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Housing Among Postpartum People in New York City

The U.S. is facing a maternal health crisis, with the highest rate of maternal mortality of any high-resource country.[1] NYC suffers stark inequities in maternal mortality, with Black New Yorkers having the highest pregnancy-associated mortality ratio in 2016-2020 among all major racial and ethnic groups.[2] While half of these deaths occurred during pregnancy or early postpartum, 51% occurred between 43 and 365 days postpartum, highlighting the importance of the extended postpartum period for maternal health.[2]

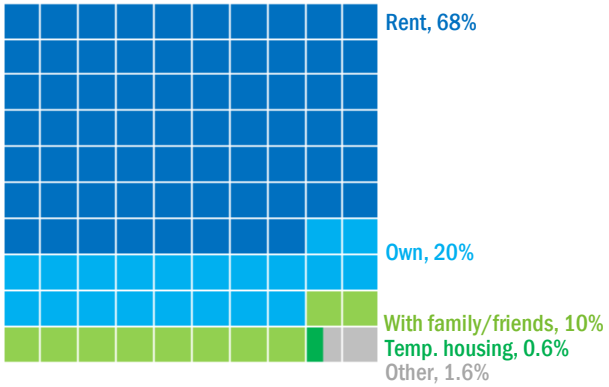
Many factors contribute to the maternal mortality crisis, and experts have called for strategies at numerous levels, including streamlining enrollment in housing benefit programs.[3] Research has long demonstrated a strong relationship between adverse housing conditions and poor physical and mental health outcomes overall,[4] and recent studies have found associations between housing conditions and adverse maternal health outcomes during the prenatal and postpartum periods.[5]

NYC is one of the least affordable cities in the U.S., largely attributable to high housing costs.[6] Over half (53%) of NYC households, excluding those living in public housing, were considered rent burdened in 2021.[6] Moreover, New Yorkers of color disproportionately experience housing injustice as a result of systemic racism, including the lasting impacts of racist housing policies such as redlining.[7] Despite research establishing the relationship between housing conditions and maternal health, as well as the affordable housing crisis in NYC, there are no population-based reports on the housing conditions of New Yorkers in their first year postpartum. This report examines data from the NYC Postpartum Assessment of Health Survey (PAHS) to assess the housing conditions experienced by NYC residents in the year after giving birth, identifies those who are most at risk for experiencing adverse housing conditions, and explores the association between adverse housing conditions and maternal health risks and outcomes. NYC PAHS results are representative of all NYC residents who gave birth in 2020. It should be noted that the COVID-19 pandemic, which began in 2020, likely impacted housing in ways that cannot be accounted for in this study.

Housing Type Among Postpartum People in New York City

Most New York City postpartum people rented their home at 12 to 14 months postpartum

Type of housing among postpartum people, New York City, 2020



Source: NYC Postpartum Assessment of Health Survey (PAHS), 2020

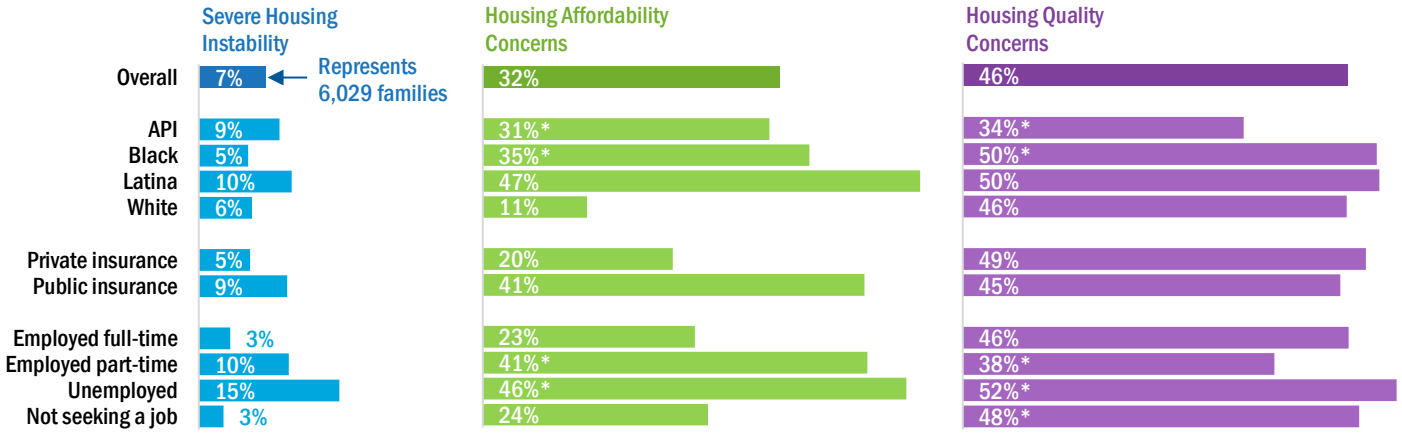
- At 12 to 14 months postpartum, most NYC mothers and birthing people (68%) rented their home, while one in five (20%) owned their home, and one in ten (10%) stayed with family or friends.
- Latina postpartum people were less likely than their white counterparts to own their home (7% vs. 31%).
- Postpartum people with public insurance were less likely than those with private insurance to own their home (8% vs. 34%) and more likely to stay with family or friends (15% vs. 5%) or live in temporary housing or shelter (1% vs. 0.1%).
- Postpartum people who were employed part-time, unemployed, or not seeking a job were less likely than those employed full-time to own their home (10%, 11%, and 17% vs. 30%, respectively). Those who were unemployed were also more likely than those employed full-time to stay with family or friends (17% vs. 7%).

