Accessing Antenatal Care When You are Rough Sleeping: Barriers and Enablers

Professor Lisa Wood, The Institute of Health Research, The University of Notre Dame Australia and Natalie Bogoias, Homeless Healthcare

Background

'When we saw her on the streets recently, she was seven and a half months pregnant, and yet to have an antenatal appointment'

— Homeless Healthcare (HHC) Street Health nurse

'I could tell she was having contractions, but she was determined not to go to the hospital as she feared her baby would be taken away because she is homeless'

— Homelessness drop-in centre staff

'It is not uncommon to see women here who don't know if they are pregnant or not, or only discover they are late into their pregnancy'

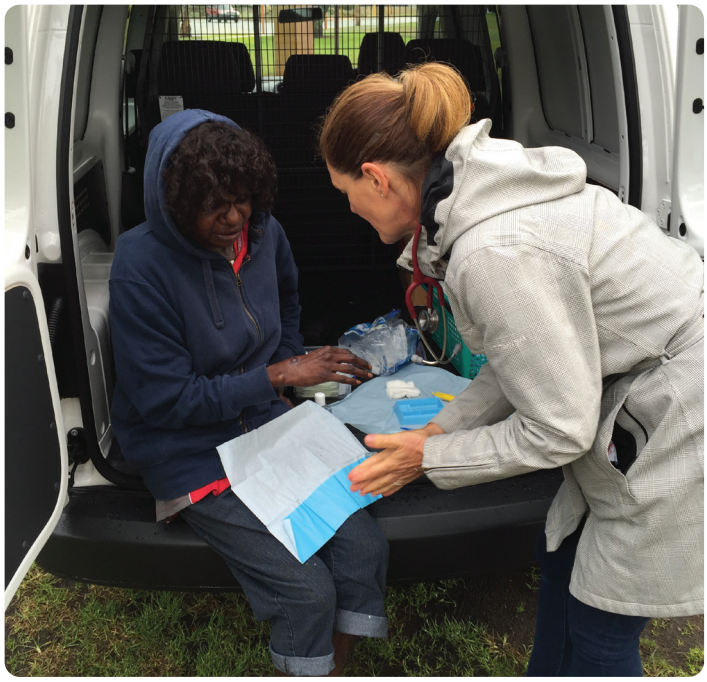
— Homelessness service staff

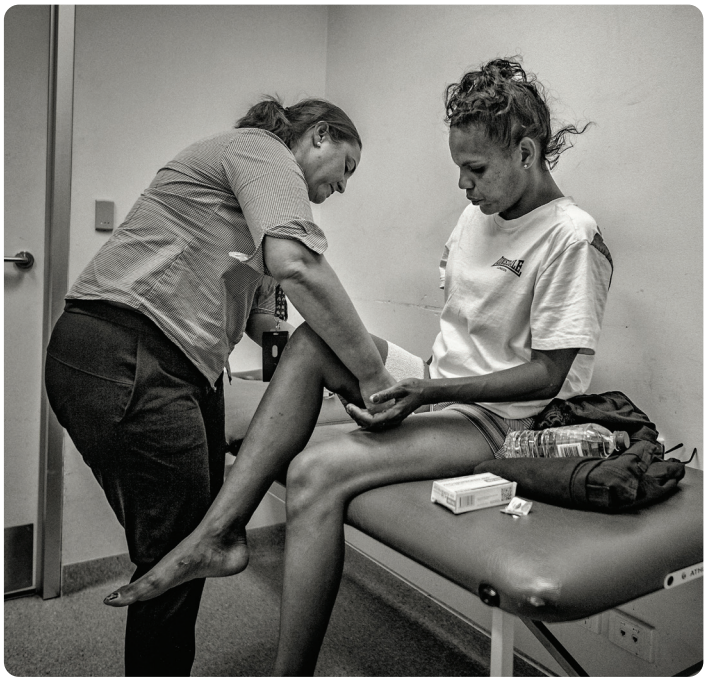
Elsewhere in Perth, thousands of other women are meticulously planning their pregnancies or births, engaging in antenatal care with a provider of their choosing from early in their first trimester, and closely monitoring the trajectory of their baby's development via a plethora of 'what to expect when you are expecting'-type books, websites, apps, and social media blogs.

