



Experiences with Prenatal Care Among Women in a Philadelphia Homeless Shelter

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Abstract

Prenatal care for the underserved is a national concern, with pregnancy rates as high as 22% in homeless women and 75% of these women reporting barriers to care during pregnancy. Inadequate prenatal care confers increased risk for gestational complications and unfavorable postnatal outcomes, including prematurity and low birth weight. Yet while many studies delineate the prevalence and health consequences of inconsistent prenatal care in the homeless population, few address healthcare barriers. To both fill this gap in the literature and design effective interventions increasing consistency of care, we explored prenatal care experiences of pregnant homeless women at Philadelphia’s primary intake shelter for women and children. Study participants were recruited from the Eliza Shirley House Shelter for Women for individual interviews, which were subsequently reviewed for thematic elements by all researchers on the study.

Five women have been interviewed so far, with data still being collected. Self-identified barriers to consistent prenatal care included limited financial and transportation resources. While women who had received prenatal care reported rewarding relationships with their prenatal care providers, many expressed unmet needs for education on healthy exercise and dietary habits for expecting and breastfeeding mothers. Women also demonstrated interest in support groups, parenting classes, and stress-management sessions as venues to share their stories with, and learn from, others. These insights inspired several initiatives at our medical student-run free clinic, as described in the Future Directions section.

Objectives

The primary objective of this study was to identify both supporting factors and barriers to prenatal care facing pregnant homeless women in Philadelphia, PA. We hypothesized that homeless pregnant women in Philadelphia face the following barriers to consistent prenatal care:

- Limited access to accurate information about what to expect during pregnancy
- Lack of awareness about resources available for pregnant homeless women
- Lack of insurance, finances, and transportation to seek prenatal care
- Negative attitudes from healthcare providers

Materials and Methods

Study Participants

Participants were recruited during Jefferson’s medical student-run free clinic hours at the Eliza Shirley House for Women. No incentives were utilized in the recruitment of participants for this study. All women invited to participate in the study met the inclusion criteria below:

- Current resident of the Eliza Shirley House for Women
- Currently pregnant OR pregnant within the last 12 months while identifying as homeless, in temporary housing, or in transient housing

Data Collection Procedures

Individual interviews were conducted with study participants to solicit insights about prenatal care experiences and potential solutions to self-identified barriers to care. Discussion guides including demographic as well as open-ended questions were developed to ensure consistency of data collection. Interviews were audio recorded and transcribed with subject identifiers omitted.

