

Major Survey Findings of *Listening to Mothers*SM III: New Mothers Speak Out

Report of National Surveys of Women's Childbearing Experiences

Conducted October–December 2012 and January–April 2013

Eugene R. Declercq, PhD

Carol Sakala, PhD, MSPH

Maureen P. Corry, MPH

Sandra Applebaum, MS

Ariel Herrlich, MA

ABSTRACT

To understand the experiences and views of childbearing women in the United States and trends over time, Childbirth Connection carried out the third national *Listening to Mothers* survey among 2,400 women who gave birth in U.S. hospitals to a single baby from mid-2011 to mid-2012 and could participate in English. A follow-up survey directed to the same participants explored postpartum experiences, in depth and well into the second year after birth; views about maternity care; and some additional pregnancy and birth items. Harris Interactive conducted the surveys using a validated methodology that includes data weighting to ensure that results closely reflect the target population. The follow-up survey was reported in *Listening to Mothers III: New Mothers Speak Out*.

The Journal of Perinatal Education, 23(1), 17–24, <http://dx.doi.org/10.1891/1058-1243.23.1.17>

Keywords: U.S. childbearing experiences, childbearing surveys, postpartum experiences, childbearing women's attitudes and views

MAJOR SURVEY FINDINGS

This report presents results relating to women's postpartum experiences from two national surveys carried out by Childbirth Connection. These surveys continued the work of Childbirth Connection's first national *Listening to Mothers*SM survey, which was conducted and reported in 2002 and the *Listening to Mothers*SM II pregnancy and childbirth and postpartum follow-up surveys in 2006. For *Listening*

* The full survey report and companion documents are available at the Childbirth Connection website (<http://transform.childbirthconnection.org/reports/listeningtomothers>).

to *MothersSM III*, 2400 mothers completed the survey online. All survey participants were 18 through 45 years, could participate in English, and had given birth to single babies in a U.S. hospital from July 1, 2011 through June 30, 2012. Participants completed the initial online survey, averaging about 30 minutes in length, from October through December 2012. Mothers who completed the initial survey were re-contacted and invited to complete a follow-up survey between January 29 and April 15, 2013. A total of 1072 mothers, or 45% of the initial participants, were reached and completed the survey.

To develop a national profile of childbearing women, the new datasets were adjusted with demographic and propensity score weightings using methodology developed and validated by Harris Interactive. Consequently, the results are generally representative of U.S. mothers 18 through 45 who gave birth to single babies in a hospital in 2011–12. The respondents are generally comparable to published national data for U.S. birthing mothers on critical factors such as age, race/ethnicity, parity, birth attendant, and mode of birth. A recent report, *Listening to MothersSM III: Pregnancy and Birth*, presents key results from the initial survey, and the present report focuses on the women's postpartum experiences and their values, preferences, and beliefs about maternity care and childbearing, with an appendix presenting selected additional pregnancy and childbirth results.

MATERNAL WELL-BEING

Postpartum Office Visits

Among the 10% of mothers who did not have a postpartum office visit between 3 and 8 weeks after birth, the leading reasons were that “I felt fine and didn't need to go” (42%), followed by “I felt that I had already completed all of my maternity care” (18%), “too hard to get to office” (12%), and “didn't have insurance (7%).

Access to Postpartum Care

Three-fourths (76%) of mothers stated that in the two months after their baby's birth, they had a telephone number of a nurse, doctor, midwife, or health visitor to contact with any concerns about themselves or their babies.

Postpartum Information

Mothers were most likely to say they were “definitely” given enough information from their providers about birth control methods (57%) and

least likely to have been informed about changes in sexual response and feelings (30%). Women whose birth attendant had been a midwife were more likely to have adequate information about birth control methods while those who had had a family doctor birth attendant were most likely to have enough information about postpartum depression, healthy eating, exercise, and changes in sexual response.