At a broader societal and health system level, there is now heightened scientific and policy attention to the critical importance of the first 1,000 days of life, from the point of view of both child development and future adult health and wellbeing.[1] As articulated in the recent Western Australian (WA) Sustainable Health Review:

> *'…the first 1,000 days of life, from conception until the end of the second year of life, are critical to developing the foundations of a person's future health, growth, and neurodevelopment. Both positive and negative experiences during these critical first 1,000 days of life have a significant influence on a child's future.'*[2]

Thus, pregnancy epitomises a 'tale of two cities'. Homelessness, and rough sleeping in particular, has a dual detrimental impact upon both pregnant women and their babies, and 'the first 1,000 days' for children born into such circumstances is far from a level playing field. As reflected in the literature, women experiencing homelessness are more likely than their housed counterparts to have unplanned pregnancies, less likely to receive timely antenatal and/or reproductive care, more likely to experience maternal, fetal and neonatal complications, and more likely to have low birth weight babies and experience postnatal depression, while their children are at greater risk of adverse child development outcomes.[3,4,5] At a more basic human needs level, pregnancy essentials such as quality sleep, good nutrition, stress mitigation and social support are largely unattainable for women who are trying to survive day-to-day on the street.





Homeless Healthcare street health outreach team

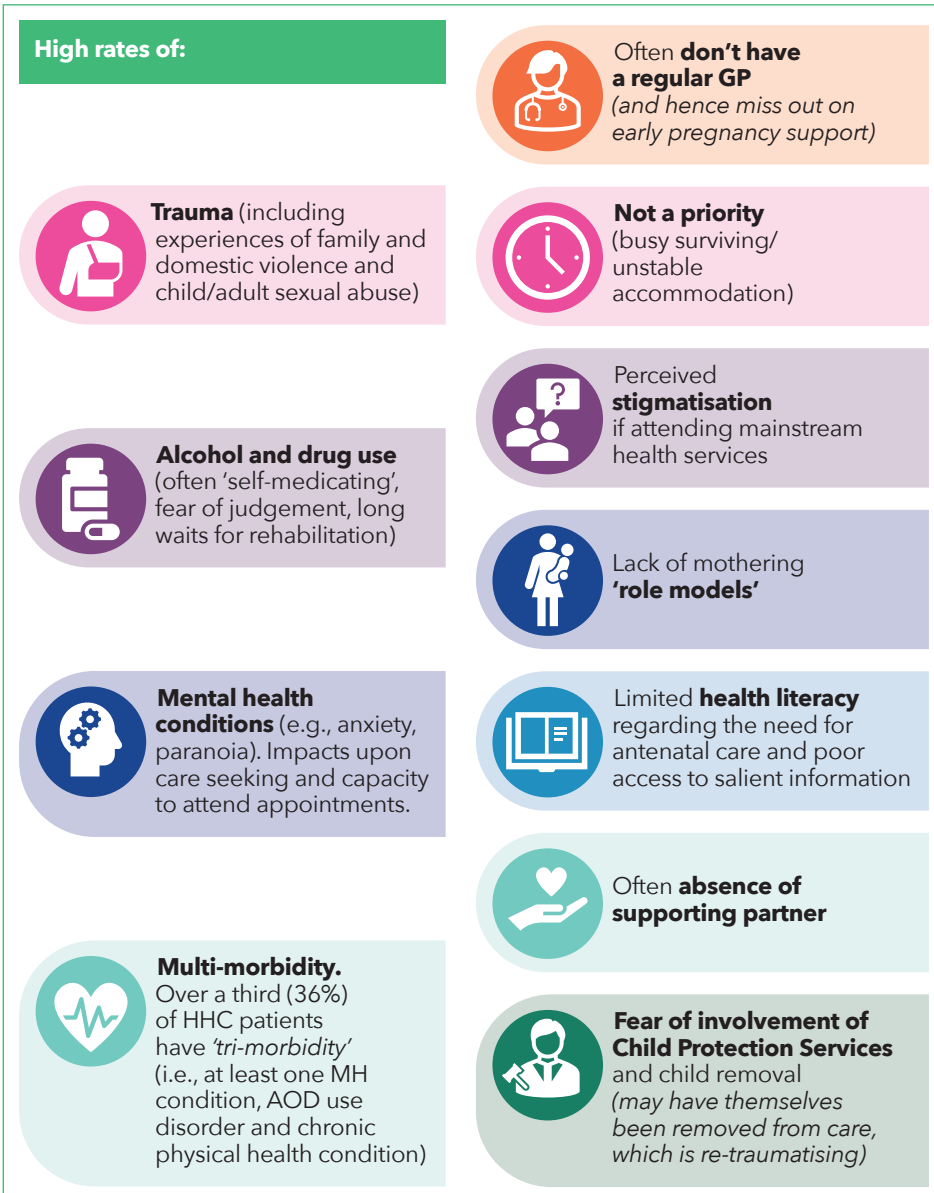


Figure 1: Barriers to Antenatal Care among Women Sleeping Rough. MH: mental health; AOD: alcohol and other drug.

