



# Second Annual State of Maternal Health Report

Prepared By



**May 2024**

## Introduction

The Harris Poll conducted its second annual State of Maternal Health 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 as well as how to make the pregnancy and birth experience better.

The 8 main themes explored in this research include:

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

### Report Notes:

- Statistical significance testing was conducted at the 95% level of confidence.
- Below subgroups are included throughout the report:
  - Gender: Women (n=1,116), Men (n=913)
  - Race: Hispanic (n=226), Black Non-Hispanic (n=266), White Non-Hispanic (n=1,384)
  - Women by Age:
    - Women aged 18-34 (n=313)
    - Women aged 35-44 (n=180)
    - Women aged 45-54 (n=162)
    - Women aged 55-64 (n=201)
    - Women aged 65+ (n=260)
  - Men aged 18-34 (n=236)
  - Women who are currently pregnant or have been pregnant/given birth (n=701)
  - Women who have ever been pregnant/given birth (n=692)
  - Women who have ever given birth (n=599)
  - Women Who Experienced Challenges Accessing Care During Pregnancy/Birth: Yes (n=259), No (n=433)

## Key Findings and Implications

*Pregnancy and birth, both physiological events, are experiences often associated with excitement and joy, but it appears this monumental journey is not all it's cracked up to be for many women in the U.S., and the call to do better is here and now. We, society as a whole, should be going above and beyond to ensure women have safe and exceptional experiences from finding out they are pregnant through postpartum, and this report highlights the many areas of improvement needed to get there.*

*Overall, Americans are poorly informed about giving birth in the U.S., specifically surrounding risks and complications, especially for Black women. Access to care plays a huge role in pregnancy, and unfortunately barriers to prenatal care are common, especially among young women (18-34) - signifying that these issues are becoming more prevalent. Not being able to access such important care negatively impacts the entire pregnancy journey, from experiences to outcomes, and our report confirms this across the board. The good news is that Americans, and women, recognize that mothers need more, and they want to see change.*

*It is clear there is a substantial need for better patient education. Information and resources on pertinent topics related to the biggest job of pregnancy by far, labor and delivery, are severely lacking. Without proper education surrounding topics like birthing positions, less invasive pain management techniques, and labor stages, many expecting mothers are left unprepared for birth, and this likely contributes to negative outcomes and birth trauma.*

*Furthermore, access to care goes hand in hand with medical conditions that arise during the pregnancy journey. More than half of women who've been pregnant were diagnosed with a medical condition leading up to, during, or after pregnancy, many of which can pose significant health risks to both mother and baby if untreated. The most common issue cited being mental health conditions, with more than 1 in 5 saying they went untreated. Additionally, health issues during the pregnancy journey, specifically mental health issues, are more prevalent among women ages 18-34, who've likely experienced pregnancy more recently.*

*While care throughout the pregnancy journey appears to be acceptable for many, few feel their care was above and beyond, and some go as far to say it was less than adequate. So many mothers saying their care was just "OK" or not to their standards, should be a major red flag for providers to step up their game and give these women better experiences.*

*Postpartum care and education are grossly lacking, and more focus needs to be placed on mothers during this time to ensure they are healthy, healing, and able to best care for their newborns. This care category had the largest proportion of women citing less than adequate care. Additionally, information and resources related to breastfeeding and postpartum depression, two vital components to sustaining mother and baby, were lacking or nonexistent for so many mothers.*

*To further support the need for a better postpartum experience, Americans are in favor of longer maternity leave and do not believe employers are currently offering enough in the US, especially as it relates to leave for miscarriage and stillbirths. Maternity leave is critical to positive outcomes for mothers and babies. It allows mothers time to focus on mental health, bond with baby, bring baby to necessary well visits within first year of life, and makes it easier to continue breastfeeding longer should mothers desire to. Yet, the [U.S. is 1 of 7 countries](#), and the only wealthy nation, in the world with no guaranteed paid parental leave. While maternity leave in [OECD](#) (Organization of Economic Cooperation and Development) countries lasts 18.5 weeks, on average. These facts alone should be a huge wake up call.*

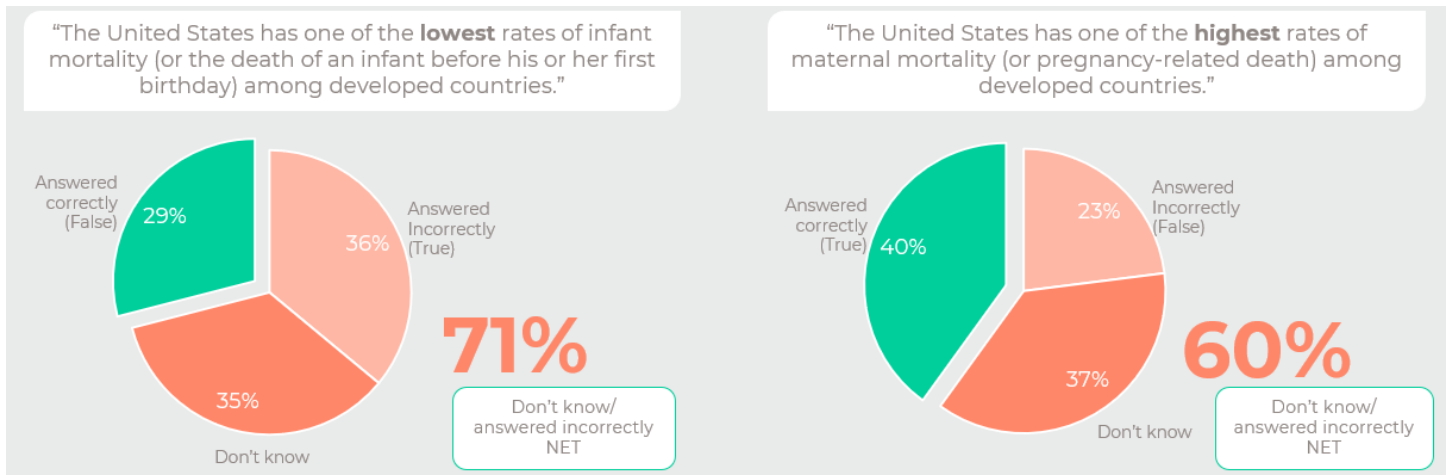
*With better education, bedside manner, and patient support, we can vastly improve the labor and delivery experience, help women feel more in control of their birth, and reduce the need for interventions and negative outcomes.*

## Detailed Findings

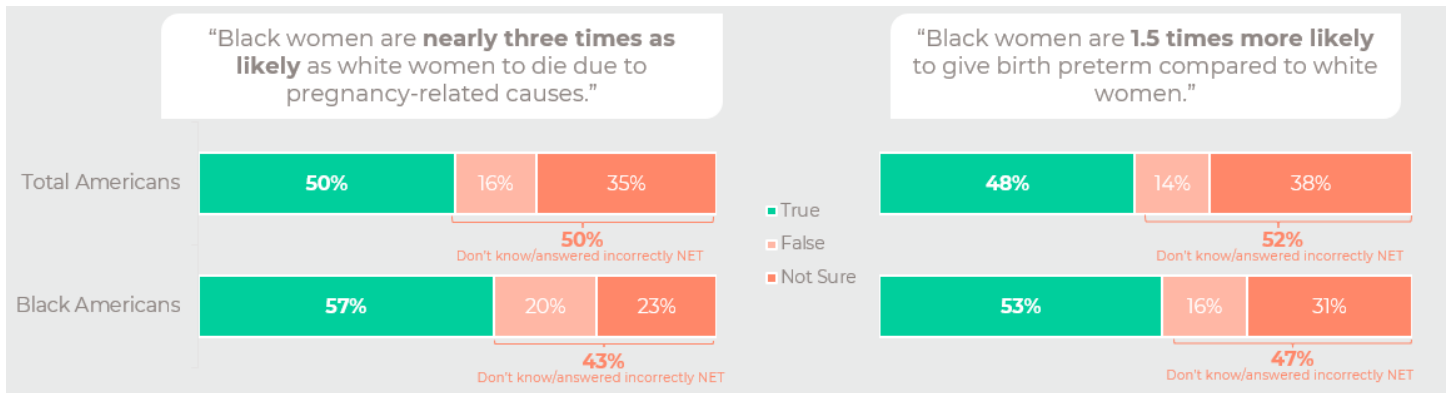
### Safety of Giving Birth In The U.S.

