



Maternal and Child Health and Housing Consensus Document

The Urgent Need: Housing Security for Pregnant and Postpartum Persons and Infants

Introduction:

Pregnant and postpartum persons and infants are vulnerable populations, particularly when unstably housed, due to well-documented health risks.ⁱ Approximately 4%, or 5,397, of recent Illinois mothers reported they experienced homelessness in the 12 months before delivery in 2020.ⁱⁱ

Key Points:

- Pregnancy can increase an individual's risk of becoming homeless, and pregnant persons face significantly greater health risks while unstably housed.ⁱⁱⁱ
- At delivery, people experiencing homelessness had 10 times the odds of mortality compared to their housed peers.^{iv}
- Housing instability during pregnancy endangers the infant both in the womb and at the time of birth, increasing the risk of developmental delays later in life.^v
- Babies and toddlers are the age groups in the United States at the greatest risk of eviction.^{vi}
- Pregnant persons of color and their infants are disproportionately affected by housing instability and maternal morbidity and mortality.^{vii}
- From 2012-2020, an average of 2.16% percent of women with a recent live birth experienced homelessness in the year before birth.^{viii}

Stable housing is important for pregnant and postpartum families.

- Across the nation, rates of homelessness during pregnancy and parenting are high. An estimated 1.1 million children in the United States have a youth parent who experienced homelessness in the last year.^{ix}
- Persons in shelters during or shortly after pregnancy had higher rates of substance use disorders, anxiety, depressive disorders, and injuries.^x
- Unhoused women are more than 8 times as likely than housed women to die in the hospital.^{xi}

Stable housing is critical for infants and young children.

- Persons experiencing homelessness during pregnancy had 2 times the odds of having babies with low birthweight and prematurity compared to their housed counterparts.^{xii}
- Both threatened eviction and homelessness during pregnancy are associated with increased risk of low birth weight, prematurity, stay in the neonatal intensive care unit (NICU), and extended hospitalization.^v
- Sustained stress during pregnancy affects the development of deep brain structures and the stress response pathway, resulting in increased risk of behavioral problems in children.^{xiii}
- Due to historical and present-day structural racism, on average, 25% of Black babies and toddlers living in rental homes were found to be at risk for eviction.^{vi}

Recommendations for State-Wide and Local Actions:

1. Illinois (IL) Continuums of Care (CoCs) and affordable housing programs should prioritize pregnant/postpartum persons and families with infants as vulnerable populations.
2. State and local funding entities should develop a dedicated funding stream to create and support housing programs and associated services explicitly designed for pregnant and postpartum individuals and infants.
3. Continuums of Care (CoCs) should require data collection on pregnant and postpartum status in their Homeless Management Information System (HMIS).
4. Healthcare providers (e.g., primary care, prenatal, emergency departments, hospitals) should universally screen pregnant and postpartum individuals for housing insecurity and refer them to housing resources.
5. The Illinois Interagency Task Force on Homelessness and the Chicago Chief Homelessness Officer should create a workgroup/subcommittee to address housing insecurity among pregnant/postpartum persons and families with young children.
6. The Illinois Housing Development Authority (IHDA) and Local Administrative Agencies should create Special Demonstration Programs under their Rental Housing Support Programs for pregnant/postpartum persons and families with young children.
7. The state should create a regularly updated online database of housing resources and measure utilization and effectiveness of the database.
8. The Illinois Department of Human Services (IDHS) should create a regularly updated online resource for maternal and pediatric healthcare providers for housing referrals for their pregnant/postpartum patients.

ⁱ Berghella V, Liveright E. Prenatal care for people experiencing homelessness. In: T.W. Post, ed. *UpToDate*. UpToDate; 2023.

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- ^{iv} Green JM, Fabricant SP, Duval CJ, et al. Trends, characteristics, and maternal morbidity associated with unhoused status in pregnancy. *JAMA Network Open*. 2023;6(7). doi:10.1001/jamanetworkopen.2023.26352
- ^v Leifheit KM, Schwartz GL, Pollack CE, et al. Severe Housing Insecurity during Pregnancy: Association with Adverse Birth and Infant Outcomes. *International Journal of Environmental Research and Public Health*. 2020;17(22)doi:10.3390/ijerph17228659
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- ^{ix} Dworsky, A., Morton, M. H. & Samuels, G. M. (2018). *Missed opportunities: Pregnant and parenting youth experiencing homelessness in America*. Chicago, IL: Chapin Hall at the University of Chicago.
- ^x Clark, R. E., Weinreb, L., Flahive, J. M., & Seifert, R. W. (2019). Homelessness contributes to pregnancy complications. *Health Affairs*, 38(1), 139-146.
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- ^{xii} St. Martin BSS, Spiegel AM, Sie L, et al. Homelessness in pregnancy: perinatal outcomes. *Journal of Perinatology*. 2021;41:2742-2748.
- ^{xiii} Shonkoff JP, Garner AS, Siegel BS, et al. The Lifelong Effects of Early Childhood Adversity and Toxic Stress. *Pediatrics*. 2012;129(1):232-246. doi:<https://doi.org/10.1542/peds.2011-2663>