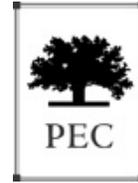




**BrainGain@PEC**

Brought to you by the PEC Policy Department  
For more information, email [Policy Department](mailto:Policy Department).



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BrainGain@PEC provides brief summaries of research or publications on family homelessness and related issues. Previous issues of BrainGain@PEC can be found at <http://bit.ly/2iaczvQ>.

## Homelessness Contributes to Pregnancy Complications

Homelessness during pregnancy poses significant health risks for mothers and infants, asserts a new publication published in “Maternal & Child Health.”

**Why is this important?** At least 177 infants ages 0- 12 months spent time in Philadelphia’s emergency housing programs in fiscal year 2018, and there are unknown number of babies who are homeless but whom are not served in the City’s emergency housing system. These babies will be couch surfing, going from house to house until a more permanent housing situation can be found. A number of agencies serve these families but a system is not in place to share data with the housing homeless system.

In addition, the researchers contend that, to their knowledge, this study is **the only existing study** that includes a matched comparison group.

Researchers linked data about emergency shelter enrollees with **Massachusetts Medicaid** claims over a nine-year period to compare health care user and pregnancy complications for **9,124 women** who used emergency shelter and with those for 8,757 similar women who did not. Some findings include:

- **Rates of mental illness and substance use disorders** were significantly higher among homeless women.
- Odds of having **nine pregnancy complications** were also significantly higher for homeless women and remained substantially unchanged after adjusting for behavioral health disorders.
- Emergency shelter users had **fewer ambulatory care visits** and more months without billable care.
- Emergency shelter users were **more likely** to visit an emergency department.
- **Homelessness and behavioral health disorders** appear to be independent factors contributing to pregnancy complications.

The source document is “**Homelessness Contributes to Pregnancy Complications**” and was written by Robin E. Clark, Linda Weinreb, Julie Flahive, and Robert Seifert. Read the original document at <https://www.pubfacts.com/author/Linda+Weinreb>

Readers are encouraged to read the original text for context, charts, and methodology.

**PEC is summarizing the paper to encourage the Philadelphia community to understand the findings and recommendations and to raise awareness and a discussion of the needs of families who are homeless and pregnant.**

The paper includes the following key points, and much of the following is verbatim from the report.

- Given the particular vulnerability of women while pregnant and the heightened focus on addressing social determinants of health, it is important to understand what kinds of assistance homeless women need during pregnancy and how unstable housing affects their health and use of care.
- Researchers assert that *“With a better understanding of these factors, health care providers and policy makers may be able to develop more effective interventions for homeless pregnant women and target those interventions more efficiently.”*

### **Findings:**

- Women who used shelter had significantly **higher rates** of:
  - alcohol, opioid, and non-opioid drug use disorders;
  - adjustment, anxiety, and depressive disorders;
  - injuries due to external causes; and
  - complications during pregnancy and birth than the comparison group
  - higher rates of injuries
  - substance use and mental health disorders in the year before pregnancy
- Except for spontaneous abortion, the adjusted odds of having pregnancy-related conditions and complications were significantly higher among homeless than among comparison women, after adjusting for age, year of pregnancy, nonwhite race, unknown race, and region of last residence
- The groups also **varied in the services they used** while pregnant. Women in the shelter group had:
  - Significantly **fewer ambulatory care** visits during pregnancy, despite having more complications
  - More than half of the members of each group **visited the Emergency Department (ED)** one or more times while pregnant, but ED use was more widespread in the shelter group (76 percent versus 59 percent).

- The mean number of ED visits per 100 person-months during pregnancy varied substantially within groups but was similar for the shelter and comparison groups: 24 in the shelter group and 25 in the comparison group.
- Pregnant women in the shelter group also had **many more months** during which they received no reimbursable health care (61 percent versus 18 percent).
- Induced abortion rates were **much lower** in the shelter group than in the comparison group.

### Discussion:

- They City should use assessments and precautions when ‘diverting’ or ‘preventing’ a pregnant homeless family from accessing emergency housing in a way that would prolong the family’s homelessness.
- Associations between shelter use and pregnancy complications were not explained by mental health or substance use disorders, which also occurred more often in the shelter group than in the comparison group.
- Most complications were higher in the homeless group before as well as after shelter entry.
- Families often experience several months of stressful events, unstable housing, or both before becoming literally homeless and qualifying for emergency shelter.
- Shelter-based interventions to improve prenatal care are likely to be helpful but may be received too late to reduce risk to a level comparable to that of women living in more stable housing.
- Placements outside of their original community, coupled with transportation problems, may disrupt established relationships with providers and require women to look for new ones, which makes it difficult to maintain continuity of care and leads them to have fewer ambulatory care visits and rely more heavily on EDs for care.

### Policy implications:

- Policies that encourage health care providers to identify pregnant women in unstable housing and help them quickly access safe, affordable housing during pregnancy are essential for ensuring healthy pregnancies. Where safe, affordable housing is not available, public incentives or interventions may be needed to increase access.
- Early and regular screening of pregnant women for unsafe or unstable housing is necessary to ensure continuous care, reduce pregnancy complications, and lower costs.
- Our analyses suggest that health care providers and systems could improve the experience and outcomes of pregnancy by ensuring that pregnant women receive appropriate prenatal care that follows them as they transition from one housing situation to another.
- Our findings indicate that behavioral health disorders and housing instability are independent factors that should be addressed simultaneously.