Doing Something About This — A Western Australia Example

Over the past two years, Homeless Healthcare (HHC), through its Street Health outreach team, has identified and supported nine pregnant women living on Perth's streets. At the time of their first contact with HHC, these women were predominantly sleeping in tents, in parks or on footpaths, with these periods of street sleeping sometimes being interspersed with periods of couch surfing with family. For two of the women, it was their first pregnancy, but most had previously given birth. Sadly, the majority had had other children who had been taken into state care. Several of the families were Aboriginal, grimly reflecting the reality that intergenerational homelessness and trauma are more common amongst Aboriginal people in Australia.[6]

Barriers to Antenatal Care

Figure 1 summarises common barriers to antenatal care observed by HHC, not only among the nine women referred to above but also in the course of supporting dozens of other pregnant homeless women over the last decade. Some of the observed barriers reflect wider barriers to healthcare more generally amongst people experiencing homelessness,[7] while others are specific to the context of pregnancy and/or women's life circumstances and experiences of trauma either prior to, or concurrent with, homelessness.[8]

Trauma is intentionally the first barrier listed in Figure 1, as it casts a long, haunting shadow on the lives of women who are both pregnant and homeless. This reality was powerfully articulated in a recent article in the *British Journal of General Practice*, where the legacy of childhood trauma was identified as being both a pathway into homelessness and a barrier to antenatal and postnatal care.[9] The predominant types of trauma identified in the study (that is, childhood trauma and abuse, fractured families, family and domestic violence and untreated mental health or alcohol and other drug issues) are also seen among pregnant homeless women in Perth, but are compounded by the significant traumas experienced by Aboriginal and Torres Strait Islander people, who are over-represented amongst Australians living on the streets.

Collective, Coordinated, Trauma-informed Responses are Needed

Distrust of health and social services, and an aversion to telling one's story over and over again, are common attitudes amongst people experiencing homelessness that have been acutely observed among those who are both pregnant and rough sleeping. Consequently, collaboration, coordination and the building of shared trust have been essential hallmarks of efforts to support pregnant women on the streets of Perth over the last two years. In particular, a growing collaboration has beeen spawned between HHC, King Edward Memorial Hospital (KEMH) (Western Australia's primary maternity service), the Women and Newborn Drug and Alcohol Service (WANDAS) at KEMH and several other homelessness services. However, proactively seeking out healthcare, let alone antenatal care in particular, is simply not on the radar of people who are in daily street survival mode and contending with the barriers identified above. Therefore, recognising that critical engagement and relationship-building are vital precursors to any attempts to encourage women to attend antenatal or hospital appointments, gradual building of patient trust has been an essential first stepping stone for HHC's street outreach nurse. The following case study illustrates the trust, perseverance, and person-centred care coordination entailed in supporting just one of the women who have been pregnant on the streets of Perth in the last two years.

Background

Haley* is an Aboriginal woman in her late 30s who had been sleeping rough and couch surfing for four years prior to, and at the time of, her most recent (fifth) pregnancy. She grew up in foster care before reuniting with her mother in her late teens. She now has three children who are in foster care themselves. Haley has a history of PTSD, anxiety, depression, suicidal ideation, drug and alcohol dependence, frequent skin infections, and an STI that has been treated but required ongoing monitoring during her pregnancy. Haley has had many hospital admissions for illnesses that could have been effectively managed or prevented with adequate access to primary health care.

Haley has also been in a violent relationship for many years, and has often been hospitalised due to the serious physical trauma she has endured. She has been in and out of women's refuges, and has tried many times to leave her partner. At the time of her first contact with HHC during this pregnancy, she stated that she was determined to keep the baby when it is born.

