Maternal Homelessness: An American Crisis at the Intersection of Health and Equity

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As the housing affordability crisis in American cities deepens, one population most vulnerable and invisible is pregnant women. My photo essay features eight images of homeless pregnant women to highlight two competing narratives- one of tragedy and the other of hope and resilience. Images on the first two pages highlight the pain and isolation of homelessness while those on the last two pages demonstrate the beauty and joy of pregnancy despite it. The juxtaposition of the images is meant to inspire reflection—how do we see or not see women at the margins of society, how do they see themselves?

Prenatal homelessness is a public health crisis that sits at the intersection of health and wellness and equity and anti-oppression. Homelessness during pregnancy is associated with depression, anxiety, substance use, hypertension, anemia, hemorrhage, early labor, low birth weight, premature delivery and a host of other complications that put mothers and children at heightened medical risk for the rest of their lives (Clark et al., 2019; Cutts et al., 2015). Simultaneously, the burden of homelessness and birth complications is disproportionately felt by black and brown women. Black women represent just 12.7% of all women in the US but almost 40% of homeless women (U.S. Department of Housing and Urban Development [HUD], 2018). Similarly, 22% of homeless women are Hispanic/ Latina compared with just 16% of the general population (HUD, 2018). Black, American Indian and Alaska Native women are 2 to 3 times more likely to die of pregnancy-related complications than white women (Centers for Disease Control and Prevention [CDC], 2019). Infant mortality is 2.3 times higher for black babies than for non-Hispanic whites (U.S. Department of Health and Human Services Office of Minority Health [OMH], 2019). In short, before children are even born inequities are biologically embedded and from their first moments certain lives are valued and protected over others.

My research as a doctoral student in clinical psychology investigates the impact of stress and violence during pregnancy on maternal-child outcomes. I am passionate about uplifting women who are rendered voiceless and undervalued in society, who face the stigma of poverty and mental illness, who carry future generations within them. Pregnancy is a time of heightened vulnerability but also opportunity for growth as women better their lives drawing strength from their love for their children. Their resilience is to be celebrated. However, in the words of Dr. Hanna-Attisha, I’m sick of asking our most marginalized populations to be resilient. We as a society need to take ownership at institutional and structural levels to prevent prenatal homelessness and curtail health inequalities that set children up to fail before they take their first breaths.

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