*Key Finding: While Americans continue to lack awareness of the dangers of giving birth in the U.S., especially for Black women, most continue to recognize that the current political environment is contributing to increased health risks for women, and believe action needs to be taken to better protect birthing mothers in the U.S.*

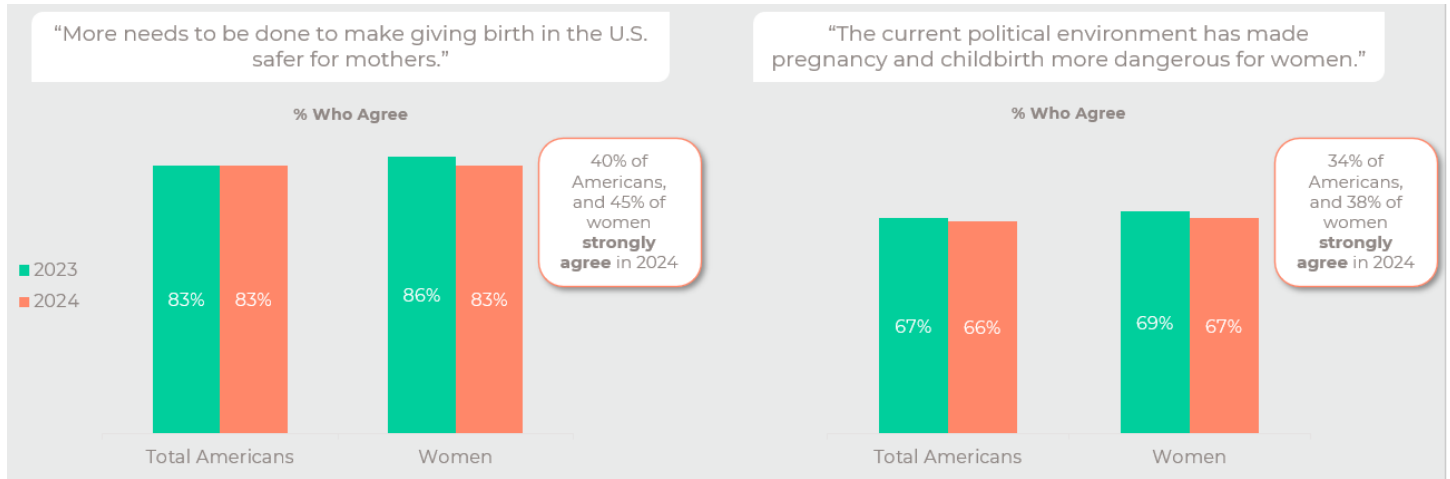
**Americans are poorly informed about giving birth:** Similar to last year (28%), only about 1 in 4 Americans (29%) correctly state that the U.S. does not have one of the lowest rates of infant mortality among developed countries, while the majority (71%) did not. Furthermore, just 2 in 5 Americans (40%) know that the U.S. has one of the highest rates of maternal mortality among developed countries, while 3 in 5 (60%) do not know this.



**Knowledge about pregnancy complications and Black women lacking:** When drilling down to race impacts, only half of Americans (50%), and just 57% of Black Americans, know that Black women are nearly three times as likely as white women to die due to pregnancy-related causes. Additionally, less than half of Americans (48%), and just 53% of Black Americans, know that Black women are 1.5 times more likely to give birth preterm compared to white women.



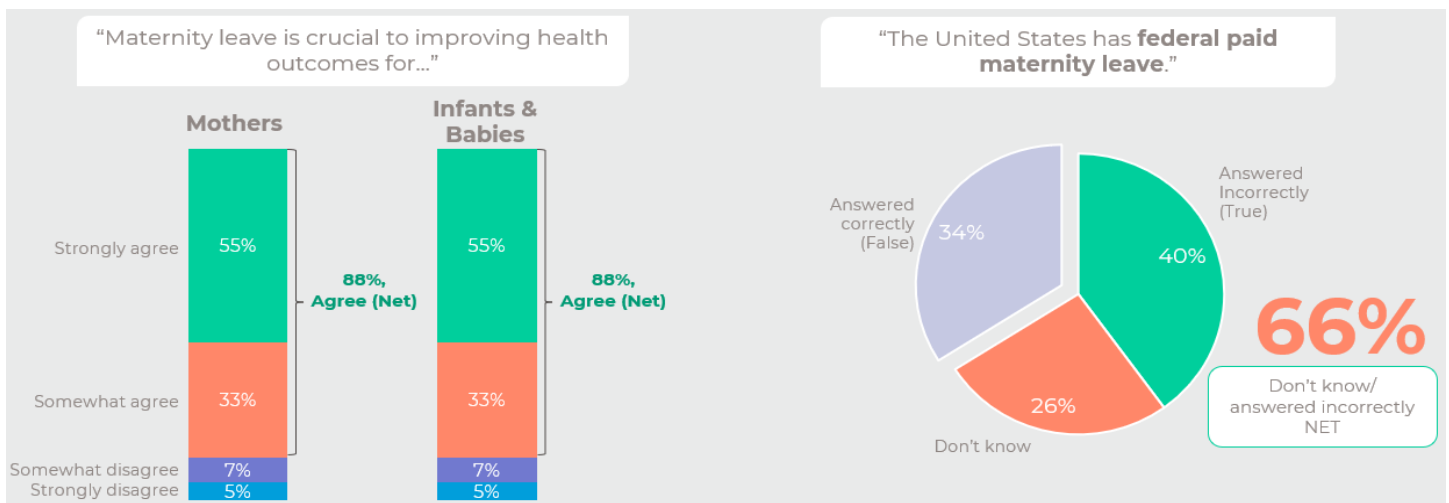
**Americans and women recognize that women and mothers need more:** On par with last year’s results, more than 4 in 5 Americans (83%), including the same proportion of women, believe more needs to be done to make giving birth in the U.S. safer for mothers, with 2 in 5 Americans (40%), and nearly half of women (45%), strongly agreeing with this. Similar to last year, roughly two thirds of Americans (66%), and 67% of women, believe the current political environment has made pregnancy and childbirth more dangerous for women, with more than 1 in 3 Americans (34%), and 38% of women, strongly agreeing with this.



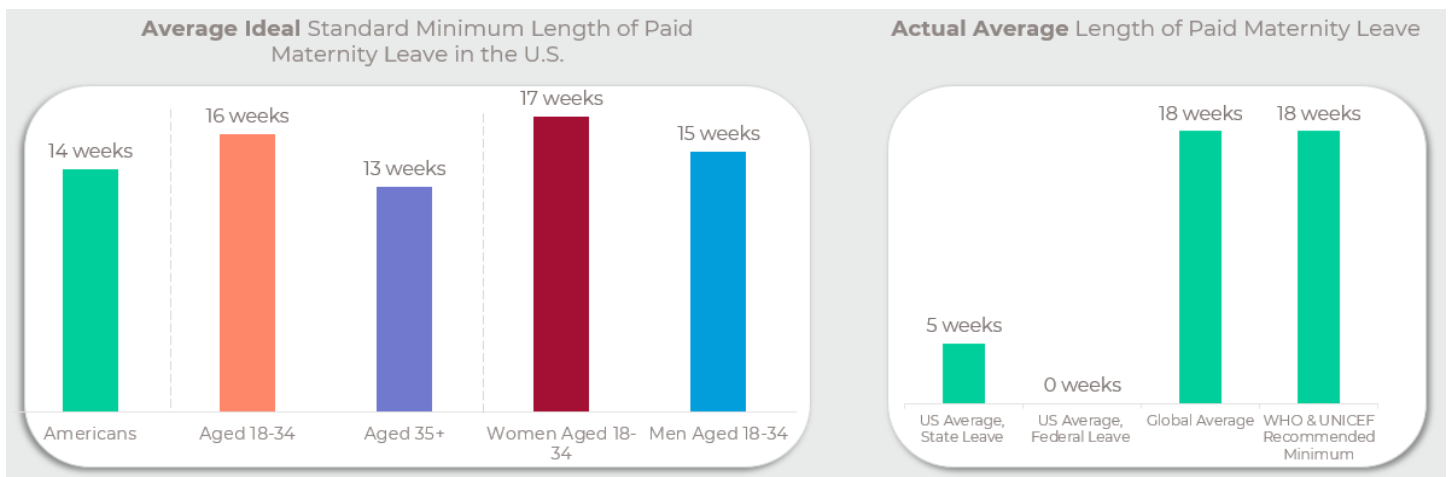
## Maternity Leave

*Key Finding: It is evident that Americans understand how critical maternity leave is to improving health outcomes for both mothers and babies, but many do not understand what current paid maternity leave is available. Americans continue to voice their desire for improvement in this area, yet the US has made no such improvements year-over-year.*

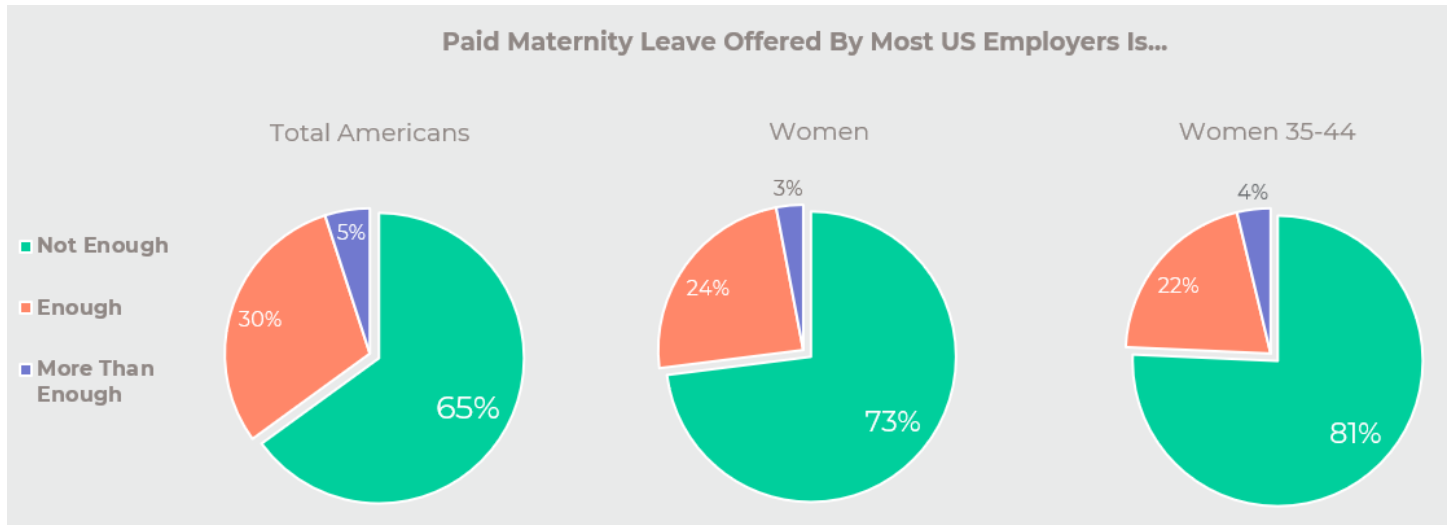
**Maternity leave is critical to positive outcomes for mothers and babies:** An overwhelming majority of Americans (88% each) believe maternity leave is crucial to improving health outcomes for mothers, and for infants and babies, with more than half (55% each) strongly agreeing with this. Similarly, nearly all women (90% each) feel maternity leave is crucial to improving health outcomes for mothers, and for infants and babies, with about 3 in 5 (60% and 61%, respectively) strongly agreeing with this. Sadly, 2 in 5 Americans (40%) incorrectly believe that the United States has federal paid maternity leave and about 1 in 4 (26%) are unsure about it, while just 1 in 3 (34%) know it does not.



