



Supporting Expectant and Parenting Newcomer Youth

Guidance for Service Providers

This guide provides trauma-informed, cross-cultural strategies to support expectant and parenting youth, including those participating in the [Unaccompanied Refugee Minor \(URM\) program](#). These strategies reflect a strengths-based approach, highlighting youth resilience, cultural assets, and existing skills. Throughout this guide, “youth” refers to individuals under the age of 18. While the focus is primarily on mothers, content is also relevant for fathers and other caregivers.

Contextual Considerations

Expectant and parenting newcomer youth carry stories of survival, displacement, and resilience. They navigate a complex mix of developmental, cultural, and situational factors that shape their health, well-being, and experiences of pregnancy and parenting.

While some of these concerns are similar to those of their U.S.-born peers, the added layers of forced migration and resettlement in a new country can significantly intensify these challenges.

For example, newcomer youth may experience a range of **safety risks** before, during, and after arrival in the U.S., including abuse, neglect, exploitation, and trafficking. Pregnancy is influenced by these risks, as well as by widespread barriers including poverty, child marriage, limited reproductive health access, and school disruption. For some, pregnancy at a young age may align with family or cultural norms; for others, it may stem from circumstances of flight, separation, or limited protection.

It is essential that providers recognize this context. Many refugee and newcomer youth in the U.S. face stigma without acknowledgment of their unique

circumstances. Framing experiences with dignity, within the context of displacement, reduces stigma and encourages cross-cultural awareness.

Context to Consider

- Relationships and community connections
- Trauma history, including child or early marriage, sexual assault, coercion, [violence, trafficking, or exploitation](#)
- Limited access to information, contraception, or reproductive health care
- Poverty, [interrupted education](#), or restricted opportunities to safely build life skills
- Consensual and non-consensual adolescent relationships prior to or after resettlement

Pregnancy, Parenting, and Stigma Across Cultures

Culture strongly influences how pregnancy and parenting are perceived. In some cultures, early childbearing is normalized or celebrated, representing hope or stability after hardship. In others, it may be stigmatized, leading to shame, rejection, or reluctance to seek care. When reproductive health topics are taboo, youth may turn to peers or misinformation instead of trusted adults.

Parenting roles also vary widely; some cultures rely on extended family networks to share caregiving responsibilities, while others expect the mother to assume most or all of the parenting duties.

For providers, the key is to explore how cultural expectations align—or conflict—with the youth’s current circumstances. The greater the mismatch, the more likely the young person is to experience stress, isolation, or internal conflict during pregnancy and parenting. For examples of stories, see [Navigating Teen Pregnancy in a Refugee Camp](#) and [A Journey to Freedom and Future](#). Recognizing both the vulnerabilities and sources of meaning that pregnancy

or parenting may hold is essential to providing supportive care.

Age of Pregnancy

Between ages 15 and 25, young people undergo significant **physical, cognitive, and emotional development**. During this time, the brain’s prefrontal cortex continues to mature, improving planning, impulse control, and decision-making. Adolescents and young adults are forming identities, deepening relationships, gaining independence, and learning emotional regulation.

Pregnant adolescents—especially younger teens—face increased medical risks such as anemia, hypertension, and preterm or low-birth-weight deliveries, along with higher rates of perinatal depression and anxiety. Limited emotional maturity, disrupted education, and financial strain can intensify stress and caregiving challenges.

For newcomer youth, these difficulties are often compounded by trauma, displacement, language barriers, limited support, and unfamiliarity with local systems.

Rather than assuming, invite youth to share what pregnancy and parenting mean in their culture and what support they need. Collaborative service planning guided by youths’ input fosters trust, empowerment, and confidence—factors associated with improved outcomes.

Mental Health and Emotional Well-being

Emotional and Psychological Factors

Emotional and psychological factors play a critical role in shaping the prenatal and postpartum experiences of newcomer youth.

