



Safe Motherhood
Week Europe

April 2016

Safe Motherhood Week

Survey to understand the perception of pregnancy among women from a selection of 7 countries in Europe



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A pregnant woman with brown hair tied back with a white bow, wearing a pink tank top, is shown in profile, smiling and holding her belly. The background is a blurred bookshelf. The entire image has a light purple overlay.

1. INTRODUCTION

Perceptions of pregnancy among women from a selection of countries in Europe

Foreword

As a society, we all want motherhood to be a safe, healthy and fulfilling experience. Pregnancy should be one of the most memorable times that we go through as parents; memorable in the positive sense that is. Unfortunately, in Europe, one of the most economically developed regions in the world, the social and health systems do not yet provide the level of support needed by mothers and parents.

Maternal mortality is often seen solely as a problem for the developing world. This is not the case: in 2013 alone, there were 1,900 maternal deaths in Europe.¹

- In a Europe of ageing populations and decreasing birth rates that is struggling to build resilient and effective health systems, too many women still die or face complications during pregnancy and childbirth.

- In a Europe of free movement and differing health systems, the gaps in access to care, medicines and health literacy further highlight the link between maternal mortality and health inequalities.

Strikingly, statistics show that 1 in 10 women in Europe do not have access to care during the first months of their pregnancy.² And while all women living in Europe have the fundamental right of equitable access to high quality healthcare,³ it is often mothers, regardless of their status who face the most challenges.

The issue is multi-faceted. On the one hand there are matters that relate to female empowerment and access to healthcare. On the other hand, there is a lack of statistical evidence in relation to maternal health which is crucial in order to benchmark today's realities and prioritise action in Europe for our current and future mothers.⁴

The goal of this preliminary survey is to study what perceptions of pregnancy currently exist among a sample of women from a select number of countries in Europe. While studies on the health and care of pregnant women and babies in Europe have previously been conducted,⁵ a comprehensive analysis of their pregnancy experience from a broader perspective is lacking.

In order to understand the pregnancy experience from as



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Executive Director at The Synergist

many dimensions as possible, a holistic approach was taken to explore not only medical care but also access to information, family planning, and the impact of pregnancy in the workplace and on social relations. The topics that go beyond healthcare were chosen because of their relevance and importance to the pregnancy experience. Although pregnancy may have a medical dimension, it is not a medical issue per se.

As mothers increasingly choose to have children at an older age in more economically developed countries such as those in Europe, the risk of complication increases.⁶ Given this trend, and the sensitive nature of using medicine during pregnancy, it was important to include this issue in the survey.

Safe Motherhood Week, the initiators of the survey, believe that all women should have equitable access to high quality maternal care and support before, during and after the birth of the child, regardless of where she comes from, her socio-economic or legal status. The hypothesis being tested is that the wider social system (which includes the healthcare system, care in the workplace, support from family and friends etc.) is not yet adequately prepared to deal with pregnancy and enable women to have an issue-free experience.

Through this survey, Safe Motherhood Week intends to delve into this relatively unexplored issue and to make recommendations for future research and analysis. The goal will be to eventually extend the research to all countries in Europe, and to take our learnings to conduct similar studies in other regions of the world.

¹ World Health Organization (WHO), Trends in Maternal Mortality 1990-2013, p. 51, 2014: http://apps.who.int/iris/bit-stream/10665/112682/2/9789241507226_eng.pdf?ua=1

² European Women's Lobby (EWL), Fact Sheet on Women and Health, April 2015. Available online at: http://www.womenlobby.org/spip.php?action=accéder_document&arg=4238&cle=60c8d7ee6f92fc58b53873cd67591c-17ccbc29e&file=pdf%2Ffactsheet_women_and_health.pdf

³ Article 35, Charter of Fundamental Rights of the European Union

⁴ Alliance for Maternal Health Equality Fact Sheet, 2015. Available online at: <http://maternalhealthalliance.eu/pdf/Alliance%20Factsheet.pdf>

⁵ The European Perinatal Health Report, 2010. Available online at: <http://www.europeristat.com/reports/european-perinatal-health-report-2010.html>

⁶ A Review of Pregnancy in Women Over 35 Years of Age (Introduction). Open Nurs J. 2009; 3: 33–38. Available online at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2729989/>

About the survey

Epinion, an international survey company with extensive experience in carrying out perception surveys, were responsible for data collection and reporting.

The purpose of the survey was to conduct a preliminary study of the perceptions of pregnancy that currently exist among a sample of randomly selected women from across 7 geographically and economically diverse countries in Europe.

The data was collected during February 2016 in the following countries:

Denmark
France
Romania
UK

Spain
Poland
Germany

The survey was distributed via online panels to a representative sample of women in each country. The respondents completed a qualifying question designed to filter for women between the ages of 18 and 45, and who were at a particular stage of life (either currently planning a family, currently pregnant, had had a baby within the last 6 months or who have children). In total, 3270 women completed the survey.

In this report, “access to healthcare” refers to receiving timely and appropriate medical care. “Barriers” refer to factors that impede appropriate access to healthcare and/or access to care in a broader sense, such as care for pregnant or new mothers in the workplace.

Due to resource constraints, open answers were only analysed for respondents in the UK, Germany and Denmark. However, open answers were collected for all respondents from all countries sampled and are available for further study.

Survey concept and sharing of survey results

Safe Motherhood Week was founded in 2015 with the purpose of bringing together civil society, women, policy makers, and the general public for a unique exchange of best case practices and solutions to improve the lives of mothers regardless of where they come from, their background or economic status. Safe Motherhood Week wants to empower society to embrace the changes needed to improve the health and wellbeing of mothers. Initially focusing on Europe, Safe Motherhood Week will extend its remit to other regions of the world.

But in order to empower, the facts first need to be established. The ‘Perceptions on Motherhood Survey’ was conducted as part of a campaign for Safe Motherhood Week called #Giveme5, where women were asked for 5 minutes of their time to share their pregnancy experiences.

The results of the survey and the accompanying report will be presented to policy makers in Europe in 2016 to support the Declaration on universal access to maternal healthcare, tabled in the European Parliament on 24th February 2016. The results will also be disseminated to healthcare professionals and the general public to increase awareness of the unmet needs in maternal care, with a view to collaborating to challenge and change the status quo.