**Americans in favor of longer maternity leave:** Americans believe the standard minimum length of paid maternity leave in the U.S. should be 14 weeks, on average, with almost 1 in 4 (22%) believing it should be at least 20 weeks. When looking at younger Americans, and young women specifically, the ideal minimum length of leave is even higher. Those aged 18-34 believe the standard minimum length of paid maternity leave in the U.S. should be 16 weeks, on average, with nearly a third (31%) 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 17 weeks, on average, with more than a third (34%) believing it should be at least 20 weeks.



**Employers aren't offering enough paid leave:** Furthermore, nearly two thirds of Americans (65%), including about 3 in 4 (73%) women, and more than 4 in 5 (81%) women aged 35-44, believe, feel paid maternity leave offered by most U.S. employers is not enough.



**Women demand that employers provide leave for miscarriages and stillbirths:** Not only do Americans demand improvements for paid maternity leave in general, but they want to see companies expand their leave policies to cover pregnancies that don't make it to term or where baby does not survive. A strong majority of women who have been pregnant (74%) feel employers should offer the same amount of paid leave to parents who lose a baby to miscarriage or stillbirth as they do for maternity/paternity leave, with nearly 2 in 5 (39%) strongly feeling this way.

“Employers should offer the same amount of paid leave to parents who lose a baby to miscarriage or stillbirth as they do for maternity/paternity leave”



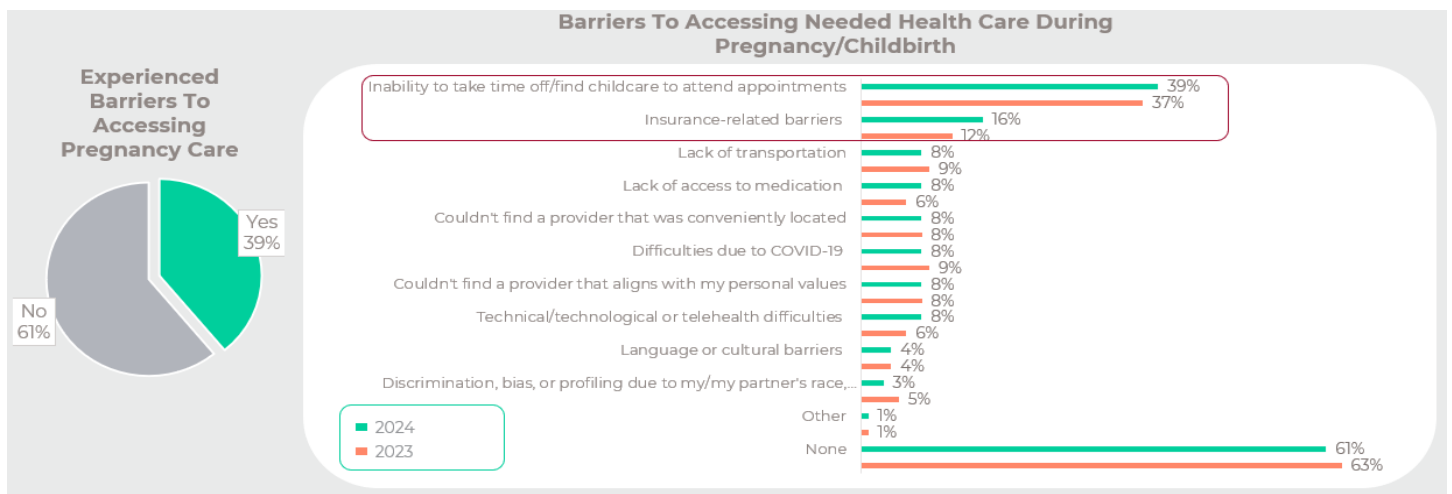
**74%** of women who've been pregnant say employers should offer the same amount of paid leave to parents who lose a baby to miscarriage or stillbirth as they do for maternity/paternity leave

Nearly 2 in 5 (39%) strongly agree

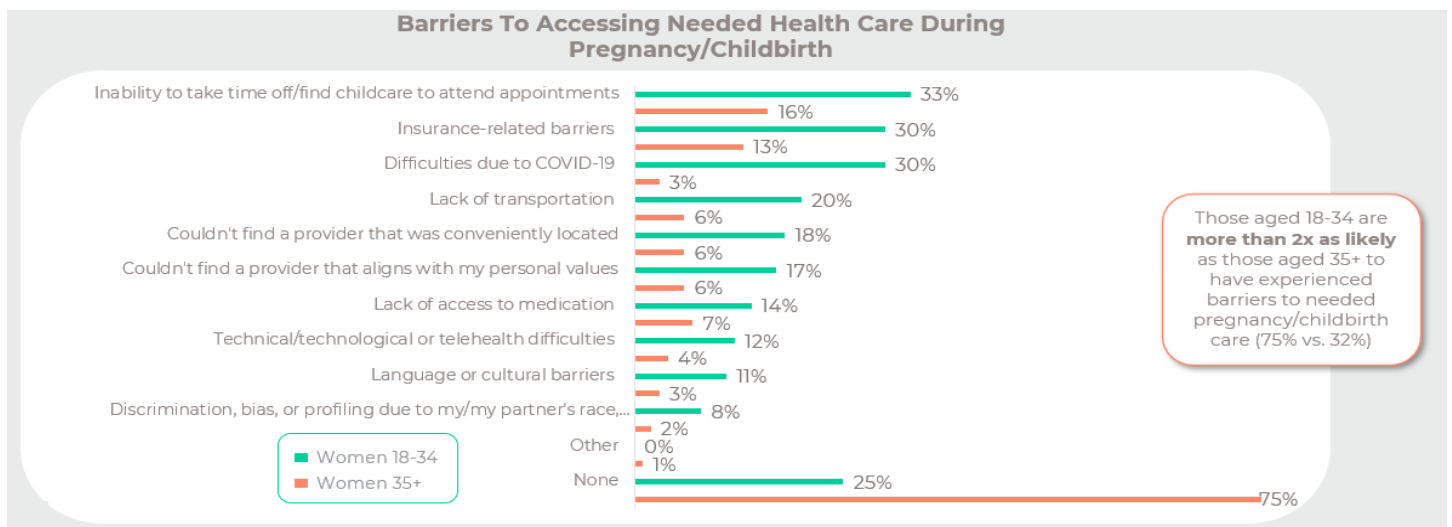
## Access To Care

*Key Finding: Many women who have been pregnant, and a strikingly large proportion of those ages 18-34, experienced barriers to accessing needed healthcare during pregnancy and childbirth, with the top barrier (consistent with last year) being inability to take time off work or find childcare to be able to attend appointments. And we see a decrease in being able to access the best possible care.*

**Barriers to prenatal care are common:** Roughly 2 in 5 women who are currently pregnant or have ever been pregnant (39%) say they have experienced barriers to accessing the health care they needed during pregnancy and childbirth, with the top barrier (consistent with last year) being inability to take time off work or find childcare to be able to attend appointments (18%). Additionally, about 1 in 6 women who are currently pregnant or have ever been pregnant (16%, up from 12% in 2023) say they have experienced insurance-related barriers to accessing the health care they needed during pregnancy and childbirth.

