



State of Maternal Health in America Study

Prepared By



Introduction

The Harris Poll conducted the State of Maternal Health in America study in an effort to gain insights on experiences and opinions as it relates to prenatal care, labor and delivery care, as well as postpartum care. Additionally, the study aimed to understand areas of needed improvement for maternal health.

The 6 main themes explored in this research include:

- ✓ Safety of Giving Birth In The U.S.
- ✓ Maternity Leave
- ✓ Health Issues During TTC (Trying to Conceive)/Pregnancy/Postpartum
- ✓ Patient Education/Standards of Practice
- ✓ Satisfaction With Care Throughout the Pregnancy Journey
- ✓ Fourth Trimester, or Postpartum Care

Report Notes:

- Statistical significance testing was conducted at the 95% level of confidence.
- Below subgroups are included throughout the report:
 - Gender: Women (n=1,091), Men (n=934)
 - Women by Age: Women aged 18-34 (n=292), Women aged 35+ (n=799), Women aged 55+ (n=452)
 - Men by Age: Men aged 18-34 (n=251)
 - Women who are currently pregnant or have been pregnant (n=743)
 - Women who have been pregnant (n=738)

Key Findings and Implications

The pregnancy and birth journey is a pivotal moment in a woman's life, and while miraculous, does not come without risk, some which may be avoidable. According to the [CDC](#), 80% of pregnancy-related deaths are preventable, and the causes vary from mental health conditions to infections. Though it appears there is satisfaction with care throughout this journey, there is clear room for improvement across the board. Perhaps the satisfaction is blind for some, as there are clear knowledge gaps when it comes to the safety of giving birth in the U.S. Furthermore, maternal mortality rates vary significantly across states, with Mississippi having the highest rate in 2021, according to the [CDC](#). While most recognize that the current political environment has made pregnancy and childbirth increasingly dangerous, there is overwhelming support to make giving birth safer for women.

To further support the need for improved patient education, more/better information related to various topics during the pregnancy journey is desired by many, specifically as it relates to birthing positions, less invasive pain management options for labor and delivery, and postpartum depression. Patient education could not only help women feel more empowered during the pregnancy journey but could possibly improve labor and delivery outcomes as well.

Additionally, maternity leave is seen as fundamental in improving health outcomes not only for mothers, but for babies and infants as well – and there is overwhelming support for better paid maternity leave. Sadly, the U.S. is underperforming compared to UNICEF recommendations for paid maternity leave. Currently, paid maternity leave in the U.S. on average is 29 days, or about 4 weeks, while [UNICEF](#) recommends 168 days, or 24 weeks, of paid maternity leave.

The pregnancy journey can bring about new health conditions or exacerbate ones that previously existed, and a significant proportion of women experienced health issues during the time they started trying to conceive through postpartum. One of the more prominent issues cited are those related to mental health, including anxiety and depression. Perhaps a bit of an unsettling finding, younger women, who are currently in their prime childbearing years, are significantly more likely to report having been diagnosed with health issues, and to cite mental health issues, during their pregnancy journey than their older counterparts. One would beg to question, is healthcare for pregnant women on a decline, or are we just more aware of these conditions now than in the past? And if the latter, how can we better treat or prevent them?