Safe Motherhood Week's partners include The Synergist, the Alliance for Maternal Health Equality, the European Parliamentary Forum on Population and Development (EPF), the International Organization for Migration (IOM), Mummy's Star, the Pregnancy and Medicine Initiative, Pregnancy Sickness Support, and the United Nations Population Fund (UNFPA).

Perspectives on the survey

The results from the survey represent women's perspectives and experiences on pregnancy and motherhood across several topics. It is important to emphasize that some results are more open to interpretation than others and can vary from woman to woman, according to the subject's perception of her own situation. The questions were originally written in English and were translated into the respondent's language. As a result, the exact meaning of the question may differ slightly from country to country.

For example, women were asked if they felt motherhood had prevented them from advancing in the workplace. If women answered "yes", there are several ways this answer could be interpreted. They could be having difficulties reconciling being a mother and having a career because their expectations are unrealistic, or it could be that there are obvious barriers at the workplace that make it difficult for the mother to function well at the job.

In terms of healthcare and access to information from the healthcare system, it is also important to be conscious of variations between healthcare systems in each country, and whether the healthcare system is managed at a national or regional level. Furthermore, there are cultural differences in what women may expect from the healthcare system, and how they wish to involve their doctor or midwife.

Motherhood and pregnancy is arguably a very personal experience and something that affects many aspects of life for women and parents in general. The answers in the survey are therefore subjective. Regardless of this, they are very useful in identifying commonalities and differences in perception of pregnancy amongst this sample.

Executive summary

A TROUBLE-FREE PREGNANCY IS RARE

The survey shows that across Europe there is still much work to be done to improve maternal care and the pregnancy experience for women. When taking 12 questions/parameters across the 4 topics hypothesised as being important in characterising a "trouble-free" pregnancy (work and pregnancy/motherhood, medicine and health, family planning and relations, information and navigation) the results show that only 5.6% of the women in the survey sample answer positively for all of the applicable questions/parameters. This suggests that the vast majority of respondents have experienced some sort of difficulty during their pregnancy. Examples of these parameters include perceived barriers to doctors or midwives, perceived impact on relationships (personal and professional), perceived discrimination in the workplace, and perceived appropriate access to information. Although it should be recognised that the definition of a trouble-free pregnancy and the key factors that impact the pregnancy experience vary from one person to another, the results strongly indicate that there is more work to be done to fully understand the positives and the negatives of the pregnancy experience.

ACCESS TO INFORMATION REMAINS A PROBLEM

One of the most notable results relates to access to information. About one in four women sampled across Europe answered that they do not feel that they had the appropriate information and support immediately before and after giving birth. The same proportion feel that they did not understand how to navigate the care associated with their pregnancy particularly in terms of being able to identify or avoid complications. This lack of information is concerning, especially in the internet era where the expectation is that information can be accessed instantly. It could arguably be a sign of our times, where people are too hurried to either give or receive adequate and necessary information or depending on the country, whether the doctor or the midwife is more responsible for providing information.

FAMILY PLANNING IS NOT A FREQUENT TOPIC OF DISCUSSION WITH DOCTORS

Another important result relates to family planning. Over half of the women in the survey responded that family planning had not been discussed with their doctor. This was even more pronounced among younger women. This outcome could be the result of several factors; many women might feel independent and capable in terms of managing family planning, and do not feel the need to have this discussion with their doctor. There may also be cultural differences from country to country in terms of how normal it is for a doctor to discuss this with women and vice versa. Taking these factors into consideration and the high proportion of women who answered “no” to this question, this topic should be explored further.

GIVING VULNERABLE WOMEN A VOICE

Although every effort was made to make the sample as representative as possible, the sample collection methodology means that some vulnerable groups of women may not have been included in the sample. However, the fact that the vast majority of women survey perceived their experience of pregnancy as not being issue-free would suggest that the situation would be worse for these vulnerable groups, such as undocumented migrants. This is even more striking given the fact that many women in our sample are highly educated and should theoretically have access to all the resources they should need to prepare for and go through their pregnancies. Although this is yet a relatively unexplored topic, these results deserve attention.

These initial findings support the need for a comprehensive approach to maternal care that considers maternal care in the broader sense - including the level of support and information a woman receives from her family, work, as well as from her doctor - and care that embraces the diversity of women in Europe. Considering the sample of women that were studied, more research is required to understand perceptions and experiences of pregnancy among under-represented or undocumented groups such as migrants.

Overall results

WORK AND PREGNANCY/MOTHERHOOD

- 34% of women sampled across all countries feel that their

pregnancy or motherhood has prevented them from advancing in the workplace. This is most notable among women sampled in Spain and Germany.

- 14% of women have felt discriminated against in the workplace during their pregnancy.
- More than half of the women work full or part time during their pregnancy, or in the three months after giving birth. Younger women below the age of 25 do not work as much during this period in comparison to older women.
- Denmark and Germany have a higher proportion of women who have worked during their pregnancy or three months after giving birth, while Poland has a high proportion of women who have been on sick leave.

MEDICINE AND HEALTH

- 33% of women have taken one or more medications during their pregnancy. More younger women than older women have taken more than one medication during pregnancy, despite the fact that a larger share of older women are currently taking medication. This could be an indication that it is more normal today to take medications during pregnancy than previously and/or that more women today are diagnosed with medical conditions that require medication. The share of women taking medications during pregnancy is particularly large in Romania (54%) and Poland (43%).
- Out of the women who experienced complications, most experienced them during the pregnancy (26%) and after the pregnancy (17%). 9% experienced complications before the pregnancy.
- When asked about a woman's perception about her own general health, there was no significant difference in distribution of answers (I have a chronic illness, average, good, excellent) by stage of life (planning a family, currently pregnant, had a baby in the last 6 months, have children). In general about 10% of women report suffering from a chronic illness, including those who are currently pregnant. Perhaps unsurprisingly, the proportion of women suffering from a chronic illness increases with age. 8% of the women in the survey reported being denied access to healthcare or felt discriminated against. Comparing by country, it is noteworthy that a much larger share of Polish women (16%) have had this experience.