Limiting Total Number of Cesareans

A little more than one fourth (28%) of mothers who had had one or more cesareans said they were told by their provider to limit the lifetime total number of cesareans they received, and the average maximum number of cesareans recommended was 3.2.

Regular Medical Provider

Most mothers relied on a family doctor (42%) as their medical provider after they completed maternity care, with 22% relying on an obstetrician/gynecologist, 9% on an internal medicine doctor, and 15% stating that they had no regular medical provider. The lack of a regular medical provider was significantly higher among mothers whose birth had been paid for by Medicaid or CHIP (17%) than those with private insurance (10%).

Burden of Health Concerns After Birth

In the *Listening to MothersSM III* follow-up survey, we provided mothers with a list of 16 conditions and asked if these had been a new problem in the first two months after birth, and, if so, whether they were a major or minor problem and whether they were still a problem at the time of the survey. Problems that were cited by at least two in five mothers included sleep loss (58% overall, 21% major), feeling stressed (54%, 17% major), physical exhaustion (51%, 16% major), sore nipples/breast tenderness (48%, 12% major), backache (46%, 12% major), weight control (45%, 16% major), and lack of sexual desire (43%, 13% major). Mothers who had experienced a cesarean reported a problem with itching (51%, 13% major) and with numbness (48%, 12% major) at the scar.

At six or more months after birth, about one in three mothers (34%) indicated they were still feeling stressed, had problems with sleep loss (30%) or weight control (29%). Among those mothers who had had a cesarean, 20% reported continuing numbness, and 20% cited continued itchiness at the incision site.

Postpartum Health and Caring for Baby

Mothers were asked to rate if physical or emotional problems had interfered with their ability to care for their baby in the first two months after birth, and 37% reported their postpartum physical health interfered at least “some” with their ability to care for their baby, while 29% reported that their postpartum emotional health interfered at least “some.” More than half (56%) of mothers said that pain did interfere at least “a little bit” in their routine activities in the first two months, with 7% indicating that pain interfered either “quite a bit” (5%) or “extremely” (2%).

Weight Change

We learned in the initial *Listening to MothersSM III* survey that mothers had gained on average 24 pounds during their pregnancy and averaged losing 20 pounds at the time of that survey. We again asked about their weight at the time of the follow-up survey and, on average, mothers’ weight had not changed between the first and second surveys. The result is a net weight gain of 4 pounds from their weight just before becoming pregnant.

Current Mental Health Status

We asked mothers about their emotional state in the two weeks prior to the follow-up survey, and about one in three mothers reported “feeling down, depressed or hopeless” (35%) or having “little interest or pleasure in doing things” (36%) for at least several days in the past two weeks. A total of 6% reported “feeling down” and 7% felt “little interest” nearly every day. Applying an algorithm used with these questions to screen for depression resulted in 17% of mothers meeting criteria for likely depression.

Consulting a Professional About Emotional or Mental Well-Being

We asked mothers in the follow-up survey if at any time since birth they had consulted a mental health or health care professional about their emotional or mental well-being, and 18% reported they had. Mothers who met the screening criteria for depression were much more likely to have sought help (37%) than those who did not (14%), though this means 63% of mothers with indicators of depression had not consulted a professional for help.

CHILD WELL-BEING

Overall Rating of Child’s Health

We asked mothers to rate their child’s current health. The mothers were generally very positive, with 98%

saying their child’s health was excellent (78%) or good (20%).

Child Health Care Providers

Pediatricians were most often (79%) named by mothers as their child’s primary care provider. Family doctors (17%), nurse-practitioners (2%), and physician assistants (1%) accounted for the remainder. Use of a family physician was greatest among mothers who had relied on a family physician for their prenatal care (79%).

Breastfeeding Duration

Mothers described the pattern of duration of exclusive breastfeeding over a twelve-month period, with rates ranging from 50% in the first month to 37% at the end of three months, 17% at six months, 9% at nine months, and 2% at one year.

