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"Now with the baby just born, where am I going to go?" Journey Home: Birthing Peoples' Experiences of Housing Insecurity in New York City

Krupa Harishankar

krupa.harishankar@mountsinai.org

Icahn School of Medicine at Mount Sinai https://orcid.org/0000-0001-5918-0796

Alva Rodriguez-Nunez

Icahn School of Medicine at Mount Sinai

Shivani Kulkarni

Icahn School of Medicine at Mount Sinai

Kanwal Haq

Icahn School of Medicine at Mount Sinai

Sarah Nowlin

Icahn School of Medicine at Mount Sinai

Natalie A. Boychuk

Columbia University Mailman School of Public Health

Teresa Janevic

Columbia University Mailman School of Public Health

Elizabeth Gadsden

NYC Health and Hospitals Elmhurst

Chanel Porchia-Albert

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Rochelle Delmas

Ancient Song, Inc.

Anabel Rivera

Ancient Song, Inc.

Cheryl Hall

Caribbean Women's Health Association

Stacey Lewis

Caribbean Women's Health Association

Gloria Vintimilla

Ancient Song, Inc.

Cheyenne Gross

Ancient Song, Inc.

Elba Dominguez

Ancient Song, Inc.

Mathania Toussaint

Caribbean Women's Health Association

Andrea Perez

Caribbean Women's Health Association

Sheela Maru

Icahn School of Medicine at Mount Sinai

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Abstract

Rates of people experiencing housing insecurity and homelessness have increased across the U.S. and birthing people of color are disproportionately affected, contributing to maternal and perinatal health inequities. Housing insecurity is associated with higher rates of preterm birth, Cesarean delivery, inadequate prenatal/postpartum care, and neonatal morbidity. The Journey Home study characterizes the lived experiences of housing-insecure birthing people to understand social determinants of health and inform interventions. The study team conducted qualitative interviews with 25 birthing people in New York City who experienced housing insecurity, defined as residence in shared, overcrowded housing or in a homeless shelter. Participants completed interviews in English or Spanish regarding their pregnancy experiences. Transcripts were analyzed using grounded theory and inductive thematic analysis. Participants were predominantly people of color, recent immigrants, and first-time mothers. Major themes included (1) hazardous housing environments, including lack of cooking facilities, climate control, and sanitation, (2) compromised safety due to violence, substance use, and harassment (3) restrictive housing policies including visitor limitations, and (4) demeaning and discriminatory treatment by shelter staff and landlords. These conditions impeded the management of pregnancy-related medical conditions, contributed to poor mental health, and limited access to social supports. Experiences of housing insecurity described in the Journey Home study illustrate the links between social determinants of health, medical risk factors, and adverse health outcomes, demonstrating how unstable housing results in healthcare disparities. Programmatic interventions, policy changes, and community-based approaches must be tailored to housing-insecure contexts to mitigate perinatal risks and advance maternal health equity.

Introduction

Housing insecurity, associated with an array of adverse health outcomes, is on the rise. Between 2022 and 2024, housing insecurity increased by about 20% across the U.S. and more than doubled in New York City.[1] Adverse health outcomes in the setting of housing insecurity are attributable to displacement from social determinants of health, substandard housing conditions, and fragmented medical care. Housing insecurity disrupts longitudinal access to nutritious food, safe spaces for physical activity, and stable social networks.[2] Overcrowded conditions facilitate the transmission of infectious diseases and environmental hazards and have been associated with an increased incidence of respiratory illness and cardiometabolic disease.[3] (c) Studies have also demonstrated that unstable housing negatively impacts mental health.[4] Finally, housing insecurity and homelessness create barriers to continuity of care for many of these medical conditions.[5]

