when needed. It is important for parents to be involved in their baby's care and spend time bonding with them. If parents feel they are not getting these chances, they can speak up and ask for them.

Withdrawal symptoms in a baby are treatable, but some babies need to be monitored extra closely and around the clock. It can also be helpful to prepare ahead of time and learn if it is possible that your baby might go to the Neonatal Intensive Care Unit (NICU) instead of staying in the recovery room with you. While unexpected things can happen in any pregnancy and birth, you could ask your providers ahead of time whether they think there is a reason your baby might go to the NICU and what you might expect. For example, you might want to know how long your baby could be in the NICU and make a plan for advocating to still be able to see, touch, and care for your baby as often as possible during your baby's medical care.

Q: Can you share recommended resources?

There are widely available, free, and confidential programs, resources, and provider directories that anyone can access

including the following:

- National Maternal Mental Health Hotline provides 24/7 support to pregnant and postpartum individuals experiencing challenges with mood and anxiety, as well as their support persons and loved ones. Call or text 1-833-TLC-MAMA.
- MotherToBaby provides information about exposures, like medications and diseases, during pregnancy and while breastfeeding through its free phone service 866-626-6847, text 855-999-3525, email and live chat via MotherToBaby.org.
- Substance Abuse and Mental Health Services Administration (SAMHSA) offers a directory to find medical providers who specialize in treating opioid use disorders. Locate a practitioner here. SAMHSA also provides a National Helpline that can provide treatment referral and information 24/7. Call 1-800-662-HELP.
- Postpartum Support International HelpLine provides basic information, support, and resources for pregnant, postpartum, and parenting individuals and their support persons and loved ones. This line is not 24/7 but messages are returned daily. Call or text 1-800-944-4773.
- Postpartum Support International Provider Directory lists medical and mental healthcare professionals who are specially certified to care for pregnant and postpartum individuals. Access the directory here.
- The Suicide and Crisis Lifeline is available 24/7 by calling or texting 988.
- Circle of Security is an evidence-based program that helps parents build secure parent-child relationships, effectively meet babies' needs, and help parents break cycles from their own childhoods that they do not wish to carry over to their children. Learn more here and a Circle of Security Parent Educator here.

We had just shared a lot of information with Lyndsay. She was relieved to hear that her recovery treatment was going to allow her to stay well in pregnancy and give her the best chance to have a healthy baby. "I feel like I have a better idea of what questions I need to ask my OB and pediatrician," she told us. "I feel less alone in this now and it looks like there are places I can go to get more information too."

References:

MotherToBaby Blog: "Dear Opioid-Addicted Moms-To-Be, We are Here for You"

Centers for Disease Control and Prevention. (2022). ***About opioid use during pregnancy***.

Centers for Disease Control and Prevention. (2022). ***Treatment for opioid use disorder before, during, and after pregnancy***.

Gerdts-Andresen, T. (2021). Circle of security-parenting: a systematic review of effectiveness when using the parent training Programme with multi-problem families. ***Nordic Journal of Social Research***, ***12***(1), 1-26.

Henry, M. C., Sanjuan, P. M., Stone, L. C., Cairo, G. F., Lohr-Valdez, A., & Leeman, L. M. (2021). Alcohol and other substance use disorder recovery during pregnancy among patients with posttraumatic stress disorder symptoms: A qualitative study. ***Drug and Alcohol Dependence Reports***, 1, 100013.

Horton, E., & Murray, C. (2015). A quantitative exploratory evaluation of the circle of security-parenting program with mothers in residential substance-abuse treatment. ***Infant mental health journal***, ***36***(3), 320-336.

Substance Abuse and Mental Health Services Administration. (2018). Clinical guidance for treating pregnant and parenting women with opioid use disorder and their infants. ***Vol HHS Publication No.(SMA) 18-5054***.

Substance Abuse and Mental Health Services Administration. (2024). Evidence-based, whole-person care for pregnant women who have opioid use disorder. SAMHSA Advisory. https://store.samhsa.gov/sites/default/files/whole-person-care-pregnant-people-oud-pep23-02-01-002.pdf

Note: This information should not take the place of medical care and advice from your healthcare providers.

Disclaimer: MotherToBaby Fact Sheets are meant for general information purposes and should not replace the advice of your health care provider. MotherToBaby is a service of the non-profit Organization of Teratology Information Specialists (OTIS). Copyright by OTIS, May 30, 2024.