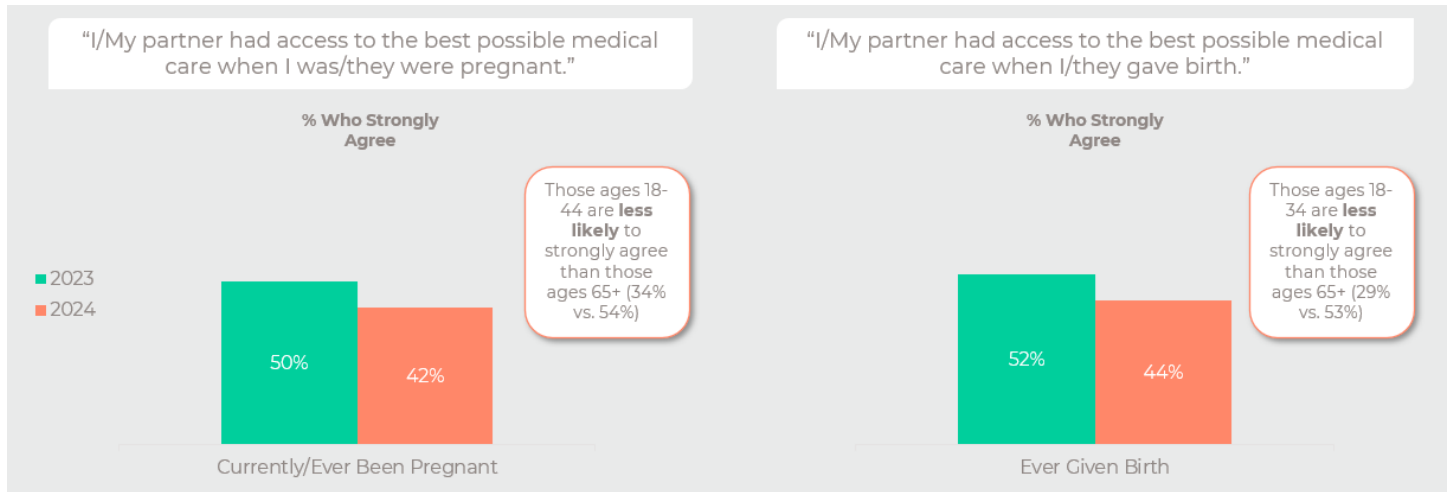


**Women 18-34 especially likely to experience barriers:** Younger women, who are likely recently or currently experiencing pregnancy, are significantly more likely than their older counterparts to cite barriers to needed pregnancy care. Among women who are currently or have ever been pregnant, three quarters (75%) of those aged 18-34 say they have experienced barriers to accessing the health care they needed during pregnancy and childbirth, more than twice as likely as those aged 35+ (32%). Additionally, about a third of those aged 18-34 cite the ability to take time off work or find childcare to be able to attend appointments (33%) and insurance-related barriers (30%, up from 21% in 2023) as challenges to accessing the health care they needed during pregnancy and childbirth.

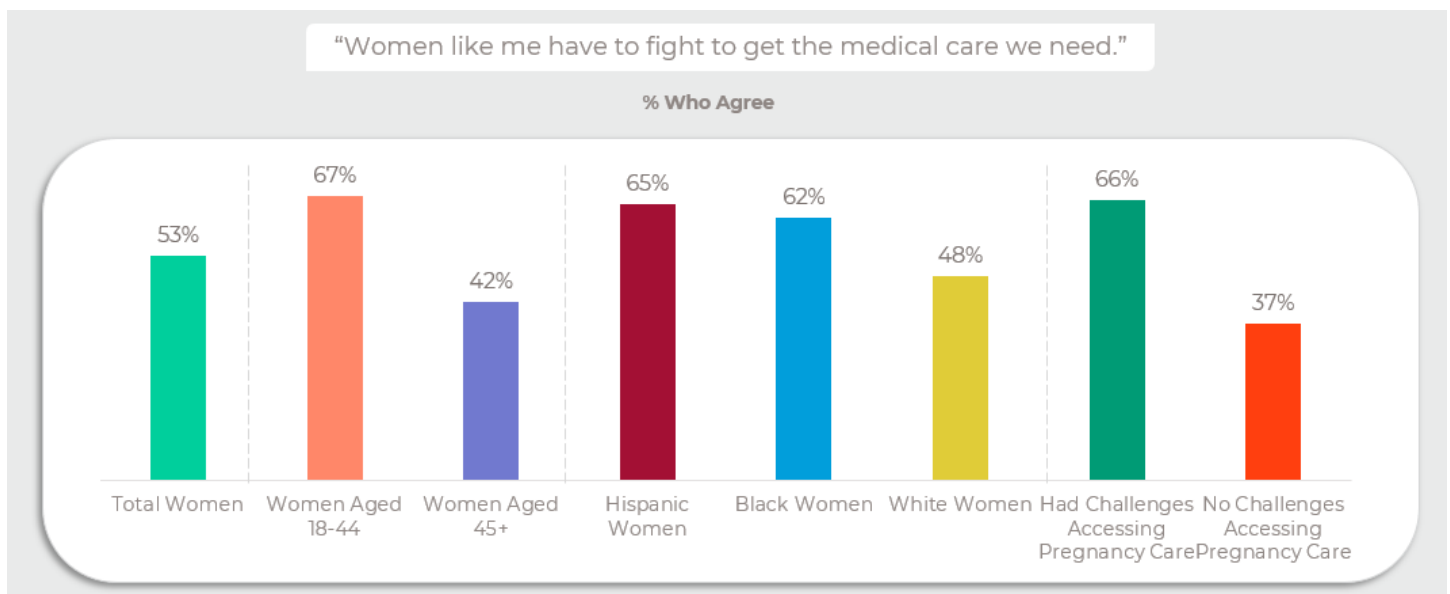




**Fewer have access to best possible care:** Only about 2 in 5 women who are currently pregnant or have ever been pregnant (42%) strongly feel they had access to the best possible medical care while pregnant, down significantly from 50% in 2022. Younger women ages 18-44 are significantly less likely to feel this way than those aged 65+ (34% vs. 54%). Similarly, only about 2 in 5 women who have given birth (44%) strongly feel they had access to the best possible medical care when they gave birth, down significantly from 52% in 2022. Again, younger women ages 18-34 are significantly less likely than those ages 65+ to feel this way (29% vs. 53%).



**Women have to fight to get the care they need:** Furthermore, more than half of women (53%) believe women like them have to fight to get the medical care they need, with 1 in 4 (25%) strongly agreeing with this. Younger women, Hispanic and Black women, and those who experienced challenges with accessing care during pregnancy/childbirth are all significantly more likely than their counterparts to feel they must fight for the medical care they need. Women aged 18-44 are more likely than those aged 45+ to feel this way (67% vs. 42%). Hispanic and Black women are more likely than white women to feel this way (65% and 62% vs. 48%). Women who experienced challenges to accessing care during pregnancy/birth are more likely than those who had no challenges to feel this way (66% vs. 37%).

