

Listening to Mothers:

Report of the First National U.S. Survey of Women's Childbearing Experiences

Executive Summary

and

Recommendations Issued by the Maternity Center Association

October 2002

**Survey Conducted for the Maternity Center Association
by Harris Interactive**



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An electronic file of this entire document, together with electronic files of the full survey report and survey questionnaire, is available on the Maternity Center Association's *Maternity Wise*[™] website at: www.maternitywise.org/listeningtomothers/.

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Executive Summary

Survey Highlights

Technology-Intensive Labor the Norm. A majority of women reported having each of the following interventions while giving birth: electronic fetal monitoring (93%), intravenous drip (86%), epidural analgesia (63%), artificially ruptured membranes (55%), artificial oxytocin to strengthen contractions (53%), bladder catheter (52%), and stitching to repair an episiotomy or a tear (52%).

High Levels of Satisfaction with Care. An overwhelming proportion of mothers were pleased with the care that they received noting that they generally understood what was happening (94%), felt comfortable asking questions (93%), got the attention they needed (91%), and felt they were as involved as they wanted to be in making decisions (89%).

Frequency of Labor Induction. Almost half of all mothers reported that their caregiver tried to induce labor, most commonly through the use of artificial oxytocin. More than one-third of those mothers cited a non-medical factor as at least partially the reason for the attempted induction. The drugs or techniques used actually caused more than one-third of all labors to begin.

Popularity of Epidurals. Almost two-thirds of the mothers used epidural analgesia, including 59% who had a vaginal birth. Mothers gave high ratings to the ability of epidurals to relieve labor pain, but between 26% and 41% of mothers were unable to respond to questions about side effects associated with epidurals.

Unknown Birth Attendant. Almost three in ten mothers said they had never, or had only briefly, met the person who delivered their baby before the birth. In about 4% of hospital births, mothers said that either a nurse who wasn't a midwife or a physician's assistant delivered their baby. Five percent reported choosing labor induction to be able to give birth with the caregiver of their choice.

Postpartum Depression. Almost one mother in five was probably experiencing some degree of depression in the week preceding the survey, on the basis of the Edinburgh Postnatal Depression Scale, a validated screening tool.

Myth of the Pain-Free Cesarean. For women who had a cesarean, pain in the area of the surgical incision was the leading postpartum health concern, with five out of six of these mothers citing it as a problem in the first two months and one in fourteen citing it as a problem at least six months after birth.

Highly Rated Pain Relief Methods Rarely Used. Although immersion in a tub, showering, and use of “birth balls” received high ratings for their help with labor pain, these approaches were used by 8% or fewer women.

Highly Rated Labor Support of Doulas and Midwives. Doulas and midwives were the most highly rated providers of labor support, yet were used for this purpose far less frequently than other types of providers (5% and 11% respectively).

Limited Support for “Elective Cesareans.” By a margin of more than five to one mothers thought it unlikely that they would choose a cesarean for non-medical reasons for a future birth. Only 6% of women whose most recent birth was vaginal indicated that they would be likely to choose cesarean birth in the future.

Declining Access to VBAC. The willingness of caregivers and hospitals to permit vaginal birth after a previous cesarean birth declined substantially for women who had given birth within twelve months of the survey, as compared to those who had given birth from twelve to twenty-four months earlier.

Differences in Vaginal and Cesarean Birth Experiences. Compared to women who gave birth vaginally, those with cesareans were less likely to “room-in” with their babies and be breastfeeding at one week, and more likely to experience several health concerns after the birth, including abdominal pain, bladder and bowel difficulties, headaches, and backaches.

Differences Between First-Time and Experienced Mothers. Compared to first-time mothers, experienced mothers were less likely to: attend childbirth education classes, use pain medications and various other labor interventions, report negative feelings during labor, have a physician as birth attendant, or give birth by cesarean. Experienced mothers also reported feeling more confident as parents, despite being as likely to report feeling “fatigued” and “disorganized” as first-time mothers.

Major Survey Findings

Women's Prenatal and Birth Experiences

Planning for Pregnancy. More than one-third (38%) of our respondents wanted to become pregnant at a later point or had planned to never become pregnant. Less than one in three (30%) mothers said they visited a health care provider to plan for a healthy pregnancy.

Maternity Care Provider. Obstetricians provided prenatal care to three-fourths (77%) of mothers and delivered 80% of the babies of survey mothers. Midwives provided prenatal care to 13% of mothers and attended 10% of the births. Family physicians provided prenatal care for 7% of our respondents and attended 4% of their births.

