



Helping women and health professionals  
make informed maternity care decisions



# ***Listening to Mothers III***

## **National Survey Results by Primary Payer and Race/Ethnicity**

Secretary's Advisory Committee on  
Infant Mortality Meeting  
April 24-25, 2013

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Executive Director  
Childbirth Connection

# Childbirth Connection

- National not-for-profit organization founded in 1918 as Maternity Center Association
- Our 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

# Maternity Care is Procedure-Intensive and Costly

Milbank Report, *Evidence-Based Maternity Care* (2008)

Deficiencies include:

**Overuse** of many practices that entail harm and waste for mothers, babies, and the system at large (e.g., elective induction, cesarean section)

**Underuse** of effective, high-value practices that would improve outcomes (e.g., breastfeeding, smoking cessation, vaginal birth after cesarean, continuous labor support)

**Broad variations in care**, outcomes, and costs, unwarranted by health status or women's preferences

# Transforming Maternity Care Project

- Multi-year collaboration with more than 100 national health care quality leaders
- Published two direction-setting papers in *Women's Health Issues*, 2010
  - **“2020 Vision for a High-Quality, High-Value Maternity Care System”** describes values, principles and goals for a high-performing maternity care system
  - **“Blueprint for Action”** recommends action steps for moving toward the vision

# Reports Issued in 2013

Major policy reports released for maternity care stakeholders

THE COST OF HAVING A BABY  
IN THE UNITED STATES

TRUVEN HEALTH ANALYTICS MARKETSCAN® STUDY

Prepared for:  
Childbirth Connection  
Catalyst for Payment Reform  
Center for Healthcare Quality and Payment Reform

January 2013

TRUVEN  
HEALTH ANALYTICS

CHILD BIRTH CONNECTION since 1918

THE HEALTH CARE COSTS NEEDS OF CATALYST FOR PAYMENT REFORM

CENTER FOR HEALTHCARE QUALITY & PAYMENT REFORM

Maternity Care  
and Liability:  
Pressing Problems,  
Substantive Solutions

CHILD BIRTH CONNECTION since 1918

Carol Sakala Y. Tony Yang Maureen P. Corry January 2013

# Listening to Mothers III

## Listening to Mothers III Pregnancy and Birth



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



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May 2013

- Conducted by Harris Interactive® for Childbirth Connection, October-December 2012
- Funded by W.K. Kellogg Foundation and guided by National Advisory Council
- National survey of 2,400 women, 18-45 years, who gave birth to a single baby in U.S. hospitals between July 1, 2011 and June 30, 2012
- Data adjusted to reflect target population and propensity to be online

# Factors in Choice of Maternity Care Provider, by Payer

How much of a factor was each of the factors below in your choice of the maternity care provider or group for your recent prenatal care?

	Medicaid or CHIP		Private insurance	
	Major factor	Minor factor	Major factor	Minor factor
<b>Top 3 Factors</b>				
Accepts my health insurance	83%	14%	90%	8%
Was a good match for what I value and want	70%	19%	71%	18%
Attends births at a hospital I like	66%	20%	71%	19%
<b>Greatest difference, by payer</b>				
Was assigned to me as my maternity care provider	46%	25%	28%	22%

# Use of WIC Services, by Payer

During your recent pregnancy, were you on WIC?

(All participants)	Medicaid or CHIP	Private insurance
Yes	81%	23%
No	19%	77%

How many months pregnant were you when you started on WIC?

(Base: prenatal use of WIC)	Medicaid or CHIP	Private insurance
I was already on WIC when recent pregnancy began	24%	13%
1 to up to 4 months	47%	43%
4 to up to 6 months	17%	26%
6 to up to 9 months	10%	14%
Not sure	2%	4%



# Need and Use of Special Services, by Payer

During your recent pregnancy, did you feel you needed, and (among those who did) did you receive any of the following services?

