Enhancing Perinatal Outcome in Homeless Women: The Challenge of Providing Comprehensive Health Care

Anne C. Beal and Irwin Redlener

Homeless women who are pregnant present a number of challenges to health care providers. As a group, they are at risk for a variety of illnesses that could affect their pregnancies, including sexually transmitted diseases and substance abuse. Poor access to health care, inadequate prenatal care, poor nutrition, and poor housing cause these women to suffer poor birth outcomes. They are more likely to deliver low birth weight infants and have higher rates of infant mortality. It should be understood that homeless pregnant women are a heterogeneous group. Generally, they are pregnant adolescents and women in homeless families. Additionally, there are differences within these two groups. The causes of homelessness for these women vary as do their needs during pregnancy. Any provider of health care to the homeless must understand the different situations of these women to deliver directed, effective care.
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Pregnancy is a time when women must pay particular attention to their health. Good nutrition, rest, moderate exercise, and timely health care are all required to produce a healthy infant. However, homeless women face a number of barriers that make these goals difficult to achieve. When living on the streets or in a shelter, sometimes with small children, homeless women are presented with so many challenges to survival that the extra needs presented by pregnancy often seem impossible to address. As might be expected, these women suffer poor pregnancy outcomes, which could be prevented with appropriate care.

Women who find themselves pregnant and homeless are not a homogenous group. These women generally fall into two major categories: (1) runaway youth who become pregnant while on the streets, and (2) pregnant women in homeless families. Prenatal approaches that are applied to a runaway teen may not be effective for a woman in a homeless family living in a shelter. They are homeless for different reasons and have different medical risks. However, although homeless pregnant women are not all the same, they do share some common health needs that will be reviewed.

This article is partly based on our experiences as medical providers for the New York Children's Health Project (NYCHP), a clinical program of the Division of Community Pediatrics of Montefiore Medical Center/Albert Einstein College of Medicine.[1] The NYCHP's mission is to provide comprehensive pediatric health care to families living in New York City's homeless shelters. Although primary care is delivered on mobile medical units to families in shelters on a regularly scheduled basis, subspecialty and inpatient support is provided by Montefiore Medical Center and organized by the primary care team.

Profile of Homeless Women

When people think of the homeless, many envision single men, often with substance abuse problems, who live on the streets. In fact, the homeless include men, women, and children who have no housing because of a myriad of financial and social factors. Although it can be difficult to obtain demographic information on the homeless, one study used national data from agencies receiving McKinney funds to create a profile of this group.[2] The homeless were 36% African–American, 47% white, 11% Hispanic, and 16% other racial categories. Overall, 20% of the homeless population were women aged 15 to 44

From the Division of Community Pediatrics, Montefiore Medical Center, Albert Einstein College of Medicine, New York, NY.
Address reprint requests to Anne C. Beal, MD, MPH, Division of Community Pediatrics, Montefiore Medical Center, 317 E 64th St, New York, NY 10021.
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years of whom 8% were pregnant. This represents about 6,000 women who were pregnant and homeless at the time of the study. From these data, it is clear that the problem of pregnancy in the homeless affects a large number of patients and health care providers. Programs that provide general care to homeless women must address the needs of pregnancy in addition to the other issues presented by this group.

As compared with single men whose causes of homelessness are unemployment, substance abuse, and release from jail, women become homeless because of domestic violence, family problems, and evictions.[3,4] Many women face placement in shelters with their children. The NYCHP has found that some women will place their children with family members or in foster care while they are homeless, hoping to become reunited once permanent housing is identified. However, for most homeless mothers who keep their children while in the shelter system, the responsibilities of child care coupled with the stresses of pregnancy and homelessness can be overwhelming.

Health Needs of Homeless Women

Among the homeless, the most common medical problems encountered include acute illnesses such as upper respiratory infections, trauma, and skin ailments. The chronic illnesses, which affect about 40% of the homeless include hypertension, gastrointestinal disorders, peripheral vascular disease, dentition problems, neurological disorders, eye disorders, cardiac disease, and genitourinary problems.[2] In addition to basic medical care, women need gynecologic services. When living on the streets or in shelters, women continue to engage in sex. This can occur with their homeless partners and, for some, in acts of survival sex. These women need contraceptive services that can be used within the context of their homelessness. Methods that require a daily routine, close medical follow-up, good hygiene, or an ability to store bulky devices may not be useful or practical for homeless women. Experience has shown that oral contraceptives are most popular in this group, but requires access to medical care.[3]

In addition to contraceptive needs, these women are at risk for contracting sexually transmitted diseases. The Community Family Planning Council is a New York-based network of health centers that serve homeless women. In a recent report, the Council found that about 25% of their patients have syphilis, 15% have chlamydia, and nearly 13% are HIV-positive.[5] When these women become pregnant, the prevalence of these illnesses place not only the women, but their unborn children, at risk. The need for access to thorough and timely prenatal care cannot be stressed enough for this population.