Familiarity with Provider. Fifteen percent of mothers said four or more people took the lead in providing prenatal care. Nineteen percent indicated that they did not meet the person who delivered their baby until they were in labor and another 10% said they met the person only briefly. In 4% of hospital births, mothers said that either a nurse who wasn't a midwife or a physician's assistant delivered their baby

Childbirth Classes. While 70% of first-time mothers said they took childbirth education classes, only 19% of mothers who had given birth before did.

Place of Birth. Nearly all births (97%) of survey mothers took place in hospitals.

Supportive Care in Labor. Virtually all women (99%) reported having received some type of supportive care while in labor, most commonly from husbands/partners and nursing staff.

Use of Doulas, Support from Midwives. While a small number (5%) of women relied on doulas (trained labor assistants), this type of caregiver was rated highest in terms of quality of supportive care during labor. Midwives provided supportive care to the next smallest proportion of women (11%) and received next highest ratings in terms of the quality of this care.

Induction of Labor. Almost half (44%) of all mothers and half (49%) of those giving birth vaginally reported that their caregiver tried to induce labor, most commonly through the use of artificial oxytocin. Almost one-fifth (18%) of mothers cited a non-medical explanation as the only reason for the attempted induction, and another 16% cited a non-medical reason along with a medical indication as the reason for the attempted induction. In four out of five women, the induction did in fact cause labor to begin.

Fetal Monitoring During Labor. Nearly all women had electronic fetal monitoring (EFM) some time during labor (93%). Most women used EFM continuously, and most had only external monitoring around their bellies. Just 6% of the mothers reported that a handheld device, such as a “doppler” or stethoscope, was used exclusively to monitor their baby during labor.

Medical Interventions. While 20% of mothers indicated that they used no medications for pain relief, there were virtually no “natural childbirths” among the mothers we surveyed. Even mothers having a vaginal birth experienced a wide array of medical interventions including: being attached to an electronic fetal monitor continuously or nearly so throughout labor (93%); being connected to an IV line (85%); having their membranes artificially ruptured (67%); being given artificial oxytocin to start or stimulate labor (63%); having a gloved hand inserted into their uterus after birth (58%); using a catheter to remove urine (41%); getting an episiotomy (35%); and having pubic hair shaved (5%). Less than 1% of mothers gave birth without at least one of these interventions, and almost all of these came from the very small group (also less than 1%) of home births in our sample.

Use of Epidurals. Most mothers (63%) reported using epidural analgesia for pain relief during labor, including 59% of those having a vaginal birth and three-fourths (76%) of those with a cesarean birth. Mothers receiving an epidural generally rated them as very helpful (78%) in relieving pain. However, from 26% to 41% of the women were unable to respond to several statements about potential drawbacks of epidurals.

Use of Drug-Free Pain Relief Techniques. Mothers used a variety of “drug-free” methods for pain relief, most commonly breathing techniques (61%) and position changes (60%), but two infrequently cited techniques, immersion in a tub or pool (6%) and taking a shower (8%), were rated most helpful by their users.

Walking in Labor. Once contractions were well-established, most mothers (71%) did not walk around, primarily because they were hooked up to instruments, could not walk because of pain medications, or were told by their caregivers not to walk around.

Eating and Drinking During Labor. Just one woman out of eight (12%) had anything to eat during labor, and one in three (31%) had anything to drink at this time. Far more women expressed an interest in drinking and/or eating, and many reported that their caregivers did not permit eating and/or drinking, even in the case of vaginal births.

Position in a Vaginal Birth. Three out of four (74%) women who give birth vaginally reported that they were on their backs while pushing their baby out and giving birth. The remainder were either in an upright position (23%) (such as propped up, squatting or sitting) or lying on their side (3%).

Method of Vaginal Birth. Almost two-thirds (64%) of mothers had an “unassisted” vaginal birth. Another 11% of mothers had a vaginal delivery that was “assisted” with either vacuum extraction or forceps.

Cesarean Delivery. Almost one fourth (24%) of mothers had a cesarean delivery. About half (51%) of these were planned, predominantly among women with a previous cesarean delivery.

