

# HOUSING, PREGNANCY & PRETERM BIRTH IN SF

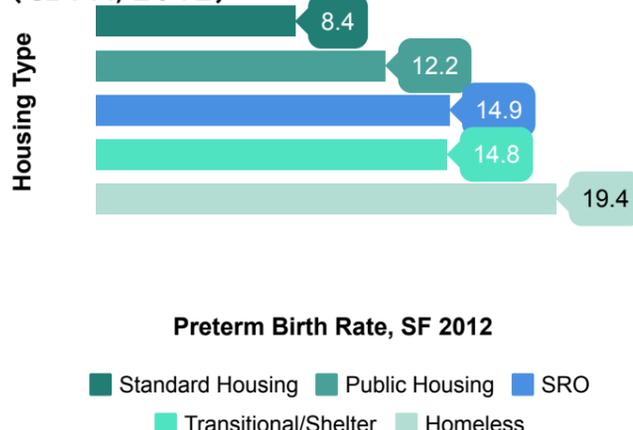
## PURPOSE

The purpose of this assessment was to explore the opportunities and challenges to promoting healthy birth outcomes for pregnant people who have inadequate housing in San Francisco.

-  What has been described in the literature?
-  What are the experiences of women?
-  What are the current policies and systems issues?
-  What are the experiences of programs?

## ISSUE

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 (CDPH, 2012)



## WHAT WE DID



## FOCUS GROUP PARTICIPANTS **84**

- Women of color living in SF & experience w/housing instability
- Multigenerational Ages 17-77
- African American, Latina, Samoan and others
- 21% experience giving birth preterm

## INTERVIEWS **56**

- City agencies
- Community Based Organizations
- Coalitions/Collaboratives
- Hospitals
- Housing developers

## OUR PARTNERSHIP



Housing, Pregnancy & Preterm Birth in SF November 2017

## FINDINGS

<b>Systems</b>	<p>Pregnancy is viewed as time-limited w/ low-income pregnant women not fitting housing eligibility criteria, resulting in lack of services &amp; housing opportunities</p> <p>Services &amp; housing system is disjointed, challenging women &amp; staff to make up for lack of coordination</p>	<p>No leadership in SF to unify housing, health &amp; homeless systems, nor plan to address racial disparities in birth outcomes</p>
<b>Impacts on Women &amp; Their Families</b>	<p>Health is undermined by housing loss, multiples moves and fear/stress of eviction</p> <p>Forced displacement out of SF due to housing policies destroys social networks, creates barriers to care, undermines health &amp; wellbeing of pregnant women.</p> <p>Those who do live in SF are often limited to housing that is overcrowded, unhealthy or forced into homelessness in order to access housing</p>	<p>Women experience extreme stress that negatively impacts their health, wellbeing &amp; birth outcomes</p> <p>Pregnant women &amp; mothers stay indoors &amp; restrict travel in order to avoid community violence, resulting in isolation</p> <p>Substance use is a way to cope w/ stress; a challenge to overcome to promote pregnancy health; a barrier to housing; a source of stress in family dynamics</p>
<b>Strengths &amp; Strategies</b>	<p>Mothers are resilient &amp; social support is a key means of promoting health &amp; wellbeing</p> <p>Religion and religious affiliations provide sense of hope, support and networks for women</p>	<p>When well supported, program staff meet the challenges &amp; thrive in working with low-income pregnant women</p>

## RECOMMENDATIONS

<b>Policy</b>	<p>More new housing units just for low-income pregnant women &amp; families</p> <p>Create &amp; sustain shelter spaces specifically for pregnant women</p>	<p>Change categorization of pregnant women &amp; prioritize homeless pregnant women for housing</p> <p>Mandate and integrate stress and mental health screenings for pregnant women</p>
<b>Practice</b>	<p>Wrap around perinatal services in or near shelters</p> <p>More safe spaces for women to share &amp; connect in the community</p> <p>Education &amp; awareness about domestic violence</p>	<p>Support young mothers through advocates or liaisons</p> <p>Fund programs for women and families on self-care and family connection</p> <p>Doula opportunities for fathers and families in connection to workforce training</p>
<b>Needed Research</b>	<p>Intersection of stress &amp; housing situation &amp; birth outcomes</p> <p>Impact of relocation &amp; birth outcomes</p> <p>Effectiveness of models of care</p>	<p>Father involvement &amp; impact on birth outcomes</p> <p>Value of different family living arrangements</p>