A Guiding Light for New Moms: Nurse Family Partnership

By Mara Gaudette, MS, CGC, Teratogen Information Specialist, MotherToBaby

My friend Jocelyn, newly (and unexpectedly!) pregnant called in a bit of a panic. Her cardiologist was switching her high blood pressure medication now that she was pregnant. Jocelyn was still waiting for her asthma doctor to call her back but she figured her asthma treatment plan was another of the many changes she needed to make to accommodate the pregnancy. “Does anything stay the same?” she asked.

Jocelyn was relieved to learn that at least in the case of asthma, the answer is, often, YES! The general thought is that the medications working to treat asthma in a non-pregnant woman are the same ones that should be continued during pregnancy. This is because the main concern is with asthma itself and making sure the developing baby is getting a good supply of oxygen. Improving asthma control is thought to be best for both mom and baby.

Jocelyn had been taking an inhaled corticosteroid for the past five years-ever since she otherwise needed to use her fast-acting rescue inhaler almost daily. Fortunately, for Jocelyn, if a daily preventative is needed, an inhaled corticosteroid like Pulmicort® that she was already taking is a preferred treatment. Why? Well, for one thing, it often works well to stop symptoms. Secondly, because it is inhaled, less of the medication should be able to reach a pregnancy compared to most oral medications. For the same reasons, albuterol for relief of immediate asthma symptoms is also considered a preferred treatment during pregnancy. But, had Jackie been on other types of inhalers when she identified her pregnancy, and they were working well for her, they probably would not need to be changed either.

Maternal asthma that is not well controlled is associated with higher rates of pregnancy complications, such as decreased growth of the baby and preterm delivery (birth before week 37). Therefore, it is important that asthma management during pregnancy continues to include the medications that best control an individual’s asthma symptoms. “Ok,” Jocelyn said. “I will keep going with my inhalers and bug the doctor’s office again to get back to me to confirm.”

Thankfully, the next call I got from Jocelyn wasn’t so panic-stricken. “It sounds like my doctor wants me to continue my asthma inhalers.” With a calmer tone to her voice since our first conversation, she added, “although I would never be a guinea pig, it would be nice if I could help other pregnant women with asthma so they wouldn’t have to go through the scare I just went through.” I told her we can never have too much information when it comes to asthma and treatments during pregnancy and let her know that at MotherToBaby we are still enrolling pregnant women with asthma, pregnant women taking asthma medicines, and even pregnant women without asthma. There is no cost and you are not asked to take any medication… so guinea pigs need not apply! Just call 877-311-8972 or volunteer for a study through our website.

“Oh, what about my allergy medicine?” Jocelyn remembered to ask. “When I don’t take Zyrtec®, my asthma flares, and my allergies have been crazy this spring.” I let her know that antihistamines in general have relatively reassuring pregnancy profiles, but it is always good to check on the specific medication. Pregnancy studies with cetirizine, the medication found in Zyrtec®, have found no increase in birth defects. You can check the product label to make sure cetirizine is the only medication in your product since brand name products can make different formulations. As with any medication in pregnancy, check in with your healthcare provider and follow their dosing recommendations.

More detailed medication information can be found in the following fact sheets:

https://mothertobaby.org/fact-sheets/albuterol-pregnancy/

https://mothertobaby.org/fact-sheets/asthma-and-pregnancy/

https://mothertobaby.org/fact-sheets/cetirizine/

https://mothertobaby.org/fact-sheets/inhaled-corticosteroids-icss-pregnancy/

Bottomline, breathe in, breathe out, and enjoy your pregnancy as best as possible!



Mara Gaudette is a genetic counselor and received her Masters Degree from Northwestern University. Drawn to the satisfaction of providing immediate reassurance to worried women, she began educating the public about teratogens at MotherToBaby's Illinois affiliate more than a decade ago. Today, she counsels for MotherToBaby California via phone and live chat.

MotherToBaby is a service of the international Organization of Teratology Information Specialists (OTIS), a suggested resource by many agencies, including the Centers for Disease Control and Prevention (CDC). If you have questions about medications, alcohol, diseases, vaccines, or other exposures during pregnancy or breastfeeding, call MotherToBaby toll-FREE at 866-626-6847 or visit MotherToBaby.org to browse a library of fact sheets and find your nearest affiliate.

Disclaimer: MotherToBaby Fact Sheets are meant for general information purposes and should not replace the advice of your health care provider. MotherToBaby is a service of the non-profit Organization of Teratology Information Specialists (OTIS). Copyright by OTIS, May 30, 2024.

