

Homelessness

Among Maryland Women Giving Birth 2004-2010

April 2012

“I think that more should be done to help pregnant homeless women. Many shelters were leery of taking me because of my pregnancy.”

PRAMS mother



Homeless women are at increased risk for a range of problems, including chronic disorders, infections, substance abuse, mental illness, and intimate partner violence. Access to medical care and following healthy behaviors may be challenging, especially

during pregnancy. This brief will examine the characteristics of women who reported being homeless during the twelve months before the birth of their baby, as well as factors associated with homelessness.

Prevalence of Homelessness

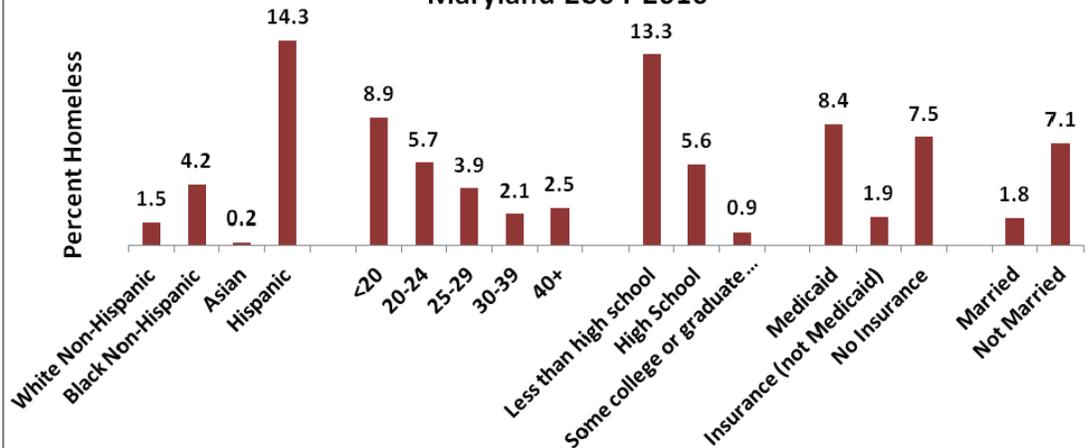
The 2004 – 2010 Maryland PRAMS survey included the following question:

40. This question is about things that may have happened during the 12 months before your new baby was born. For each item, circle Y (Yes) if it happened to you or circle N (No) if it did not. (It may help to look at the calendar when you answer these questions.)

40d. I was homeless.....N Y

Between 2004 and 2010, **4% of Maryland women reported being homeless in the year before their baby was born.** The prevalence was highest among Hispanic women (14%), and lowest for Asian women (0.2%). The prevalence of homelessness decreased with increasing age; 9% of teens reported homelessness, while only 2% of women over 30 reported being homeless. Similarly, 13% of women with less than a high school degree reported homelessness compared to 1% of women with some college or graduate school. Finally, the prevalence of homelessness is significantly higher among non-married women (7%) (Figure 1).

Figure 1. Percent of Women Who Reported Homelessness Maryland 2004-2010



Factors Associated with Homelessness

Table 1. Perinatal Factors Associated with Homelessness, Maryland 2004-2010

Factor	Non-Homeless n=10,580 %	Homeless n=339 %
Before Pregnancy		
Daily multivitamin (folic acid) consumption*	32	17
Cigarette smoking, 3 months pre-pregnancy*	21	39
Binge drinking, 3 months pre-pregnancy	19	19
Unintended pregnancy*	42	59
During Pregnancy		
Initiation of care, after 1st trimester/no care*	21	54
Cigarette smoking, last 3 months*	10	26
Binge drinking, last 3 months	1	5
Alcohol use, any, last 3 months	8	10
Physical abuse by current or former partner,* (includes abuse before and during pregnancy, 2004-2008 only)	6	29
After Pregnancy		
Postpartum depression*, (2004-2008 only)	14	30
Breastfeeding, ever	80	77
Infant sleep position, back	69	63

*Difference between homeless and non-homeless was statistically significant (p -value ≤ 0.05)

Women who reported being homeless were more likely to report smoking cigarettes during the last 3 months of pregnancy (26% of homeless women compared to 10% of women who were not homeless) (Table 1). However, they were only slightly more likely to report drinking alcohol during the last 3 months of pregnancy. Women who reported being homeless were also more likely to have late or no prenatal care. The most common reasons for late prenatal care included no transportation (31%) and lack of money (35%) (data not shown). More than a quarter of homeless women (29%) reported being the victim of intimate partner violence before or during their pregnancy. Women who reported homelessness were twice as likely as non-homeless women to report feeling depressed/disinterested always or often after their baby was born. Rates of ever breastfeeding and putting babies to sleep on their back were not significantly different between homeless and non-homeless women.

