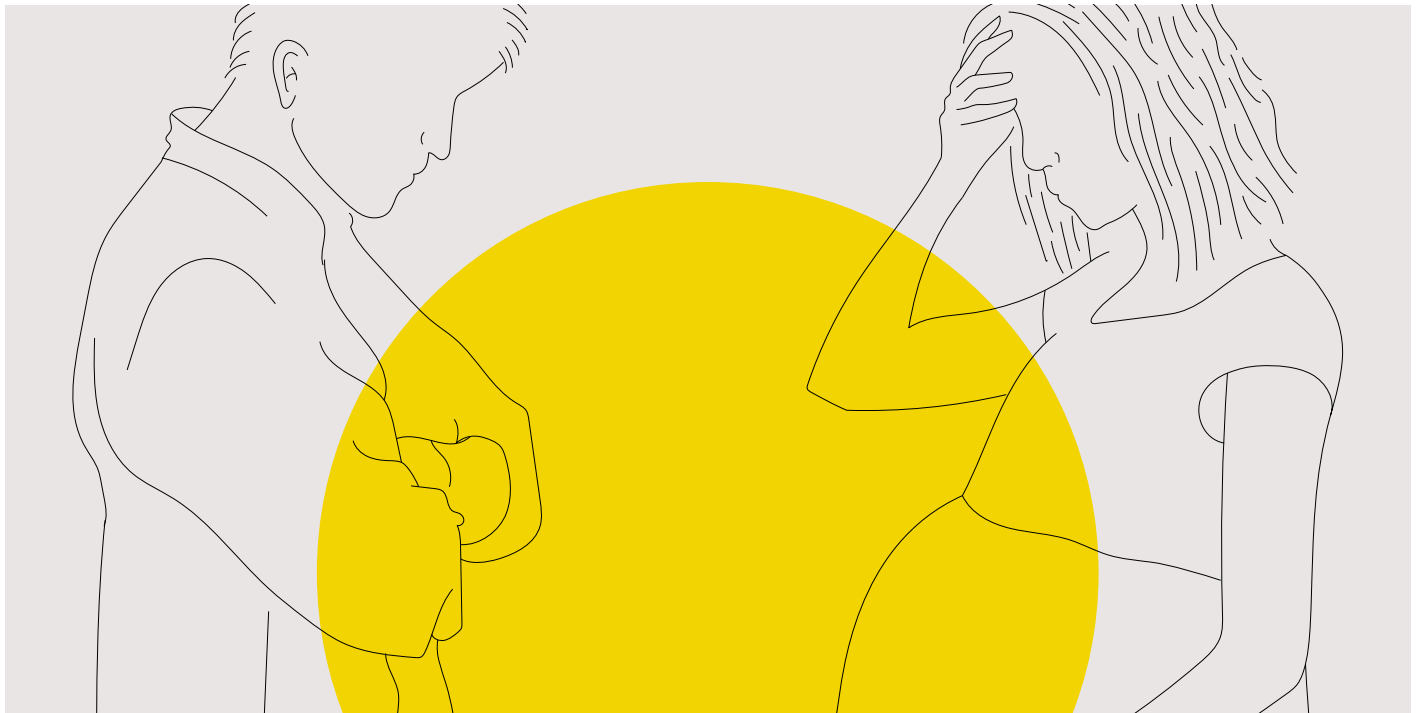


# EXPECTANT PARENTS FACED PRENATAL CARE CHALLENGES OVER THE LAST FEW YEARS

These survey results are based on responses collected from 1,001 survey participants who were either currently pregnant or who had had a baby since March 2020. Data was gathered between May 2021 and June 2023.

Prenatal care is critical for reducing the complications for both babies and pregnant people. In 2019, the maternal mortality rate in the U.S. was higher than many other industrialized countries – in that year there was one death for every 5,000 live births.

That rate rose during the COVID-19 pandemic, to almost one death for every 3,000 live births. The rate of babies who died before they turned a year old also rose in 2022 for the first time in 20 years.



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This fact sheet explores important drivers of these increases in deaths: obstacles in accessing prenatal care and education during the pandemic, as well as how pregnant people viewed their interactions with doctors.

It is important to acknowledge that there is extensive evidence of disparities based on race and ethnicity regarding experiences during pregnancy, delivery,

and perinatal maternal and child outcomes. Moreover, research indicates that there are numerous social determinants of these differential experiences and outcomes. In upcoming fact sheets, RAPID will explore the experiences of Black and Latinx expectant parents during pregnancy, postpartum, and in accessing prenatal healthcare. Those experiences and parent voices merit their own fact sheet.