A Guiding Light for New Moms: Nurse Family

Partnership

By Mara Gaudette, MS, CGC, Teratogen Information Specialist, MotherToBaby California

The chat message came through promptly at my morning start time. The words and exclamation marks clearly highlighted worry. “Just found out I’m pregnant! Taking a statin medication to lower cholesterol since 6th grade! Talked to my doctor and stopped taking it yesterday. But what damage have I already done? I know it’s a class X drug! Need info – please help!” Mae agreed to a phone call, and I logged off from our MotherToBaby live chat service and phoned Mae.

First, you may wonder why someone would be on a cholesterol-lowering medication since late elementary or middle school. Isn’t that extreme? Actually no- in Mae’s case she has an inherited condition called familial hypercholesterolemia – or “FH” for short. This is a condition that occurs in about 1 in every 250 persons but is underdiagnosed and therefore undertreated. A simple blood test checking cholesterol levels and a review of your family history (such as checking for heart attacks at younger ages) can help determine if you have FH. Much less common, a more severe form of FH, inherited from both parents, can occur.

To back up a bit, cholesterol is that fatty substance in our bodies that is needed in some amount, but too much cholesterol increases our chance for early heart disease. The lifestyle changes that are recommended to all of us, such as exercising regularly, avoiding smoking, and eating a healthy diet are also part of the treatment plan for FH (and Mae had been working hard to follow these guidelines). But, cholesterol lowering medications are still often a needed part of treatment because lifestyle alone won’t lower cholesterol levels enough in persons with FH. For some with FH, statin medications might be prescribed starting at 8-10 years old.

But what about the “category X” classification Mae mentioned-does this mean that statin medications are absolutely proven to increase birth defects? Fortunately, for Mae the answer is a resounding “no!” Many persons are not aware that the FDA decided in 2014 to phase out their letter category rating system. While an easy system to use, it was not a reliable system to predict pregnancy risk (see our January 2015 blog for more information).

So why were statins assigned that old category X? Well, the developing baby needs cholesterol to form properly so there is a theoretical concern that cholesterol-lowering medications could pose a pregnancy risk. Also, for many persons, particularly those without FH, stopping a cholesterol-lowering medication in the short term of a pregnancy is thought unlikely to significantly increase their heart disease risks. However, for some persons, avoiding all cholesterol treatments might pose concerns for both the pregnant woman and baby. So, if you have FH, talking with your cardiologist and obstetrician about a cholesterol treatment plan is important when planning a pregnancy or when you learn of your pregnancy.

Most studies with the class of medications called “statins” have not found an increase in birth defects with accidental use early in pregnancy. This should provide some reassurance to pregnant women who were taking statins before they realized they were pregnant, like Mae. (For more info, see our fact sheet on Statins in pregnancy.)

“I feel a little better. But, I wish there were more pregnancies that were studied. We need more info about medications we might have to take during pregnancy,” Mae said. At MotherToBaby, we completely agree! And I appreciated her lead to bring up our optional follow-up program. I let Mae know that in addition to providing information, we have a study team that follows pregnancy outcomes. This will allow us to provide more information to worried parents and their healthcare providers. So, if you find yourself like Mae drawn to the importance of this information and wondering how you can contribute, call 877-311-8972, email mothertobaby@ucsd.edu or you can volunteer for a study through our website. There is no cost to participate and pregnant women are never asked to take a medication.



Mara Gaudette is a genetic counselor and received her Masters Degree from Northwestern University. Drawn to the satisfaction of providing immediate reassurance to worried women, she began educating the public about teratogens at MotherToBaby's Illinois affiliate more than a decade ago. Today, she not only continues to counsel for MotherToBaby via phone, but also on live chat and email as part of MotherToBaby California's team of experts.

MotherToBaby is a service of OTIS, a suggested resource by many agencies including the Centers for Disease Control and Prevention (CDC). If you have questions about exposures like cholesterol medication, please call MotherToBaby toll-FREE at 866-626-6847 or try out MotherToBaby's text information service by texting questions to (855) 999-3525. You can also visit MotherToBaby.org to browse a library of fact sheets about dozens of viruses, medications, vaccines, alcohol, diseases, or other exposures during pregnancy and breastfeeding.

Disclaimer: MotherToBaby Fact Sheets are meant for general information purposes and should not replace the advice of your health care provider. MotherToBaby is a service of the non-profit Organization of Teratology Information Specialists (OTIS). Copyright by OTIS, May 30, 2024.