

Nurses for Newborns Facts

- ◆ Since its inception, NFNF of Tennessee has served over 9,000 families, including mothers-to-be, new mothers and infants.
- ◆ Family risk factors include a high-risk pregnancy, a medically fragile infant, economic disadvantage, a lack of insurance or access to medical resources, mental or physical challenges or mental illness, drug or alcohol addiction, social isolation, recent immigration, and a lack of parenting skills.
- ◆ Components of home visits include health assessments of the infant and mother, teaching infant care including infant CPR, clearing an airway, feeding, how to tell when the infant is sick, and teaching parenting skills, coping techniques, and safety.
- ◆ Nurses connect families with community resources and with a "medical home" to use for primary health care, thus eliminating unnecessary emergency room visits and hospitalizations.
- ◆ Program outcomes are measured and evaluated in human terms, such as by lives saved, and statistically, by success in meeting stated objectives.
- ◆ Critical baby items, such as diapers, clothing, and baby food are donated by the public and distributed to families in need.



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Tennessee



Annual Report 2010

For the Year Ended
June 30, 2010

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Mission Statement

Nurses for Newborns Foundation of Tennessee exists to provide a safety net for families most at-risk in order to prevent infant mortality, child abuse and neglect by providing in-home nursing visits which promote healthcare, education, and positive parenting skills

Programs

Nurses for Newborns of Tennessee offers three core results-based nurse home-visiting programs. Each program is tailored to meet the specific needs and reduce the risk factors of the families it serves.

◆ Bridge to the Future (BTF)

This program serves at-risk families who have "medically fragile" babies. "Medically fragile" can include babies born prematurely, at low birth weight, diagnosed with Down Syndrome or other genetic disorders, or who have been exposed to drugs and/or alcohol prior to birth. The majority of these families are referred by hospital NICU and nursery staff. (Over 2,400 families served since 2001.)

◆ Safe Beginnings (SBG)

This program serves families headed by a parent or caregiver with intellectual or physical disabilities, or with a diagnosed mental illness. Some caregivers may be referred to this program by the nurse home visitor if she observes that the mother or primary caregiver has difficulty completing routine tasks, including formula preparation and feeding, administration of medications or managing appointment schedules. Nurse home visitors often see clients in this program more frequently to allow additional time for teaching and observation of parenting skills. (Over 1,300 families served since 2001.)

◆ Teen Parent (TPT)

Mothers served by this program are teen mothers, 19 or younger at the time of delivery. In addition to assessment and screening offered to clients in other NFNF programs, the nurse home visitor works with the teen mother on school, job, peer relationships and pregnancy planning. (Over 1,000 families served since 2001.)

Our programs are designed to ensure the well-being of high-risk mothers-to-be and the healthy birth and infancy of their babies. Our nurses serve thousands of newborn Tennessee babies who have inadequate medical insurance and fragile health conditions as they face a critical time in their lives: being released from the hospital, often from neonatal intensive care units, to go home into economically disadvantaged families who have not yet developed the skills to care for them.

Overview

During FY 2010, Nurses for Newborns Foundation achieved the following accomplishments:

Services Overview

Fiscal Year 2010	# home visits	# families
Bridge to the Future	2224	468
Safe Beginnings	1024	247
Teen Parent	389	106
Other	255	93
Total	4,617	10

Outcomes Overview

Child Abuse: Children ages birth to 3 years are more likely to be abused or neglected than at any other age. Of the children completing our programs, 100% did not have a substantiated report of abuse or neglect, as determined by state records.

Immunizations: Children completing our programs had an overall immunization rate of 94%, as of their last visit.

Injury from Safety Hazard: Many children are injured every year due to safety hazards in the home. Our nurses work with moms to childproof their home. 99% of children completing our programs did not sustain an injury from a household safety hazard.

Inappropriate Emergency Room visits: Nurses teach mothers the signs and symptoms of illness and are available for their clients, via cellular phone, 24 hours a day for questions and concerns. Costly ER visits were avoided for 96% of children completing the program.

Community Resources: Parents are educated about community resources available to meet their specific needs. Nurses assist parents with locating and contacting these valuable resources. 87% of parents accessed community resources appropriate to their needs.

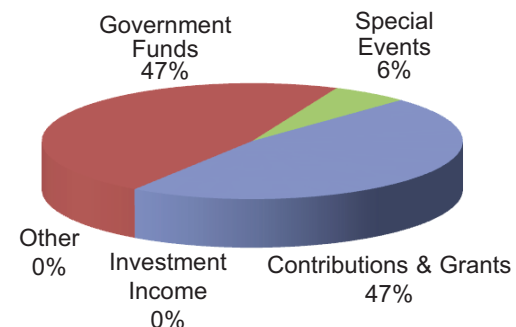
Families are served up to 24 months with a standard evaluation process in place that measures outcomes. NFNF evaluates success in meeting objectives through the use of a sophisticated database. For more information about our evaluation procedures please contact our headquarters in St. Louis, Missouri at 314-544-3433

FY10 Revenue & Expenses

For the year ended June 30, 2010, please note the following revenue and expenses:

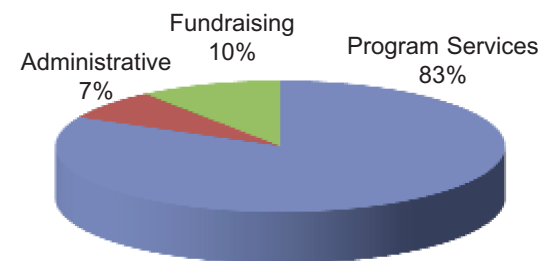
Revenue, Gains & Support

Contributions & Grants (47%)	359,719
Government Funds (47%)	361,660
Special Events (6%)	45,336
Investment Income (0%)	61
Other (Less than 1%)	752
Total Revenue, Gains & Other	\$767,528



Expenses*

Program Services (83%)	612,750
Administration (7%)	51,678
Fundraising (10%)	73,825
Total Expenses	\$738,253



Net Assets

\$35,944

*Estimated percentage totals based on FY10 audit

Financial information obtained from the independent auditors report, prepared by Rubin Brown LLP., for the fiscal year ending June 30, 2010.