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**“I was unable to take my older kids with me to doctor appointments, no visitation in the hospital, and I was unable to have my usual support team for the delivery. I was also unable to take birth classes this time.”**

Parent in Nevada

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## THE PANDEMIC CREATED CHALLENGES TO ACCESSING PRENATAL CARE

Obtaining healthcare during the COVID-19 pandemic was challenging due to office closures, canceled appointments, difficulties accessing telehealth appointments, and concerns over being exposed to the virus.

Between May 2021 and June 2023, 39% of expectant parents reported that they had at least one canceled prenatal

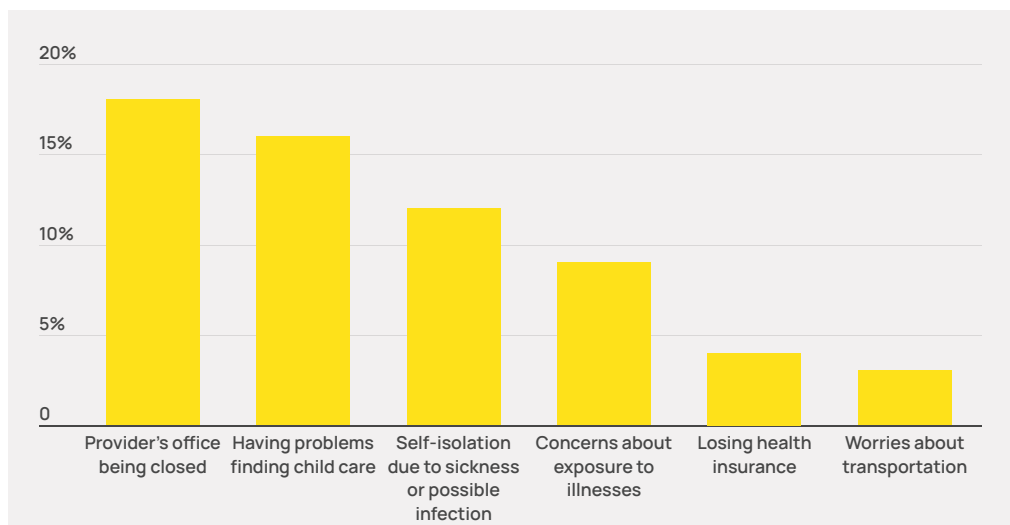
appointment, which could have been due to office closures/rescheduling, trouble finding care for other children, worries about COVID-19 exposure, or health insurance or transportation issues. Eighteen percent reported that the closure of a provider’s office was the reason for their disrupted prenatal care. During this time, it was common for offices to limit the people in the healthcare setting to just the patient,

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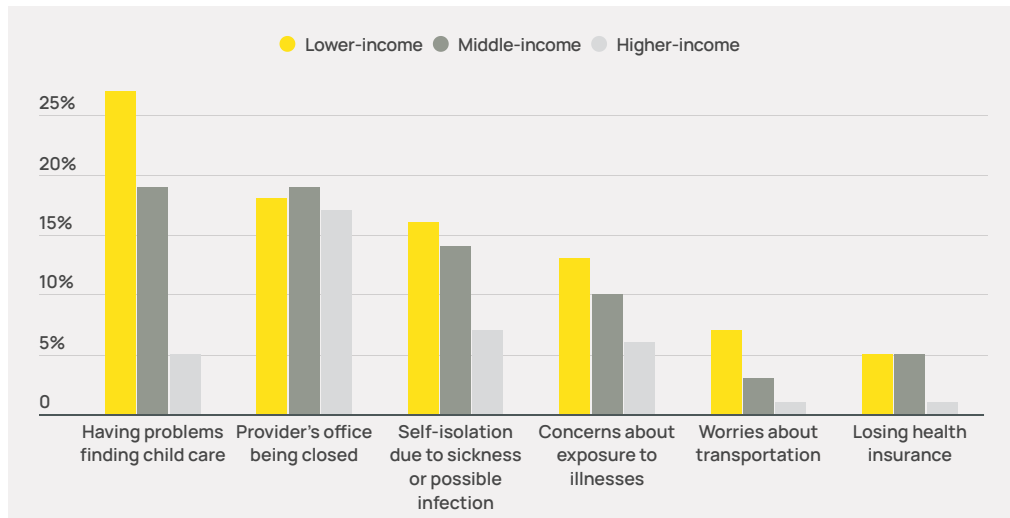
**“There was less ability to find care, or if care was available, it was harder to access, [such as] lactation support, doctor visits for baby, and birthing support at the hospital. [I] couldn’t have family support because of the lockdown.”**

Parent in Oregon

Reasons why pregnant people canceled or delayed prenatal care during the COVID-19 pandemic, all participants



Reasons why pregnant people canceled or delayed prenatal care during the COVID-19 pandemic, by income levels



which created challenges for parents to find care for other children so that they can attend appointments. Sixteen percent of expectant parents reported that they were unable to attend their appointments because of difficulty finding care for other children.