Homeless women find access to health services difficult for a number of reasons. They frequently move in and out of the shelter system, which makes finding a single source of health care unlikely. Because of the pressing needs of survival, it is difficult to prioritize health care when one is feeling well; thus seeking preventive services becomes less probable. In addition, patients do not like to use health centers where they may be treated differently after being identified as homeless. There are also problems with health insurance. In our experience, patients may have Medicaid but are increasingly enrolled in Medicaid-managed care programs. However, these programs limit access to providers in neighborhoods where patients were previously living. As a result, patients are unable to use providers in areas where they are sheltered while in the homeless system. Finally, other factors that contribute to homelessness such as familial dysfunction, poor planning abilities, or substance abuse affect a woman's ability to obtain health services in a timely fashion.

Homeless women sometimes require psychiatric assistance including substance abuse services. Many have become homeless because of domestic violence and are prone to feelings of isolation and depression. Some become involved with illicit substances to "self-medicate" for an array of health problems and others have long-standing difficulties with substance abuse that contribute to their homelessness. In some groups of homeless women, almost half have used alcohol or drugs during pregnancy, whereas among homeless pregnant teens it has been found that 30% were depressed or attempted suicide.[6,7] The various medical, psychiatric, and gynecologic needs of homeless women make them complicated patients. When pregnancy is added to the mix, the health provider is presented with a patient for whom a healthy pregnancy is difficult to achieve.

Pregnancy Issues Among Homeless Women

When a woman finds herself pregnant and homeless, she faces a number of obstacles that can interfere with the possibility of a healthy outcome for mother and infant. A major priority is finding shelter for herself. In many US cities, she may or may not be eligible for placement in a long-term shelter. In New York, a pregnant woman is eligible to be placed in a prenatal shelter that houses women until they deliver. Conversely, one study in Chicago found only 12 of 41 (29%) shelters for women accepted pregnant women. Additionally, transitional shelters, where one can stay for up to 120 days, were less accepting of pregnant women than drop-in and overnight shelters. These policies may inhibit a woman from admitting that she is pregnant and cause delays in obtaining prenatal care.[4]

If a woman has children, her concerns about getting shelter and food for them may overshadow her own needs for prenatal care. Because many homeless women have poor social networks, a pregnant woman may find herself with no one to support her during this time of increased need. She may already be overwhelmed with survival issues for herself and her children, and may be ambivalent about carrying her pregnancy to term. However, if a woman chooses to terminate her pregnancy, she faces the same barriers to care as when trying to obtain general health care. These factors are then compounded by the fact that many publicly funded centers are unable to perform abortions, further limiting a homeless woman's access to care.

The diagnosis of pregnancy is often delayed in this population. Poor access to medical providers, coupled with the costs of "home" pregnancy tests, may prevent a woman from getting a definitive diagnosis. We come into contact with many mothers who bring their children to a pediatric mobile medical unit for health care, but are unable to access care for themselves. As a service, the NYCHP provides pregnancy testing if requested. Many pregnant women present with complaints of missed or irregular menses but had planned to "wait another month" to see if they menstruate. This type of delay is common and works against timely diagnosis and early prenatal care.

Once pregnancy has been diagnosed, the patient may be able to obtain prenatal care. However, this still leaves her with the problems of homelessness that also must be addressed. A woman might be eligible for the Women, Infant, and Children (WIC) food supplementation program, but may have no cooking facilities where she can prepare her food. In New York, shelters provide prepared food for residents when there are no cooking facilities. Unfortunately, such food is often prepackaged and rarely offers fresh fruits or vegetables. Little consideration is given to the increased caloric or special dietary needs of the pregnant woman.

Homelessness also places a woman at risk for losing her child to welfare agencies. Many NYCHP patients have been reported to the Child Welfare Agency (CWA) by hospitals; not because they were abusive mothers, but because they were homeless. This makes them ambivalent about revealing their homeless status to health care providers who could assist with additional services required in this population.

Because there are few providers of obstetric care who exclusively serve the homeless, agencies that serve the poor must be aware of the special needs of their homeless patients. When treated sensitively, the homeless will return for good care. New York's Community Family Planning Council serves homeless pregnant women who make an average of six to seven visits during their pregnancies, and who return for follow-up. These rates are close to those expected in private practice settings.[5]

Another major issue is the problem of substance abuse. It is generally difficult to assess the prevalence of illicit substance use during pregnancy. This is particularly so in the homeless who may not access care or may have no chance to develop a trusting relationship with a provider. Some studies have found that up to 50% of homeless pregnant women admit to using alcohol or drugs during their pregnancies.[6] However, in our own experience very few mothers admit to using these substances. Nonetheless, it has been found that pregnant homeless teens are four times more likely to have substance abuse problems than are domiciled pregnant teens.[7] Regardless of the population served, any health care provider to the homeless should be aware that problems with substance abuse are prevalent and many mothers need assistance with accessing rehabilitation programs.

