



Housing Insecurity and Health of Pregnant People: A Research Brief for Policymakers

Background

Stress from housing instability during pregnancy can lead to adverse birth outcomes and negative effects that impact families across generations. Housing instability refers to homelessness, a lack of affordable housing, or living in overcrowded or unsafe conditions. For our communities to be healthy and strong, pregnant people need safe and stable housing.

The UCSF California Preterm Birth Initiative (PTBi-CA) encourages the City and County of San Francisco (SF) to draw from community input and recent evidence to develop and implement specific and actionable policy steps to tackle current racial disparities in premature, or preterm birth. Preterm birth is the leading cause of infant death globally, and in San Francisco, black families are far more likely to experience both preterm birth and housing instability than other groups. This has profound human as well as health care costs.

Focusing on housing instability, which stems from decades of structural racism in policy decisions, must be a priority if we are to address an important driver of preterm birth in the black community and other communities of color in San Francisco.

The Facts

Black women in San Francisco carry the greatest burden of preterm birth

- Preterm birth (birth before 37 weeks) is the leading cause of death in children under 5 worldwide and children who survive are at increased risk for developmental delay and chronic diseases that persist into adulthood.ⁱ
- Preterm births are more than twice as likely to occur for black women as white women in San Francisco (16.0% vs. 7.3% of live births.ⁱⁱ Nationally, the rates are 13.6% vs. 9% of live births).ⁱⁱⁱ

Housing insecurity during pregnancy is associated with being born too soon

- Compared to pregnant women who live in standard housing, pregnant women experiencing homelessness in SF are **twice as likely to deliver preterm**.^{iv}
- Approximately 200 people in SF were both homeless and pregnant at some point between 2018 and 2019.
 - One quarter of black women in SF were homeless or did not have a place to sleep during pregnancy compared to 3% of all women.^v
- Experiencing housing insecurity during pregnancy increases the odds of preterm birth by 20% — comparable to the increased odds associated with smoking during pregnancy.^{vi}

Pregnant women who are homeless, living in single room occupancy units (SROs), transitional housing and shelters, and public housing are at increased risk for preterm birth compared to standard housing



Housing instability during pregnancy is linked to increased postpartum health care utilization

- Experiencing housing insecurity increases the odds of having worse outcomes after birth including a longer hospital stay, an ER visit, or hospital readmission.^{vii}

Just one day of inpatient care could pay for almost two months of standard housing

- The average cost for a **month** of housing is \$1,375 while the average cost for a **day** of inpatient care is \$2,424.
- The average cost of a neonatal intensive care unit stay for a premature and/or low birthweight infant is \$55,393 per infant. There are substantial additional costs from special education and health needs for the growing child.

Emerging evidence suggests that offering housing and income support during and after pregnancy for those experiencing unstable housing may improve maternal and birth outcomes and yield dramatic healthcare cost savings.

Recommendations for policymakers

Multiple San Francisco stakeholders, including families with lived experience of preterm birth, are calling for the city to address this issue. PTBi-CA has culled recommendations from the San Francisco Housing Insecurity Among Pregnant People and Families Coalition, the Benioff Community Innovators (a team of community scientists), and leaders from community-based organizations who provide services and resources to pregnant people experiencing homelessness.