Health Insurance Coverage at Delivery

Compared to women with private insurance at delivery, the rates of homelessness were higher among women receiving Medicaid at delivery and those without insurance (Figure 1, page 1). Among homeless women, 62% reported having Medicaid at delivery, 33% had private insurance, and 5% had no insurance (data not shown).

Birth Outcomes

Among women who were homeless, the prevalence of low birth weight or very low birth weight babies was slightly higher than among women who were not homeless (9% vs. 8%), but this difference was not statistically significant. The prevalence of having a premature or very premature baby was also higher, but not significantly higher, among homeless women compared to non-homeless women (12% vs. 10%).

Stressors

Factor	Non-Homeless n=10,580 %	Homeless n=339 %
Separation or divorce	7	31
Moved	31	67
Arguments, increased with partner	24	49
Job loss, mother	10	40
Job loss, partner	10	30
Pregnancy unwanted by partner	9	28
Unpaid bills	20	54
Drugs, someone close had problem	10	29
Jail time, self or partner	3	15
Physical fight	4	23

For all factors, the difference between homeless and non-homeless was statistically significant (p-value ≤ 0.05)

As shown in Table 2, women who reported being homeless were also more likely to report other stressors just before or during their pregnancy. Nearly a third of women who reported being homeless also reported going through a separation or divorce. Forty percent of mothers lost their job

and 30% had a partner who lost a job. Among women who reported homelessness, 15% reported that they or their partner had served jail time in the 12 months before the baby’s birth. Nearly a quarter reported being in a physical fight just before or during pregnancy.

Discussion

Homelessness presents many challenges, particularly during pregnancy. Women in Maryland were more likely to report being homeless in the 12 months before their baby’s birth if they were Hispanic, young, not married, or had less than a high school degree.

Homelessness is associated with several factors during pregnancy that can lead to poor outcomes for the mother and child. Women who experienced homelessness were more likely to smoke in the final 3 months of pregnancy and to initiate prenatal care after the first trimester or not at all.

Homeless women were less likely to take daily vitamins and more likely to experience intimate partner violence. They were more likely to experience a range of stressors, including separation or divorce, job loss, having someone close to them with a drug problem and being in a physical fight. Homeless women were also more likely to experience postpartum depression.

It is important that services are provided that meet the varied needs of homeless women and make it easier for them to have a healthy pregnancy and a healthy baby.

“...I just had a baby a few months ago. I’m calling shelters and they are all full”

“Homelessness is a real issue for women .”

“A lot of times the difficulty [homeless] women have is with the insurance ... health care is not accessible enough [for homeless women].

PRAMS Mothers



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PRAMS Methodology

Data included in this report were collected through the Pregnancy Risk Assessment Monitoring System (PRAMS), a surveillance system established by the Centers for Disease Control and Prevention (CDC) to obtain information about maternal behaviors and experiences that may be associated with adverse pregnancy outcomes.

In Maryland, the collection of PRAMS data is a collaborative effort of the Department of Health and Mental

Hygiene and the CDC. Each month, a sample of 200 Maryland women who have recently delivered live born infants are surveyed by mail or by telephone, and responses are weighted to make the results representative of all Maryland births.

This report is based on the responses of 10,915 Maryland mothers who delivered live infants between January 1, 2004 and December 31, 2010 and were surveyed two to nine months after delivery.

Limitations of Report

This report has several limitations. First, homelessness was determined through mothers' self-reports. Self-report may overestimate or underestimate the true incidence of homelessness during pregnancy in Maryland. Additionally, since this is a retrospective survey there may be

recall bias. Also, it may be more difficult to survey homeless women due to the lack of a fixed address. Lastly, this report presents unadjusted associations between risk factors and homelessness, and as a result causal relationships cannot be determined.

Resources

Homelessness and Housing Support, Maryland Department of Human Resources
www.dhr.state.md.us/transit/, 410-767-7285
www.dhr.state.md.us/transit/pdf/homelist.pdf (directory of Maryland shelters)



Maryland Department of Health and Mental Hygiene
Center for Maternal and Child Health • Vital Statistics Administration

Martin O'Malley, Governor; Anthony G. Brown, Lieutenant Governor; Joshua M. Sharfstein, M.D., Secretary

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