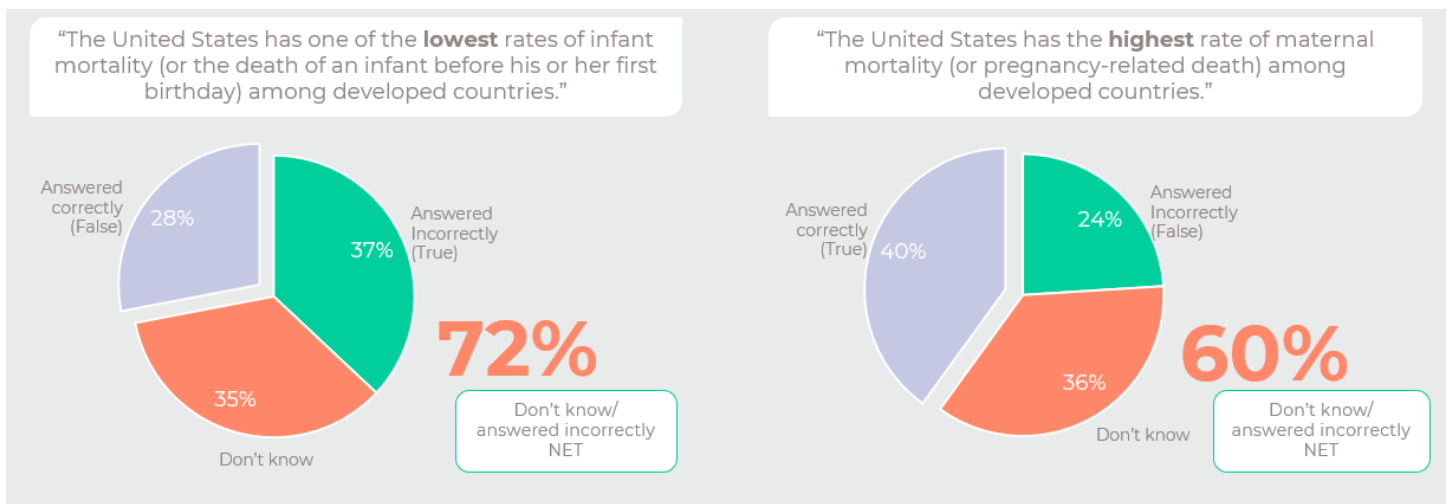
While satisfaction with care throughout the pregnancy journey appears to be high overall, it also appears to decrease towards the end stages of the journey, specifically recovery care and postpartum care. Perhaps why so many believe that mothers are forgotten after they give birth. To further support the need for better care during the fourth trimester, a majority of women want to see more focus on the health care of mothers after pregnancy/birth.

Detailed Findings

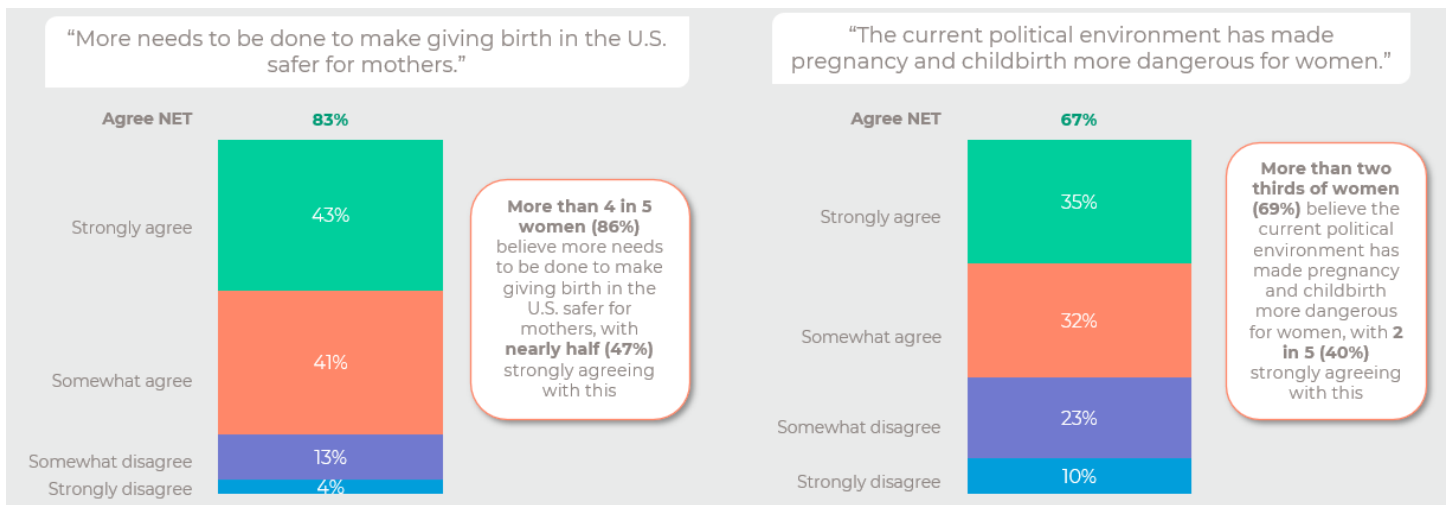
Safety of Giving Birth In The U.S.

Key Finding: While many Americans may not completely understand the extent of how dire giving birth in the U.S. can be for mothers and babies, a majority recognize that the current political environment has added to the dangers of giving birth, and there is a clear call to action to make giving birth in the U.S. safer for mothers.