FAMILY PLANNING AND RELATIONS

- 57% of women surveyed had not discussed family planning with their doctor. This is more pronounced among younger women. This can be an expression of several factors; many women might feel independent and capable in terms of managing family planning, and do not feel the need to have this discussion with their doctor. There may also be cultural differences from country to country in terms of how normal it is for a doctor to discuss this with women and vice versa. It is important to note that the definition of and perceived necessity of discussing family planning may vary from country to country or from woman to woman. Indeed, some women may consider it a good thing if they don't feel the need to discuss it.
- The majority of women surveyed in France (80%) did not discuss family planning with their doctor. In Spain, Germany and UK, more than half of the women did discuss family planning with their doctor. This result could be due to cultural and attitudinal differences in relation to the subject.
- A small share of the women in the survey feel that their pregnancy has had a very negative impact on their social relations. The most common negative impact is experienced in terms of psychological well-being/mood and health.

INFORMATION AND NAVIGATION

- About one in four women sampled across Europe answered that they do not feel that they had the appropriate information and support immediately before and after giving birth. The same proportion feel that they did not understand how to navigate the care options associated with their pregnancy, thereby being able to identify or avoid complications.
- When looking at open answers provided by women sampled in the UK, Germany and Denmark, safety seems to be considered a quite important aspect of pregnancy and maternal rights. Safety involves both protection of the child, and safety and comfort during pregnancy and birth. Health aspects are very important. The women mention both their health, and that of their child and the importance of having access to health institutions.

- The share of German women who do not feel that they understand the care 'landscape' and what is available to them in terms of being able to identify or avoid complications is almost a half. This compares to a quarter of women surveyed overall.
- Across the entire sample, Romanian and Spanish women in particular did not feel that they had the appropriate information and support immediately before and after giving birth.

Conclusion

The Perceptions on Motherhood Survey has generated some very interesting insights into the pregnancy experience, as perceived by the sample group of 3270 women surveyed. Access to information remains a problem; a trouble-free pregnancy is rare; family planning is not often discussed, and vulnerable women need even more support.

A minority of women surveyed claimed to have had a trouble-free pregnancy. Taking personal and cultural interpretations into consideration, the results strongly indicate that there is more work to be done to fully understand the positives and negatives of the pregnancy experience.

Given the fact that many women in the sample are highly educated and should theoretically have access to all the resources they should need to prepare for and go through their pregnancies, it is only logical to assume that the pregnancy experience would be even more challenging for vulnerable women, including undocumented migrants. This is a topic that needs more attention.

In general, the results suggest that women may benefit from more and better communications and information about the pregnancy experience. Similarly, the lack of discussion around family planning needs to be explored further to fully understand its significance.

These initial findings support the need for a more comprehensive approach to maternal care that embraces the diversity of women in Europe. This approach needs to incorporate the role of the health provider as well as that of the employer, the family and society in general.

Policy recommendations

Recommendations to all levels:

- A woman's well-being and situation before, during and after pregnancy must be seen holistically, as an element that belongs to all relevant agendas and levels of policy making, instead of being segmented between different departments and competences.
- The issue of motherhood must be seen as a subject of global importance that is no longer divided geopolitically to North and South, especially considering the changing demographics and increased mobility of today's populations.
- Policy makers must ensure that the United Nations Agenda 2030, within the framework of the Sustainable Development Goals (SDGs), Goal 3 ('Ensure healthy lives and promote well-being for all at all ages') is applied and integrated within the European and broader context, therefore respecting the enshrined universality of these goals.

Recommendations to EU-level policy makers:

- A woman's well-being before, during and after pregnancy is an issue that goes beyond health and touches on many other policy areas including employment, education, gender equality and migration; it therefore needs to be included in all relevant policy areas.
- In light of the ongoing refugee crisis that Europe and the rest of the world are facing, particular attention has to be paid to vulnerable populations (refugees and minorities). We are therefore calling for an EU-wide response to the maternal health and well-being of these groups.
- Following the report's conclusions and in light of the ongoing work around the European Commission's initiative 'A new start to address the challenges of work-life balance faced by working families', it is necessary to consider EU action that will ensure an increased participation and improved conditions for women in the workplace.
- Common EU-wide indicators (e.g. length of maternity leave, provisions for flexible work, access to information) on a woman's situation before, during and after pregnancy, in a variety of areas including health, family planning, information and access, need to be developed and put in place.

Recommendations to national policy makers:

- The "Perceptions on Motherhood Survey" demonstrated broadly that a lot more attention needs to be placed on women's situations when it comes to considering and embarking upon motherhood; as most of the areas of focus fall under national policy competence, Member States (MS) are called upon to provide a firm and clear response on the ways to improve their situation.
- Individual MS should focus their attention on specific gaps identified by this survey in their respective territories, and aim to address the problems.
- Due to the fact that MS have different social, health, employment and information systems, a sharing of best practices is to be encouraged to find ways to improve the status quo.

Opportunities for further research

ACCESS TO INFORMATION

The results of the survey indicate that women want to have access to more information. For Europe, this seems somewhat unusual and suggests that there may be a gap between information provided, and what is actually needed. Future research could investigate the type of information desired, as well as the format.

NATIONAL HEALTHCARE BEST PRACTICE AND LESSONS

The healthcare landscape in Europe is very diverse. A better understanding of maternity healthcare in each country would provide a better context for the results generated from the survey, and could facilitate exchange of best practice.

PREGNANCY AND MEDICATION

Further research into the types of medication taken during pregnancy, and the associated complications would contribute to a better understanding of pregnancy and medication in general.

