

TOPIC BRIEF

Pregnancy and Homelessness

Findings from the California Statewide Study of People Experiencing Homelessness

Benioff Homelessness
and Housing Initiative



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Overview

Homelessness has devastating consequences for health and well-being. Pregnancy and the post-partum period increase the risk of experiencing homelessness; homelessness increases the risk of becoming pregnant. Homelessness increases the risk for negative pregnancy outcomes, including maternal morbidity and mortality, pre-term birth and fetal demise, and neonatal morbidity and mortality. Due to structural racism, Black and Indigenous Americans have a significantly increased risk of homelessness. Homelessness and structural racism may be a significant contributor to poor perinatal outcomes in these communities. Despite these high risks, there is little known about pregnancy among people experiencing homelessness. In this Topic Brief, we review data from the [California Statewide Study of People Experiencing Homelessness \(CASPEH\)](#) on pregnancy and homelessness.



Pregnancy and Homelessness: Findings and Recommendations^{1,2}

Pregnancy increases the risk of becoming homeless. Eleven percent of people capable of pregnancy experienced a pregnancy in the six months prior to homelessness; 71% of those came from housing that they had been living in without a formal rental agreement or lease.

■ Policymakers should fund flexible subsidy programs that support rent and household expenses for pregnant people at high risk for homelessness.

Homelessness disrupts the ability to access routine reproductive services. Twenty-six percent of homeless adults capable of pregnancy were pregnant during their current episode of homelessness. Pregnancy rates were higher in the 18-24 age range (40%) than those for the 25-34 and 35-44 age groups.

■ Policymakers should invest in proven public health approaches to reproductive health aimed specifically at young people experiencing or at risk for homelessness.

■ Continuum of Care (CoC) and program leaders should ensure that staff at any shelters, drop-in programs, or transitional housing programs designed for young people have staff equipped to support young people in their reproductive health, including connecting them to care when necessary.

1. We define people capable of pregnancy as those assigned female at birth and age 18-44 at the time of interview.

2. CASPEH data on pregnancy is limited because of the relatively small number of people who had experienced or were currently pregnant at the time of the study.

We did not find differences in rates or experiences of pregnancy based on racial/ethnic group, but small sample sizes limited our ability to detect variation.

Structural racism and homelessness are intertwined. CASPEH data suggests the need for more research regarding the intersection of race, homelessness, and pregnancy.

Experiencing unsheltered homelessness further increases the risks associated with homelessness. Most (70%) people who experienced pregnancy during this episode spent most of the nights in the past six months unsheltered.

Policymakers should prioritize statutes (state-wide legislation or local ordinance) that create a right to non-congregate shelter or housing for pregnant people. Policymakers could replicate similar policies that exist for families with children.

CoCs and local homelessness system program leaders should identify strategies to modify coordinated entry and program-level prioritization tools to ensure that pregnant people gain rapid access to non-congregate shelter and other housing resources.

Homelessness is a high-risk time for experiencing violence and negative health outcomes. Sixty-one percent of those who experienced pregnancy reported experiencing physical or sexual violence during this episode; twenty-nine percent reported experiencing physical or sexual violence perpetrated by their partner.

CoC and local homelessness system leadership should work to further integrate intimate partner violence screening and support into homelessness service settings with a focus on automatically screening pregnant people for exposure to violence.

Policymakers should work to expand funding for intimate partner violence (IPV) supports across the homelessness system and support better integration of the domestic violence shelter system with the homelessness response system writ large.

Given the large number of unsheltered pregnant people, program leaders should work with experts to develop outreach tools that incorporate best practices for trauma-informed violence prevention and screeners for violence and IPV into discussions with pregnant people in unsheltered settings.

Most people (72%) who had been pregnant during their current episode of homelessness reported at least one chronic health condition and 12% reported three or more. Almost all of those who reported pregnancy during this episode of homelessness reported having health insurance (92%), but nearly half (41%) did not have a regular source of healthcare.

Policymakers and clinical leaders should prioritize funding programs that include

- low-barrier multidisciplinary clinics,
- assertive outreach with medical or nursing support including reproductive health services, and,
- dispensed medications and other innovations to improve access to care.

Policymakers and program-level leaders should prioritize connecting pregnant people to stable housing to facilitate care delivery.

Clinical administrators and hospital leadership should support clinicians and medical staff in assessing housing needs and making connections to social work support as a routine part of prenatal and primary care.



Pregnancy and Homelessness: A Deeper Look

Study Overview

The California Statewide Study of People Experiencing Homelessness (CASPEH) is the largest representative study of homelessness in the United States since the mid-1990s. Researchers at the University of California, San Francisco, Benioff Homelessness and Housing Initiative (UCSF BHII) recruited a representative sample of adults experiencing homelessness; all participants (3,200) completed an administered questionnaire. A subset participated in in-depth interviews. UCSF BHII has released a series of reports, including a [comprehensive report](#), a report on [intimate partner violence and homelessness](#), a report on [racial equity and Black people experiencing homelessness](#), and a report on [older adults experiencing homelessness](#). This topic brief looks at experiences of pregnancy and homelessness.

