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## **National survey of new mothers reveals concerns about overuse of maternity care practices and women's readiness to make informed decisions**

*Key findings point to the need for quality improvement, consumer engagement and shared decision making*

(New York) Despite growing efforts to improve the quality of maternity care for women in the United States, results of a newly released, national survey reveal that risky procedures are overused in this largely healthy population, many beneficial practices are underused, and all too often women lack the support and knowledge required to effectively navigate their maternity care.

A quarter of women surveyed experienced three or more of five major medical procedures such as labor induction, drugs to speed labor, and cesarean section, while only one in eight women had none of these interventions. Unnecessary interventions – such as inducing labor for convenience or routine repeat cesareans – exposed women and their babies to avoidable risk.

Disturbingly, most of the women could not correctly identify risks of labor induction or cesarean section, revealing problems with prenatal education. And one in four who had these procedures reported experiencing pressure from a care provider to do so. Simultaneously, mothers expressed a high degree of trust in maternity care providers, with nearly half rating them as “completely trustworthy.”

“Pressure to have unwanted procedures, a lack of awareness about their downsides, and unqualified trust in health care providers are a potent combination, making women and their babies vulnerable to poor quality care,” said Maureen Corry, Childbirth Connection’s Executive Director.

“Women urgently need access to publicly reported performance measures of health care providers and hospitals, and decision-making tools to help them choose safe, effective care that reflects their values and preferences,” she added.

The survey also revealed that many beneficial practices are not consistently used. In pregnancy, for example, these included help with smoking cessation. Around the time of birth, just a fraction received continuous labor support from a doula, though many would have liked to have had doula care. Half of the women were not exclusively breastfeeding a week after the birth, and many had not received help from a provider for notable symptoms of depression. Many women who would have liked the option of vaginal birth after a cesarean (VBAC) reported that their maternity care provider and/or hospital was unwilling to provide this option, and faced another cesarean and the range of risks associated with repeated surgeries.

“Underused maternity practices tend to be non-invasive, pose few if any risks, and use relatively few resources,” said Dr. Eugene Declercq, the survey’s lead investigator.

“They offer many opportunities to improve the quality, outcomes and cost of maternity care, with benefits for mothers and babies, and those who pay for their care,” he said.

*Listening to Mothers III* is the third of a series of national surveys that explore women’s experiences from before pregnancy through the months after birth. Commissioned by Childbirth Connection, conducted by Harris Interactive, and funded by the W.K. Kellogg Foundation, the survey polled 2,400 women who gave birth in U.S. hospitals from mid-2011 to mid-2012.

The surveys have tracked women’s experiences for over a decade, and are identifying some promising trends. For example, hospital provision of formula samples to women who wanted to exclusively breastfeed has declined. Newborn “rooming-in” with mothers during the hospital stay is edging up. Use of episiotomy—a rarely needed cut to enlarge the vaginal opening just before birth that involves pain and other adverse effects—has declined. And the proportion of planned “maternal request” cesareans without a medical reason has remained low, at about 1% of women undergoing an initial cesarean.

Strengthening and expanding quality improvement efforts and effectively engaging women will accelerate the progress. The full survey report, questionnaire, and data briefs on selected topics are available at: <http://transform.childbirthconnection.org/reports/listeningtomothers/>.

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Childbirth Connection is a national not-for-profit organization founded in 1918 as the Maternity Center Association. Its mission is to improve the quality and value of maternity care through consumer engagement and health system transformation. Childbirth Connection promotes safe, effective, and satisfying evidence-based maternity care and is a voice for the needs and interests of childbearing families. Its websites support maternity care quality improvement and system transformation (<http://transform.childbirthconnection.org>) and effective maternity care practice among consumers and clinicians (<http://www.childbirthconnection.org>).