Housing insecurity is also an increasingly common experience among birthing people, and 1 in every 100 infants in New York City is born to a mother living in a shelter.[6] Birthing people experiencing housing insecurity or homelessness are more likely to suffer negative perinatal outcomes, including higher rates of Cesarean delivery and preterm delivery, as well as lower rates of prenatal care utilization,

breastfeeding uptake, and postpartum follow-up.[7 8] In addition, babies born to mothers living in shelters are more likely to have low birthweight and to require assisted ventilation, as well as NICU admission.[9] In New York City, housing insecurity is marked by stark racial disparities, with 55% of Hispanic households, 50% of Black households, and 48% of Asian households noting at least one characteristic of housing insecurity (e.g. living in crowded housing), as compared with 31% of white households.[10] Homelessness also disproportionately impacts Black and Hispanic New Yorkers, intensifying the risks of adverse maternal-fetal outcomes for people of color.[11]

Despite these well-documented conditions and consequences, few studies have described the experience of housing insecurity in pregnancy or identified the complex interplay of factors mediating perinatal outcomes. It is essential to learn from the expertise of birthing people with lived experiences of unstable housing in order to identify modifiable risk factors and design appropriate interventions. **The Journey Home study sought to understand the lived experiences of housing-insecure birthing people in New York City and to characterize their social determinants of health, with the goal of informing policy and programmatic interventions.**

Methods

This qualitative study comprised 25 semi-structured individual interviews (1–2 hours each) conducted in 2023–2024 in New York City with birthing people who experienced housing insecurity during their pregnancy and/or postpartum course. As there exists no standardized definition of housing insecurity, this study team defined homelessness or housing insecurity as living on the streets, in a shelter, or with others in overcrowded conditions (more than two people sharing a single bedroom), according to the principles of Healthy People 2030.[12]

Participants

Participants were recruited through flyers sent to community-based organizations and via social workers at two public safety-net hospitals located in NYC. Participants were eligible for the study if they were aged 18 years or older, experienced homelessness or housing insecurity in NYC during the course of their pregnancy, and delivered between 2022 and 2024. Participants were excluded if they were currently pregnant, did not speak English or Spanish as their primary language, or were unable to provide informed consent.

Ethics and Informed Consent

The Icahn School of Medicine at Mount Sinai IRB (STUDY 22-01310) and NYC Health + Hospitals STAR (STUDY00003824) approved this study. Participants provided informed consent prior to enrollment. Participants were compensated with $200 gift cards, an amount determined in collaboration with a community advisory board, which was formed to address the needs of birthing people in the NYC area.

Data Collection

Participants completed a survey via REDCap regarding personal characteristics, housing situation, birthing experience, and birth outcomes.[13] [14] Semi-structured interviews were conducted and recorded over HIPAA-compliant Zoom, in English or Spanish, by three study team members. A semi-structured interview guide was developed based on literature review, with the goal of obtaining detailed, systematic accounts of a) housing experiences and b) perinatal experiences and support needs. All interviews were completed within 2 years postpartum.

Data Analysis

Interviews were transcribed and Spanish interviews were translated. Translated transcripts were reviewed for accuracy and tone by a bilingual research team member. De-identified transcripts were analyzed using open coding and grounded theory to develop a comprehensive codebook for inductive thematic analysis. Five team members coded interviews separately using Dedoose software. The team met regularly to discuss and reconcile thematic and coding discrepancies and to iteratively update the codebook until consensus was reached. Once coding was complete, the team collectively developed a detailed summary of themes reflecting participants' experiences.

Results

Demographic Characteristics

Table 1 summarizes sociodemographic and maternal characteristics of participants. Most participants identified as people of color: Hispanic or Latino (68%), Black or African American (20%), and Asian (4%). The majority of participants spoke Spanish as their primary language (72%). Many were recent immigrants, with 72% born outside the US (n = 18), and most of these participants arrived from 2020–2022 (n = 14). During their pregnancy or birth, 52% (n = 13) resided in a homeless shelter and 48% (n = 12) resided in shared, overcrowded housing. Most participants (65%) had given birth to their first child at the time of interview.

Table 1
Characteristics of Participants.

