Prenatal and Perinatal Risks Among Mothers Experiencing Homelessness

Staci Perlman and Sara Shaw
University of Delaware

Introduction

Ages of Children Experiencing Homelessness

8% 12% 43% 31% 16%
6-12 13+7

Preterm birth
Low birth weight
NICU stays
Prenatal care

Pre-/Perinatal Homelessness

Mortality
Developmental delays
Breastfeeding

Homelessness in the First Years

Poor health
Poor mental health
School problems
Academic achievement
Social skills

Starting School...

Infant Mental Health

Draws from systems theory, attachment theory, and cognitive theory to:
- Emphasize parent-child relationships as cornerstone of intervention
- Account for environmental influences—risk & protective factors
- Build on strengths
- Promote early social-emotional development through positive parent-child relationships

Purpose

Little is known about pre- and perinatal experiences of young children born into homelessness. The proposed study used data from the Pennsylvania Pregnancy Risk Assessment Monitoring System to take a closer look at the pre- and perinatal experiences of infants born into homelessness.

Research Questions

1. What is the trend in prenatal homelessness in Pennsylvania?
2. What is the prevalence of risk factors among mothers experiencing homelessness compared to stably housed mothers?
3. What is the prevalence of adverse perinatal outcomes among mothers who reported having been homeless?

Methods

Data are from the 2009-2011 Pennsylvania Pregnancy Risk Assessment Monitoring System (PRAMS). The PRAMS was developed by the CDC in the late 1980s to promote positive perinatal outcomes and reduce infant mortality.

- States administer the PRAMS annually via paper survey.
- Survey responses are then merged with birth record data.
- Survey was administered to 3,186 women.
- Given that the response rate exceeded 60%, these data are weighted to be representative of the more than 411,000 women who gave birth in 2009-2011.

Trends in Prenatal Homelessness

Rate of Homelessness During Pregnancy

Summary of Results

- The overall rate of prenatal homelessness declined across time.
- Experiences of prenatal homelessness were associated with disproportionately higher rates of other risk factors. These findings are consistent with prior studies or prenatal homelessness.
- Experiences of prenatal homelessness were associated with disproportionately higher rates of poor perinatal outcomes.

Implications

- Findings support the importance of ensuring that pregnant women experiencing homelessness have access to early and consistent prenatal care.
- The increased prevalence of adverse perinatal outcomes underscores the need for high quality, evidence-based primary care supports for women experiencing homelessness.
- Findings also suggest that home visiting programs and early home visits may be of particular benefit for infants/toddlers with chronic health problems.
- The increased prevalence of adverse perinatal outcomes also supports the importance of conducting developmental screenings and assessments of infants and toddlers experiencing homelessness — and ensuring that children identified with developmental delays have access to early intervention services.

Risk Factors

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>NON-HOMELESS</th>
<th>HOMELESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>LESS THAN A HIGH SCHOOL EDUCATION</td>
<td>14.9</td>
<td>38.1</td>
</tr>
<tr>
<td>MOTHER ≥ 20 YEARS OF AGE</td>
<td>8.1</td>
<td>11.4</td>
</tr>
<tr>
<td>WBC DURING PREGNANCY</td>
<td>40.7</td>
<td>61.0</td>
</tr>
<tr>
<td>STRESS ABOUT PAYING BILLS</td>
<td>18.7</td>
<td>66.1</td>
</tr>
<tr>
<td>IN A PHYSICAL FIGHT DURING PREGNANCY</td>
<td>3.5</td>
<td>33.1</td>
</tr>
<tr>
<td>PHYSICAL ABUSE IN THE YEAR PRIOR TO PREGNANCY</td>
<td>3.2</td>
<td>22.6</td>
</tr>
<tr>
<td>PHYSICAL ABUSE DURING PREGNANCY</td>
<td>2.4</td>
<td>16.7</td>
</tr>
<tr>
<td>STARTED PRENATAL CARE IN THE FIRST TRIMESTER</td>
<td>83.3</td>
<td>65.3</td>
</tr>
</tbody>
</table>

Adverse Perinatal Outcomes

<table>
<thead>
<tr>
<th>ADVERSE PERINATAL OUTCOMES (PERCENTS)</th>
<th>NON-HOMELESS</th>
<th>HOMELESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>BORN AT LESS THAN 36 WEEKS GESTATION</td>
<td>6.0</td>
<td>14.3</td>
</tr>
<tr>
<td>STAY IN NICU</td>
<td>21.0</td>
<td>47.4</td>
</tr>
<tr>
<td>NO WELL BABY VISIT</td>
<td>3.2</td>
<td>11.1</td>
</tr>
<tr>
<td>NEVER BREASTFEED</td>
<td>21.8</td>
<td>27.8</td>
</tr>
<tr>
<td>IN SUBSTITUTE CARE</td>
<td>.48</td>
<td>3.29</td>
</tr>
</tbody>
</table>

Contact Information

Staci Perlman, MSW, PhD
spperlman@udel.edu
Sara Shaw, M.S.
sashaw@udel.edu
University of Delaware
Human Development & Family Studies
Delaware Education Research & Development Center