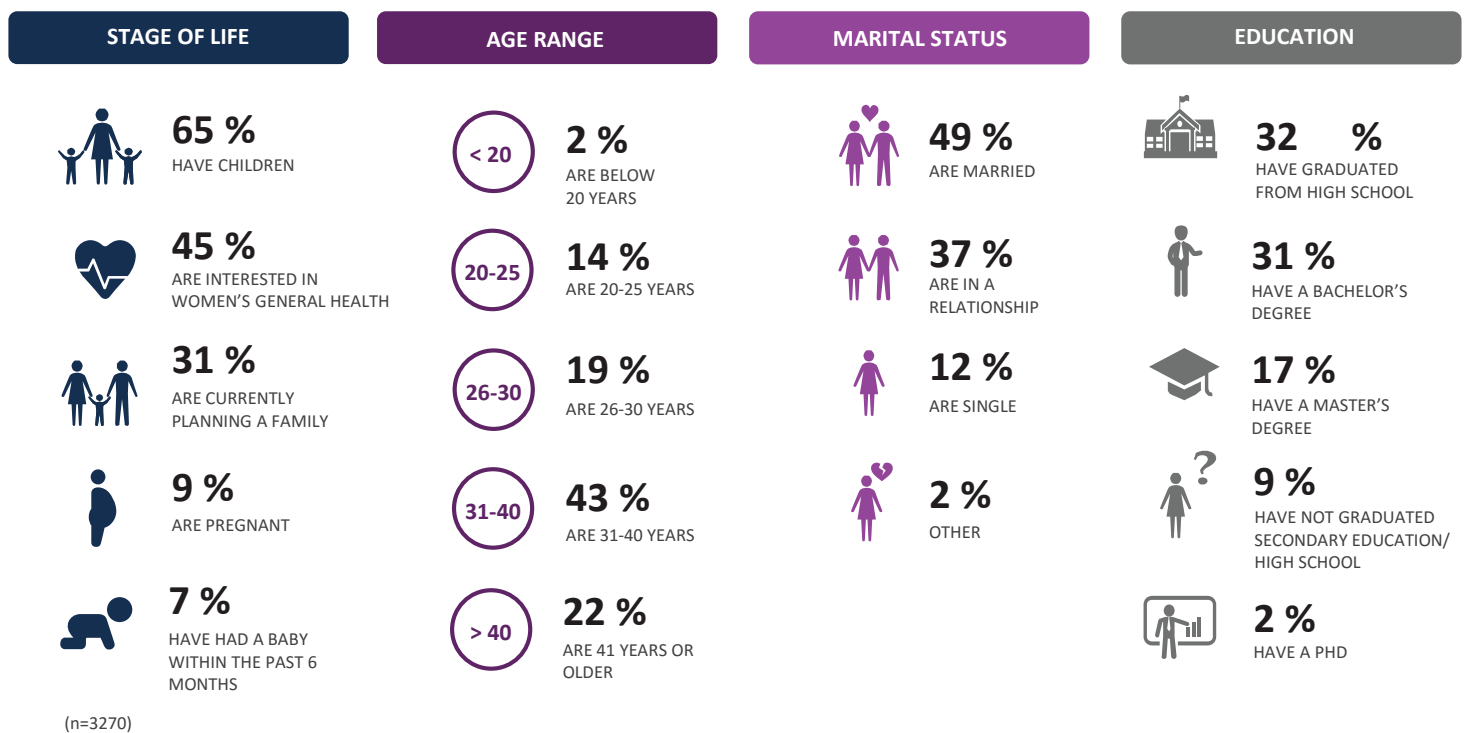
The issues raised in this report are more than likely not Europe-specific. In the long term similar research should be carried out in other parts of the world to understand perceptions of pregnancy amongst women from other regions.

A pregnant woman is shown in profile, facing right, smiling and gently holding her belly with both hands. She has long, wavy brown hair tied back with a small white bow. She is wearing a pink sleeveless top. The background is a blurred indoor setting with a bookshelf. The entire image is covered with a semi-transparent purple overlay. The text "3. PROFILES" is written in white, bold, sans-serif font across the upper middle of the image.

3. PROFILES

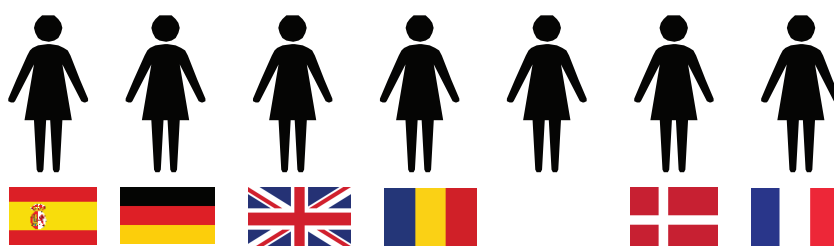


Overall profile for all women



Country specific profiles

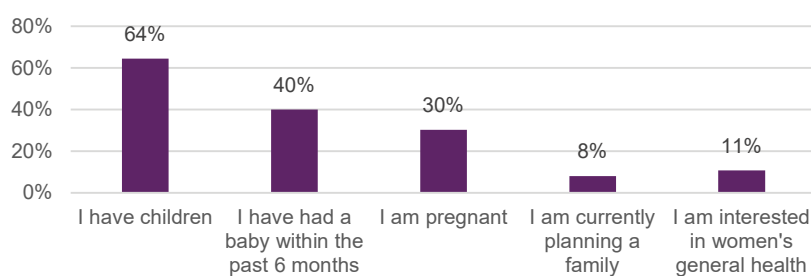
- In the following section, profiles are shown for women in the 7 countries represented in the survey.
- The woman presented from each country is the 'typical' woman sampled in this survey.
- The distribution for 'Stage of life' is shown for each country.



POLAND



- 44% are 30-41 years old
- 52% are married
- 41% have graduated from high school
- 38% feel that pregnancy/motherhood have prevented them from advancing in the workplace
- 43% took medications during pregnancy
- 16% have been denied access to healthcare or felt like they were discriminated against
- 21% have experienced discomfort/problems with doctor



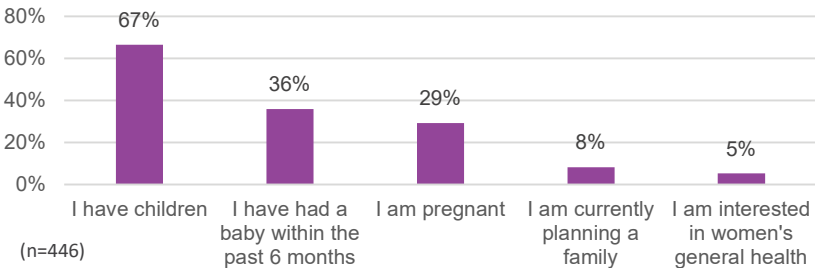
(n=448)