Support Provided

Haley was referred to WANDAS for specialist antenatal care at 20 weeks gestation, by an HHC GP she saw at a drop-in centre clinic. However, she did not attend her appointments. Through purposeful and proactive engagement, the HHC Street Health team, along with Uniting WA case workers, developed a trusting, therapeutic relationship with Haley, and, in time, were able to support her to attend her appointments. Although she remained fearful of hospitals and of Child Protection potentially removing her baby, Haley, supported by the HHC outreach nurse, began to engage with her social/case workers, and thereby was able to receive vital, regular antenatal care, supporting her health and that of her baby.

On one occasion during her pregnancy, the team noticed Haley looking very unwell at a drop-in centre, and reporting abdominal pain and a large abscess on her leg. However, she refused an ambulance, so the team transported her to the KEMH Emergency Department. It transpired that Haley had sepsis, and she remained in hospital for a week to recover. During her stay, her other acute health needs were met, which would have been difficult to manage while on the streets.

Current Situation

Haley is now almost 38 weeks pregnant and has recently moved into her own apartment with the support of Uniting WA Accommodation Services. With the support of the team, she has continued to attend her antenatal appointments, and has engaged well with hospital midwives and her social worker. The Child Protection social workers will continue to support both her and her baby, as needed, when they return home.

The team provided critical links not only to antenatal care but also to other support services such as drug and alcohol counselling and 'Mother and Baby' supported accommodation services. Through effective inter-agency collaboration initiated by the team, Haley has felt supported enough to make her own positive choices and dramatically change the trajectories of both her and her baby's lives.

* not her real name

What Else is Needed?

HHC's outreach model and coordinated care approach to supporting pregnant women who are rough sleeping is vital but, to date, been entirely unfunded. There is also a paucity of tailored outreach antenatal care and accommodation options for pregnant women experiencing homelessness elsewhere in Australia. The Homeless Prenatal Program in San Francisco[10] is an example of an innovative community care model that potentially has merit to address this.

There is a dearth of accommodation and housing options for pregnant women and new mothers in WA. Further, more broadly, Australia seems to lag behind some other countries in terms of the availability of dedicated, supported accommodation of this kind. KEMH data shows that, for nearly half of the babies taken into state care in 2019–20, lack of stable housing was a significant contributing factor.

The fear of having one's baby taken into care remains a significant barrier to engagement with antenatal care for women experiencing homelessness. Policy and cultural shifts to rectify this are urgently needed.

The pregnancy period is just the beginning of the critical 'first 1,000 days' — even for women who get accommodation in time to be able to keep their babies, there remain barriers around access to postnatal care, child health services and support for parenting, all of which can impact upon child development and longer-term outcomes.

Homeless pregnancies need to be examined within the context of broader reproductive and sexual health for people experiencing homelessness. This is particularly important given the existence of homelessness clusters with relatively high rates of STIs and poor access to contraception.

Endnotes

1. Moore T, Arefadib N, Deery A, Keyes M, West S 2017, *The First Thousand Days: An Evidence Paper Summary*, Murdoch Children's Research Institute, Melbourne.
2. *Sustainable Health Review: Final Report to the Western Australian Government 2019*, Department of Health, Western Australia, p.68.
3. McGeough C, Walsh A, Clyne B 2020, 'Barriers and facilitators perceived by women while homeless and pregnant in accessing antenatal and or postnatal healthcare: A qualitative evidence synthesis'. *Health and Social Care in the Community*, vol. 28, no 5, pp.1380–93.
4. Gordon AC, Lehane D, Burr J, Mitchell C 2019, 'Influence of past trauma and health interactions on homeless women's views of perinatal care: a qualitative study', *British Journal of General Practice*, 69(688):e760-e7.
5. Clark R, Weinreb L, Flahive J, Seifert R 2019, 'Homelessness Contributes To Pregnancy Complications', *Health Affairs*, vol.38, no. 1, pp.139–46.
6. Flatau P, Conroy E, Spooner C, Edwards R, Eardley T, Forbes C 2013, *Lifetime and intergenerational experiences of homelessness in Australia*, Australian Housing and Urban Research Institute, Melbourne.
7. Davies A, Wood L 2018, 'Homeless health care: meeting the challenges of providing primary care'. *Medical Journal of Australia*, 209(5), pp.230–4.
8. Gordon AC, Lehane D, Burr J, Mitchell C 2019, op cit.
9. Clark R, Weinreb L, Flahive J, Seifert R 2019, op cit.
10. Overbo B, Ryan M, Jackson K, Hutchinson K 1994, 'The Homeless Prenatal Program: A Model for Empowering Homeless Pregnant Women', *Health Education Quarterly*, vol. 21, no. 2, pp.187–98.