	Medicaid or CHIP		Private insurance	
	Needed	Received	Needed	Received
Food stamps, WIC food vouchers, or money to buy food	77%	93%	22%	81%
Counseling for nutrition	25%	83%	21%	79%
Treatment for depression	21%	67%	10%	78%
Help to quit smoking	15%	59%	7%	66%

# Use of Electronic Devices During Pregnancy, by Payer

Which of the following electronic devices do you use at least once during a typical week? (please select all the apply)

	Medicaid or CHIP	Private insurance
Laptop or desktop computer with internet access	78%	88%
Smartphone with internet access	61%	66%
Regular mobile phone with text message capability and internet access	36%	30%
Tablet computer (iPad, Kindle, etc.) with internet access	24%	43%
iPod Touch with internet access	18%	22%

# Participation in Childbirth Education, by Payer

Did you take any childbirth education classes during your recent pregnancy?

	<b>Medicaid or CHIP</b>	<b>Private insurance</b>
Yes	28%	38.5%
No	72%	61.5%

# Use of Doula Care, Knowledge of Doula Care, Interest in Having a Doula, by Payer

	Medicaid or CHIP	Private insurance
Used doula	6%	6%
Had clear understanding of this type of care and caregiver (base: did not use a doula)	51%	66%
Had never heard about this type of caregiver (base: did not use a doula)	36%	19%
Would have like to have had care of doula (base: did not use a doula and had a clear understanding of doula care)	35%	21%

# Attitudes Toward Medical Interventions, by Payer

How much do you agree or disagree with the following statement?  
Giving birth is a process that should not be interfered with unless medically necessary. Do you ...

	Medicaid or CHIP	Private insurance
... agree strongly?	39%	32%
... agree somewhat?	21%	30%
... neither agree nor disagree?	28%	22%
... disagree somewhat?	6%	11%
... disagree strongly?	7%	6%

# Pressure from Health Professional to Have Medical Interventions, by Payer

	Medicaid or CHIP	Private insurance
... an epidural?	15%	13%
... labor induction?	13%	12%
... a cesarean?	12%	11%

- Overall, 25% of women that actually had labor induction reported pressure compared to 8% that did not have induction
- Overall, 8% of mothers who did not have cesarean experienced pressure for surgery versus 25% of mothers who did have a cesarean

## Induction of Labor, by Payer

Did your maternity care provider try to induce your labor? That is, did your provider try to cause your labor to begin by the use of drugs or some other technique?

	Medicaid or CHIP	Private insurance
Yes	46%	36.5%
No	54%	63.5%

## Reasons for Medical Induction, by Payer

Why did your maternity care provider try to cause your labor to begin? (please select all that apply)

	Medicaid or CHIP	Private insurance
Baby was full term/it was close to my due date	44%	45%
A care provider was concerned that I was “overdue”	19%	18%
I had a health problem that required quick delivery of the baby	16%	17%
I wanted to get the pregnancy over with	15%	19%
A care provider was concerned that the amniotic fluid around the baby was low	14%	8%
A care provider was concerned about the size of the baby	13%	18%
My water had broken and there was a fear of infection	12%	11%
A care provider was concerned that baby was not doing well and needed to be born soon	12%	8%
I wanted to control the timing for work or other personal reasons	10%	12%
I wanted to give birth with a specific provider	9%	9%
Some other reason	9%	10%



# Knowledge of Labor Induction Complications, Overall Results

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## Mothers' knowledge of labor induction complications

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How much do you agree or disagree with each of the following statements concerning medical induction of labor, that is, using drugs or other methods to try to cause labor to begin?

<i>n=1200</i>	Disagree Strongly	Disagree Somewhat	Agree Somewhat	Agree Strongly	Not sure
If a baby appears to be large at the end of pregnancy, it make sense to induce labor	12%	17%	32%	24%	15%
Labor induction lowers the chance that a woman will give birth by cesarean	18%	24%	21%	11%	26%

Note: each participant was randomly presented either cesarean knowledge (Table 17) or labor induction knowledge (this table) questions.

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# Knowledge of Cesarean Complications, Overall Results

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## Mothers' knowledge of cesarean section complications

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### A cesarean section...