Country specific profiles

FRANCE



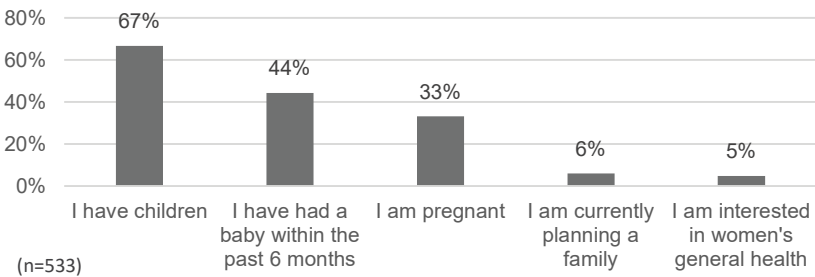
- 41% are 30-41 years old
- 44% are in a relationship
- 38% have graduated from high school
- 43% worked full time during their pregnancy or during the first three months after giving birth
- 10% have experienced financial hardship
- 80% have not discussed family planning with their doctor



GERMANY



- 40% are 30-41 years old
- 48% are married
- 33% have not graduated from secondary education/high school*
- 58% worked full time during their pregnancy or during the first three months after giving birth
- 47% feel that pregnancy/motherhood have prevented them from advancing in the workplace
- 10% have experienced financial hardship



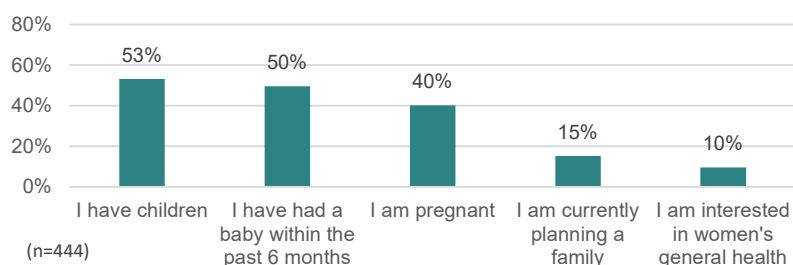
***Note:** The reason for the high proportion of women who have not graduated high school, could be due to the structure of the school system in Germany, which does not fully correspond to the survey categories. In Germany there is another school level before secondary and high school which could explain the high result.

Country specific profiles

SPAIN



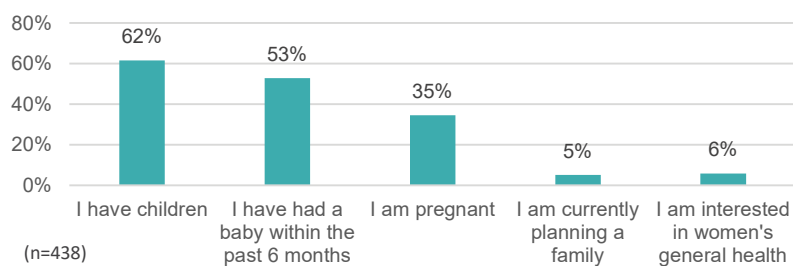
- 47% are 30-41 years old
- 47% are married
- 45% have a bachelor's degree
- 23% have felt discriminated against in the workplace during their pregnancy
- 47% feel that pregnancy/motherhood have prevented them from advancing in the workplace
- 22% have experienced that they were unable to take time off from work/school



ROMANIA



- 43% are 30-41 years old
- 65% are married
- 44% have a bachelor's degree
- 54% took medications during pregnancy
- 28% have experienced financial hardship
- 35% do not feel that they have had the appropriate information and support immediately, before and after giving birth

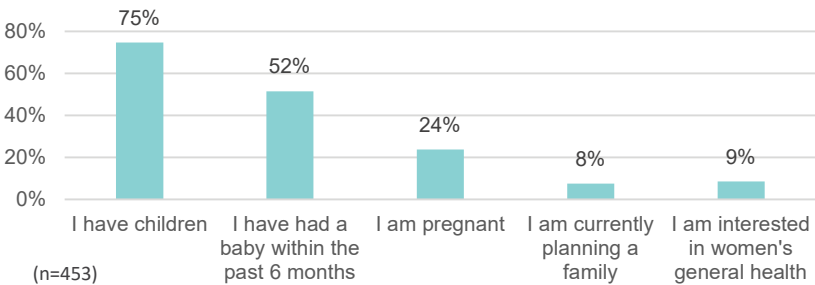


Country specific profiles

UK



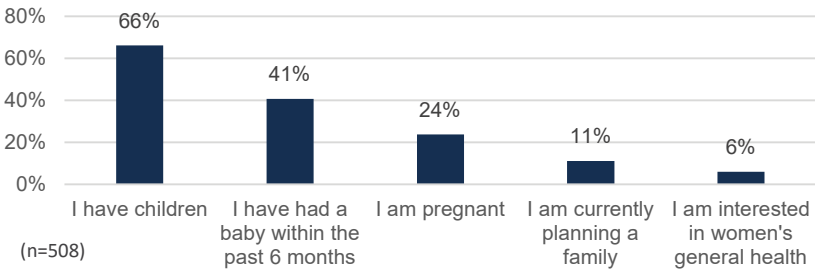
- 42% are 30-41 years old
- 49% are married
- 42% have graduated from high school
- 15% have felt discriminated against in the workplace during their pregnancy
- 25% are currently taking medications
- 14% have experienced that they were unable to take time off from work/school



DENMARK



- 42% are 30-41 years old
- 47% are married
- 34% have a bachelor's degree
- 63% worked full time during their pregnancy or during the first three months after giving birth
- 16% have a chronic illness
- 28% are currently taking medications
- 10% have experienced lack of understanding