Reasons for Not Establishing or Continuing Breastfeeding

We asked the mothers who intended to breastfeed but were not doing so a week after the birth the reasons they didn’t, and “baby had difficulty nursing” (31%) was most commonly cited, followed by “too hard to get breastfeeding going” (23%), “formula more convenient” (23%), and “I didn’t get enough support to get breastfeeding going” (17%). We asked a similar question of mothers who were breastfeeding, either exclusively or in combination with formula feeding, at one week but were no longer doing so at the time of the follow-up survey, and the leading answers were “trouble getting breastfeeding going well” (39%), “fed my baby breast milk as long as I intended to” (22%), “formula or solid food more convenient” (22%), and “baby stopped nursing—baby’s decision” (18%).

Immunization Preferences

We asked mothers about their approach to immunizations relative to the recommended schedule of immunizations, and 83% of mothers indicated they preferred to get all immunizations according to guidelines, while 12% preferred to make modifications (for example, in the schedule or dose), and 3% preferred not to have their children immunized. We explored differences by region, and mothers living in the Western part of the United States (7%) were more likely to prefer to avoid immunization compared with mothers from the Northeast (0%).

Satisfaction With Duration of Breastfeeding

We asked all mothers who did breastfeed and were not currently doing so if they had breastfed as long as they wanted. Half (49%) stated that they had.

Circumcision

Almost eight in ten mothers (79%) who gave birth to a son reported that he had been circumcised, with use varying widely by race/ethnicity. First-time Hispanic mothers were far less likely (54%) than first-time White (87%) or Black (88%) non-Hispanic mothers to have their son circumcised.

Pacifier Use

More than half of mothers (58%) reported that their baby had used a pacifier on a regular basis. Among mothers whose baby was at least a year old, the average amount of time the baby used a pacifier was 9.5 months.

Co-Sleeping

One in eight mothers (12%) reported that their baby always slept in the same bed with them in the first six months after birth, and an additional 29% stated the baby often (12%) or sometimes (17%) did.

FAMILY AND RELATIONSHIPS

Sharing Child Care with Spouse or Partner

We asked mothers who reported having a spouse or partner how they shared daily care for their baby. Overall, mothers reported they provided more of the child care (61%), with 35% reporting that care was shared equally, and 3% reporting that their spouse or partner provided more care. This was most strongly related to the mother's current employment status, with slightly less than half (49%) of mothers who worked full time outside the home saying child care was equally shared.

Attachment To New Baby

We asked mothers a series of questions concerning their feelings about their new baby. Not surprisingly mothers felt very positively toward their new baby, with 95% saying they enjoy interacting with their baby most or all the time, and similar indications of attachment expressed concerning how cute they found their baby, whether they spoke to the baby regularly, and their desire to hold the baby.

Hoped for Number of Children

Mothers in our survey said they would like to have, on average, three children, with three (31%) and

two (25%) the most common responses. Only 8% wanted a single child, while 19% indicated a desire for four, 9% preferred five, and 9% wanted more than five. The ideal most often mentioned was one more child than they currently had.

EMPLOYMENT, MATERNITY LEAVE, CHILD CARE, AND HEALTH INSURANCE

Employment During Pregnancy and Working to the Due Date

More than half (61%) of mothers indicated they were employed during their pregnancy, primarily as full-time (33%) or part-time (23%) employees for someone else. A small proportion (6%) of mothers were self-employed, and two in five mothers (39%) were not employed during their pregnancy. Of those mothers who were employed, most worked almost to their due date, stopping on average about 3 weeks before their due date, with 34% working until there was less than a week before their due date.

Pregnancy Related Challenges to Employment

Mothers who were employed outside the home were asked if, during their pregnancy, they had needed accommodations such as a need for more breaks, a change in some duties, or a change in schedule. Most mothers both needed and asked for some accommodations, and their employers generally attempted to address the concerns they raised.