Data source: **Postpartum Assessment of Health Survey (PAHS)** is a follow-up survey for Pregnancy Risk Assessment Monitoring System (PRAMS) respondents who gave birth in 2020 in seven PRAMS jurisdictions across the U.S. It was administered in English and Spanish between 12 and 14 months postpartum in coordination with researchers from Columbia University and weighted to be representative of 2020 live births in participating jurisdictions. This analysis used NYC PAHS data from 645 NYC residents who had a live birth in 2020, which was weighted to represent 87,759 postpartum people in NYC. More information about the PAHS study can be found at publichealth.columbia.edu/research-labs/postpartum-assessment-health-survey.

Adverse Housing Conditions Among Postpartum People in New York City

Severe housing instability impacted thousands of postpartum people and concerns related to housing affordability and housing quality were common

Adverse housing conditions by maternal demographic characteristics, New York City, 2020



Notes: *Interpret with caution due to small sample size or wide confidence interval. API=Asian or Pacific Islander

Source: NYC Postpartum Assessment of Health Survey (PAHS), 2020

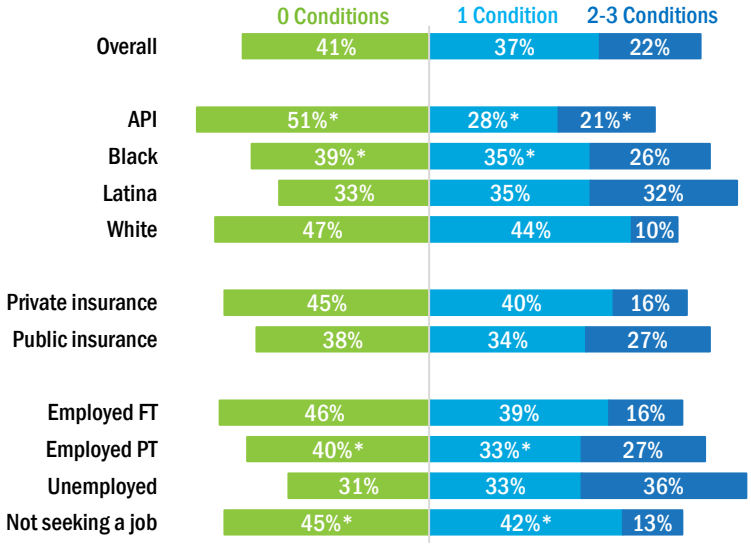
- About 7% of postpartum people experienced severe housing instability during the first 12 to 14 months postpartum, representing just over 6,000 NYC families with a newborn in 2020. Those who worked part-time or were unemployed were more likely than those who worked full-time to report severe housing instability (10% and 15% vs. 3%, respectively).
- One in three (32%) postpartum people reported housing affordability concerns at 12 to 14 months postpartum. Those who identified as Asian or Pacific Islander (API), Black, or Latina, those with public health insurance, and those who were employed part-time or unemployed were more likely to experience housing affordability concerns when compared with their counterparts who were white, privately insured, or employed full-time.
- Nearly half (46%) of postpartum people experienced any housing quality concerns since living in their current residence, with the most common being pests (31%), broken appliances (16%), and no heat (11%). There were few differences between groups; however, Latina postpartum people and those who were unemployed were more likely to report pests (40% and 41%, respectively) when compared with their counterparts who were white or employed full-time (24% and 28%, respectively).