Only about 1 in 4 Americans (28%) know that the U.S. does not have one of the lowest rates of infant mortality among developed countries, and nearly 2 in 5 (37%) incorrectly believe it does. Furthermore, just 2 in 5 Americans (40%) know that the U.S. has the highest rate of maternal mortality among developed countries, and about 1 in 4 (24%, down from 30% in 2022) incorrectly believe it does not.



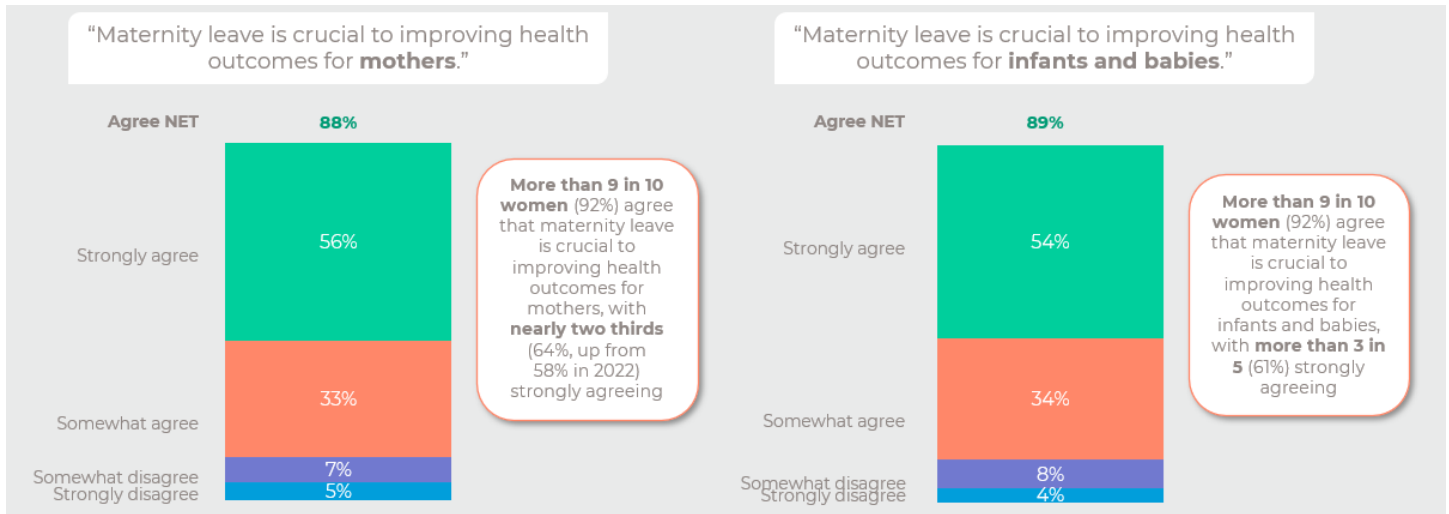
Furthermore, over 4 in 5 Americans (83%), and 86% of women, believe more needs to be done to make giving birth in the U.S. safer for mothers, with more than 2 in 5 Americans (43%), and nearly half of women (47%), strongly agreeing with this. Two thirds of Americans (67%), and 69% of women, believe the current political environment has made pregnancy and childbirth more dangerous for women, with more than one third of Americans (35%), and 2 in 5 (40%) women, strongly agreeing with this.