Paid Maternity Leave Benefits

Of those mothers who had been employed by someone else during pregnancy, 63% indicated that their employer provided paid maternity leave benefits. Among these mothers, one-third (34%) indicated they received 100% of pay, and three out of four (76%) received at least half their regular salary. Among the subset of mothers who received 100% of their pay in maternity benefits, the average length of time of paid leave was eight weeks.

Working for Employer while on Maternity Leave

Almost half (46%) of mothers who had been employed during pregnancy did work for their employer while on maternity leave. A total of 23% reported working a little of the time, 16% some of the time, and the remainder most (5%) or all (2%) of the time.

Current Employment Status

About three in ten (31%) of the mothers in the follow-up survey indicated they were currently

employed on a full-time basis. Another 22% were employed on a part-time basis, and a small portion were full-time students (3%) or still on paid leave (3%), while the remainder (41%) were neither employed, nor students, nor on leave.

Stayed Home as Long as Wanted To

Mothers who had transitioned to paid work were asked if they had stayed home as long as they wanted, and nearly three-quarters (72%) had stayed home as long as they wanted. The primary reasons why they went back to work were that they could not afford more time off (72%), followed by related answers – their maternity leave had come to an end (43%) or they were worried about consequences at work, such as lower pay, worse assignments, or fewer opportunities for promotion (22%).

How Long Should Maternity Leave Be?

Mothers who were employed or on maternity leave were asked what would be the ideal amount of time off with their baby in a system with good maternity leave benefits. The most common answer (20% of mothers) was six months, and the second most common answer (17%) was twelve months. The overall average was seven months.

Child Care Arrangements

Mothers described a variety of arrangements for child care when we asked those employed outside the home who cared for their baby. On average, they cited more than one source of help. For mothers employed full time, there was a heavy reliance on family, either their spouse or partner (34%) or another family member (43%). Mothers also relied on child care centers (26%) and family day care providers (18%). Those mothers employed part time relied predominantly on family – either partners (51%) or other family members (44%).

Time in Child Care

Almost half (47%) of mothers reported being home with their children, but for those who reported being in school or employed, one-fourth (26%) reported their child was in day care at least 33 hours a week. For mothers employed full time outside the home, that figure rose to 55%.

Sick Time for Child Care

Most mothers with access to sick leave (82%) reported they could use it to care for a sick child. Only 11% stated they could not, and 8% were unsure.

Health Insurance

The pattern of insurance coverage that mothers established during pregnancy did not necessarily continue in the postpartum period, with 28% of mothers reporting their insurance status changed between the two surveys. At the time of the follow-up survey, 18% had no health insurance. Among mothers whose primary payer for maternity care had been private insurance, 10% were uninsured at follow-up, versus 26% of mothers whose primary payer for maternity care services had been Medicaid or CHIP.

VIEWS OF MATERNITY CARE QUALITY AND ENGAGING IN MATERNITY CARE

Maternity Care Tests and Treatments

We asked mothers whether they agreed or disagreed with a series of statements concerning maternity care tests and treatments. They expressed considerable confidence that newer tests marked an improvement in care (74% agree), that their provider's recommendations reflect best current research (82% agree), that more tests meant better quality care (63% agree), and that more expensive tests and treatments were better (52% agree).

Rating the Quality of the U.S. Maternity and Health Care Systems

Nineteen percent of mothers rated the U.S. health care system as “excellent,” 43% as good, and 38% as “fair” or “poor.” Thirty-five percent rated the U.S. maternity care system as “excellent,” 49% as “good,” and 16% as “fair” or “poor.”

Identifying Factors that Determine Hospital Maternity Care Quality

Mothers assessed whether eight different factors were indications of the quality of maternity care at a specific hospital. In six of the cases, a majority of mothers rated the item as “very important,” including “protects mothers and newborns from getting infections in the hospital” (80%), “has attentive, caring maternity nurses” (77%), and “has a low rate of medical mistakes” (76%). The two lowest-rated factors were “being a teaching hospital” (33% “very important”) and “has been highly rated by a website or magazine” (28% “very important”).

