

## **The South Carolina Nurse-Family Partnership Study: Pay for Success Report Frequently Asked Questions**

*This document answers frequently asked questions related to the [PFS Interim Report](#). For further inquiries, please contact principal investigator, Margaret McConnell <[mmcconne@hsph.harvard.edu](mailto:mmcconne@hsph.harvard.edu)>. For more information on the PFS Interim Report and South Carolina Nurse-Family Partnership study, please visit [www.scnfpstudy.com](http://www.scnfpstudy.com).*

### **Understanding the Interim Pay for Success report results:**

#### **What were the findings from The South Carolina Nurse-Family Partnership Pay for Success Report?**

The interim analysis for the Pay for Success report, based on partial samples, did not find statistically significant effects of Nurse-Family Partnership on reducing preterm birth, short birth intervals, or hospitalizations from acute childhood injuries. For more details please see Table 1A of the Interim PFS Report and the summary of results on page 3 of [the report](#).

#### **Are there any differences between the average baseline characteristics of the treatment and control group mothers?**

No, we do not see any differences in the average baseline characteristics of the treatment and control group mothers in this interim analysis. This means that on average the women in the treatment and control groups had similar characteristics at the start of the study. For more details, please see Table 5 of the Interim PFS Report on page 5.

#### **Did the Covid-19 pandemic impact the interim Pay for Success results?**

The large majority of outcomes we analyzed for the PFS interim report occurred prior to the start of the COVID-19 pandemic. Study enrollment started April 1, 2016 and ended on March 17, 2020. We observed the majority of mothers' outcomes for preterm birth, birth spacing, and childhood injuries analyzed in the interim PFS report before the start of the Covid-19 pandemic. Specifically, among women whose outcomes we were able to ascertain and include in the interim PFS report, 88.1% had data on whether they experienced a preterm birth, 74.9% had data on whether they experienced a short birth interval, and 82.3% had data on whether their child suffered an acute child injury before the start of the Covid-19 pandemic.

**Did NFP have an impact on any specific subgroup of moms?**

The interim Pay for Success report did not include any subgroup analysis. We will assess treatment effects within subgroups in future research papers that analyze outcomes for the full sample. We have detailed our plans for subgroup analysis in our study protocol:

<https://trialsjournal.biomedcentral.com/articles/10.1186/s13063-020-04916-9>

**Does this mean that NFP did not have an impact on mothers and babies in South Carolina?**

This means that the interim results did not show a statistically significant impact on the outcomes chosen for PFS reporting. For a more comprehensive understanding of the program's impact, we need to wait for the broader academic analysis of additional outcomes to understand the program's impact on pregnancy, birth and maternal health outcomes, as well as the life course outcomes of the mother and child. Results for these additional outcomes will be published as the data becomes available.

**Understanding the study design and implementation:**

**Did the implementation of NFP in this setting differ from how NFP typically operates?**

The timing, visit length, and cadence of visits in this evaluation was similar to how NFP typically operates. For the sample of mothers analyzed for the interim Pay for Success results, women in the treatment group received an average of 25 visits from an NFP nurse during pregnancy and the first two years of the child's life.

**How does this study sample compare to NFP's typical client population?**

Eligibility criteria for this study mirrored eligibility criteria for the NFP program: first-time mothers pregnant at 28 weeks or less who met income requirements for Medicaid.

**Understanding the broader academic literature:**

**How do these results fit into the larger body of literature on NFP's effectiveness?**

In order to contextualize our results in the broader literature surrounding NFP, we need to wait for results from the full sample to become available. After we analyze all pre-specified outcomes over the whole study period, we will better understand how this evaluation adds to the literature on NFP's effectiveness.

**What other outcomes will be analyzed?**

Our additional pre-specified outcomes include pregnancy, birth and maternal health outcomes, as well as life course outcomes of the mother and child.

Primary outcomes include:

- Adverse birth outcomes: We define this outcome as having a preterm birth (less than 37 weeks' gestation) or a newborn being small for gestational age (less than 10th percentile of US births conditional on gestational age), having low birth weight (less than 2,500 grams), or experiencing perinatal mortality (fetal death at or after 20 weeks of gestation or mortality in the first 7 days of life).
- Major childhood injury, suspected abuse, or neglect: We define this outcome as having a health care encounter or mortality associated with International Classification of Diseases (ICD) codes indicating either a major child injury or suspicion of abuse or neglect.
- Birth spacing: We define this outcome based on whether a subsequent birth occurs less than 21 months after the birth of the child born from the pregnancy during which the mother was enrolled in the study.

Additional outcomes to be measured over time include:

- Maternal and child health
- Child school-readiness and performance
- Maternal educational attainment
- Criminal justice involvement
- Use of government programs and social services such as SNAP and Medicaid

For more information on the broader academic evaluation, please visit our [Academic Pre-Analysis Plan](#) and [Study Protocol](#). To receive alerts when results are available, [join our mailing list](#).