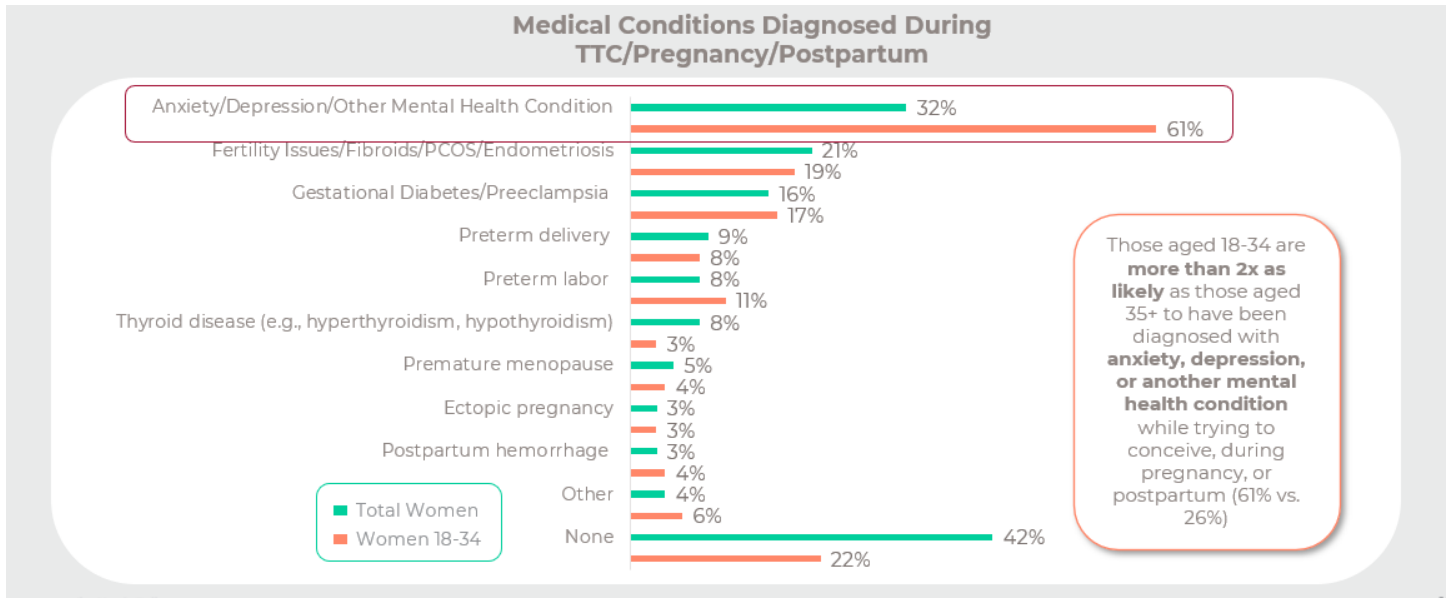


## Health Issues During TTC/Pregnancy/Postpartum

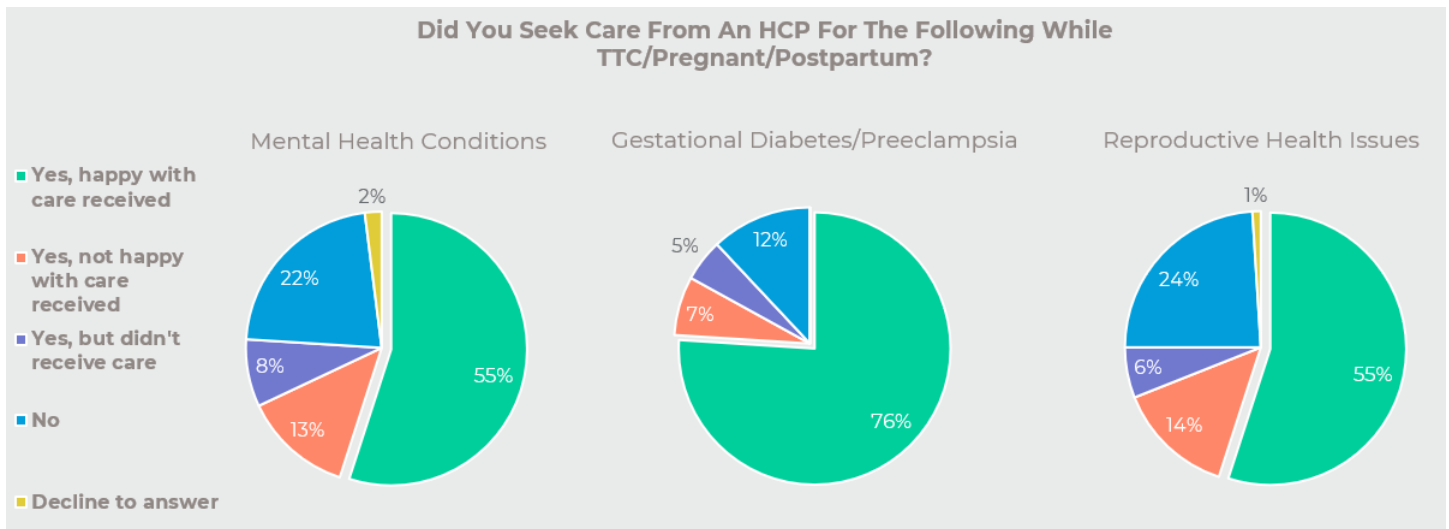
*Key Finding: A significant proportion of women experienced health issues during their pregnancy journey, with mental health issues topping the list. Younger women, who are currently in their prime childbearing years, are significantly more likely to cite health issues, and mental health issues in particular, during their pregnancy journey than their older counterparts. Even more alarming, for many, some of these health issues went untreated or they did not receive adequate care, which could create bigger health problems and in some cases be fatal.*

**More than half diagnosed with medical condition while TTC, during or after pregnancy:** More than 1 in 2 women who are currently pregnant or have ever been pregnant (57%) say they were diagnosed by an HCP with a medical condition while trying to conceive, during pregnancy, or postpartum, with about 1 in 3 (32%) saying they were diagnosed with anxiety, depression, or another mental health condition. Additionally, 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, more than 1 in 10 (12%) with preterm labor or delivery, and 3% 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 (77% 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. 26%). Additionally, those aged 18-34 are about twice as likely as those aged 45+ to have been diagnosed with preterm labor (11% vs. 6%).



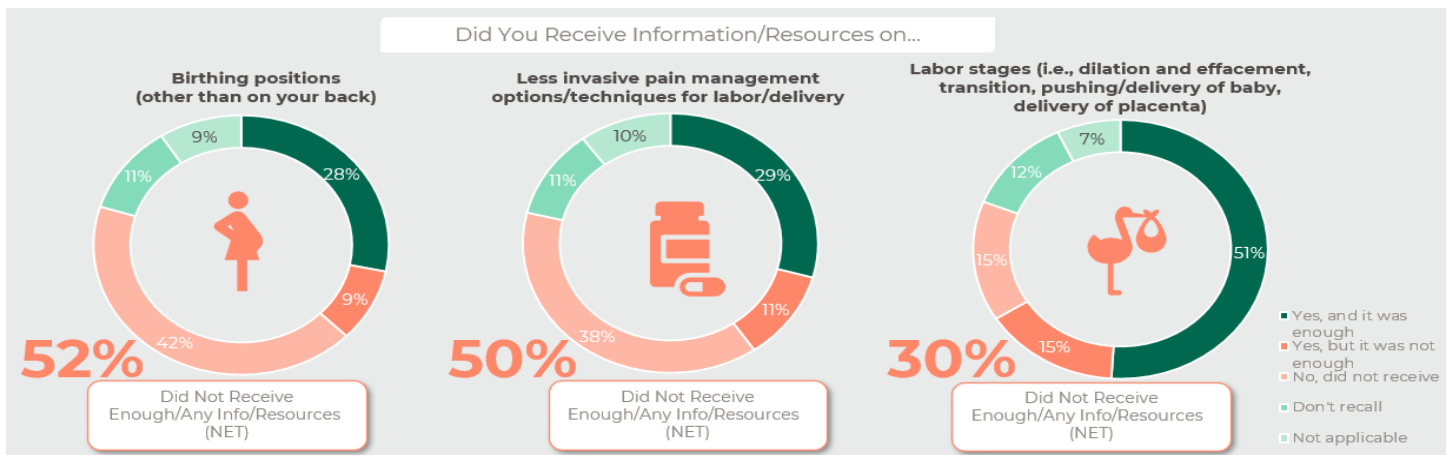
**One-quarter to one-half did not seek, did not receive, or were unhappy with care received:** Among women who were diagnosed with mental health conditions during trying to conceive, pregnancy, or postpartum, only about half (55%) say they received care that they were happy with, while 21% say they either sought care and did not receive it or were not happy with care they received, and 22% did not even seek care. While the majority of women who were diagnosed with gestational diabetes and/or preeclampsia during trying to conceive, pregnancy, or postpartum (76%) received care for it that they were happy with, 12% say they either sought care and did not receive it or were not happy with care they received, and another 12% did not even seek care. Finally, among women who were diagnosed with reproductive health issues during trying to conceive, pregnancy, or postpartum, only about half (55%) say they received care that they were happy with, while 20% say they either sought care and did not receive it or were not happy with care they received, and 24% did not even seek care.



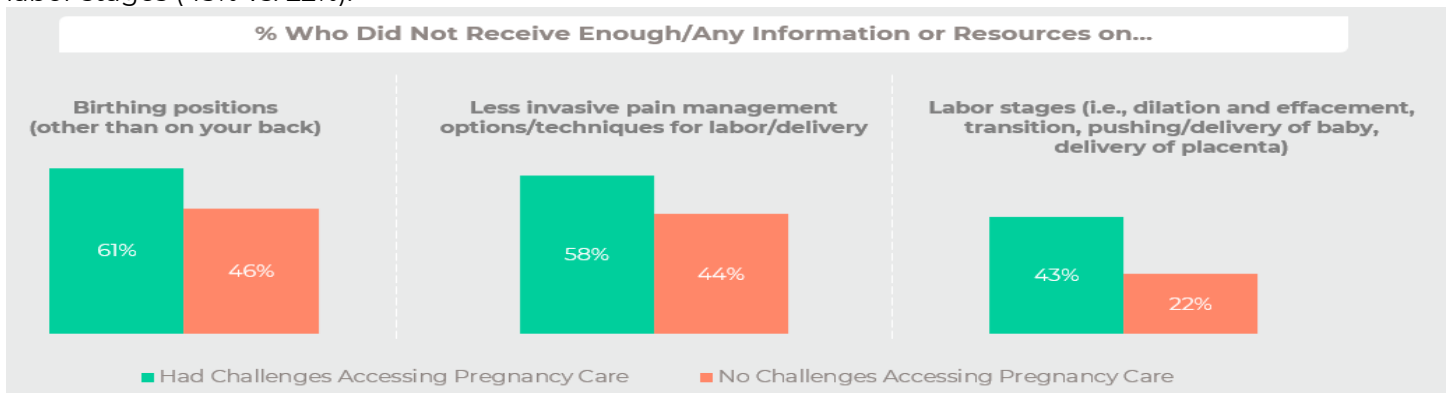
## Patient Education/Standards of Practice

*Key Finding: It is evident that the healthcare system is not well-designed to educate and empower patients, with more focus placed on provider convenience than the patient. There is a serious lack of education on various important topics that directly impact choices and experiences during the pregnancy journey – especially as it relates to the labor and delivery experience. Those who experienced challenges in accessing care are significantly more likely to be left in the dark on many of these topics.*

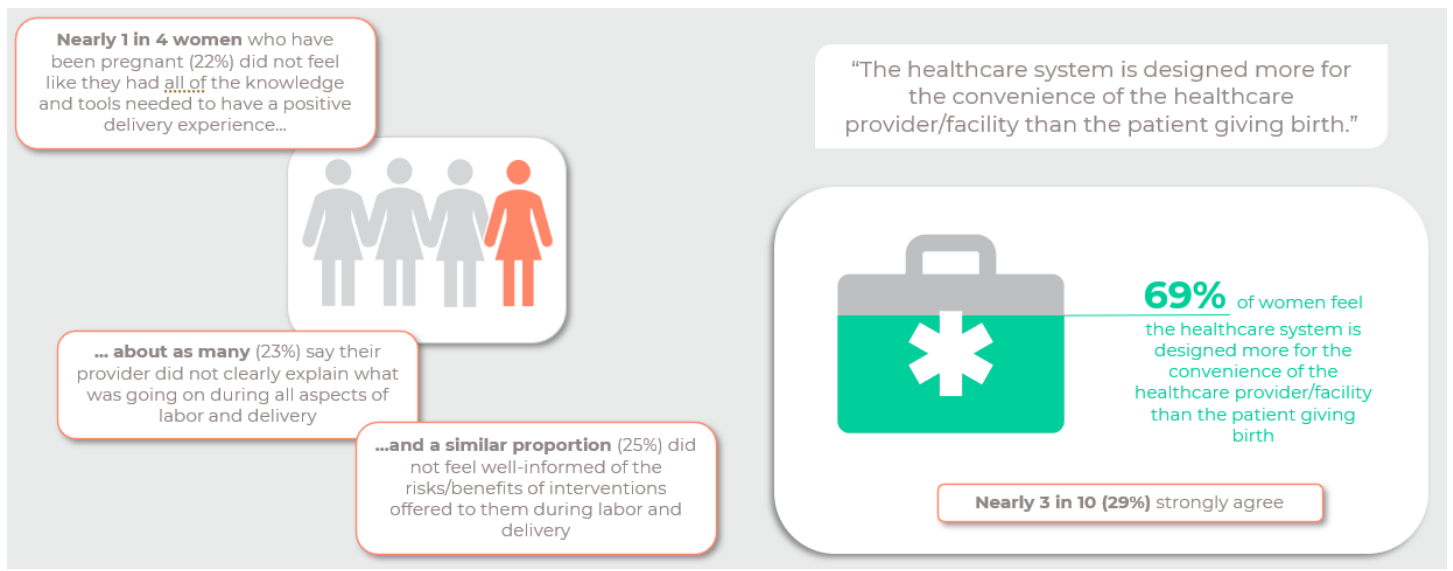
**Information and resources lacking for many:** While about 1 in 4 women who have ever been pregnant (28%) say they received enough information/resources on birthing positions from their HCP, more than half (52%) say they either did not receive enough info/resources on this topic (9%) or did not receive any at all (42%). Additionally, while just over 1 in 4 women who have ever been pregnant (29%) say they received enough information/resources on less invasive pain management options/techniques for labor/delivery from their HCP, half (50%), and 59% of those aged 18-34, say they either did not receive enough info/resources on this topic (11%) or did not receive any at all (38%). While about half of women who have ever been pregnant (51%) say they received enough information/resources on labor stages from their HCP, a whopping 30% say they either did not receive enough info/resources on this topic (15%) or did not receive any at all (15%). Furthermore, women aged 18-34 are more likely than those aged 45+ to say they did not receive enough info/resources on this topic or did not receive any at all (43% vs. 26%), suggesting a decline in patient education.



