FROM PREGNANCY TO POLICY
The Experiences of Birthing People in the United States

The AAMC Center for Health Justice asked a nationally representative sample of 1,206 people who had given birth in the last five years about their experiences. What they had to say revealed inequities in mental health care, discrimination, and access to resources like paid leave.

People who are younger, with lower income, living in rural areas, and LGBTQ+ were most likely to report a less than ‘good’ birthing experience.

Birthing experiences rated ‘fair’ or ‘poor’ by demographics:

- All birthing people: 20%
  - Millennials*: 18%
  - Gen Z: 28%
- Income: ≤$50K*: 25%
  - Income: >$100K*: 11%
- Urban*: 17%
  - Rural: 25%
- Straight*: 18%
  - LGBTQ+: 30%

Though anxiety and depression are the most common postpartum complications, Hispanic people are screened for them at lower rates.

Birthing people reporting postpartum complications:

- Any complication: 66%
- Mental health complications: 38%
- Lactation/breastfeeding: 36%
- Physical complications: 23%

Birthing people not screened for depression or anxiety-related conditions during or after pregnancy:

- All birthing people: 30%
  - Hispanic*: 38%
  - Non-Hispanic White: 25%
  - Income: ≤$50K*: 34%
  - Income: >$100K*: 21%
  - Unemployed*: 40%
  - Working: 27%

Mental health is the most reported postpartum complication, but 30% of birthing people were never screened for mental health problems during or after pregnancy.
People who are Black, Hispanic, younger, with lower income, or LGBTQ+ were more likely to feel that their care was affected by experiences of bias or discrimination.

Rate of reporting bias or discrimination of any kind that impacted the quality of their pregnancy, childbirth, or postpartum care:

- **All birthing people**: 37%
- **Non-Hispanic White**: 34%
- **Hispanic**: 44%
- **Non-Hispanic Black**: 46%
- **Millennials**: 37%
- **Gen Z**: 47%
- **Income: $100K+**: 27%
- **Income: <$50K**: 42%
- **Straight**: 35%
- **LGBTQ+**: 51%

More than 1/3 are likely to experience some level of bias or discrimination that impacts the quality of their pregnancy, childbirth, and postpartum care.

The confluence of social factors that impact the experiences of people who give birth in the U.S. requires policy solutions. The AAMC Center for Health Justice is bringing together policymakers, clinicians, communities, and sectors — like housing and law — to end health inequities for birthing people.

Read the research brief and register for the MATERNAL HEALTH INCUBATOR MAY 24–25