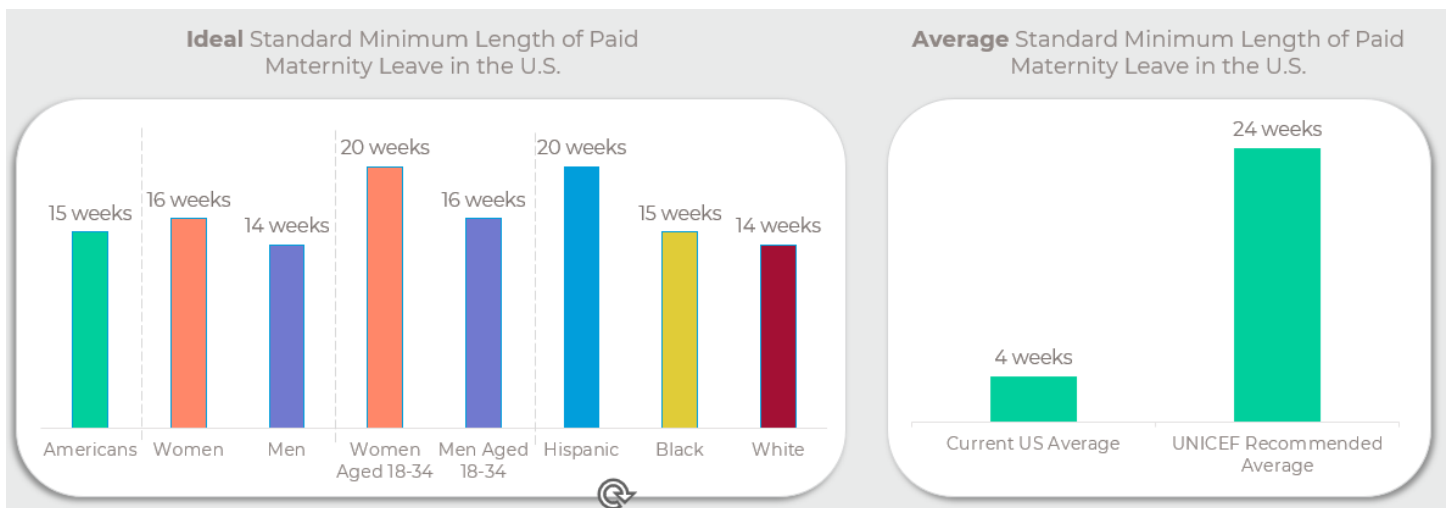
Maternity Leave

Key Finding: The belief that maternity leave is crucial to improving health outcomes for both mothers and babies is widely held – and it is quite apparent that the U.S. lags when it comes to paid maternity leave, with Americans desiring improvement in this area.

An overwhelming majority of Americans (88%), including most women (92%), believe maternity leave is crucial to improving health outcomes for mothers, with more than half of Americans (56%), and nearly two thirds of women (64%, up from 58% in 2022), strongly agreeing with this. Similarly, a strong majority of Americans (89%), including most women (92%), believe maternity leave is crucial to improving health outcomes for infants and babies, with more than half of Americans (54%), and more than 3 in 5 women (61%) strongly agreeing with this.



Additionally, Americans believe the standard minimum length of paid maternity leave in the U.S. should be 15 weeks, on average, with 1 in 4 (25%) believing it should be at least 20 weeks. When looking at women, and young women specifically, the ideal minimum length of leave is even higher. Women believe the standard minimum length of paid maternity leave in the U.S. should be 16 weeks, on average, with more than 1 in 4 (28%) believing it should be at least 20 weeks. Women aged 18-34 believe the standard minimum length of paid maternity leave in the U.S. should be 20 weeks, on average, with nearly 2 in 5 (39%) believing it should be at least 20 weeks. When looking at race/ethnicity Hispanic Americans believe the standard minimum length of paid maternity leave in the U.S. should be 20 weeks, on average, with nearly 2 in 5 (39%) believing it should be at least 20 weeks (compared to just 23% of Black Americans and 22% of White Americans).