Vaginal Birth After Cesarean (VBAC). Of women with a previous cesarean, about one in four (26%) had a vaginal birth. About two-in-five (42%) women with a previous cesarean were denied the option of a VBAC, with that figure increasing to 58% for mothers who had given birth most recently, during the year before the survey. Medical concerns (unrelated to the uterine scar) and caregiver unwillingness were the leading reasons for denial of a VBAC. A smaller proportion reported hospital unwillingness.

After the Baby is Born

Baby’s Location After Birth. In the first hour after birth, most babies were either in their mother’s arms (40%) or her partner’s arms (13%). Of those babies with hospital staff, most were there for routine care (69%) and the rest for some type of special care (30%). During the hospital stay, most mothers (56%) said they had the baby with them all the time (“rooming in”).

Breastfeeding. About three in five mothers (59%) were exclusively breastfeeding at one week. This was slightly fewer than the two-thirds (67%) who had intended to breastfeed exclusively at the end of their pregnancy. Most said that the hospital staff had encouraged their breastfeeding, though even among those intending to exclusively breastfeed, 80% were given free formula samples or offers, and 47% of their babies were given water or formula to supplement their breast milk.

Feelings about Care During Labor and Birth. Most mothers felt quite positive about their birthing experience, noting that they generally understood what was happening (95%), felt comfortable asking questions (93%), got the attention they needed (91%), and felt they were as involved as much as they wanted to be in making decisions (89%).

Treatment by Caregivers. Mothers generally felt their doctor or midwife had been “polite” (93%), “supportive” (89%) and “understanding” (87%). The most common concern was that their doctors or midwives seemed “rushed” (25%). Assessments of nursing care were similar with fewer, however, feeling “rushed” (16%).

Descriptions of Labor and Birth Experiences. Mothers’ descriptions of how they felt during labor and birth ranged widely with most feeling “alert” (82%) and “capable” (77%), but many also said they felt “overwhelmed” (48%) and “weak” (41%). Experienced

mothers were much more likely to express positive feelings about their birth experience than first-time mothers.

Cesarean Birth and Postpartum Health. Among women who had a cesarean, pain in the area of the incision was the most commonly identified health problem (83%) in the first two months after birth; 25% of these mothers cited this as a major problem, and another 58% cited it as a minor problem. For about 7% of mothers with a cesarean, this problem persisted at least 6 months after birth.

General Postpartum Health. Among all mothers, the most commonly cited postpartum problems were physical exhaustion (76%), sore nipples/breasts (74%), lack of sexual desire (59%), backache (51%), or painful perineum (44%). The problems most likely to persist for at least six months were lack of sexual desire (16%) and physical exhaustion (11%).

Emotional Health After Birth. The Edinburgh Postnatal Depression Scale was administered to the survey participants, and 19% scored 13 or higher, indicating that they were probably experiencing some degree of depression in the week preceding the survey. Just 43% of this group had consulted a professional about their mental health since giving birth.

Competence as a Mother. The overwhelming majority of respondents felt “very” (86%) or “somewhat” (12%) competent as a mother.

Feelings after Birth. Mothers, presented with a list of words describing positive and negative feelings in the weeks and months after birth, had mixed feelings about this period. Most felt “tired” (93%), but “rewarded” (85%), “supported” (84%), “contented” (74%), and “confident” (73%). Although positive feelings predominated overall, at least one woman out of four selected each of the seven negative feelings offered in a list, including “unsure” (39%) and “isolated” (35%).

Looking at Some Important Variations in Experience

Differences in Vaginal and Cesarean Birth Experiences. Compared to women who gave birth vaginally, those with cesareans were less likely to “room-in” with their babies and be breastfeeding at one week, and more likely to experience several health concerns after the birth, including abdominal pain, bladder and bowel difficulties, headaches, or backaches.

Differences Between First-Time and Experienced Mothers. Compared to first-time mothers, experienced mothers were less likely to: attend childbirth education classes, use pain medications and various other labor interventions, report negative feelings during labor, have a physician as birth attendant, or give birth by cesarean. Experienced

mothers also reported feeling more confident as parents, despite being as likely to report feeling “fatigued” and “disorganized” as first time mothers.

Mothers’ Reliance on Personal Experience. Mothers who had given birth before relied primarily on their own experience as an information source on labor pain relief, while first-time mothers relied on a mix of sources, most frequently childbirth classes, their prenatal caregiver, and friends and family members.