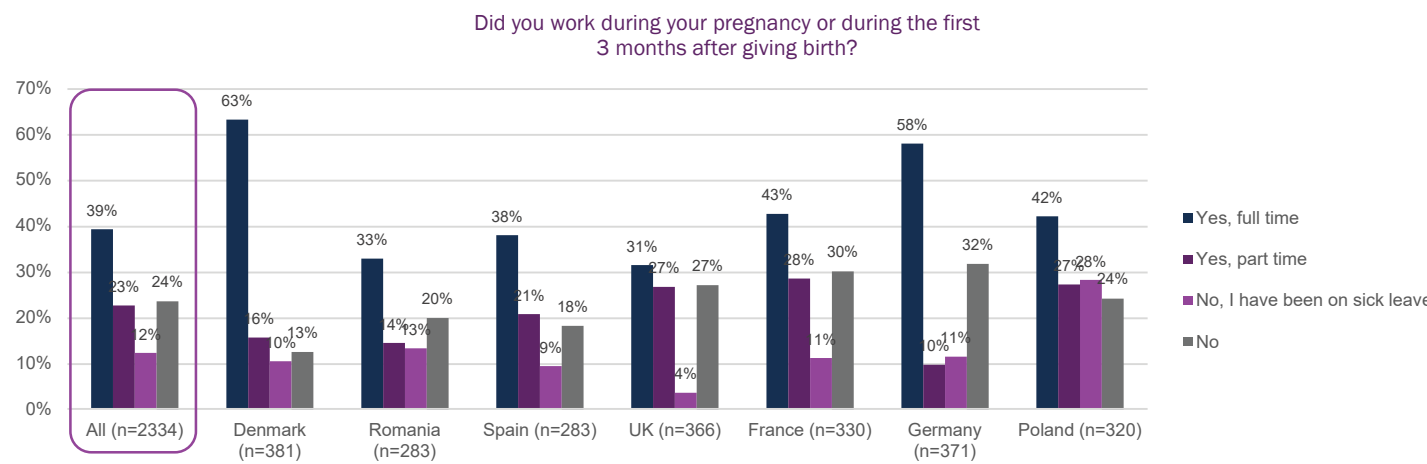
A pregnant woman is shown in profile, facing right, smiling and gently holding her belly with both hands. She has dark hair tied back with a small white bow. She is wearing a dark-colored, sleeveless, form-fitting top. The background is a blurred indoor setting, possibly a living room with a bookshelf. The entire image is covered with a semi-transparent purple overlay. Overlaid on the image in large, white, bold, sans-serif capital letters is the text "4. WORK & PREGNANCY /MOTHERHOOD".

4. WORK & PREGNANCY /MOTHERHOOD

Work during pregnancy across countries

62% of the female respondents, who have had a baby or are pregnant, have worked either full or part time during their pregnancy or the first three months after giving birth.

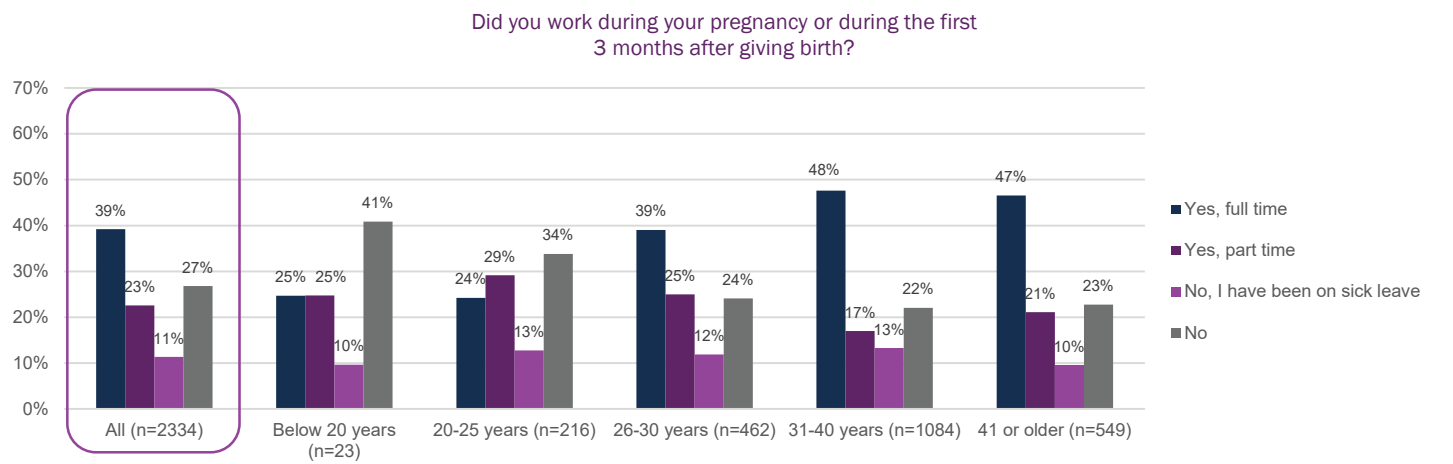
Women in Denmark and Germany in particular have a higher tendency to work full time, while Poland has a high proportion of women who have been on sick leave.



Work during pregnancy across age range

Across age ranges, the study shows that a higher proportion of the older women work during their pregnancy or the first three months after giving birth compared to younger women.

A higher proportion of the younger women, below 25 years, have not worked during their pregnancy or three months after giving birth.