Previous traumatic experiences can increase the risk of complications during pregnancy and childbirth, as well as elevate the likelihood of depression, anxiety, and post-traumatic stress symptoms. These challenges can compound if the pregnancy is the result of sexual assault. For some, pre-migration trauma can resurface during prenatal care, labor, or recovery. [Postpartum depression and anxiety](#) can occur across cultures and may appear as physical symptoms, withdrawal, or exhaustion rather than sadness.

For youth with **preexisting mental health concerns**, symptoms may be intensified during pregnancy or after birth. Youth without prior mental health diagnoses may face heightened distress due to past trauma, separation from family, uncertainty about their immigration situation, or fear of stigma surrounding the pregnancy.

Even in the absence of certain challenges, **hormonal changes** can lead to mood shifts, anxiety, irritability, and disrupted sleep.

Many newcomer youth feel pressure to appear strong and self-reliant, even as they navigate these challenges. Early screening, nonjudgmental support, and access to culturally and linguistically appropriate mental health services are crucial for promoting healthy adjustment for the young parent and child.

Relationships and Community Connections

Healthy relationships and strong community connections play a critical role in supporting expectant and parenting youth. **Stable partnerships** and safe living environments are associated with improved pregnancy experiences, better birth outcomes, and greater academic and financial stability. Likewise, robust social support—whether from family, peers, cultural communities, faith organizations, or service providers—helps reduce stress and contributes to more positive parenting experiences.

Conversely, **isolation**, particularly when paired with stigma or partner instability, can heighten psychological distress and increase the risk of negative health and social outcomes. For newcomer youth who may have lost traditional support networks, facilitating access to community resources and trusted adults is especially important.

Practical Tools to Support Expectant and Parenting Youth

Birth Planning

Creating a birth plan promotes agency and reduces anxiety for youth navigating [health care in the U.S.](#) Birth plans clarify choices, ensure interpretation services will be available, and give everyone—youth, caregivers, and providers—a shared understanding of what to expect during delivery and recovery.

A birth plan might include preferences for support persons, pain management, cultural or religious practices, and infant feeding. It can also identify who the hospital may communicate with and how interpretation will be arranged.

It is equally important to explain that births can be unpredictable, and in certain circumstances, the plan may need to change for the safety of the youth or baby. Discussing contingency steps and what to do in case of an emergency can help youth feel more prepared and confident if unexpected complications arise.

Medical Care and Benefits Coordination

Access to **consistent, high-quality prenatal and postpartum care** is fundamental to maternal and infant health. Providers play a critical role in helping newcomer youth navigate barriers to care, such as lack of health insurance, limited transportation, unfamiliarity with the health care system, or the absence of interpretation services. Helping youth understand when and how to seek care—and feel empowered to do so—can significantly improve outcomes for both parent and child.

Supporting youth in obtaining the **benefits** for which they are eligible is an essential part of this process. All U.S. states offer **medical coverage** for qualified pregnant individuals, primarily through Medicaid or the Children's Health Insurance Program (CHIP), and some states extend coverage to those who may not meet traditional Medicaid criteria.

Additionally, **food and nutrition programs** such as the Supplemental Nutrition Assistance Program (SNAP) and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) can expand access to adequate nutrition, which is important during pregnancy and postpartum. Providers can assist youth in identifying available benefits, completing applications, and understanding program requirements, renewals, and timelines. See

Switchboard's [Public Benefits Overview for Refugees and Other Humanitarian Immigrants](#).

Creating a shared benefits tracker that includes details such as Medicaid activation, prenatal appointments, WIC enrollment, and newborn documentation, can help both providers and youth stay organized and reduce missed opportunities for care.