Characteristic	**N (%)**
Race/Ethnicity	
Hispanic/Latino	17 (68.0)
Black or African American	5 (20.0)
Asian	1 (4.0)
Unknown/Not reported	2 (8.0)
Primary Language	
English	8 (28.0)
Spanish	17 (72.0)
Place of Birth	
Outside the United States	18 (72.0)
United States	7 (28.0)
Year of Arrival to the U.S.	
2018–2019	4 (16.0)
2020–2022	14 (56.0)
N/A (born in the U.S.)	7 (28.0)
Housing Situation	
Living in Shelter	13 (52.0)
Shared, Overcrowded Housing	12 (48.0)
Age (at time of delivery)	
21–30	15 (60.0)
31–40	10 (40.0)
Parity (after delivery)	
Primiparity (one)	15 (60.0)
Multiparity (two or more)	8 (32.0)
Missing/Not Reported	2 (8.0)
Mode of Delivery	
Vaginal	15 (60.0)

Characteristic	N (%)
Cesarean Section	10 (40.0)

Summary of Themes

The following themes describe the emotionally challenging and physically taxing lived experiences of birthing people facing housing insecurity. Each theme represents participants living in shelters as well as those residing in shared, overcrowded housing with strangers or extended family members as co-inhabitants. Points of divergence between these experiences are highlighted where distinctions were noted.

Hazardous Housing Environments:

Housing-related environmental hazards negatively impacted physical health in pregnancy. Pregnant individuals facing housing insecurity and homelessness lacked space and essential amenities, while facing unhealthy environmental hazards. Participants in shelters emphasized the lack of kitchen facilities, which limited the preparation of healthy food and made them reliant upon frozen meals or fast food. They also faced difficulty storing medications requiring refrigeration. Shelter residents did not have consistent access to climate control in their living spaces.

Participants in shelter stated:

I don't have an area to cook because they don't allow a kitchen, and they don't have a kitchen here…They do provide food…and we had to defrost it in the microwaves, which would sometimes take up to 10 minutes to defrost it fully. So, the food would be full of water…it was not nutritious.

The heating doesn't work. Sometimes they turn it off… They turned it off on Friday and we didn't have heating during the whole weekend. I called the front desk and told them, 'The heating doesn't work.' And they were like, 'Oh, no, it doesn't work.' And my daughter had just been born. I had to sleep with her in my bed because I couldn't leave her in the playpen and let her be cold.

Participants in shared housing noted distinct structural challenges, such as thin walls that permitted cold air, noise, and smoke. Overcrowding within shared housing led to unhygienic conditions, ranging from spoiled foods contributing to vermin infestations in the kitchen, to unclean bathrooms associated with infections.

One participant living in shared housing described her strategy for managing meals:

I'd make something that I could always do in the air fryer [we kept in our room], so that I wouldn't have to go to the kitchen, in that dirty place. I couldn't stand it, I really couldn't stand having that filth. Sometimes

I would get desperate because there were a lot of flies…whatever I bought to eat, I had to use it right there. It wasn't hygienic to keep or store it.

Another participant living in shared housing commented on the bathroom:

"We also shared the bathroom and it was quite uncomfortable because of the hygiene issue. Well, when you're pregnant, you want to avoid infections, and the bathroom was very dirty, so every time I went in, I had to clean it. Or sometimes I tried not to go in too often so that I wouldn't have to be 100% cleaning, cleaning, cleaning."

Overall, participants reported that the housing environment in both shelters and shared housing negatively impacted their pregnancy-related health conditions. Participants noted conditions common to pregnancy, such as anemia and diabetes, were difficult to manage due to poor nutrition in the setting of limited kitchen resources. Similarly, participants noted that asthma exacerbations and infections were more common in the setting of cigarette smoke and unhygienic bathrooms, environmental hazards that participants attributed to housing conditions.

A participant living in shelter while managing gestational diabetes stated:

They [the shelter staff] left the insulin outside the refrigerator. The insulin got damaged…There were times when I was sweating cold. And then at other times I would get kind of down with no strength… It seemed to me that I had the highs and lows [of blood sugar]. They left my insulin out, they didn't put it in the fridge. And the next day, they had to call an emergency ambulance because I got sick.