Pathways to Homelessness

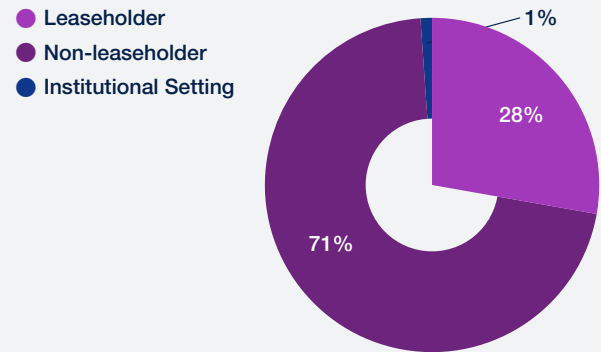
Pregnancy increases the risk of becoming homeless. Eleven percent of people capable of pregnancy were pregnant in the six months prior to homelessness. Thirteen percent of those pregnant before their current episode stated that a reason for leaving their last housing was because they became pregnant or had a baby.

Nearly three out of four (71%) of those who were pregnant before this episode of homelessness did not have a formal lease (Figure 1).

“ I lost my job because I got pregnant, I got fired... I was not feeling well one day, and the supervisor didn't let me go home, so I left. The next day he told me that there was no longer work for me... So, the owner of the house [where I rented a room] gave me one month while I found another job, but it is not easy since I was pregnant. I found work for one or two days, so I couldn't make the money to pay the rent.

— 38 YEARS OLD, STAYING IN SHELTER

FIGURE 1 Tenancy Status Among People Who Experienced Pregnancy in the Six Months Prior to Homelessness

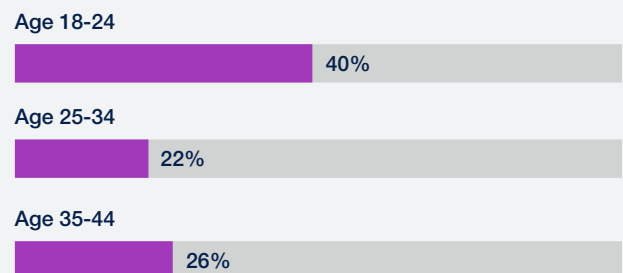


Who Experiences Pregnancy During Homelessness?

Homelessness disrupts the ability to access routine reproductive services. Twenty-six percent of homeless adults capable of pregnancy were pregnant during their current episode of homelessness; 8% were pregnant when interviewed.

People capable of pregnancy aged 18-24 had higher rates of pregnancy (40%) than those aged 25-34 and 35-44 (Figure 2).

FIGURE 2 Pregnancy³ During Homelessness Episode, by Age



3. Among people assigned female at birth

Experiences During Homelessness

Homelessness is a high-risk time for experiencing violence and negative health outcomes. Experiencing unsheltered homelessness further increases the risks associated with homelessness. Seventy percent of people who reported pregnancy during this episode spent most of their nights in the prior six months unsheltered (Figure 3).

People who were pregnant during this episode of homelessness reported high rates of interpersonal violence. Sixty-one percent of people who experienced pregnancy during this episode experienced physical or sexual violence; 29% reported experiencing physical or sexual violence perpetrated by their partner.

People who were pregnant during this episode of homelessness required care beyond prenatal services. Seventy-two percent of people who had been pregnant at any time during their current episode of homelessness reported at least one chronic health condition. Twelve percent reported three or more.

Almost all of those who reported pregnancy during this episode of homelessness reported having health insurance (92%), but nearly half (41%) did not have a regular source of healthcare outside the emergency department. Approximately a quarter (22%) reported needing healthcare but being unable to access it. This data suggests that while pregnant people who experience homelessness have been able to access health insurance, they face non-insurance barriers to healthcare.

“ I park in [my friend’s] parking lot so she done leave her door open, I use their bathroom and I come back out. But it’s uncomfortable. [The car is] little. My damn back hurt and I’m pregnant. I’m four months pregnant.

– 30 YEARS OLD, STAYING IN VEHICLE

FIGURE 3 Where People Who Were Pregnant During This Episode of Homelessness Slept Most During the Last Six Months



“ My friend brought me here. I told her I didn’t want to sleep on the street because I was pregnant and because it was cold during that time. I stayed with her for one week, but the owner of that place told her I couldn’t stay there. So, we came here. They didn’t have availability, so I had to wait 30 days.

– 38 YEARS OLD, STAYING IN SHELTER