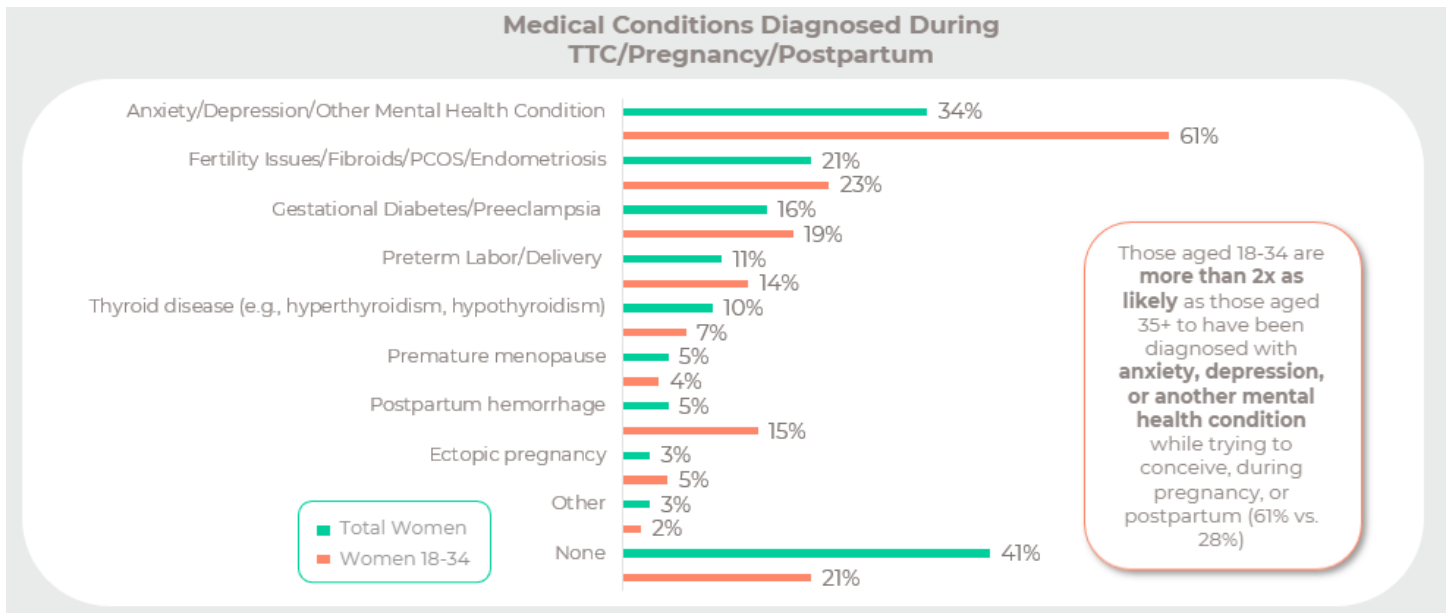


Health Issues During TTC (Trying to Conceive)/Pregnancy/Postpartum

Key Finding: Many women experienced health issues during their pregnancy journey, more prominently mental health issues – with younger women, who are currently in their prime childbearing years, significantly more likely to cite mental health issues than their older counterparts.

Nearly 3 in 5 women who are currently pregnant or have ever been pregnant (58%) say they were diagnosed by an HCP with a medical condition while trying to conceive, during pregnancy, or postpartum, with about 1 in 3 (34%) saying they were diagnosed with anxiety, depression, or another mental health condition. Additionally, about 1 in 5 (21%) say they were diagnosed with fertility issues, fibroids, PCOS, or endometriosis, about 1 in 6 (16%) with preeclampsia and/or gestational diabetes during pregnancy, roughly 1 in 10 (11%) with preterm labor or delivery, and 5% with postpartum hemorrhage.

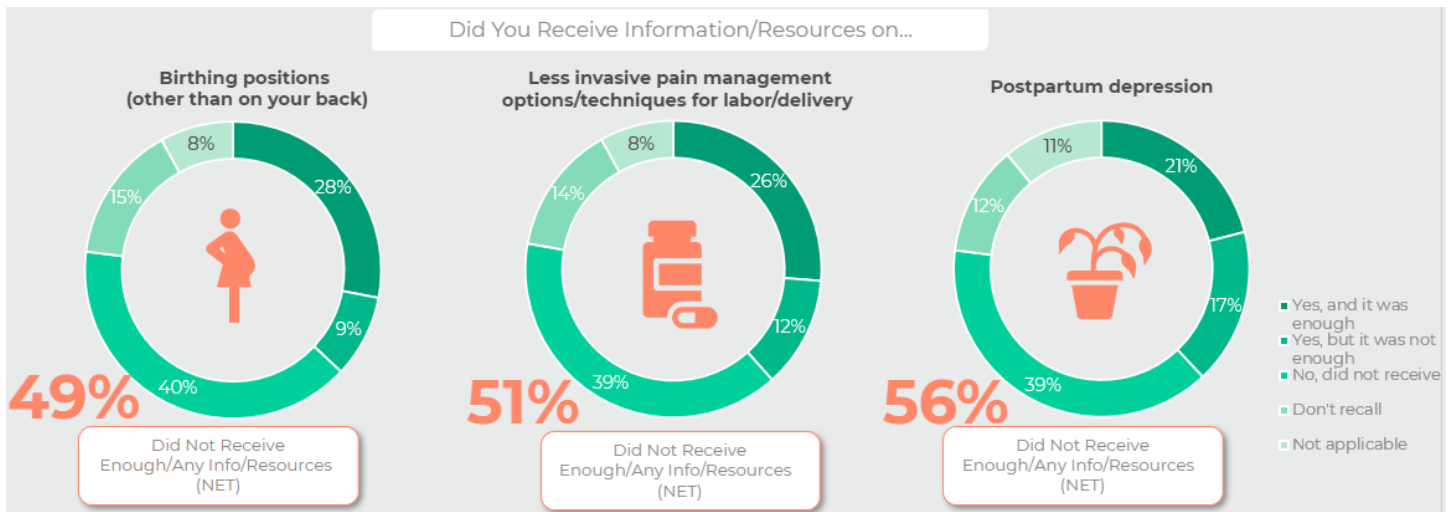
When looking at younger women, those aged 18-34 are significantly more likely than those aged 35+ to cite being diagnosed by an HCP with a medical condition while trying to conceive, during pregnancy, or postpartum (79% vs. 53%), and are more than twice as likely to have been diagnosed with anxiety, depression, or another mental health condition during that time (61% vs. 28%). Additionally, those aged 18-34 are significantly more likely than those aged 35+ to have been diagnosed with postpartum hemorrhage (15% vs. 2%).