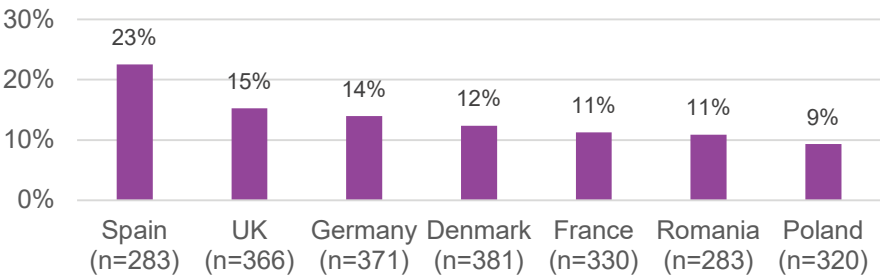


Pregnancy in the workplace

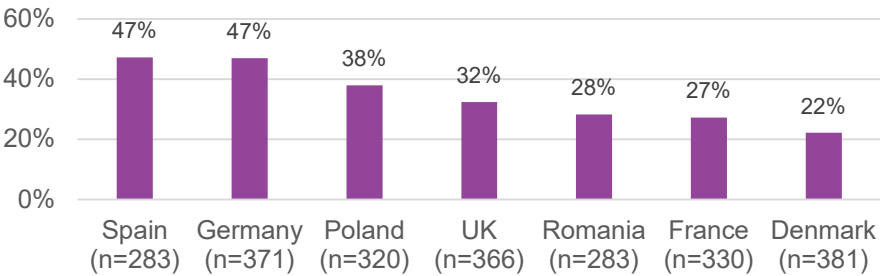
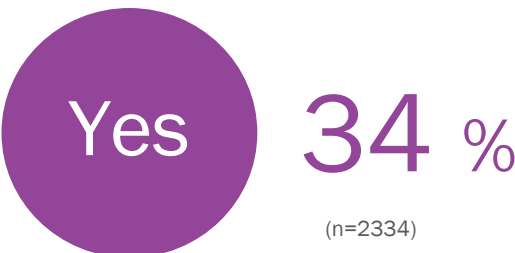
14% of all respondents have felt discriminated against in the workplace during their pregnancy. 86 % have not. Compared to other countries, women in Spain in particular have felt discriminated against in the workplace. A high proportion of women, 34%, feel that their pregnancy or motherhood has

prevented them from advancing in the workplace. This is particularly the case for women surveyed in Spain and Germany. 66 % of all women surveyed report that they do not feel that pregnancy/motherhood has prevented them from advancing in the workplace.

Have you ever felt discriminated against in the workplace during your pregnancy?



Do you feel that pregnancy/motherhood has prevented you from advancing in the workplace?



Experience of returning to work after pregnancy

*Based on open responses from Danish, German and British respondents

When it comes to looking into more detail at what women experience when returning to work after pregnancy, the same types of issues are seen across the three countries that were analysed in greater depth (Denmark, Germany and the UK). The experiences can be categorised as follows:

Changed conditions and difficulties

- 1/10 women identify returning to work with changed conditions in the workplace, and challenges in managing the dual employee-mother role. They associate the experience of returning to work with difficulty.
- Women from Germany and the UK are more likely to be fired, or to choose not to return to work after pregnancy. (1/10 women in Germany and UK; 1/40 women in Denmark).

Positive experience

- Overall, most women (between 1/5- 1/3 of women) have had a positive experience of returning to work. Women from Denmark in particular seem to view the experience of returning to work as positive.



“Did not return, could not make myself leave my baby with others, so I resigned”
***Changed conditions**



“You cannot be so flexible anymore”
***Difficulties**



“It was great to come back and get an everyday life again”
***Positive experience**

Notes:

The proportions are based on the entire sample of women from the UK, Denmark and Germany.

About ½ of the women in the survey answer ‘others’ (have not returned yet, got a new job, or did not work before pregnancy), or ‘do not know’ to this question.

A minor proportion mention some kind of negative experience, which does not fit into the category ‘changed condition and difficulties’.

The categories ‘Changed conditions’ and ‘Difficulties’ relate to each other. The category *Changed conditions* involves answers stating things about the combination of family life and work life, e.g. not being able to work as much as before, and finding one’s role in the workplace. ‘Difficulties’ involves answers stating that it was difficult to leave one’s child and answers stating that it was difficult to return.

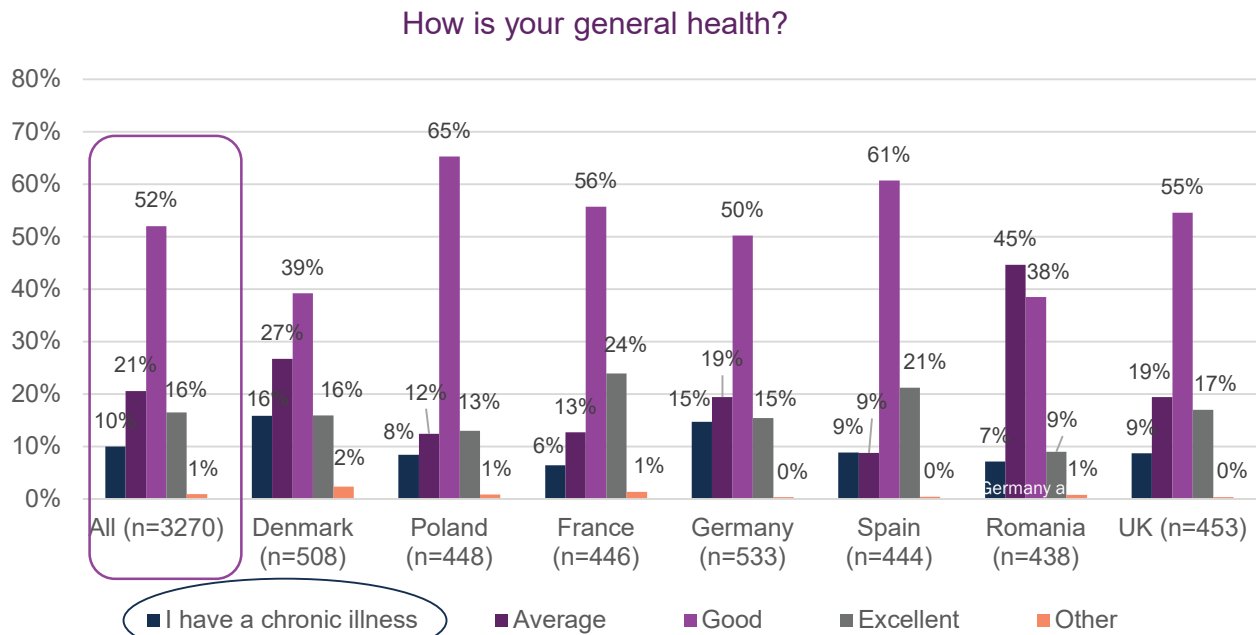


5. MEDICINE AND HEALTH

General health across countries

The majority of women surveyed have described their health as average (52%) or good (21%). 16% of women overall indicated that they enjoy excellent health (16%) - this applies in particular to women in France (24%) and Spain (21%).