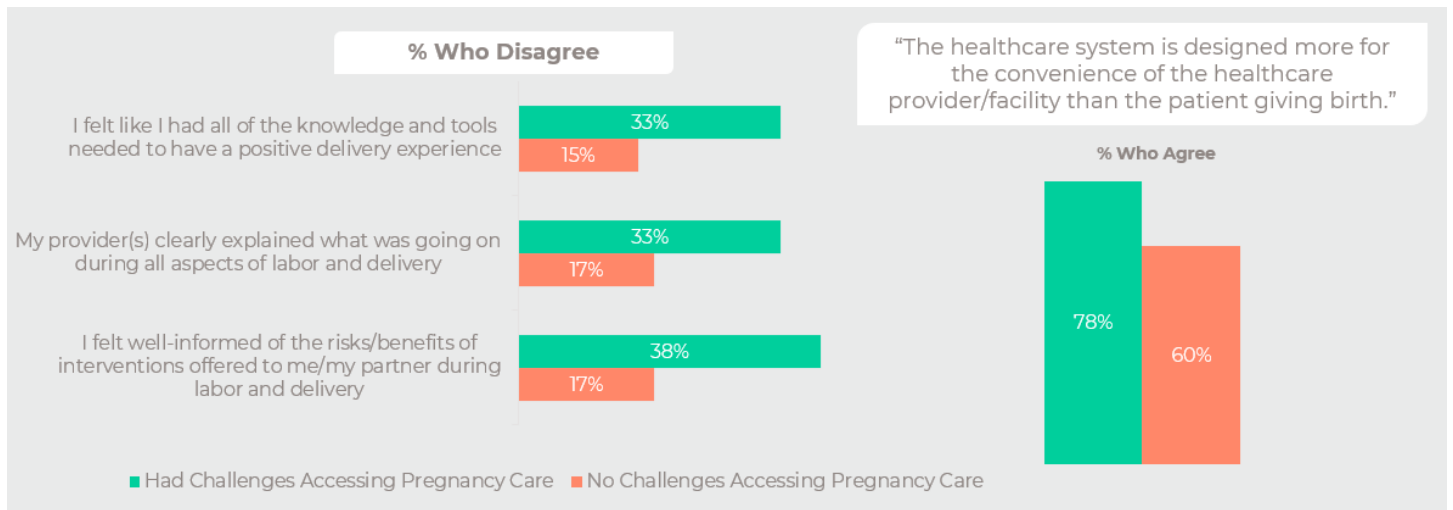
**Lack of education more acute for those who also struggle to access care:** Lack of education appears to be more prevalent for those who struggled to access care during pregnancy. Women who experienced challenges to accessing care during pregnancy are significantly more likely than those who did not experience any difficulty accessing care to say they did not receive enough info/resources or did not receive any at all on birthing positions (61% vs. 46%), less invasive pain management techniques (58% vs. 44%), and labor stages (43% vs. 22%).



**Lack of knowledge extends to the delivery experience:** While about a third of women who have been pregnant (34%, down from 40% in 2023) strongly agree that they felt like they had all of the knowledge and tools needed to have a positive delivery experience, nearly 1 in 4 (22%) admit they did not. To highlight the need for providers to better educate patients, nearly 1 in 4 women who have been pregnant (23%) claim their provider did not clearly explain what was going on during all aspects of labor and delivery. While about a third of women who have been pregnant (36%) strongly agree that their provider did clearly explain what was going on during all aspects of labor and delivery, this went down significantly from 43% in 2023. Similarly, 1 in 4 women who have been pregnant (25%) did not feel well-informed of the risks/benefits of interventions offered to them during labor and delivery. To further signify a necessary call to action, roughly 7 in 10 women overall (69%) feel the healthcare system is designed more for the convenience of the healthcare provider/facility than the patient giving birth, with nearly 3 in 10 (29%) strongly agreeing with this. Younger women and those who experienced challenges to accessing care during pregnancy/childbirth are much more likely to feel let down by the healthcare system, with those ages 18-34 more likely than those ages 55+ to feel that way (76% vs. 62%), and women who experienced challenges to accessing care more likely than those who did not to feel that way (72% vs. 57%).



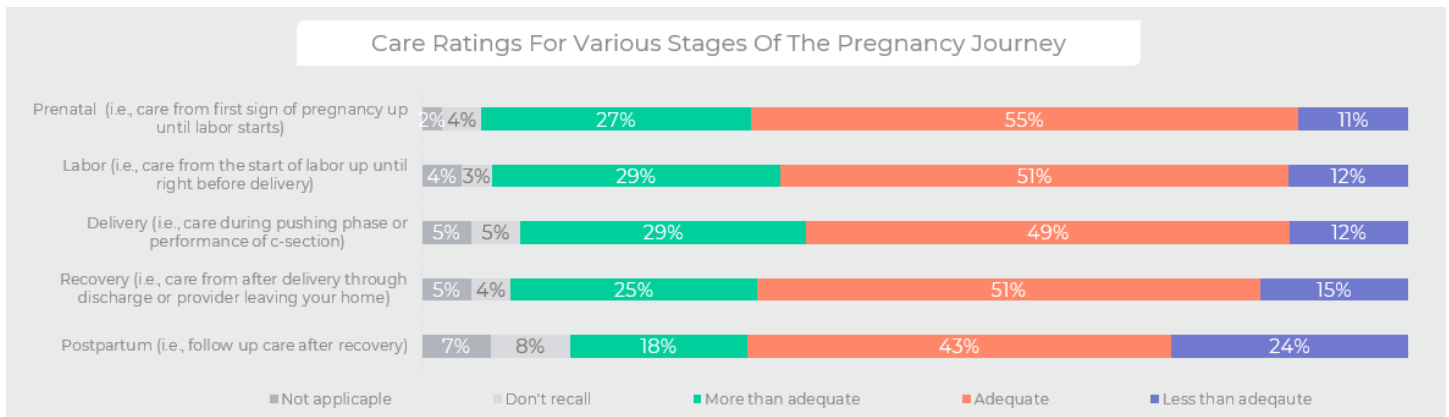
**Patient education suffers for those who struggled to access care:** Women who experienced challenges to accessing care during pregnancy/birth are more than twice as likely as those who had no challenges to say they did not feel like they had all of the knowledge and tools needed to have a positive delivery experience (33% vs. 15%). Additionally, women who experienced challenges to accessing care during pregnancy/birth are about twice as likely as those who had no challenges to say their provider did not clearly explain what was going on during all aspects of labor and delivery (33% vs. 17%). Women who experienced challenges to accessing care during pregnancy/birth are more than twice as likely as those who had no challenges to say they did not feel well-informed of the risks/benefits of interventions offered to them during labor and delivery (38% vs. 17%). It's no wonder women who experienced challenges to accessing care during pregnancy/birth are more likely than those who had no challenges to feel the healthcare system is designed more for the convenience of the healthcare provider/facility than the patient giving birth (78% vs. 60%).