Social and Community Supports

Expanding social and community supports can improve pregnancy and parenting outcomes for newcomer youth. Supportive connections may include **community groups, cultural or faith-based organizations, and programs specifically designed for pregnant and parenting adolescents**. While available programs vary by region, connecting youth to these supports can reduce isolation, increase parenting confidence, and strengthen long-term stability. See the box below for examples:

Example Programs for Pregnant and Parenting Adolescents

- [Student and Family Support Program](#) (SFSP) supports teen parents with one-on-one advocacy, English and Spanish clinical services, housing and workforce readiness
- [Adolescent Parenting Program](#) (APP), North Carolina teen parenting support for ages 12–19
- [AVANCE](#), bilingual early childhood and parenting programs rooted in Hispanic cultural strengths
- [Teen Dads Program](#) (The Fatherhood Project), Father-focused teen parenting education
- [The Dovetail Project](#) (Chicago), serving young Black and Latino fathers

Safety Planning

Pregnancy, birth, and early parenting can be unpredictable and emotionally demanding. Providers can work with youth to identify trusted adults, anticipate challenges, and know how to seek help. Developing a [safety plan](#) is a practical way to help youth increase confidence and reduce crisis-driven

decision-making. A safety plan may include mapping a “circle of support,” recognizing early warning signs of postpartum distress, outlining transportation or emergency procedures, and practicing how to ask for help from providers or foster parents. For newcomer youth, this planning can also reduce fear associated with navigating unfamiliar systems or responding to emergencies in a new cultural context.

Navigating Responsibilities

Health Care

Providers can help teach youth how to schedule medical appointments, support them in securing reliable transportation, and explain how to request interpretation services. They can also work with youth to create an [interpretation plan](#) that includes preferred language, instructions on accessing interpreter services, guidance on declining the use of a family member as an interpreter when inappropriate, and simple [scripts](#) for asking questions or requesting clarification. Helping youth develop systems for tracking appointments—such as phone reminders or written calendars—can further promote consistent care and reduce stress.

Education

Parenting while adapting to new educational systems can feel overwhelming for newcomer youth, especially as they balance school responsibilities, child care, birth recovery, and the daily demands of parenting. Providers can support youth by helping them understand their [educational rights](#) and explore flexible pathways such as GED or ESL programs, adjusted class schedules, temporary pauses in coursework, vocational training, or [credit recovery](#) options. Providers can also advocate for pregnancy- and postpartum-related accommodations and help with access to child care. Ongoing academic and workforce planning helps young parents set realistic long-term goals, remain engaged in their education, and build toward financial independence.

Daily Responsibilities

In daily life, youth may struggle to balance their emerging sense of empowerment as parents with the need for support from caregivers or extended family. In your conversations with youth and their families, clarify

each person's role in transportation, appointment planning, and daily infant care routines.

Encourage open discussions about differences between U.S. parenting norms and those of the youth's country of origin to help prevent misunderstandings. In many cases, what defines "safety" may differ across contexts. For example, in the U.S., there are strict standards around car seat use, safe sleep practices, and leaving infants unattended, while in some newcomers' countries, communal caregiving or co-sleeping are the norm. Discuss these differences openly and without judgment to help youth understand both the reasoning behind local safety standards and how to adapt familiar practices in safe, respectful ways.

Finally, introduce **basic financial literacy skills**, including how to budget for essentials like diapers, formula, transportation, and savings, to help youth build confidence in managing household expenses.

Supporting Expectant and Parenting Youth in the URM Program

Expectant and parenting youth in the Unaccompanied Refugee Minors (URM) program navigate additional complexities across child welfare, case management, education, and health systems.

URM Program Priorities

Protect youth rights by making sure that youth know their health care options and can access prenatal, postpartum, and reproductive services with interpretation. Help youth understand that they have the right to make informed choices about their bodies and medical care, and that providers are there to offer information, answer questions, and respect their decisions within established guidelines.

- **In practice:** Walk through the youth's medical rights using a visual rights handout, review consent procedures in advance of appointments, and ensure privacy during health discussions.

Prepare foster parents through cross-cultural training and by setting practical expectations. This will help them understand how pregnancy and parenting may be viewed in different cultural contexts and how to respectfully support newcomer

youth through this transition. You may also discuss with all foster parents what it might look like to support a youth who becomes pregnant after placement. Proactively addressing this topic helps caregivers lay the groundwork for supportive responses that minimize blame or shame.