Patient Education/Standards of Practice

Key Finding: Patient education appears to be lacking, with many women who have been pregnant citing they did not receive enough information, or any information, as it relates to various important topics that impact their choices during the pregnancy journey – especially as it relates to their labor and delivery experience.

While about 1 in 4 women who have ever been pregnant (28%) say they received enough information/resources on birthing positions from their HCP, nearly half (49%) say they either did not receive enough info/resources on this topic (9%) or did not receive any at all (40%). Additionally, while about 1 in 4 women who have ever been pregnant (26%) say they received enough information/resources on less invasive pain management options/techniques for labor/delivery from their HCP, just over half (51%) say they either did not receive enough info/resources on this topic (12%) or did not receive any at all (39%). Only about 1 in 5 women who have ever been pregnant (21%) say they received enough information/resources on postpartum depression from their HCP, while more than half (56%) say they either did not receive enough info/resources on this topic (17%) or did not receive any at all (39%).



Furthermore, about 1 in 5 women who have been pregnant (19%) admit they didn't feel they had all of the necessary knowledge and tools to have a positive delivery experience. To highlight the need for providers to better educate patients, another 1 in 5 women who have been pregnant (20%) claim their provider did not clearly explain what was going on during all aspects of labor and delivery. To further signify call to action, more than 7 in 10 women overall (72%) feel the healthcare system is designed more for the convenience of the healthcare provider/facility than the patient giving birth.



Satisfaction With Care Throughout the Pregnancy Journey

Key Finding: While the majority cite satisfaction overall for the various stages of the pregnancy journey, it appears satisfaction goes down as they get further in their journey. It is clear that there is room for improvement at each stage, with fewer citing they were very satisfied with their care. Additionally, even fewer of those ages 18-34 cite they were very satisfied with care across all of the stages of pregnancy.

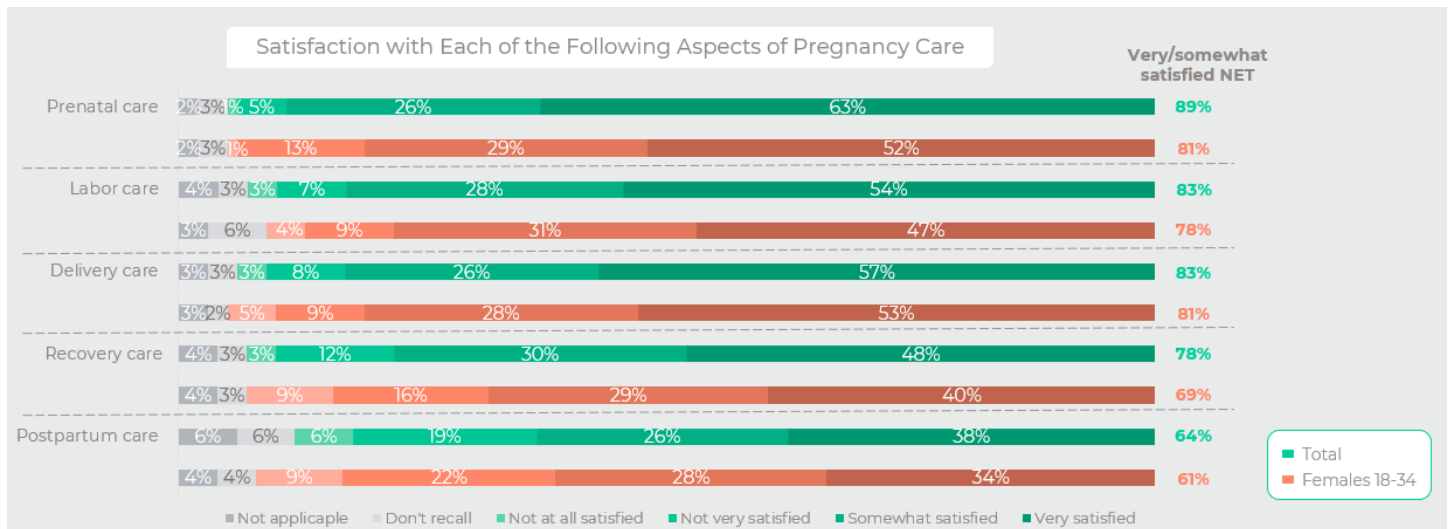
Looking at the initial stage in the pregnancy journey, nearly 9 in 10 women who've been pregnant (89% say they were satisfied with their prenatal care, however, only about 3 in 5 (63%) say they were very satisfied – this drops to 52% among those aged 18-34.