## Care Ratings Throughout the Pregnancy Journey

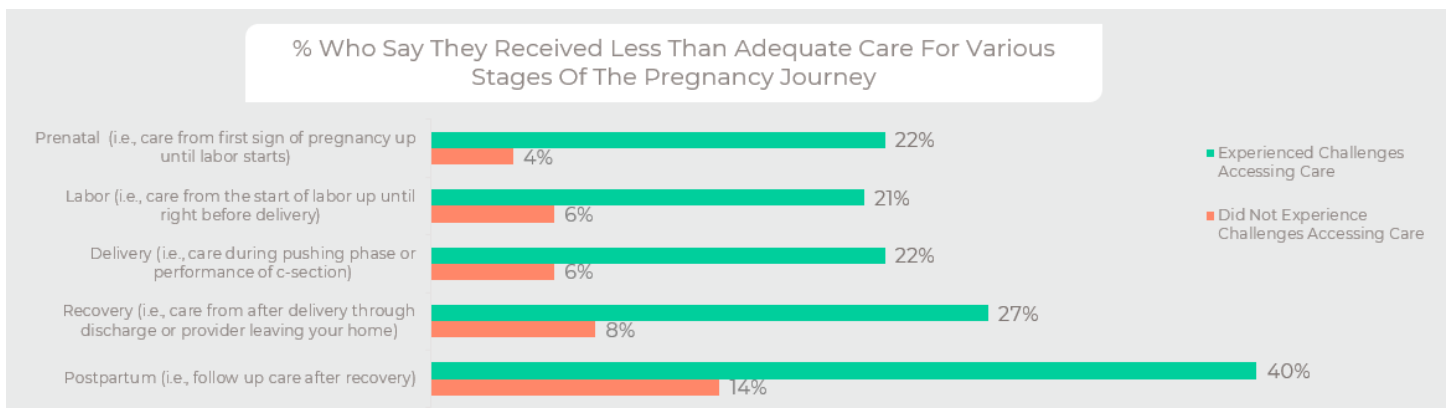
*Key Finding: While many found the care they received during the various stages of the pregnancy journey to be adequate, it appears care level declines as they get further in their journey. Few felt care was above and beyond and some even go as far as saying it was subpar, signifying that there is room for improvement across the board. Additionally, those who experienced difficulty accessing care are significantly more likely than their counterparts to cite less than adequate care across all of the stages of pregnancy.*

**Across the board, pregnancy care is merely adequate:** Looking at the initial stage in the pregnancy journey, while just over half of women who have been pregnant (55%) say their prenatal care was adequate, only about 1 in 4 (27%) say it was more than adequate, and more than 1 in 10 (11%) say it was less than adequate. Moving along to labor care, while about half of women who've been pregnant (51%) say their labor care was adequate, less than a third (29%) say it was more than adequate, and more than 1 in 10 (12%) say it was less than adequate. Similarly, while about half of women who've been pregnant (49%) say their delivery care was adequate, less than a third (29%) say it was more than adequate, and more than 1 in 10 (12%) say it was less than adequate. When it comes to recovery care after delivering their baby, about half of women who've been pregnant (51%) say their recovery care was adequate, while only a quarter (25%) say it was more than adequate, and 1 in 7 (15%) say it was less than adequate. Finally, fourth trimester care has the lowest ranking for adequate care and highest for subpar care, with only about 2 in 5 women who've been pregnant (43%) saying their postpartum care was adequate, while less than 1 in 5 (18%) say it was more than adequate, and nearly 1 in 4 (24%) say it was less than adequate.



### Women who struggled with access to care are far more likely to have subpar care experiences:

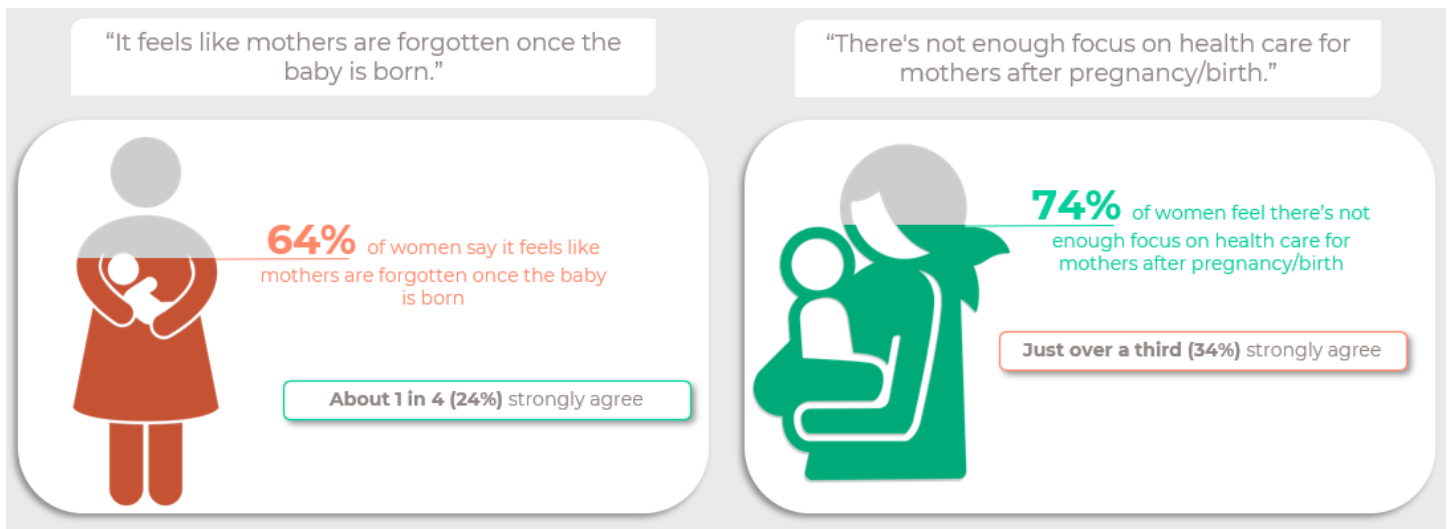
Women who experienced challenges to accessing care during pregnancy/birth are more than four times as likely as those who had no challenges to say their prenatal care was less than adequate, and about three times as likely as those who had no challenges to say their labor, delivery, recovery, and postpartum care was less than adequate.



## Fourth Trimester, or Postpartum Care

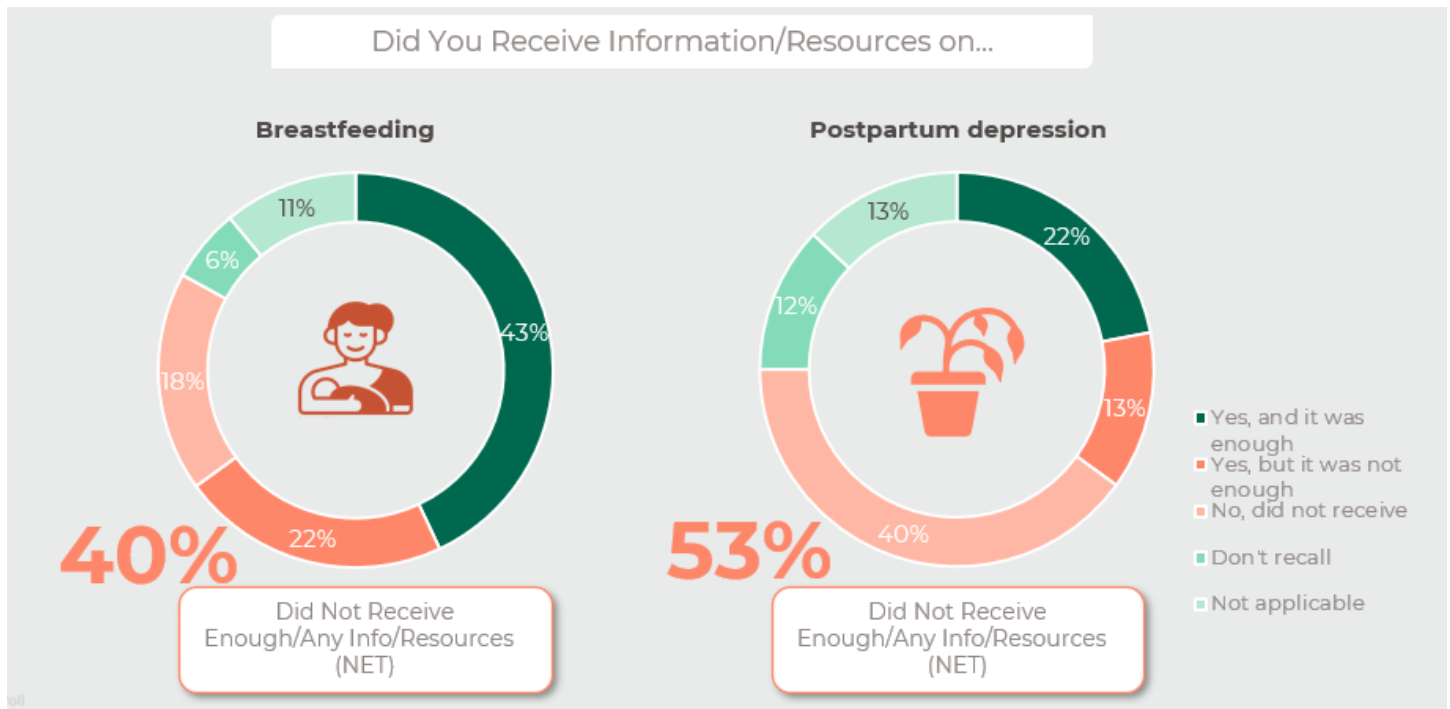
*Key Finding: With few women feeling their postpartum care went above and beyond, it is no surprise that many women feel mothers are left to the wayside after they give birth – and perhaps why a majority think there needs to be more focus on health care for mothers during this delicate time. Additionally, postpartum education also appears lacking, in a time when new mothers likely need the most assistance. These sentiments are shared by women who experienced difficulty accessing care during pregnancy/birth significantly more so than those who had no issues accessing care.*

**Mothers are forgotten after the birth:** Nearly two thirds of women, and the same proportion of women who've given birth, (64% each) say it feels like mothers are forgotten once the baby is born, with about 1 in 4 (24% and 22%, respectively) strongly agreeing with this. Women who experienced challenges to accessing care during pregnancy/birth are more likely than those who had no challenges to feel this way (72% vs. 57%). Furthermore, roughly 3 in 4 women (74%), and a similar proportion of women who've given birth (72%) feel there's not enough focus on health care for mothers after pregnancy/birth, with about a third (34% and 31%, respectively) strongly agreeing with this. Women who experienced challenges to accessing care during pregnancy/birth are more likely than those who had no challenges to feel this way (78% vs. 66%).