Attitudes about Birth and Understanding of Maternity Rights

Attitudes Toward Cesareans. When asked a hypothetical question about choosing a cesarean in the future, even if there were no medical reason, by a margin of more than 5 to 1 (83% to 16%) women preferred a vaginal birth. Women who had recently had a vaginal birth were much less likely to prefer a future cesarean (93% to 6%), while those who had most recently had a cesarean were evenly split.

Attitude Toward Medical Interventions in Birth. A plurality of women (45%) agreed that “giving birth is a natural process that should not be interfered with unless absolutely medically necessary,” while 31% disagreed with that statement and the remainder (24%) were undecided.

Maternity Rights. About one woman in three either had a limited understanding or none at all about her legal right to clear and full information about any offered procedure, test, or drug, and her right to accept or refuse such care. Over one in three reported that she would have liked to have known more about this and other legal rights when receiving maternity care.

Procedures and Methods

Listening to Mothers is the first national U.S. survey of women's childbearing experiences. The survey explored women's attitudes, feelings and knowledge about many aspects of their maternity experiences. It also systematically documented for the first time at the national level the frequency of many aspects of childbearing that have been recorded only at the clinical level, if at all, in the past. Entirely new data items include various practices (e.g., eating, drinking and walking in labor; use of drug-free methods of labor pain relief; birth position), information about maternity preparation and personnel (e.g., attendance at childbirth education classes, specialty of physician caregivers, and providers of supportive care in labor), and outcomes (postpartum morbidity, including depression). The survey also documented many data items that are collected in the federal vital and health statistics system, including some that have been shown in validation studies to be underenumerated on birth certificates and in hospital discharge data. The results of the *Listening to Mothers* survey thus enable an unprecedented level of understanding about many dimensions of the experience of childbearing in the United States.

The *Listening to Mothers* survey was developed through the collaborative efforts of core teams from the Maternity Center Association and Harris Interactive® with the support of the *Listening to Mothers* National Advisory Council. Harris Interactive administered the survey.

One hundred thirty-six mothers were interviewed by telephone, and 1,447 completed an online version of the survey. All 1,583 survey participants had given birth to a single baby (mothers with multiple births were excluded) within twenty-four months of the time of the survey. Apart from questions about reproductive history, the survey focused on the births that had taken place in this period. The interviews, averaging approximately 30 minutes in length, were conducted between May 15 and June 16, 2002. There were many indications that the mothers were exceptionally engaged in the survey and interested in having their voices heard, including their willingness to take more time answering questions than typical survey respondents. To develop a national profile of childbearing women, the data were adjusted with demographic and propensity score weightings using methodology developed and validated by Harris Interactive.

The Maternity Center Association has developed a set of recommendations that are based on these survey results. The recommendations, together with the full text of both the *Listening to Mothers* report and the survey questionnaire, are available on the Maternity Center Association's *Maternity Wise*™ website at: www.maternitywise.org/listeningtomothers/.

Recommendations Based on Results of

Listening to Mothers: The First National U.S. Survey of Women's Childbearing Experiences

Issued by the Maternity Center Association

These recommendations are intended to be reviewed and interpreted in connection with the entire report of the *Listening to Mothers* survey. The full survey report and questionnaire are available online at: www.maternitywise.org/listeningtomothers/.

The *Listening to Mothers* survey found good news in several important areas. The women who took the survey generally felt that caregivers had treated them well and overwhelmingly felt competent as mothers. Nearly all women named sources of supportive care during labor. In other areas, although the news is good for most women, the survey uncovered troubling concerns for a smaller proportion. And survey results identify other concerns that are widespread.

As there are about four million births every year in the U.S. alone, even concerns relating to a relatively small proportion of births have the potential to adversely impact a very large number of women, babies, and families during a critical period in human and family development.

Key Findings and Associated Recommendations

Pregnancy

Continuity of Caregiver

Findings: *29% of the mothers had never, or had only briefly, met the person who delivered their baby, and 16% had four or more people who took the lead in providing prenatal care.*

Recommendation: Research should be undertaken to clarify whether U.S. women desire greater continuity of caregiver, both throughout pregnancy and from pregnancy

through birth; and policymakers, administrators, and clinicians should take steps to increase the likelihood that women experience continuity of caregiver if this is a concern.