Moving along to labor care, more than 4 in 5 women who have been pregnant (83%) say they were satisfied with this care, however, only about half (54%) say they were very satisfied – this drops to 47% among those aged 18-34.

Similarly, more than 4 in 5 women who have been pregnant (83%) say they were satisfied with their delivery care, however, less than 3 in 5 (57%) say they were very satisfied – this drops to 53% among those aged 18-34.

When it comes to recovery care after delivering their baby, just over three quarters of women who've been pregnant (78%) say they were satisfied with this care, however, less than half (48%) say they were very satisfied – this drops to 40% among those aged 18-34.

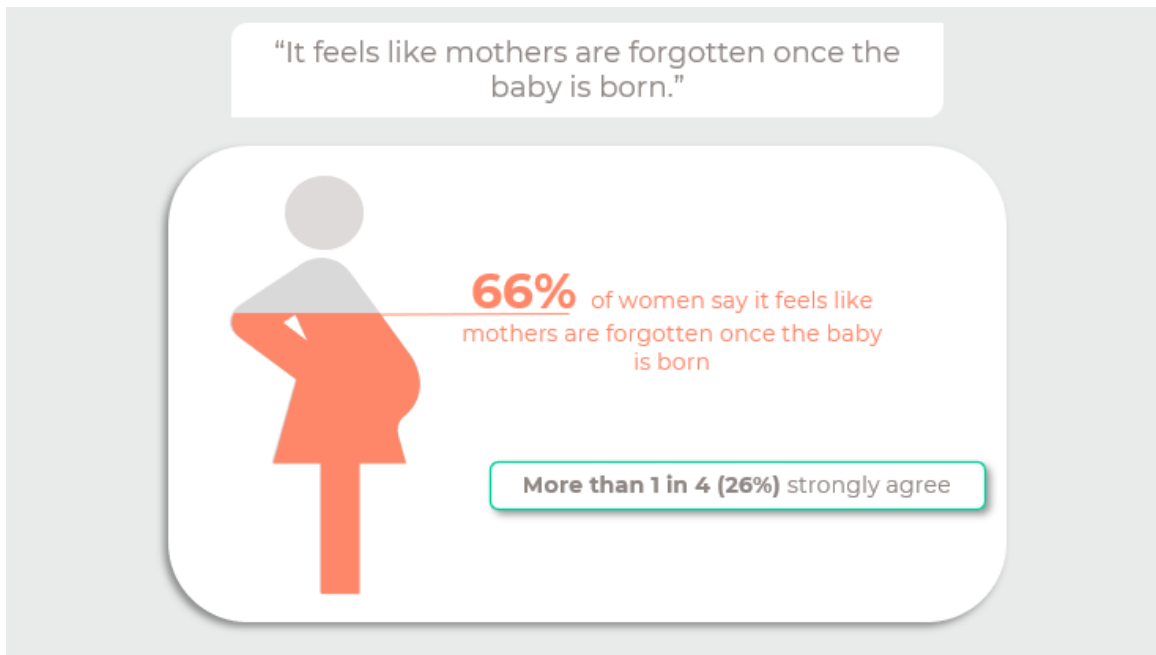
Finally, the fourth trimester care seems to see a dramatic drop in satisfaction, with less than two thirds of women who have been pregnant (64%) saying they were satisfied with their postpartum care, and less than 2 in 5 (38%) citing they were very satisfied – this drops to 34% among those aged 18-34.