<i>n=1200</i>	Disagree strongly	Disagree somewhat	Agree somewhat	Agree strongly	Not sure
Increases the chance of serious problems with the placenta in any future pregnancies	8%	15%	24%	15%	38%
Lowers the chance that a baby will have breathing problems at the time of birth	14%	18%	18%	12%	37%

Note: each participant was randomly presented either cesarean knowledge (this table) or labor induction knowledge (Table 18) questions.

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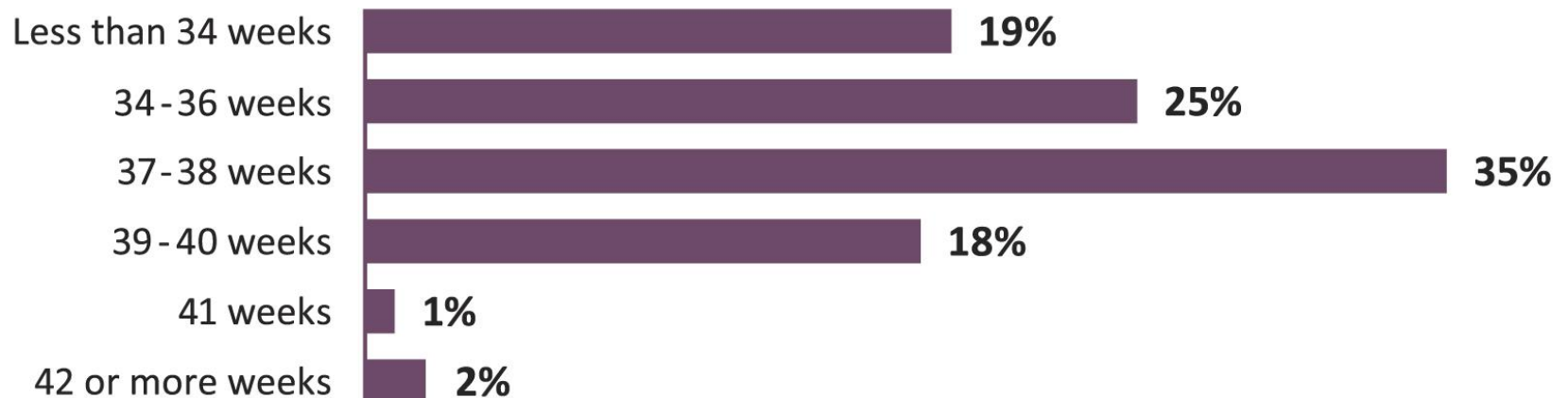
# Mothers' Knowledge About Safe Gestational Age for Babies to be Born, Overall Results

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Mothers' identification of earliest week in pregnancy when it is safe to deliver a baby should complications not require an earlier delivery

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Base: all mothers *n*=2400



## Mode of Birth, by Payer

	Medicaid or CHIP	Private insurance
Total vaginal birth	69%	68%
vaginal birth, no prior cesarean	66%	67%
vaginal birth after cesarean (VBAC)	3%	2%
Total cesarean	31%	32%
primary cesarean	15%	15%
repeat cesarean	16%	17%

## VBAC – Interest and Access, by Payer

(Base: recent birth cesarean and one or more past cesarean)	Medicaid or CHIP	Private insurance
Was interested in option of VBAC	44%	45%
Had option of VBAC	40%	45%

What was the reason that you didn't have the option of a vaginal birth after cesarean (or VBAC)? (please select all that apply)

(Base: did not have option of VBAC)	Medicaid or CHIP	Private insurance
A medical reason for this cesarean other than or in addition to my prior cesarean	39%	48%
My caregiver was unwilling to do a VBAC	27%	20%
My hospital was unwilling to allow a VBAC	14%	15%
Other	19%	22%
Not sure	7%	10%

# Shared Decision Making After Cesarean, by Payer

- Women with one or two prior cesareans were more likely to be told about reasons to have repeat surgery (74%) rather than reasons not to have it (35%).
- 62% of caregivers presented Medicaid moms with the framework for choice of how to give birth in this situation vs. 81% of privately insured moms; 87% of caregivers made a recommendation, which overwhelmingly was for repeat cesarean.
- 30% of mothers with Medicaid vs. 9% of privately insured moms felt the decision to have cesarean had been the provider's, and fewer Medicaid moms (57% vs. 73% of privately insured moms) said they would definitely go with the same decision if they had it to do over.
- High concordance between what caregivers recommended and the type of birth that the women had.