Definitions: **Race and ethnicity:** self-reported via multiple selection of up to seven categories: 'Asian or Asian-American'; 'Black or African-American'; 'Latinx or Hispanic'; 'Native American or Alaska Native'; 'Native Hawaiian or Pacific Islander'; 'Southwest Asian, Middle Eastern, or North African'; and 'white'. Individuals who selected two categories, including 'white,' were categorized as the non-white race category. Those who selected multiple categories other than 'white' were categorized as 'multiple minoritized races.' Individuals who selected 'Asian or Asian-American' or 'Native Hawaiian or Pacific Islander' were combined to create the group Asian or Pacific Islander (API). There were few respondents (less than 30 when all groups were combined) who were categorized as 'Native American or Alaska Native,' 'Southwest Asian, Middle Eastern, or North African,' or 'multiple minoritized races,' and their data have been excluded from race stratifications in this report due to small sample sizes. Although the term 'Latinx or Hispanic' was used in the survey question, we use the term 'Latina' in this report.
Insurance type: self-reported health insurance at time of survey completion (between 12 and 14 months postpartum).
Employment status: self-reported employment status at time of survey completion (between 12 and 14 months postpartum).
Type of housing: self-reported housing situation at time of survey completion (between 12 and 14 months postpartum).
Severe housing instability: self-reported experience of either of the following experiences since giving birth: (1) being homeless or having to sleep outside, in a car, or in a shelter; or (2) being forced to move by a landlord (including eviction), bank or other financial institution (including foreclosure), by the government, because of COVID-19, or because of a natural disaster or fire.
Housing affordability concerns: self-reported experience of having any difficulty paying for rent/mortgage or utility bills (i.e., heating, cooling, electricity, water, phone, internet) since giving birth.
Housing quality concerns: reporting 'yes' to any of 13 housing quality concerns ever in their current residence, including: broken appliances, broken windows, broken door or lock to outside, pests, electrical problems, no hot water, no heat, no running water, stopped up plumbing, no air conditioning during summer, unsafe drinking water, unsafe neighborhood conditions, or lead paint.
Anxiety and depression symptoms: anxiety and depression symptoms at the time of survey completion (between 12 and 14 months postpartum), assessed using the Patient Health Questionnaire-4 (PHQ-4), a validated screening tool for anxiety and depression symptoms.

Burden of Adverse Housing Conditions Among Postpartum People in New York City

More than half of all postpartum people experienced at least one adverse housing condition, while one in five experienced multiple adverse housing conditions

Number of adverse housing conditions experienced by postpartum people, New York City, 2020



*Interpret with caution due to small sample size or wide confidence interval
API=Asian or Pacific Islander, FT=full time, PT=part time
Source: NYC Postpartum Assessment of Health Survey (PAHS), 2020

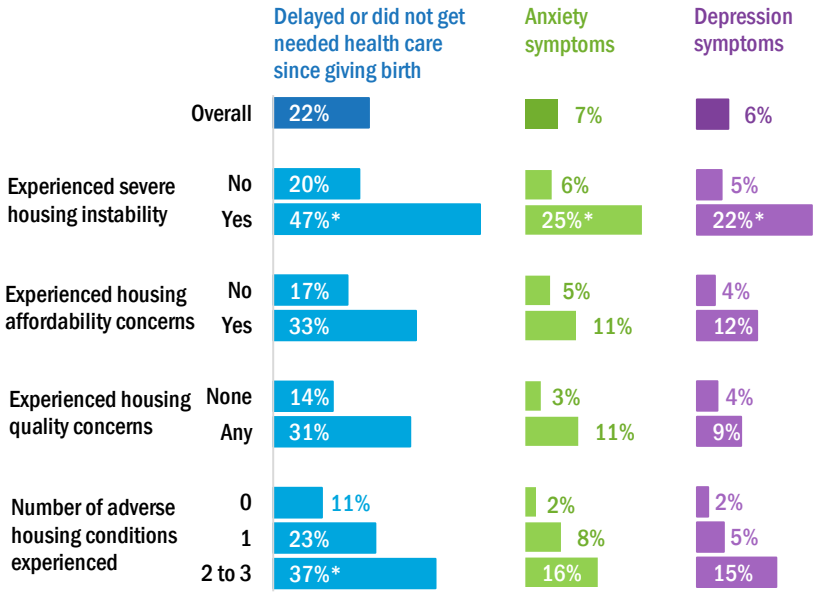
- Three in five (59%) postpartum people experienced at least one adverse housing condition, including severe housing instability, housing affordability concerns, or housing quality concerns. One in five (22%) postpartum people experienced multiple adverse housing conditions.
- Mothers and birthing people who identified as Latina or who were unemployed were more likely to experience any adverse housing conditions compared with postpartum people who were white or employed full-time.
- Postpartum people who identified as Asian or Pacific Islander (API), Black, or Latina, those with public health insurance, and those who were employed part-time or unemployed were more likely to experience two to three adverse housing conditions when compared with mothers and birthing people who were white, privately insured, or employed full-time.