Rating the Quality of Different Phases of Maternal and Newborn Care

Mothers rated the quality of care at five stages of maternal care and their “baby’s” office visits in the

first two months after birth. The ratings were generally very positive, with no stage of care being rated as “poor” by more than 3%, and 86% or more giving each stage a rating of “good” or better.

Concerns About Errors in the Course of Maternity and Pediatric Care

Mothers were asked about their levels of concern with serious medical errors at four different stages of their care – prenatal visits, birth in the hospital, their own postpartum visits, and their baby’s office visits. While a majority were “not at all” to “not too” concerned in every case, they most commonly cited concern about their time in the hospital, with 24% “somewhat” and 19% “very” concerned.

Interest In and Views About the Right to Make Birth Choices

Mothers were asked about settings where they might be interested in giving birth in the future and, among those planning more children, two-thirds would consider a birthing center that is separate from a hospital, with one-fourth definitely wanting that option. A little more than one-fourth would consider a home birth. Two thirds (64%) thought a woman should have a right to a home birth if she chooses. Mothers also strongly supported the right of a mother to choose a vaginal birth after cesarean (VBAC; 69%). Their support was more mixed for the right to choose an elective cesarean, with 40% stating a mother should have a choice and 38% disagreeing.

Activation Relative to Maternity Care

We adapted to maternity care relevant items from the Patient Activation Measure. Mothers expressed confidence in their ability to maintain control over their involvement with maternity care, with, for example, 89% agreeing with the statement, “I was confident I could tell my maternity care provider concerns I had even when he or she did not ask.”

LOOKING AT SOME IMPORTANT VARIATIONS IN EXPERIENCE

Variations by Race/Ethnicity

We stratified our results by the three race/ethnicity groupings with large enough samples for measuring possible differences: Hispanic, Black non-Hispanic, and White non-Hispanic mothers. Non-Hispanic Black mothers were *most likely* among the three groups to state that they had definitely received

enough information on healthy eating, birth control, and postpartum depression in postpartum visits; have babies who had been rehospitalized and had themselves been rehospitalized since birth; report co-sleeping with the baby; report they were doing extremely well getting enough sleep and managing stress; and report they were getting support from a spouse or partner. They were *least likely* to learn they were pregnant from a home pregnancy test and report their desire to be home with the baby was the reason they were not currently employed.

Hispanic mothers were *most likely* to lack health insurance or be on Medicaid at the time of the follow-up survey, to say that emotional support and practical support were available “a little” or “none of the time” from someone who was not a spouse/partner, and report being worried about the baby when not with him/her. Hispanic mothers were *least likely* to have a Body Mass Index in the normal range postpartum, say they were doing extremely well getting exercise postpartum, be employed full time during pregnancy, rate prenatal visits and baby care visits as “very good,” and report feeling confident they could tell their maternity care provider about concerns.

Non-Hispanic White mothers were *most likely* to have private insurance at the time of the follow-up survey, have taken their baby for a well-child visit, and report their desire to be home with the baby was the reason they were not currently employed. White non-Hispanic mothers were *least likely* to consider on-line access to health records as “very important,” say that taking care of their baby is “always fun,” report daily care for the baby was equally divided with their spouse/partner, rate the overall quality of health care in the United States as “excellent” or “good,” and be concerned about a serious medical error in a hospital.

Comparing Childbearing Experiences by Primary Payer of Maternity Care

We also compared experiences of beneficiaries of the two largest maternity care payer categories: private insurance and Medicaid or CHIP (the Child Health Insurance Program). There was a greater likelihood for mothers who had had Medicaid insurance for their maternity care to lose their health insurance postpartum, use WIC services, report they were not doing well with eating a healthy diet postpartum, and consider a high rating by a web page or magazine an important measure of hospital quality.

Mothers with private insurance for their pregnancy and their baby's birth were more likely to say pain had not interfered with routine activities in the two weeks prior to the survey, report a Body Mass Index in the normal range, report feeling supported in the months after birth, and report that their baby had had no sick-child visits.