Another participant living in shared housing commented on frequent infections:

Because of cleanliness issues, all throughout my pregnancy, I had urinary tract infections. And from the moment she [another housemate] came to live in the house, they became dirtier, and the infections became more frequent.

Finally, participants also feared for the health of their newborn given the environmental hazards posed by their housing situations. One mother residing in shelter described her concerns:

When my baby was born, they gave me an ugly crib. It was rotten, rusted, and full of cockroaches. I was not going to put my baby there. They don't let us have our own cribs here and the cribs they give us are made of metal…she could have hurt her head with those irons. I got very angry and took it out.

Safety and Security:

Lack of safety posed challenges to physical and especially mental wellbeing. Security in pregnancy was a constant concern, and participants felt compromised—not only in their abilities to grow and care for a baby without health risks, but also to protect their families from harm.

Participants living in shelters emphasized concerns related to the domestic disputes of other shelter residents, with reports of violence and vandalism, including use of weapons. They reported the erratic behaviors of shelter inhabitants suffering from mental health conditions, such as substance use disorders, made birthing people fearful of harm. These factors led participants to avoid communal spaces, compounding fear and isolation.

Participants in shelter commented on violence and substance use as follows:

There have been incidents with couples. They fought, and the police even had to come by one time because they pulled out a knife… I saw the police outside and the officers told me that they were fighting with knives. So, that's one type of insecurity…because that's a weapon. A knife can kill someone.

"I would walk in, and you could smell crack… I was not comfortable there… I would just hurry back to my room because I was always afraid somebody was going to push me or punch me in my stomach. That was a huge fear of mine the whole time I was there."

Participants in shared, overcrowded housing reported inappropriate behaviors from co-inhabitants, ranging from unwanted romantic advances to physical threats. They reported housemates hosted parties with guests who exhibited behaviors harmful to pregnancy such as smoking, drinking, and substance use. Participants noted that these situations left them feeling vulnerable to harm.

Speaking to this vulnerability, participants residing in shared housing noted:

"He drank, he'd knock at my door at 11 PM…He'd ask uncomfortable questions. He'd ask me, 'what do you see in your husband?' And I said I liked him because he was a good person and supported me with everything. He'd go, 'would you ever leave him?' and I'd say, 'No, I never would.' And he'd say, 'Let's go out, my love. My treat.' And I'd say, 'I'm resting right now. I can't go out.'"

Sometimes the person who had parties would leave the door of the house open. I had to keep an eye on it, close it, because sometimes he would leave it open all night, all day, when he arrived drunk… At that time my boyfriend was working, so I had to stay alone. I was not 100% at ease with what I was going through at the time.

Restrictive Policies:

Stringent housing policies severely limited social support in pregnancy.

Participants living in shelters reported restrictive policies, including no outside visitors or within-shelter neighbor visits, shelter curfews, and sign-in rules, all of which limited the outside support they could receive. Patients who had undergone Cesarean deliveries described painful recoveries in settings lacking physical support. Participants reported that shelter policies forced them to manage pregnancy and postpartum self-care, newborn care, and family care with little assistance, which contributed to isolation. Participants reported feelings of depression and other mental health challenges due to these restrictions.

When we were at the shelter, everything was scheduled. If you didn't give enough notice, they wouldn't let you in. You had to sign all the time. If you forgot, they would kick you out… I would say, 'What happens if we are late? And if we don't sign and they kick us out, what will we do, where will we go?'… We held back on many things, my spouse and I. We would say, 'Let's take a walk in this area so that the birth will be easier. Let's walk in this park. But we can't take too long because if we miss the sign in time then they won't let us in and we'll be out on the street.'

It was a little bit difficult for me because when I was at the shelter, my sister arrived and I couldn't see her…Because we were both at a shelter, I wasn't allowed to enter her shelter and she wasn't allowed to enter mine. When the baby was born, I had a Cesarean. I called in to see whether she could be given any special permit, so that she could bring me some food, as I had to buy groceries. Or for her to help me bathe the baby. I would have liked her to help me with some things, at least for an hour. I needed her to be allowed in. They told me that was impossible.