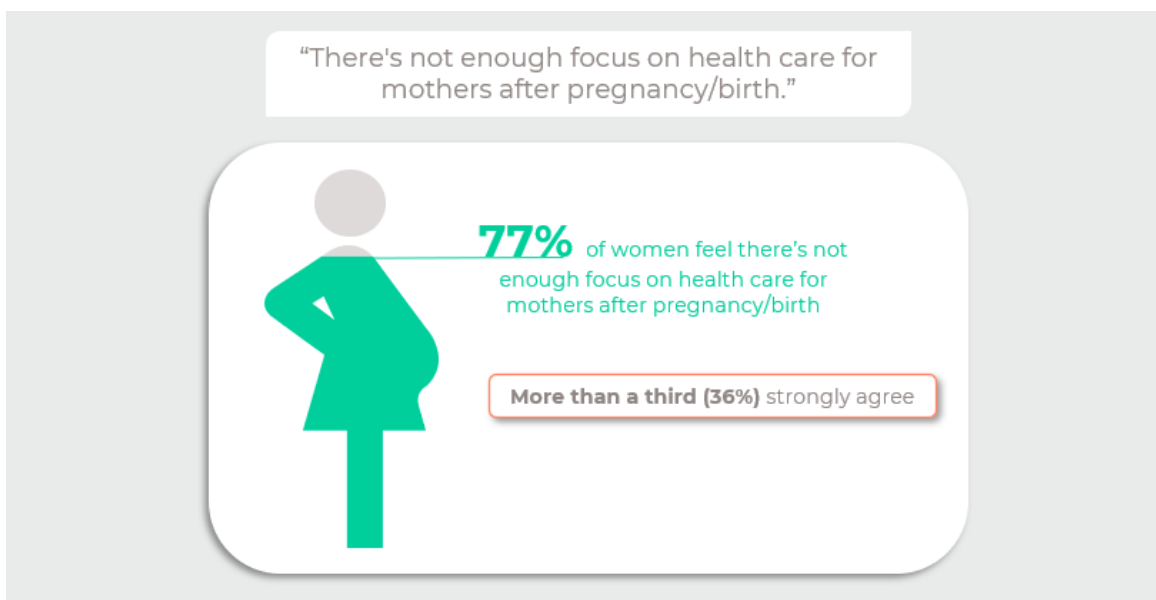
Fourth Trimester, or Postpartum Care

Key Finding: With few women appearing to have high satisfaction with their postpartum care, it is no surprise that many feel forgotten after they give birth – and perhaps why a majority think there needs to be more focus on health care for mothers during this delicate time. These sentiments are shared by younger women significantly more so than older women.

Two thirds of women (66%) say it feels like mothers are forgotten once the baby is born, with more than 1 in 4 (26%) strongly agreeing with this. Younger women aged 18-34 are significantly more likely than those aged 55+ to strongly agree with this sentiment (35% vs. 18%).



Furthermore, more than 3 in 4 women (77%) feel there's not enough focus on health care for mothers after pregnancy/birth, with more than a third (36%) strongly agreeing with this. Younger women aged 18-34 are significantly more likely than those aged 55+ to strongly agree with this sentiment (45% vs. 30%).



RESEARCH METHOD

The survey was conducted online in the U.S. by The Harris Poll May 2-4, 2023 among 2,040 U.S. adults ages 18+, among whom 1,091 are women, and 743 are women who are pregnant or have been pregnant.

Data are weighted where necessary by age within gender, region, race/ethnicity, income, education, marital status, and size of household to bring them in line with their actual proportions in the population. Propensity score weighting was also used to adjust for respondents' propensity to be online.

Respondents for this survey were selected from among those who have agreed to participate in our surveys. The sampling precision of Harris online polls is measured by using a Bayesian credible interval. For this study, the sample data is accurate to within ± 2.7 percentage points using a 95% confidence level. This credible interval will be wider among subsets of the surveyed population of interest.

All sample surveys and polls, whether or not they use probability sampling, are subject to other multiple sources of error which are most often not possible to quantify or estimate, including, but not limited to coverage error, error associated with nonresponse, error associated with question wording and response options, and post-survey weighting and adjustments.

ACKNOWLEDGEMENTS

The Harris Poll wishes to thank HealthDay for their partnership on the [2022](#) and [2023](#) State of Maternal Health in America surveys.

CONTACT INFO

The Harris Poll would be delighted to hear your feedback on this research, and we welcome your input on ideas to explore in the future. Contact us via mediacommsresearch@harrispoll.com for additional information and complete cross-tabs, and to let us know what you think.

Thank you,

The Harris Poll Media Communications Research Team