- **In practice:** Before placement, hold an orientation covering topics like cultural stigma, gender roles, postpartum customs, and shared caregiving expectations. Encourage foster parents to ask open-ended questions; clarify boundaries early—such as centering the youth's comfort and choice around topics like touch, privacy, and who is present during medical or parenting discussions; and plan for logistical needs such as transportation and child care.

Use structured tools such as checklists, birth plans, safety plans, and benefits trackers. Clear, written tools help youth, providers, and foster parents stay organized and aligned, especially when multiple systems are involved.

- **In practice:** Create a shared binder or digital folder including a birth plan, prenatal appointment tracker, benefits deadlines, and safety plan. Review it together monthly. Providers can use these tools to check for missed benefits, discuss upcoming milestones, and reinforce consistent communication among all parties.

Coordinate across systems to improve care and collaboration between child welfare, health, and education systems. This approach helps prevent service gaps and promotes stable placements.

- **In practice:** Schedule regular case coordination meetings that include the youth's foster parent(s), school liaison, and health care provider. Use shared summaries to track progress on benefits, education, and health goals. Whenever possible, include the youth's voice in meetings to promote agency and trust.

Short Scenarios for Providers and Caregivers

Each expectant or parenting URM's situation is unique, but clear communication and planning make a meaningful difference. The short examples below complement available tools, such as the Society of

Refugee Healthcare Providers checklists on [Pre/Postnatal Care Considerations](#) and [Hospital and Home Preparation](#), to help youth, foster parents, and URM service providers coordinate care effectively.

Before the Birth

- **Youth:** Chooses a support person and includes this in the birth plan.
- **Service Provider:** Confirms Medicaid activation and schedules early prenatal care with interpretation.
- **Foster Parent:** Helps gather documents and provides transportation.

At the Hospital

- **Youth:** Requests interpretation before signing any medical forms.
- **Service Provider:** Communicates with hospital staff to ensure interpretation is provided and confirms what paperwork, follow-up appointments, and supplies the youth will need before leaving the hospital.
- **Foster Parent:** Assists with questions and supports discharge planning.

After the Birth

- **Youth:** Attends newborn check-up and raises any concerns.
- **Service Provider:** Ensures the youth is scheduled for postpartum medical check and that the baby is scheduled for well-child visits and enrolled in benefits, with interpretation arranged for each appointment.
- **Foster Parent:** Reinforces recovery routines and infant care skills.

Conclusion

Expectant and parenting newcomer youth deserve care that respects their culture, autonomy, and hopes for the future. Providers and caregivers play key roles in creating consistent, trauma-informed, and well-

coordinated support that helps young families feel safe, valued, and understood. When we focus on dignity, understanding, and youth-led decision-making, we move away from stigma and toward-informed support that promotes resilience for newcomer youth and their children.

Additional Resources

- A Better Balance, [Sample Title IX Request Letter for Pregnant, Postpartum, and Lactating Students](#) (2025)
- Casey Family Programs
 - [What strategies support pregnant and parenting teens in foster care?](#) (2024)
 - [What strategies can help prevent unintended pregnancy for youth in foster care?](#) (2023)
- Center for the Study of Social Policy, [A Resource Guide for Meeting the Needs of Expectant and Parenting Youth, their Children, and their Families](#) (2019)
- Child Welfare Information Gateway, [Supporting Parenting and Expectant Teens in Foster Care](#) (2020)
- Healthy Children, American Academy of Pediatrics, [Helping Teen Parents and Their Children Build Healthy Futures](#) (2021)
- National Campaign to Prevent Teen and Unplanned Pregnancy, [Call to Action: 10 Ways to Address Teen Pregnancy Prevention Among Youth in Foster Care](#) (2016)
- NYC Administration for Children's Services, the Fordham Interdisciplinary Parent Representation Project, [Guide to Working with Young Parents in Out of Home Care](#) (2017)

World Health Organization (WHO), [Adolescent Pregnancy](#) (2024)

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