We found that expectant parents living in lower-income (below 200% of the federal poverty level) and middle-income (between 200–400% of the federal poverty level) households were more likely to experience these challenges than those living in higher-income households.

## EXPECTANT PARENTS ALSO FACED CHALLENGES IN ACCESSING EDUCATION AND SUPPORT

Many services and supports aimed at preparing parents for birth and a new baby, such as childbirth classes, new parent support groups, prenatal yoga, and breastfeeding support, have traditionally been offered as in-person experiences. During the pandemic, many were either canceled or only offered virtually. Not only are these opportunities important educational experiences, but they can also play a part in supporting the mental health and well-being of expectant parents.

But concerns over the risks of contracting COVID-19 kept many expectant parents from attending in-person services and supports. Those concerns are warranted – pregnant people have an increased chance of experiencing severe illness from COVID-19. The risk of complications, such as preterm birth, also increases after contracting COVID.

Overall, 76% of expectant parents shared that they chose not to attend in-person educational and support opportunities

“Fue más estresante de lo normal. Tenía miedo de enfermarme con COVID-19. Mi esposo no podía ir a las citas conmigo. Nadie pudo visitarnos en el hospital. No podíamos salir a hacer compras. Fue muy diferente. Pero nos dio más tiempo para estar juntos.”

Parent in Maryland

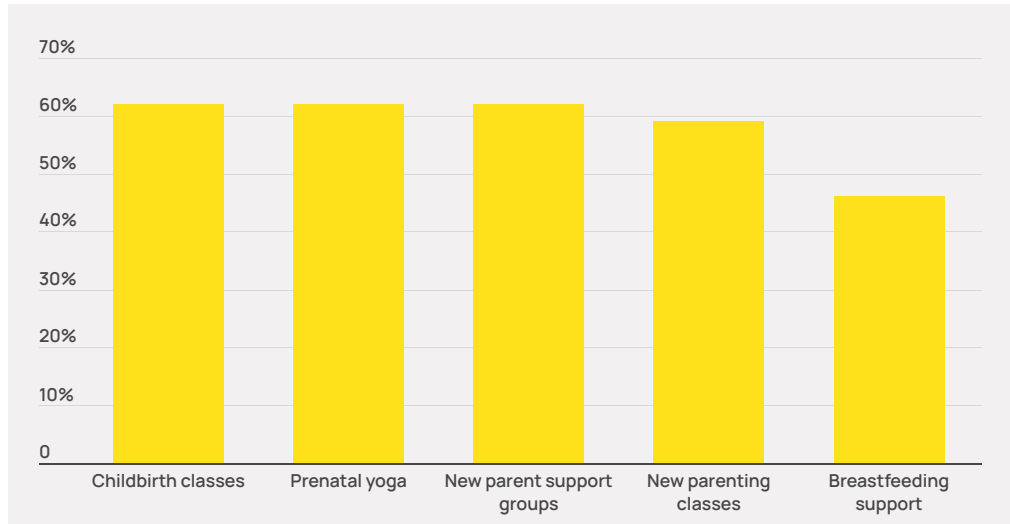
“Pregnancy was easier being able to stay home. Newborn life was harder since it’s already very isolating, and COVID made that worse. No new mothers groups or anything.”

Parent in Pennsylvania

during the pandemic because of concerns about the risks to their safety. Interestingly, in 2023, the proportion of parents who reported they chose not to attend these

in-person experiences due to concern about illnesses and safety was greater than earlier in the pandemic in 2021–2022.

Types of in-person experiences pregnant people chose not to attend due to safety concerns




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**“I really wish I could have gone to a breastfeeding group to meet other new parents and learn more about breastfeeding during the early days. I also missed having the physical and emotional support of friends and family in person.”**

Parent in Maine

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## MOST EXPECTANT PARENTS FELT RESPECTED BY THEIR DOCTOR AND INFORMED ABOUT THEIR CARE. BUT FOR MANY, MORE IMPROVEMENTS IN THESE SERVICES ARE NEEDED

The vast majority of parents felt their doctor respected them and kept them well-informed about their health and prenatal care.