Association Between Housing Conditions and Maternal Health Outcomes

- Postpartum people who experienced severe housing instability, affordability concerns, or quality concerns were more likely to delay or not get needed health care since giving birth and have anxiety symptoms at 12 to 14 months postpartum than those who did not experience these housing issues.
- Those who experienced severe housing instability or affordability concerns were also more likely to experience depression symptoms at 12 to 14 months postpartum compared with those who did not experience these housing issues.
- Compared with those who did not experience any adverse housing conditions, those who experienced at least one were more likely to delay or not get needed health care and have anxiety symptoms at 12 to 14 months postpartum, while those who experienced two to three were also more likely to have depression symptoms.

Postpartum people who experienced adverse housing conditions were more likely to delay health care and have anxiety and depression symptoms^

Maternal health outcomes by housing conditions, New York City, 2020



^These associations cannot be interpreted as causal
*Interpret with caution due to small sample size or wide confidence interval
Source: NYC Postpartum Assessment of Health Survey (PAHS), 2020

Recommendations

Policy-makers:

- Create eviction moratorium protections for pregnant people and families with children under 2 years old.
- Strengthen landlord accountability through penalties and defined timeframes for remedying habitability issues.
- Increase housing-voucher availability (e.g., Section 8, CityFHEPS) specifically targeting pregnant New Yorkers and prioritizing those experiencing or at risk for housing instability or homelessness.
- Place pregnant people who are at risk of homelessness in permanent housing without preconditions.
- Offer targeted rent/mortgage subsidies, utility assistance, emergency grants, or unconditional cash stipends for families who struggle to fulfill their financial obligations during pregnancy and within the first year after birth.
- Increase the maximums for cash-benefit assistance programs (e.g., Supplemental Nutrition Assistance Program [SNAP] and Temporary Assistance for Needy Families [TANF]).

Government institutions:

- Preserve and expand affordable housing stock in neighborhoods experiencing demographic shifts and higher housing costs through zoning, expanded housing subsidies, and community land trusts.
- Scale up proactive housing maintenance code enforcement and inspections in ZIP codes with high rates of housing quality issues.
- Provide air-conditioning or heating accommodations and utility bill subsidies to low-income pregnant people.

Community-based organizations:

- Expand access to supportive housing programs and mental health services.
- Prioritize pregnant and parenting people for emergency and long-term housing initiatives.

Maternal health care providers, primary care providers, and pediatricians:

- Assess housing conditions of individuals throughout the prenatal and postpartum care periods, including proactive screening for housing instability and timely referrals to housing and mental health resources.
- Integrate housing case management into perinatal health programs to connect new parents to shelter, legal aid, or eviction-prevention services.
- Ensure continuity of health care and health care coordination for those experiencing housing concerns.

Pregnant and parenting New Yorkers and their families:

- Find resources on community-based housing programs, tenants' rights, home-visiting programs, mental health resources, and other new parent resources.

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2. Pregnancy-Associated Mortality in New York City, 2016-2020. New York City Department of Health and Mental Hygiene, September 2024. Accessed January 5, 2026.
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5. DiTosto JD, Holder K, Soyemi E, et al. Housing instability and adverse perinatal outcomes: a systematic review. *Am J Obstet Gynecol MFM*. 2021;3(6):100477.
6. The Cost of Living in New York City: Housing. Office of the New York State Comptroller, January 2024. Accessed January 5, 2026.
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Health equity is attainment of the highest level of health and well-being for all people. Not all New Yorkers have the same opportunities to live a healthy life. Achieving health equity requires focused and ongoing societal efforts to address historical and contemporary injustices such as discrimination based on race/ethnicity, and other identities. For more information, visit the World Health Organization's Health Equity webpage.

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