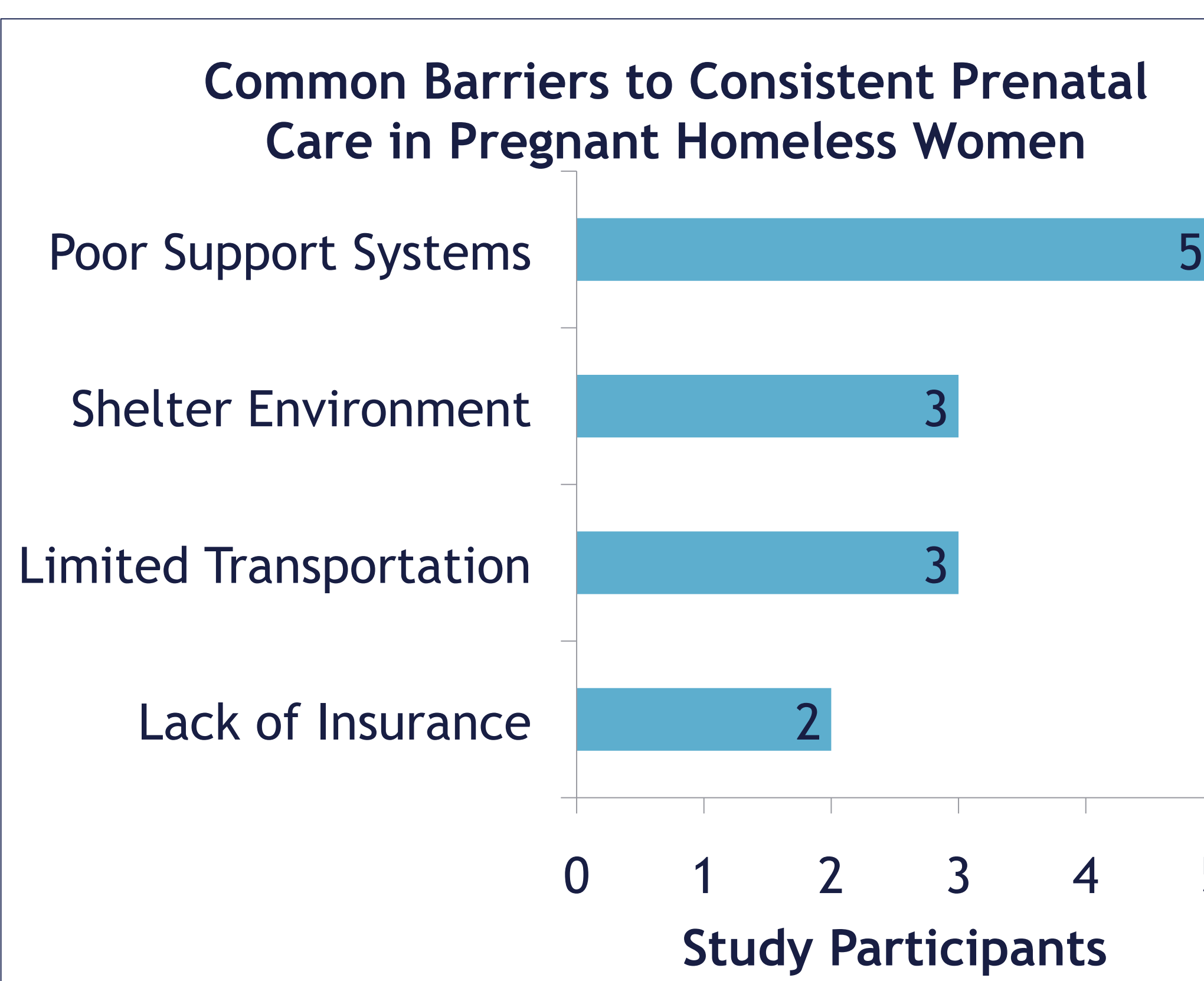
Data Analysis Procedures

Interview transcriptions were individually reviewed and coded for common themes by all researchers included on the study. Meetings held to discuss identified themes allowed for further exploration of qualitative data and the development of initiatives to improve consistency of prenatal care.

Preliminary Results

Five women have been interviewed about their prenatal care experiences. Study participants ranged from 20 to 33 years of age; education levels ranged from completion of 11th grade to completion of an associate’s degree in fashion and design. Caucasians and African-Americans were equally represented in our study. The charts below depict obstacles to consistent prenatal care that were universally identified by study participants, all related to social determinants of health.

When I seen her, I just broke down and cried, like, “Oh my God, this is really it. Welcome to motherhood.”



Lack of Social Support:

“I did not feel supported during my pregnancy.”

100%

All five women interviewed commented on the importance of self-reliance.

“It’s actually really crazy that the staff here is more supportive than family members.”

This woman’s family did not approve of her children’s father, creating tension at home and inciting her feelings of isolation.

“Once I told my mom I was pregnant, she distanced herself from me. She was like, ‘Where y’all gonna move?’”

“There’s help out there, you have to want to go get it. Ain’t nobody just going to hand you anything, there’s no handouts in this world. It’s a process, like having a baby is a process.”

“What should a woman do during pregnancy to have a healthy baby?”

“Not smoke or drink, or do drugs.”

“Exercise and be active.”

“Eat healthy, stay hydrated.”

“Keep up with her hygiene.”

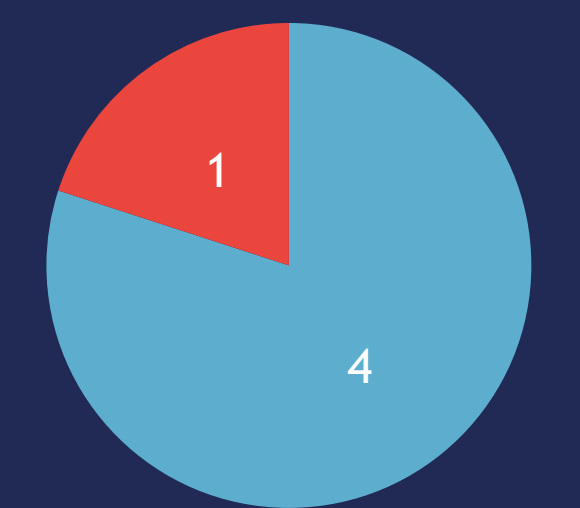
“Not be stressed out—be calm and peaceful.”

“So I’m trying to get away from [the child’s father] and you know, I had to get my number changed and everything like that. But he doesn’t know where I’m at so far. I don’t know if he’s looking for me, so I just try to stay inside and keep a low profile.”

“[The child’s paternal grandmother] tried to choke me...My daughter was still in the chair, I was trying to pick her up and get out. Then there was a shootout. There’s always shooting and fighting.”

“My daughter’s father came home from jail. He was abusive. He lives around the corner from where my mother lives. I didn’t think it was best for me to be there and pregnant, so I left.”

Personal Safety:



4 out of 5 Women reported physical abuse during their pregnancies

Discussion and Future Directions

Most of our study participants reported prenatal care consistent with recommended guidelines and displayed a basic knowledge of how to have a healthy pregnancy. Self-identified primary barriers included inadequate support systems, perceived loss of control, and environmental stressors, highlighting the significance of social determinants of health. For several participants, shelter staff provided personal support and made women aware of available resources for pregnancy and parenting. Multiple interviews demonstrated interest in support groups as forums to share experiences and reduce the stresses of caring for a baby while in transient housing.

Participants are still being recruited weekly to further investigate themes identified in our first five interviews. Discussion of existing barriers and direct solicitation of quality improvement ideas with each participant inspired the following initiatives at Jefferson’s medical student-run free clinic :

• Diet and Exercise Education:

“A nurse would go over things like what to eat and what not to eat, what to do and what not to do to keep me and baby healthy. That was helpful.”

We have planned a nutrition program for expecting and breastfeeding mothers and also designed pamphlets listing diet/exercise recommendations.

• Arts and Crafts, Activities Groups:

“Look, a lot of mothers in here have a lot of different talents. But they’re always with the kids and everything. Every mother needs a break, like a day when the mothers are doing arts and crafts...because arts and crafts aren’t just for children.”

We’ve spoken with our clinic’s finance directors to reserve funding for arts and craft supplies and will plan monthly activities for expecting mothers.

• Individual Counseling and Support Groups:

“A lot of women here I see, they want to talk to somebody. Some people need to get things off their chest. Everyone has a different story to their situation. It’s a thing a lot of mothers need because they feel like they don’t have a voice and that no one will hear them.”

These researchers have developed a partnership with Jefferson’s Couples and Family Therapy program and began recruiting students trained in mental health care to provide individual and group counseling to pregnant homeless women at the Eliza Shirley House for Women.