Participants in shared, overcrowded housing reported informal restrictions that similarly led to isolation. They were limited in utilizing common spaces outside of a rented room, with fear of repercussions or eviction. They reported not being allowed to have visitors, which applied not only to loved ones but also to the denial of services such as visiting nurses or doulas providing medically indicated follow up.

During the day, I felt like a mouse. I did everything in silence. I cooked, I sat down, I ate like a mouse. Everything was very quietly done, in silence, trying not to make noise because I'm always trying not to bother the rest. And, as for the guy who rented us the apartment, he's the owner of it, so I thought, 'We can't make noise or anything because if he gets angry with us and tells us to leave, what are we going to do?' … So, I always act like a mouse.

We never got any visits… At the hospital, they offered visits during pregnancy, but we couldn't receive visitors. I also told the hospital that I would've loved to receive a doula, but we couldn't receive her… because there already were a lot of people living there in the apartment. And the man [landlord] told us from the beginning that we couldn't bring anybody.

Demeaning Behaviors:

Negative treatment by shelter staff and landlords further denigrated psychosocial wellbeing.

Study participants reported behaviors from shelter staff and landlords ranging from disrespect to harassment, which participants found necessary to tolerate due to the dual vulnerabilities of pregnancy and housing insecurity.

Shelter residents reported minimal support in acquiring permanent housing or other services including access to food, transportation, and childcare. Further, participants felt policed by shelter staff, and feared unwarranted intervention from Child Protective Services (CPS).

They made me look like a bad mom. Anything I did was wrong... You know, I'm a first-time mom. My son doesn't cry, he screams. And he did a scream out of the middle of nowhere and I wasn't used to that yet. So I tried to jump down from doing what I was doing, and my hand touched the stove. Instead of them asking me, was I okay, they were so worried about how it happened. Instead of asking me like, 'Hey, you good? You need anything?' [they said] 'Oh, how did you do that? That's nasty.' I've burnt myself, and I have a baby that I'm trying to make sure that I can still hold, change his shitty diapers, and everything else. There was no help offered.

They expect you to be able to do everything on your own–even if you have a close friend. Say, I need to go to the store and it's raining, I would not be able to leave my son with a close friend just to go to the store because they [the shelter] are going to make that a big issue. It's stressful. You have to worry about your every move. You run out of formula... Even though they're supposed to be there to help, they go talk about you because you run out of formula, and they go call CPS. All types of weird stuff.

Participants living in shared housing environments noted disrespectful behaviors from landlords, co-inhabitants, and even family members with whom they shared housing. They reported insults due to pregnancy or newborn-related conditions, demands for domestic work, and punitive limitations on the use of shared amenities (such as the kitchen and bathroom, heater/AC, and Internet). Even when these conditions were tolerated, participants reported receiving threats and ultimatums to leave the housing arrangement, which caused stress and uncertainty.

For those five months, I swear that they made my life hell. To this day I regret having come all this way… Because it's not only for me, but also for my children. They would take away the Internet, hot water... At the time we arrived, it was cold out, it snowed. So, it was extremely cold. And they would do things like that to us.

"She said she was going to take advantage of the moment when I wouldn't be there for several days to take my things out into the street... So, I always had to keep my room with a padlock... I had to change the locks... There was always this fear of what was going to happen when I came back from having my baby."

Discussion

The Journey Home study details the lived experiences of housing insecurity in the setting of pregnancy, and provides rich narratives for mechanisms by which unstable housing negatively impacts maternal health. Participants described the means by which (1) environmental hazards, (2) challenges to safety and security, (3) restrictive policies, and (4) demeaning behaviors compromised their wellbeing and that of their newborns. Their stories connect the conditions of housing insecurity to predisposing factors for adverse maternal and fetal outcomes. Multiple participants noted unhygienic conditions leading to frequent infections, a risk factor for preterm birth.[15] Another participant shared her inability to reliably refrigerate insulin, and subsequent episodes uncontrolled blood sugar due to diabetes, a risk factor for Cesarean delivery and neonatal hypoglycemia.[16] Further, the restrictive regulations surrounding housing