- 1. Mandate the creation of an interagency working group for housing insecure pregnant persons that includes subject matter experts and voices of those with lived experience.** Current efforts to address the needs of this highly vulnerable population are siloed and lack transparency.
 - **Short-term goals:** Harmonize definitions of “family” and “homelessness” across agencies so pregnant persons can access safe and dignified housing options. If they wish, pregnant people without children should be considered a family. Doubling up, living in conditions that are not suitable for pregnancy (e.g., substandard SROs) and fleeing domestic violence are factors to consider when defining who is “sheltered”.
 - **Medium-term goals:** Prioritize systematic data collection across City programs to adequately document the housing status of pregnant people in SF and to support data-driven programs and policymaking. Adopt Results Based Accountability (RBA) to track and improve program performance. Make data publicly available.
 - **Long-term goals:** Conduct a housing policy and practice equity analysis for families, stratified by race and ethnicity. For example, there is no equity analysis of the City’s Rapid Rehousing resource and resulting loss of cultural cohesion experienced by Black, Pacific Islanders and Latinx pregnant persons and families.
- 2. Provide immediate availability of safe housing at all levels—shelters, transitional housing, supportive, public—for housing insecure pregnant people and families with newborns.** These solutions must allow pregnant people and families the choice to stay in SF and avoid displacement to other cities and social isolation.
 - **Short-term goals:** Implement new policies that eliminate eligibility requirements for emergency housing based on stage of pregnancy or length of homelessness. Ensure that pregnant people have housing needs met within 30 days of stated need.
 - **Medium-term goals:** Mandate, fund and facilitate screening for housing insecurity within City or City-funded family-serving agencies.
 - **Long-term goals:** Identify and convert vacant units to provide immediate housing for pregnant people and their families. Build emergency and supportive transitional housing specifically for pregnant people.
- 3. Prioritize and provide targeted supports for pregnant people with inadequate housing.**
 - **Short-term goals:** Improve communication and outreach to decrease the fear and stigma of interfacing with current systems. Increase support and funding for existing wrap-around perinatal and postpartum services.
 - **Medium-term goals:** Develop novel, culturally relevant, wrap-around services. Employ trusted community-based navigators to link people to vital services. Co-locate social support, medical and behavioral health services in or accessible to those residing in shelters, transitional housing and supportive housing. Provide transportation assistance to medical and social support service appointments.
 - **Long-term goal:** Mandate stress and mental health screenings during pre- and post-natal care.

About the UCSF California Preterm Birth Initiative

The UCSF California Preterm Birth Initiative is a community of researchers, parents, lactation consultants, doulas, nurses, doctors, practitioners, public servants and innovative thinkers. Our mission is to eliminate racial disparities in preterm birth and improve health outcomes for babies born too soon. We believe all parents deserve healthy pregnancies, and all newborns deserve healthy starts in life. We are an innovative, multi-year research enterprise funded by Lynne and Marc Benioff, and our community advisory boards help to determine our research priorities. Our work is based in Oakland, Fresno and San Francisco.

For more information, visit pretermbirthca.ucsf.edu.

To learn more about PTBi-CA policy research, contact:

Shanell Williams

Director of Community Partnerships,
UCSF California Preterm Birth Initiative
shanell.williams@ucsf.edu

References

- ⁱ Preterm birth: Key facts. 2018. World Health Organization. <https://www.who.int/news-room/fact-sheets/detail/preterm-birth>
- ⁱⁱ SFDPH, Maternal Child Adolescent Health, Vital Statistics, 2018
- ⁱⁱⁱ California premature birth report card. 2019. March of Dimes, Peristats. National Center for Health Statistics. <https://www.marchofdimes.org/peristats/tools/reportcard.aspx?rmodrc=1®=06>
- ^{iv} Housing, pregnancy & preterm birth in San Francisco: A community-academic partnership for research policy & practice. 2017. Prepared by San Francisco State University, the Health Equity Institute, and the Benioff Community Innovators. <https://view.publitas.com/ucsf/benioff-community-innovators-assessment-report-2017/page/1> v San Francisco Department of Public Health, Coordinated Care Management System, 2019.
- ^v Maternal and Infant Health Indicators for San Francisco County, 2019. Division of Maternal, Child and Adolescent Health, Perinatal Equity Initiative, California Department of Public Health.
- ^{vi} Pantell MS, Baer RJ, Torres JM, Felder JN, Gomez AM, Chambers BD, Dunn J, Parikh NI, Pacheco-Werner T, Rogers EE, Feuer SK, Ryckman KK, Novak NL, Tabb KM, Fuchs J, Rand L, Jelliffe-Pawlowski LL. Associations between unstable housing, obstetric outcomes, and perinatal health care utilization. *American Journal of Obstetrics & Gynecology*, 16 Oct 2019 [Epub ahead of print].