Labor and Birth

Appropriate Use of Labor and Birth Interventions and Restrictive Practices

Findings: *A number of labor and birth interventions were experienced by a majority of mothers, including electronic fetal monitoring (93%), intravenous drip (86%), epidural analgesia (63%), artificial rupture of membranes (55%), artificial oxytocin to strengthen contractions (53%), bladder catheterization (52%), and stitching to repair an episiotomy or a tear (52%). Many other interventions were experienced by a significant minority, including attempted labor induction (44%), episiotomy (35% of women with a vaginal birth), and cesarean section (24%).*

To various degrees, the mothers reported a series of restrictions, including prohibitions on eating and drinking during labor, prohibitions on moving about during labor or immobility as a consequence of various interventions, separation of babies and mothers in the first hour after birth for non-urgent care, imposition of formula or water supplementation when mothers wished to exclusively breastfeed, and the requirement that women with a previous cesarean undergo repeat surgical birth.

Recommendations: There is a critical need to address the appropriateness of widespread use of many different labor and birth interventions within the large and primarily healthy population of childbearing women and newborns, as well as the appropriateness of numerous restrictive practices imposed on women and families at this time, through an *evidence-based maternity care* approach with the following steps:

1. Professional organizations, researchers, health plans, and agencies should determine whether adequate research at a high “level of evidence” (notably, well-conducted systematic reviews and randomized controlled trials) exists to clarify indications for use of these interventions and restrictions, including expected benefits, possible risks, and comparison with alternatives.
2. For the many instances where adequate research at a high level of evidence does clarify best current knowledge of effects of interventions and restrictions, steps should be taken to ensure that this knowledge is incorporated into institutional policies and practices, as well as health professions education, educational materials and programs for childbearing women, and reimbursement policies. Best current knowledge provides essential guidance, whether it supports a clear direction to either recommend or avoid a practice, identifies benefit/risk trade-offs, or clarifies that an adequate research base does not currently exist to develop a firm conclusion.

3. Research addressing gaps in knowledge about appropriate use of maternity interventions and restrictions is a high priority. Systematic reviews are needed to clarify existing knowledge about indications for interventions and for restrictions. Primary research, and especially randomized controlled trials, are needed to address gaps in knowledge identified in systematic reviews.
4. Restrictions on mothers' freedom of choice and contact with infants are not acceptable if clear high-level evidence does not exist to support these practices.

“Method of Delivery”

Findings: *Women who gave birth vaginally experienced high rates of use of many interventions and labor practices with established or potential adverse effects. These include: artificially ruptured membranes (67%), epidural analgesia (59%), bladder catheterization (41%), immobility during labor (69%), back-lying positions for giving birth (74%), use of forceps or vacuum extraction (13%), episiotomy (35%), and a perineal tear or cut involving stitching (67%).*

Nonetheless, women who gave birth by cesarean were more likely than women who gave birth vaginally to identify various physical problems as “major” concerns in the first two months after birth, including: urinary tract infection, bowel problems, frequent headaches, and backache.

Recommendations: There is an urgent need to better understand the implications of labor management practices for women's ongoing physical health. To make informed decisions, caregivers and women need access to results of the most rigorous possible research comparing effects of 1) vaginal birth as currently carried out in the U.S., 2) more physiologic and less procedure-intensive vaginal birth, 3) cesarean birth, and 4) normal aging without childbearing. This research needs to consider short-term (e.g., postpartum period), mid-term (e.g., impact on future childbearing), and long-term (later life experiences) effects. Until such knowledge is available, it is inappropriate to suggest that clear knowledge exists about the relative effects of these different situations, to present information that may arouse undue fear, and to restrict women's choice about method of delivery.

Labor Pain Relief

Findings: *Mothers gave high ratings to some pain medications (e.g., 63% using epidural analgesia found it “very helpful” for labor pain relief) and to some infrequently used drug-free measures (e.g., 49% found baths and 32% found showers “very helpful”).*

Mothers gave lower ratings to some widely used pain medications (e.g., just 24% found narcotics “very helpful”) and drug-free measures (e.g., 21% found breathing techniques, “very helpful”).

Although epidural analgesia was the most widely used and best-rated method for labor pain relief, from 38% to 83% of women were either not sure or disagreed with several statements about potential risks of this pain relief method.

Recommendations: These findings have implications for both education and practice:

1. Women, caregivers, and administrators need access to results of the best available research about the effectiveness and possible side effects of both pain medications and drug-free measures for labor pain relief. Women need full and complete information about these matters well in advance of labor and again during labor.
2. Administrators and caregivers should take steps to ensure that laboring women have access to a full range of drug and drug-free methods for labor pain relief, that women are encouraged to select methods according to their preferences, and that facility design, policies and staff support women's decisions.