# Breastfeeding Intention and Infant Feeding One Week After Birth, by Payer

As you came to the end of your pregnancy, how had you hoped to feed your baby?

	Medicaid or CHIP	Private insurance
Breast milk only	47%	61%
Formula only	23%	15%
Both breast milk and formula	31%	24%

One week after you gave birth, how were you feeding your baby?

	Medicaid or CHIP	Private insurance
Breast milk only	42%	57%
Formula only	30%	18%
Both breast milk and formula	28%	25%

# Hospital Support for Breastfeeding, by Payer

Did the nurses and other staff at the hospital ... (please select all that apply)

Base: intended exclusive or partial breastfeeding	Medicaid or CHIP	Private insurance
... help you get started breastfeeding when you and your baby were ready?	78%	81%
... encourage you to feed whenever your baby was interested (on demand)?	64%	69%
... Show you how to position your baby to limit nipple soreness?	64%	64%
... give you any free formula samples, coupons, or other offers?	55%	54%
... tell you about breastfeeding support resources in the community?	47%	53%
... give your baby a pacifier?	46%	38%
... provide formula or water to supplement your breast milk?	39%	35%
... none of these?	3%	2%



## New-Onset Physical Problems in First Two Months and at Six or More Months After Birth, by Payer

	Medicaid or CHIP			Private insurance		
	... in 1st 2 months after birth?		... still a problem now?	... in 1st 2 months after birth?		... still a problem now?
	Minor problem	Major problem	(persisting to time of survey)	Minor problem	Major problem	(persisting to time of survey)
Pain at site of cesarean incision (base: cesarean birth)	36%	20%	32%	44%	15%	20%
Infection at site of cesarean incision (base: cesarean birth)	19%	7%	21%	14%	7%	18%
Infection from cut or torn perineum (base: vaginal birth)	13%	5%	26%	9%	5%	27%

## Variation in Demographics, by Race/Ethnicity

	<b>White non-Hispanic</b> <i>n=1279</i>	<b>Black non-Hispanic</b> <i>n=356</i>	<b>Hispanic</b> <i>n=532</i>
Medicaid/other government program primary source of payment*	38%	63%	64%
On WIC during pregnancy*	38%	70%	67%
At birth, unmarried with partner*	24%	55%	36%
At birth, unmarried with no partner*	5%	13%	7%

\*p < .01 for difference between mothers across race/ethnicity groups

## Variation in Attitudes, by Race/Ethnicity

	<b>White non-Hispanic</b> <i>n=1279</i>	<b>Black non-Hispanic</b> <i>n=356</i>	<b>Hispanic</b> <i>n=532</i>
Birth should not be interfered with unless medically necessary*	57%	69%	54%
Quality of U.S. maternity care good or excellent*	82%	86%	84%

\* $p < .01$  for difference between mothers across race/ethnicity groups

## Variation in Prenatal Experiences, by Race/Ethnicity

	<b>White non-Hispanic</b> <i>n=1279</i>	<b>Black non-Hispanic</b> <i>n=356</i>	<b>Hispanic</b> <i>n=532</i>
Pregnancy unplanned*	30%	47%	41%
Had at least one group prenatal visit*	16%	30%	27%
Maternity care provider rated as “completely trustworthy”*	51%	52%	36%
Prenatal provider told her she had gestational diabetes*	14%	19%	21%
Had ≥ six pregnancy ultrasounds*	20%	30%	25%