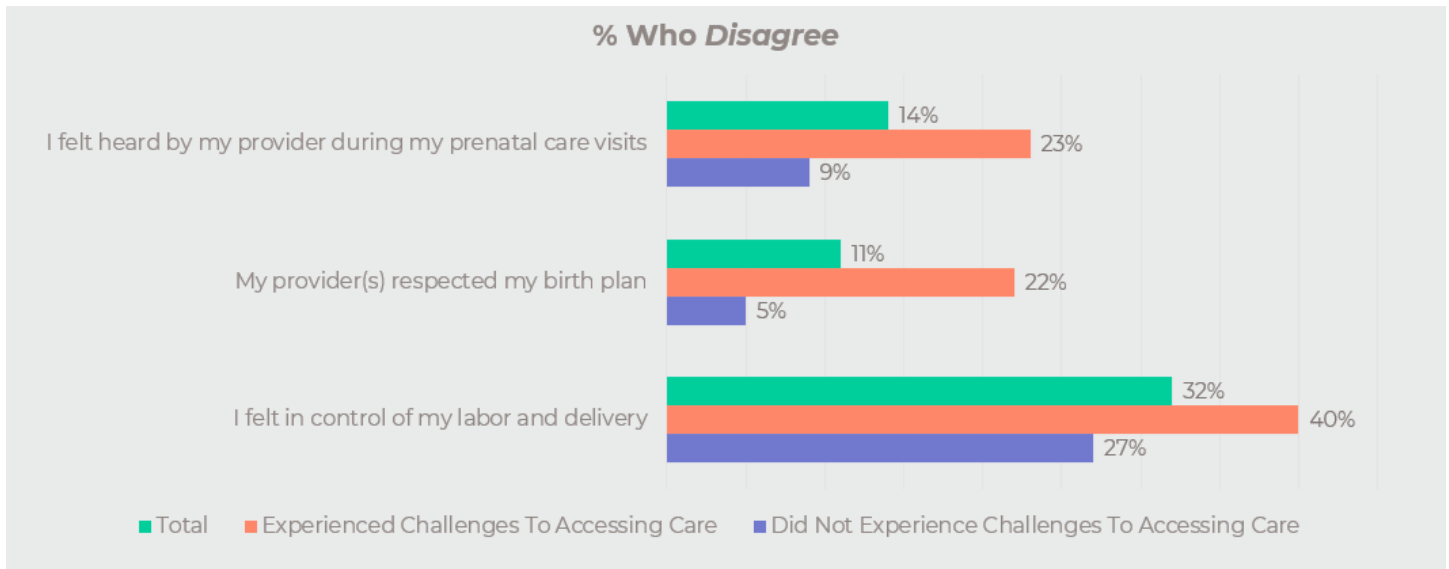
**Information lacking on breastfeeding and postpartum depression:** While more than 2 in 5 women who have ever been pregnant (43%) say they received enough information/resources on breast feeding from their HCP, a similar proportion (40%) say they either did not receive enough info/resources on this topic (22%) or did not receive any at all (18%). Women who experienced challenges to accessing care during pregnancy/birth are more likely than those who had no challenges to say they either did not receive enough info/resources on this topic or did not receive any at all (50% vs. 34%). Only about 1 in 5 women who have ever been pregnant (22%) say they received enough information/resources on postpartum depression from their HCP, more than half (53%) say they either did not receive enough info/resources on this topic (13%) or did not receive any at all (40%). Women who experienced challenges to accessing care during pregnancy/birth are more likely than those who had no challenges to say they either did not receive enough info/resources on this topic or did not receive any at all (61% vs. 48%).



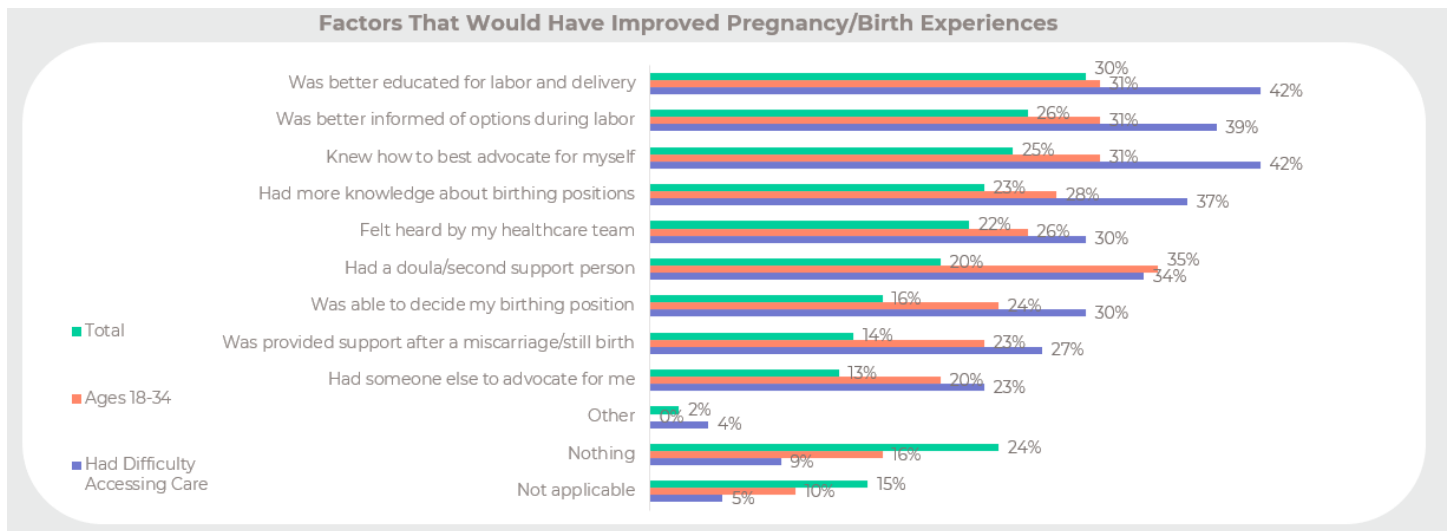
## Improving The Patient Experience

*Key Finding: Not all women who have been pregnant felt in control, heard, and respected during the pregnancy journey, with those who struggled to access care during pregnancy significantly more likely to share in these negative experiences than their counterparts. This is likely why a majority feel something would have made their pregnancy/birth experience better, with areas of improvement focused on education, advocacy and patient support. Healthcare providers need to step up when it comes to bedside manner as well – with several women citing this specifically in response to an open-ended question.*

**One in three did not feel in control of labor and delivery:** About 1 in 7 women who have been pregnant (14%) did not feel heard by their provider during prenatal care visits. In addition, about 1 in 10 (11%) say their provider did not respect their birth plan, and nearly a third (32%) did not feel in control of their labor and delivery. Women who experienced difficulty accessing care are significantly more likely than those who didn't have difficulty accessing care to say they didn't feel heard during prenatal visit (23% vs. 9%), their birth plan was not respected (22% vs. 5%), or that they did not feel in control of their labor and delivery (40% vs. 27%).



**Variety of resources can make pregnancy and birth experience better:** More than 3 in 5 women who have been pregnant (61%) say something would have made their pregnancy/birth experience easier or better – this jumps to about 3 in 4 (74%) among those ages 18-34, and to over 4 in 5 (86%) among those who struggled to access care during pregnancy/childbirth. The number one thing that would have improved their pregnancy/birth experience is better education for labor and delivery (30%). In addition to that, about 1 in 4 say their experience would have been better or easier if they were better informed of options during labor (26%) or if they had more knowledge about birthing positions (23%). Advancements when it comes to advocacy and decision making would also improve experiences for many, with 1 in 4 (25%) saying knowing how to better advocate for themselves would have helped, about 1 in 7 (13%) saying if they had someone else to advocate for them, and about 1 in 6 (16%) saying if they were able to decide their birthing position would have helped. Better support could have improved experiences for many as well, with about 1 in 5 citing if they felt heard by their healthcare team (22%) or had a doula or second support person (20%) their pregnancy/birth would have been better/easier, and about 1 in 7 (14%) saying the same of being provided support after a miscarriage or stillbirth. These factors for improvement were especially pronounced among younger women and those who had difficulty accessing care during pregnancy/childbirth.



It also appears that bedside manner is lacking, with women who've been pregnant specifically citing if providers at all levels were more patient with them, or just interacted with them better.

What would have made your pregnancy/birth experience easier/better?  
(open-ended question asked of women who have ever been pregnant)

**"If Drs and nurses had more patience for a first-time mom"**

~58-year-old woman residing in Florida

**"The nurse was horrible - told me it didn't hurt as bad as I was saying"**

~65-year-old woman residing in Colorado

**"A MUCH better nurse than the one I had"**

~36-year-old woman residing in Virginia

## RESEARCH METHOD

The 2024 State of Maternal Health survey was conducted online in the U.S. by The Harris Poll April 2-4, 2024 among 2,061 U.S. adults ages 18+, among whom 1,116 are women, and 692 are women who have been pregnant or given birth. The 2023 State of Maternal Health survey was conducted 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 or given birth.

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.

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  $\pm 2.5$  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.

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## 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. Please contact us via [christina.lojek@harrispoll.com](mailto:christina.lojek@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