Mother-Baby Contact in Hospitals after Birth

Findings: 40% of the women reported that their babies had been primarily in their arms in the first hour after birth, and 13% said their babies had been primarily in the arms of their husband or partner. 31% of the mothers reported that their babies had been primarily with hospital staff for routine care at this time

35% of babies were neither rooming-in nor located in neonatal intensive care units.

Recommendations: Hospital policies and practices should be altered to ensure that babies are in their mothers' arms during the immediate period after birth whenever the need for critical care does not require another arrangement.

Rooming-in should be the standard of care whenever babies do not require special care and mothers are able to be primary caretakers.

Adequate Breastfeeding Support

Findings: Although 67% of the women wished to breastfeed exclusively as they neared the end of their pregnancy, only 59% were exclusively breastfeeding one week after giving birth.

Hospital staff gave formula samples or offers to 80% of women who wished to breastfeed exclusively, and 47% of mothers who wished to breastfeed exclusively said that their infant was provided water or formula while in the hospital.

Recommendation: Breastfeeding support consistent with the Baby-Friendly Hospital Initiative (www.cdc.gov/breastfeeding/compend-babyfriendlywho.htm) should be

provided to women who wish to breastfeed their infants during the critical hours and days after birth, and beyond.

After the Birth

Postpartum Physical Health Problems

Findings: *Women experienced a broad range of physical health concerns in the first two months after birth, and many women identified “major” health problems.*

Many new-onset physical health problems persisted to at least six months after the birth, and the great majority were never brought to the attention of a caregiver.

Recommendation: As maternity care services conventionally end six weeks after women give birth, health service administrators, policy-makers, and educators should ensure that women who have given birth have access to appropriate and adequate care to address their ongoing physical and mental health concerns.

Maternal Depression

Findings: *19% of mothers were likely to be suffering some degree of depression in the week preceding the survey on the basis of the validated Edinburgh Postnatal Depression Scale.*

Women who had given birth from 19 to 24 months before taking the survey were almost as likely to score as probably having been depressed (20%) as those who had given birth within six months of taking the survey (23%).

Recommendations: There is a pressing need to understand why a large proportion of mothers apparently experiences depression through at least the first two years after birth, and to identify ways to reduce the incidence and limit consequences of maternal depression.

All health providers who care for women should be fully educated about the best available evidence regarding maternal depression, including ways to prevent, predict, promptly identify and treat depression and its sequellae in the period after birth.

Pre-pregnancy, prenatal and postpartum health care visits should include screening for risk factors associated with postpartum depression, and guidance as appropriate.

Women’s health care providers, as well as pediatricians and other providers of child health services, should routinely screen women with infants and toddlers for postpartum depression, and provide referrals for mental health services and other support resources as appropriate, understanding that these problems may persist well beyond the immediate postpartum period.

Overall

Women's Maternity Rights and Responsibilities

Findings: *About one-third of all of the mothers reported that they either had a limited understanding or none at all about their legal right to clear and full explanations of any procedure, drug or test offered to them, and their right to refuse or accept any care offered to them.*

More than one-third of mothers said they would have liked to have known more about these and other legal rights.

Recommendations: Caregivers, facilities, and childbirth educators should provide women with clear information about their right to fully informed consent, and caregivers and facilities should fully implement ethical and legal standards for informed consent.

Childbearing women should take responsibility for making, or participating in making, informed maternity decisions by educating themselves about maternity care practices and options and making care arrangements consistent with their preferences. Whenever possible, learning and clarification of preferences should occur well before the time of decision-making. Women should be prepared to advocate on their own behalf and on behalf of their babies.

Regular and Systematic Input from Women as Essential

Findings: *91% of mothers were willing to participate in follow-up survey research, and 52% took the opportunity to write open-ended comments. By systematically identifying the attitudes, opinions, knowledge, and experiences of childbearing women, the Listening to Mothers survey provides a more complete picture of the maternity experience in the U.S. than has been previously available, and identifies ways to improve this experience.*

Recommendation: Feedback and input from childbearing women should be obtained and incorporated into all dimensions of the maternity care system, including design and quality improvement of provider group, hospital, and health plan services; the content and structure of health professions education; the planning and implementation of research; and media coverage of maternity issues. Periodic national surveys should be conducted over time to allow for a more comprehensive charting of trends in maternity care.