But only 21% felt their doctor spent enough time listening to them and answering their questions. Similarly, only 30% reported that their doctor prepared them for labor and delivery and less than half (45%) reported that their doctor prepared

them for breastfeeding. This suggests that, while doctors may provide relevant information to expectant parents, more could be done to listen and prepare parents for labor, delivery, and postpartum.

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**“I have completely isolated myself and [my daughter] out of fear [of COVID].”**

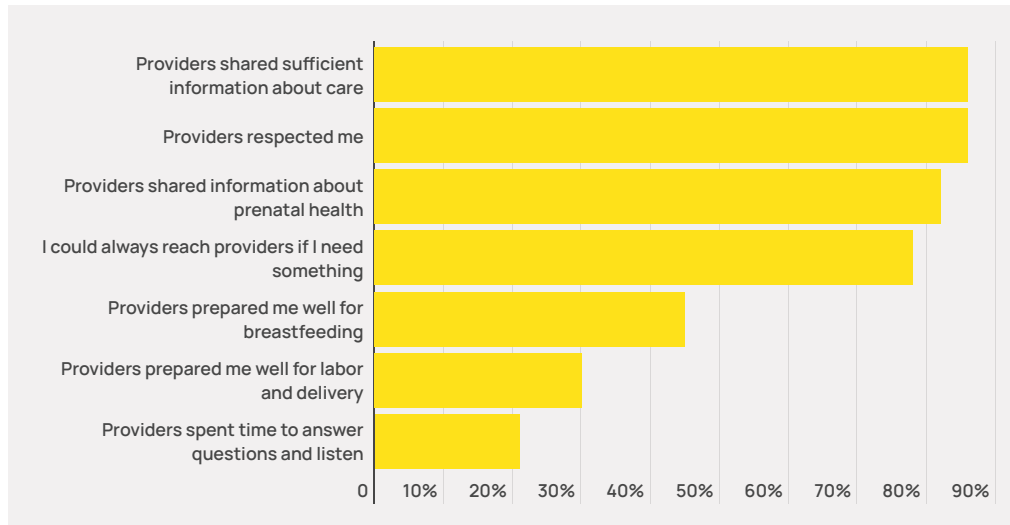
Parent in Oklahoma

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**“I was seen a lot less frequently than my first pregnancy and was very stressed about contracting COVID during my pregnancy.”**

Parent in Pennsylvania

Types of support pregnant people reported their healthcare providers gave them



**“It was extremely isolating being unable to attend prenatal visits with my spouse, being alone through the frequent tests, [and] being isolated in recovery and in the postpartum period at home. It was exhausting, sad, and extremely lonely.”**

Parent in New York

## CONCLUSION

The pandemic created challenges to accessing prenatal healthcare, educational, and support opportunities. Although most expectant parents felt their doctor kept them informed about their care, they also felt that their providers underprepared them for childbirth and breastfeeding. Obstacles in access to prenatal care and not getting enough time with a doctor could have implications on the health of expectant parents and their babies.

RAPID previously reported on the ways in which the pandemic interrupted healthcare for families with young children. We will continue to keep an eye on these experiences after the pandemic, focusing on any trends or changes, and what parents of young children say they need the most.

**“It was hard to get appointments at my regular OB office, so I often had to travel further to another office. They often canceled and rescheduled appointments. I went longer between appointments than I did with previous pregnancies, and questions about how my blood clot problem would affect my pregnancy often went long periods of time without being answered.”**

Parent in Virginia

# ABOUT THE RAPID SURVEY PROJECT

RAPID is under the direction of Philip Fisher, PhD, Director of the Center on Early Childhood at Stanford University

Data presented in this fact sheet are based on RAPID household surveys.

Analyses are based on responses collected from 1,001 mothers who were either currently pregnant or who had had a baby since March 2020. Data were collected between May 2021 and June 2023. These caregivers represent a range of voices: 7% are Black/African American, 11% are Latinx, and 29% live at or below 200% of the federal poverty level.

Proportions/percentages are calculated based on the item-level response rates, not on the total sample. The data for these analyses are not weighted.

The RAPID project includes a survey of caregivers with children under age 6 and

a survey of child care providers and other adults who care for children under age 6.

These surveys are designed to gather essential information continuously regarding the needs, health-promoting behaviors, and well-being of children and their families and important adults in their lives.

RAPID collects data monthly from 1,000 caregivers and child care providers in all 50 states. The surveys are national in scope, though not technically nationally representative. RAPID collects snapshots of data across time and can also assess trends longitudinally.

For more information about RAPID study design and methods, [see here](#).

7,000+

Providers

19,000+

Households

50

US States

