



How Have Women's Childbearing Experiences Changed Over the Past Decade? A *Listening to MothersSM III* Data Brief

Childbirth Connection has reported results from national *Listening to MothersSM* surveys of women's childbearing experiences relating to births that occurred over a decade – in 2000-02, 2005, and 2011-12. Follow-up surveys explored additional questions with participants in the second and third surveys. Over time, the surveys have explored many new and timely questions. In addition, core questions used in two or all three time periods provide an opportunity to examine trends in women's childbearing experiences during what has been in many respects a time of flux for the U.S. maternity and health care systems. The surveys have polled women 18-45 who had given birth to a single baby and could participate in English. Harris Interactive conducted all of the surveys, and the W.K. Kellogg Foundation funded the most recent two-stage survey. Learn more about Childbirth Connection's *Listening to MothersSM* surveys and access the full reports and related resources via bit.ly/LTM-III.

SUMMARY OF KEY FINDINGS

Women's readiness for pregnancy may have improved. The proportion of women who had a preconception visit increased sharply between the second and third surveys, from 28% to 52%. In the same period, there has been a decrease in unintended pregnancies, from 42% to 35%, and in obesity at the time of conception, from 25% to 20%.

The use of prenatal ultrasound increased, including a steep increase in late pregnancy ultrasound to estimate fetal weight. Between the second and third surveys, the proportion of women who had two or fewer ultrasounds decreased from 41% to 30%, while the proportion who had five or more ultrasounds increased from 23% to 34%. In the most recent survey, 68% reported that they had had an ultrasound near the end of pregnancy to estimate fetal weight, compared with 51% in the second survey.

Many women reported experiencing pressure from a care provider to have a cesarean, labor induction, or an epidural. From the second to the third surveys, the proportion of women who experienced pressure to have a cesarean rose from 9% to 13%, while pressure to have an epidural increased from 7% to 15%, and pressure to induce labor increased from 11% to 15%. The proportion who attempted to self-induce labor increased from 22% to 29% during the same period, which may be related to pressure to accept medical induction and desire to avoid such intervention. (In *Listening to MothersSM II*, one-third of women who attempted self-induction did so to avoid a medical induction.)

Women's interest in and access to VBAC is shifting. The results on vaginal birth after cesarean (VBAC) suggest a small increase between the second and third surveys in the proportion of women with a prior cesarean who were interested in the option of a VBAC, from 45% to 48%. The proportion of women with a prior cesarean who reported a lack of access to VBAC grew to 56% in the current survey from 42% a decade earlier. For those who did not have the option of a VBAC, the proportion reporting that their care provider or their hospital was unwilling declined appreciably between the last two surveys, however, the proportion of mothers denied access to a VBAC for a medical reason unrelated to their prior pregnancy more than doubled (20% to 45%) from the second to the third survey.

Rates of induced labor and episiotomy are on the decline, while an earlier increase in cesarean section has stabilized. The proportion of labors brought on by medical induction decreased slightly over the three surveys, from 36% to 34% to 30%, while episiotomy (among vaginal births) decreased more dramatically, falling by half during the decade, from 35% to 25% to 17%. The cesarean rate increased sharply between the first and second surveys, from 24% to 32%, but remained essentially stable at 31% in the current survey. Rates of continuous electronic fetal monitoring (among women who experienced labor) have fluctuated over the past decade, in the range of 60% to 76%.

Other labor practices varied. Use of epidural or spinal analgesia in labor remained high over the past decade (63% to 76%) while use of narcotics for pain relief declined (from 30% to 22% to 16%). The proportion of women who reporting not using any pain medications did not exceed one in five (from 20% to 14% to 17%). Few women used a labor doula for support during labor (5%, 3%, 6%), and those stating they had received support during labor from a spouse or partner declined notably (from 92% to 82% to 77%). The proportion of women who had a “spontaneous” vaginal birth without vacuum extraction or forceps steadily declined (from 64% to 61% to 59%).

Hospital support for exclusive breastfeeding improved, but women’s intentions to and experience with exclusive breastfeeding appear to have declined. Among women intending to exclusively breastfeed, there has been a marked decrease in the percentage of women who received free formula samples or offers during the hospital stay (from 80% to 66% to 49%) and whose babies received formula or water supplementation at that time (from 47% to 38% to 29%). Across the two most recent surveys, there was an increase in newborns being primarily in their mothers’ arms in the first hour after birth, a practice that facilitates breastfeeding, from 34% to 47%. However, the percentage of women nearing the end of pregnancy who hoped to breastfeed decreased over the three surveys, from 67% to 61% to 54%, as did the proportion exclusively breastfeeding at one week (falling from 58% to 51% to 50%).

In the postpartum period, an important measure of breastfeeding duration also declined. From the first to second follow-up survey, exclusive breastfeeding at six months fell from 20% to 17%. Despite the breastfeeding drop-off, mothers’ satisfaction with the duration of breastfeeding grew (46% to 49%).

Mothers are reporting increased levels of health and wellness in the postpartum period. A third of women in the most recent follow-up survey were doing “very well” or “extremely well” getting enough exercise and eating a healthy diet, up from 16% and 21%, respectively, in the first follow-up survey. Over this period, fewer identified weight control as a “major” new-onset problem (23% to 16%). Data available from all three survey time frames show a decrease in major new problems such as physical exhaustion (24% for the first two surveys, then down to 16% in the most recent survey) and in lack of sexual desire (24% to 19% to 13%). The decline in these items could be related to the increased levels of support women with a spouse or partner report receiving from them. While the previous follow-up survey found that only a quarter of women shared the daily care of their babies with their partners, 35% report doing so in the most recent follow-up survey. The proportion of women who receive emotional support from their partners “all the time” also increased (from 30% to 41%).

Employed mothers face new challenges. Both follow-up surveys asked women about the issues they faced with employment. Although more women are now receiving paid maternity leave (63% up from 40%), fewer of those are receiving more than 90% of their salary during leave (31% down from 50%). Trends in childcare are mixed as well. Having a child cared for by someone other than the parents for 33 hours a week or more fell to 26% of employed mothers from 46%. However, 28% of working mothers cited child-care arrangements as a major challenge in the transition to work, up from 16%.