\*p < .01 for difference between mothers across race/ethnicity groups

# Variation in Prenatal Experiences, by Race/Ethnicity

	<b>White non-Hispanic</b> <i>n=1279</i>	<b>Black non-Hispanic</b> <i>n=356</i>	<b>Hispanic</b> <i>n=532</i>
Took childbirth classes, first-time mothers*	61%	58%	53%
Pregnancy and childbirth websites very valuable information source*	53%	62%	57%
Received regular text messages with pregnancy and childbirth information*	20%	42%	30%
Needed help with food during pregnancy*	38%	53%	68%
Tried to self-induce	28%	33%	28%
Health professional attempted induction	42%	36%	41%

## Variation in Intrapartum and Postpartum Experiences, by Race/Ethnicity

	White non-Hispanic <i>n</i> =1279	Black non-Hispanic <i>n</i> =356	Hispanic <i>n</i> =532
Did not use doula, had clear understanding of doula care, and would have liked to have had doula care*	22%	39%	30%
Had none among five major labor and birth interventions*	10%	18%	15%
Did not meet birth attendant until birth*	18%	26%	27%
First-time mother had a cesarean	27%	24%	25%
Baby was in mother's/partner's arms after birth*	65%	59%	60%
Had rooming in	61%	59%	59%

# Variation in Intrapartum and Postpartum Experiences, by Race/Ethnicity, cont.

	<b>White non-Hispanic</b> <i>n=1279</i>	<b>Black non-Hispanic</b> <i>n=356</i>	<b>Hispanic</b> <i>n=532</i>
Always or usually treated poorly in hospital due to race, ethnicity, cultural background, or language*	3%	10%	7%
Intended to breastfeed and hospital provided formula or water supplements*	32%	45%	38%
Intended to breastfeed and hospital provided formula samples or offers*	52%	64%	49%
Intended to exclusively breastfeed*	59%	43%	50%
Exclusive breastfeeding at 1 week*	51%	49%	48%
Pain interfered quite a bit or extremely with routine activities in 1st 2 months, vaginal birth*	7%	12%	10%
Pain interfered quite a bit or extremely with routine activities in 1st 2 months, cesarean birth*	22%	35%	24%

# Conclusions:

## Concerns About Care not Supported by Best Evidence or Best Practice

- High rate of adjusting due date at end of pregnancy (mostly moving it forward); large proportion of labor induction for non-medical reasons; considerable caregiver support for labor induction and cesarean section for suspected big baby
- Failing to present VBAC as an option for many women with one or two prior cesareans; considerable proportion of care providers and hospitals unwilling to offer VBAC
- Considerable experience of caregiver pressure to have induction, cesarean, epidural; most moms with episiotomy did not have a say in it



# Conclusions:

## Concerns About Care not Supported by Best Evidence or Best Practice

- More than six in ten women had two or more among five major consequential intrapartum interventions; evidence of “cascade of intervention” with one appearing to increase likelihood of others; 2/3 of women with vaginal birth gave birth lying on their backs
- One baby in four primarily with hospital staff for routine care in first hour after birth; more than 2 babies in 5 were not “skin-to-skin” with mothers when mothers first held them
- Many mothers experienced ill-advised hospital practices that undermine breastfeeding

# Conclusions:

## Concerns About Women's Knowledge and Informed Decision Making

- A majority could not correctly identify two adverse effects of labor induction and cesarean section; a majority identified unsafe gestational ages as safest time to deliver a baby, absent complications
- Despite quality concerns noted above, 47% rated maternity care providers as “completely trustworthy” and additional 33% as “very trustworthy”
- Despite quality concerns noted above, 36% rated quality of maternity care in U.S. as excellent and 47% as good.

# *Listening to Mothers Surveys:* Guideposts that can help accelerate improvement

- Close gaps between actual and more optimal experiences through policy, practice, research and education.
- Expand clinical, public health, performance measurement, QI, and family support policies at all levels.
- Enhance ability of maternity care system to protect, promote, and support physiologic childbirth for this largely healthy population of women and their fetuses/newborns.
- Engage and activate childbearing women to become informed, understand their rights, and make wise decisions; mothers need access to skills and tools to take these steps forward, including knowledge about quality maternity care, high-quality decision aids and shared decision making, critical appraisal skills, and help in navigating the maternity care system.



# Thank You!

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