Infection with human immunodeficiency virus (HIV) is also a major issue to be addressed with homeless mothers. These patients are at significant risk for heterosexually transmitted HIV, especially considering the prevalence of substance abuse. It has been shown that many of these women have little knowledge about HIV or how to protect themselves against infection.[8] Attempts must be made at every contact to inform women about their risks and educate them to avoid contracting the virus. Recent advances to reduce maternal-infant transmission rely on early diagnosis of HIV infection, early diagnosis of pregnancy, and effective continuity of care.[9] Because there are now methods to actually reduce the rate of transmission of the virus to newborn infants and reduce the incidence of pediatric HIV infection, more concerted efforts are needed to identify mothers at risk and encourage voluntary testing for HIV status. On NYCHP mobile medical units, every contact with the mother is used as an opportunity to discuss several health issues, including HIV. While our primary patients are children, we take a holistic approach to the health needs of the families. Mothers are routinely asked about risk factors for HIV and many are referred for testing. When a woman is identified as pregnant, a referral is made to agencies providing prenatal care and early testing for HIV.

Pregnancy Outcomes in Homeless Women

Despite the existence of a few programs that care for the homeless, the majority of pregnant homeless women do not obtain good prenatal care. In a 1987 study, Chavkin et al reviewed the birth records of all children born in New York City.[10] She identified mothers who gave an address matching homeless shelters throughout the city. From these data, she was able to compare birth outcomes for mothers living in homeless shelters, public housing projects, and the rest of the city. This is the most comprehensive population-based assessment of birth outcomes for New York City's homeless mothers published in the medical literature.

Surprisingly, homeless mothers were more likely to have health insurance (usually Medicaid) than were housing project mothers but, despite the fact that 81.7% had Medicaid, they were less likely to have adequate prenatal care. The study found that 39.7% had no prenatal visits versus 14.5% of project mothers. In addition, 16.7% of homeless pregnant women had a maximum of one to three visits versus 8% of project mothers. In effect, more than half of homeless women had significantly less than the recommended number of prenatal visits. The mean birth weight of infants born to homeless women was 2,979 g versus 3,128 g for project mothers. Although the homeless were at risk for lower birth weights because of poor prenatal care and other factors, this study found that after controlling for those variables, homelessness alone accounted for a 125-g reduction in average birth weight. As expected, homeless mothers experienced higher rates of infant mortality at 24.9 per 1,000 births versus 16.6 for project mothers. Although inadequate prenatal care and low birth weights contribute to this outcome, the poor conditions in which these infants live plays a role. Crowded conditions, no cooking facilities to sterilize bottles, and poor access to health care must contribute to the high infant mortality seen in the homeless.

A major drawback of this study was that the prevalence of other risks factors, such as substance abuse, were not reported. Further studies are needed to evaluate how specific aspects of the homeless experience contribute most to low birth weight and infant mortality. Poor nutrition, stress, substance abuse, close spacing of pregnancies, physical abuse, or a myriad of other factors may be important. Such studies would be helpful to providers and would allow them to focus limited resources on the areas that provide greatest benefit.

Meeting the Needs of Pregnant Homeless Women

As was stated earlier, homeless pregnant women generally fall into two groups: runaway youth who become pregnant while on the streets, and pregnant women in homeless families. In addition, there are variations within these two broad categories. An understanding of the differing needs of pregnant homeless women would be necessary for any provider interested in trying to meet the challenges of caring for these patients.

The Homeless Pregnant Adolescent

Some adolescents seen by the NYCHP are categorized as "runaway youth". It is estimated that

there are as many as 1 million adolescents living on the streets of America.[11] These children have been put out by, or have run away from, their parents. They have never lived independently and have had to survive on the streets at a very young age. Many are running from situations in which they were psychologically, physically, or sexually abused, and most are not emotionally well equipped to care for themselves or a newborn infant. To survive on the streets they must often engage in behavior that places them at risk for a number of illnesses.

Other NYCHP patients are the adolescent children in homeless families, some of whom were pregnant during their time in the shelters. Fortunately, they are with their families, and have the support of their own mothers who later assist with child care responsibilities. There are no good data on the number of adolescent members of homeless families who are pregnant, but they are often serviced on NYCHP medical units. Because they have familial supports, they are less prone to the devastating effects of homelessness than are runaway youth.