TRENDS: COMPARING RESULTS ACROSS LISTENING TO MOTHERSSM SURVEYS

We examined trends across some items that were available in multiple *Listening to MothersSM* surveys. Notable differences over time included a growing proportion of mothers indicating paid maternity leave was available from their employer and receiving spousal/partner support in many areas. There were notable declines in the proportion of mothers getting more than 90% of their salary during paid maternity leave, in the proportion of mothers reporting their babies were in day care for 33 or more hours a week, and in mothers reporting difficulties with child care and breastfeeding in the transition to paid work. There was also a general decline in mothers' support for a woman's right to choose for herself whether to have a vaginal or cesarean birth.

ADDITIONAL RESULTS DESCRIBING PREGNANCY AND BIRTH EXPERIENCES

Due to space limitations in the initial survey, we included a small number of additional questions on these topics in the follow-up survey, and in the full report, Appendix D reports the results.

Learning About Pregnancy

Whereas 76% of mothers indicated they learned about their pregnancy through a home pregnancy test (on average after 5.3 weeks), 24% used a health professional (6.9 weeks).

Switching Maternity Care Providers and Hospitals

We asked mothers whether they had switched either providers or their hospital during their pregnancy. A total of 22% of mothers indicated they had switched in each case, with "to increase the chance of having the care and choices that I wanted," being the leading reason in each instance.

Use and Value of Online Resources for Pregnancy and Birth Information

Pregnancy and childbirth related blogs were most highly valued among a series of online resources,

with 78% of mothers using these as sources of pregnancy and birth information and two-thirds (68%) of those mothers citing them as somewhat or very valuable. A majority (53%) of mothers who used online forums, chatrooms, and group discussions for this purpose found them at least somewhat valuable, and smaller proportions who used Facebook and online videos as such information sources cited them as at least somewhat valuable (43% and 41%, respectively). These results were, not surprisingly, strongly related to age, with mothers less than 30 significantly more likely to use and find valuable each of these resources.

Spontaneous Onset of Labor

We attempted to identify the proportion of mothers who experienced "spontaneous onset of labor"—labor starting on its own. At most, 54% had labors that started on their own, and this is likely to be an overestimate.

Primary Maternity Care Attendant

Mothers who had given birth before were asked if the person who attended the birth of their most recent baby had attended a previous birth, and that was the case for 44% of experienced mothers, with another quarter (25%) indicating it was a different provider from the same group. One-third (34%) of the experienced mothers had a different provider who was not from the same group.

Summary of Interventions Experienced Around the Time of Birth

Combining results from both the initial and follow-up surveys yields a summary of the numerous interventions that the mothers experienced around the time of birth. For example, 53% experienced attempted labor induction, and 30% had a medically induced labor. Eighty-nine percent (of women who labored) experienced electronic fetal monitoring, 83% used pain medications, 50% experienced synthetic oxytocin, and 36% had artificially ruptured membranes. Eleven percent had assisted vaginal delivery with vacuum extraction or forceps, and 31% had a cesarean section.

ACKNOWLEDGMENT

The authors wish to thank the W. K. Kellogg Foundation for its generous support for the *Listening to Mothers III* surveys.

EUGENE R. DECLERCQ is professor and assistant dean at the Boston University School of Public Health. He has been the principal investigator for all Listening to Mothers surveys. CAROL SAKALA is director of programs at Childbirth Connection. She has been a member of the investigator team for all Listening to Mothers surveys. MAUREEN P. CORRY is executive director of Childbirth Connection. She has

been a member of the investigator team for all Listening to Mothers surveys. SANDRA APPLEBAUM is senior research manager at Harris Interactive. She has been a member of the investigator team for all Listening to Mothers surveys. ARIEL HERRLICH was executive assistant at Childbirth Connection. She previously studied Women's Studies and Public Policy at George Washington University.