insecurity, as well as demeaning treatment by the enforcers of these policies, limit housing insecure birthing people from receiving the support and services that may help mitigate the hazards they face. Social support from friends, family, and the surrounding community is essential in assisting a birthing person to recover physically and emotionally, while ensuring necessary resources and care for the baby.[17] By illustrating the links between social determinants of health, medical risk factors, and adverse outcomes, the Journey Home narratives demonstrate how housing insecurity results in healthcare disparities—and make it possible to identify points of possible intervention.

Programs across the country provide examples of interventions that prioritize structural support for birthing people experiencing housing insecurity and show the efficacy of direct housing assistance. A preliminary evaluation of the Healthy Beginnings at Home program in Ohio demonstrated that providing rental assistance and housing stabilization services to unstably housed or homeless birthing people not only improved housing stability and unemployment rates, but also reduced the rates of low birth weight infants as well as the risk and duration of NICU admission.[18] Similarly, an evaluation of the Healthy Start in Housing program in Boston showed that prioritizing public housing for birthing people with medical risks associated with poor birth outcomes improved postpartum mental health outcomes and reduced rates of depression. The study also demonstrated that once women obtained stable housing, they were more likely to find employment, return to school, and address chronic health problems.[19] These studies suggest supporting birthing people in obtaining stable housing and paying rent may improve maternal and neonatal health outcomes. Our findings can contribute to the development of such programs by highlighting the specific needs of birthing people within their housing environments.

The strengths of this study include comprehensive narratives, which speak to challenges in shelter and shared housing that are not often visible to housing authorities or medical systems. Limitations include this study's lack of participants experiencing unsheltered homelessness. This may be attributed to the methods of recruitment, through community-based organizations and hospitals, resources that unsheltered birthing people may face barriers to accessing. New York City's population of unsheltered birthing people is also limited to an estimated 4% of all housing insecure birthing people, as NYC's Right to Shelter ensures a bed for every homeless adult or family.[20] Nonetheless, provision of a bed alone does not create adequate living conditions to support maternal-child health.

The stories of Journey Home show us the specific harms that structural and person-centered interventions must address. Next steps include the implementation of housing-focused programmatic interventions, advocacy for policy changes, and the design of community-based approaches to support housing insecure birthing people. Programmatic interventions may include housing vouchers or direct rental assistance. Housing authorities can also support the wellbeing of birthing people in shelters by prioritizing them for housing units with environments conducive to pregnancy, including kitchens to support nutrition and adequate climate control to ensure newborn safety. Policy recommendations for housing authorities include the revision of regulations such that birthing people are permitted instrumental supports, such as baby furniture, as well as social supports that assist in the care of mother and child. In addition to structural interventions, person-centered approaches may help mitigate

the harms of unstable housing by providing social network connections and resource navigation. Shelter-based case managers should be trained on pregnancy-related resources and respectful care provision. Another person-centered intervention is community-based doula care, which has been shown to improve birth experiences in vulnerable populations, and ameliorate maternal and fetal outcomes.[21 22] Programmatic, policy-focused, and community-based approaches are all essential to address the multifaceted problem of housing insecurity in pregnancy with equally nuanced approaches.

Conclusions

This study details the conditions and challenges faced by birthing people experiencing housing insecurity and homelessness in New York City. Environmental hazards, compromises to safety and security, restrictive housing policies, and harmful interpersonal behaviors espoused by unstable housing all contribute to the physical and emotional experiences endured by birthing people. Housing-related challenges are linked to the adverse maternal and perinatal outcomes suffered by this population, and compound racial and socioeconomic disparities evident within the nation's ongoing maternal health crisis. Structural approaches such as programmatic interventions and policy changes, as well as person-centered approaches such as community-based doula care, must be designed with housing insecure birthing people in mind in order to address broader healthcare disparities in maternal and child health.

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