The most common health problems seen in the homeless adolescent are poor nutrition, substance abuse, psychiatric disorders, complaints related to exposure and hygiene, sexually related problems, and problems associated with victimization and abuse.[11,12] Agencies serving these teens have reported that, compared with domiciled adolescents, they experience intercourse 2 to 4 years earlier, are twice as likely to be pregnant, are twice as likely to have a major mental disorder, are four times more likely to have attempted suicide, four times more likely to have a history of being sexually abused, five times more likely to have been physically abused, and four times more likely to be abusing drugs. In some groups, more than half admitted to survival sex with multiple partners, and 46.4% were diagnosed with a sexually transmitted disease.[7,11] Given their exceptional needs, programs serving pregnant homeless teens must be prepared to provide extensive services.

There have been a few such programs described in the literature.[13,14] Most of these have been highly supportive residential programs. Services offered include on-site day care, on-site job training, educational services, health care, parenting classes, counseling, life skills training, and assistance with housing, food, and clothing. These programs allow the girls to stay for an extended period, in some cases up to 2 years, while they work toward independence. It has been shown that with adequate interventions, these young women can learn good parenting and be responsive to the needs of their infants.[14] Because this group needs such intensive and expensive interventions, very few such programs are available.

Pregnant Women in Homeless Families

There has been a significant increase in the number of families headed by women entering the homeless system.[15] By far the greatest number of pregnant homeless women are members of these families. It has been our experience that there are some variations within this group. There are young homeless women who may have reasonable support, but become homeless when their pregnancies make living conditions too crowded. Conversely, there are women who become pregnant while they are homeless. What distinguishes these two groups is that pregnancy may precipitate homelessness in the former.

Many of our mothers have family support and were living with relatives before they became homeless. Before or soon after giving birth, the mother enters the homeless system because her former living conditions have become too crowded. Studies have shown that more than half of homeless women are pregnant or have given birth in the year before requesting assistance.[16] Homeless pregnant women tend to be younger and may be less able to obtain an apartment without assistance. Thus, they need the shelter system as a way of obtaining housing for themselves and their newborn infants. The greatest predictive variables for homelessness in women are being pregnant, having a young child, and being young.[17,18]

In New York City, homeless families are prioritized for public housing. A number of our patients have confided that they actually enter the homeless system to get this priority rating. They know they will get faster placement in public housing by applying from a shelter rather than from a relative's home. These patients may have a number of preexisting social and family supports but need housing and are in the homeless system because they cannot afford typical rental costs. They have relatives, and friends, but no

one who can accommodate them and their children. In fact, at least one study found that homeless mothers have functioning social networks.[18] Efforts to prevent homelessness should capitalize on these networks and focus on the needs of young people with children who have difficulty finding housing. This would go far to prevent the number of women who find themselves pregnant and in the homeless shelter system.

The other set of pregnant women in homeless families can be distinguished because their primary problem is homelessness and they become pregnant during that time. As opposed to the young homeless woman who enters the system because of overcrowding or to find housing, these women are homeless because of other problems. Our own experiences have found that domestic violence, substance abuse, and a variety of unstable living conditions precede actual homelessness, and that these women become pregnant while in the shelter system.

Such women tend to have more problems that lead to continuing inability to secure permanent housing. Efforts to assist these women that focus on finding housing are not sufficient. They also need interventions such as counseling for domestic violence or drug rehabilitation, which address the underlying causes of their homelessness. While they are in need of medical care, they also benefit from a holistic approach that addresses issues that predispose to housing instability.

Conclusion

Of the several categories of pregnant homeless women, runaway homeless adolescents have the greatest need and require the most comprehensive interventions. They benefit from extensive support including housing, educational support, day care, and health care. Some young homeless women may have had extensive support networks, but enter the homeless system to find housing. While they are in need of medical care, they have familial structures for support and do not require the same level of broad-based intervention as other homeless women. Women in families who are prone to homelessness have extensive medical and social needs. The causes of this group's homelessness will not disappear with housing alone in the absence of comprehensive interventions for substance abuse, domestic violence and other issues. Programs servicing this group should meet all of its needs and focus on efforts to prevent future homelessness.

The demographics of the homeless are changing, with more women and children needing shelter. As a result, the challenges of pregnancy and homelessness are becoming increasingly evident. Recognizing that there are subgroups with different needs within the homeless helps providers give focused, more effective care. We have found that virtually all homeless pregnant women require extensive support to ensure proper health care while negotiating the homeless system.[19] Health care providers who assume the challenge of caring for this group should be prepared to deliver health care along with needed social and economic support. If this is done with a comprehensive and compassionate overview of multiple complex needs, such women will usually be successful in securing stable housing and function effectively as nurturing providers to their own children.

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