10% of women surveyed overall have a chronic illness. Denmark (16%) and Germany (15%) have the largest share of women with chronic illnesses



CHRONIC ILLNESS
Ten of the most mentioned chronic illnesses among the women are:

- Asthma
- Sclerosis
- Migraine
- Diabetes
- Pain
- PCO
- Fibromyalgia
- Endometriosis
- Hypothyroidism
- Personality disorders

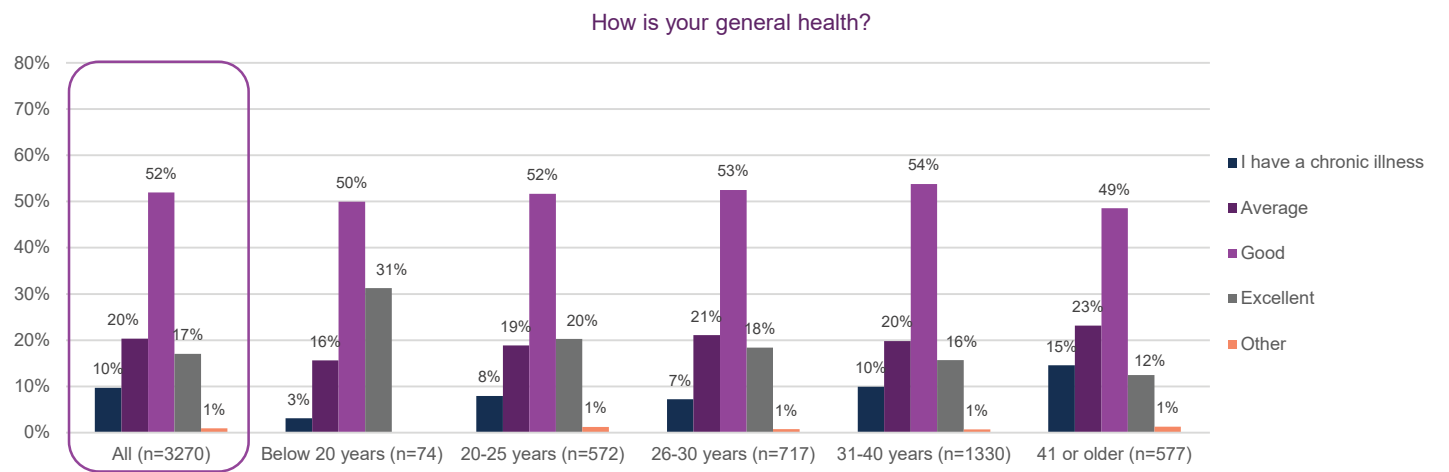
NOTE: Only open answers from woman in Denmark,

General health across age range

Looking at women’s general health, 10% of women surveyed overall suffer from a chronic illness.

Analysing women’s general health based on stage of life does not highlight any differences across the entire sample, when it comes to having a chronic illness.

However, when analysing women’s general health based on age, it is evident that a larger share of older women (aged 41 or above) suffer from chronic illnesses. This increased prevalence of chronic illness is to be expected with older people.

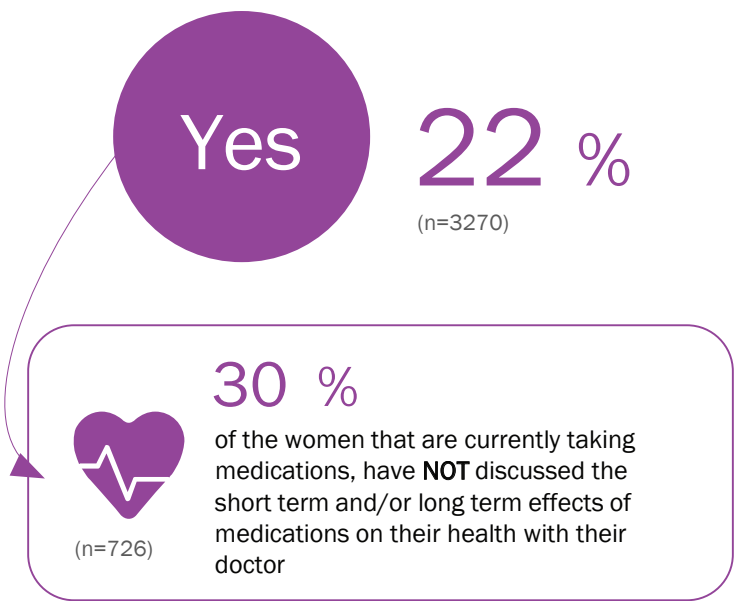


Medications and effects

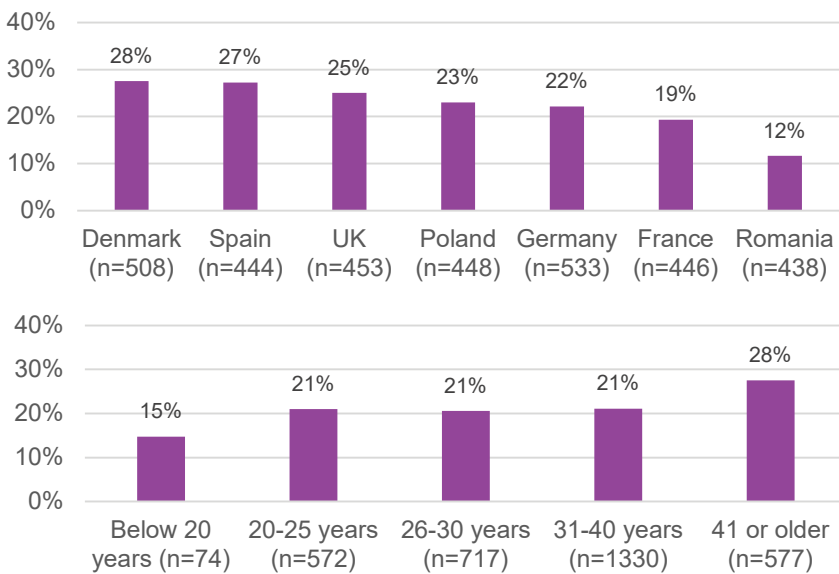
Overall, 22% of the women surveyed are currently taking medication. Of these, 30% have NOT discussed the short and/or long term effects of the medication they are taking with their doctor. A quarter of women surveyed in Denmark,

Spain and the UK respectively are taking medication. Only 12% of women surveyed in Romania are taking medication. As would be expected, a large number of older women (41+) are taking medication, more so than younger women.

Are you currently taking any medications?



Are you currently taking any medications?
– across countries and age range

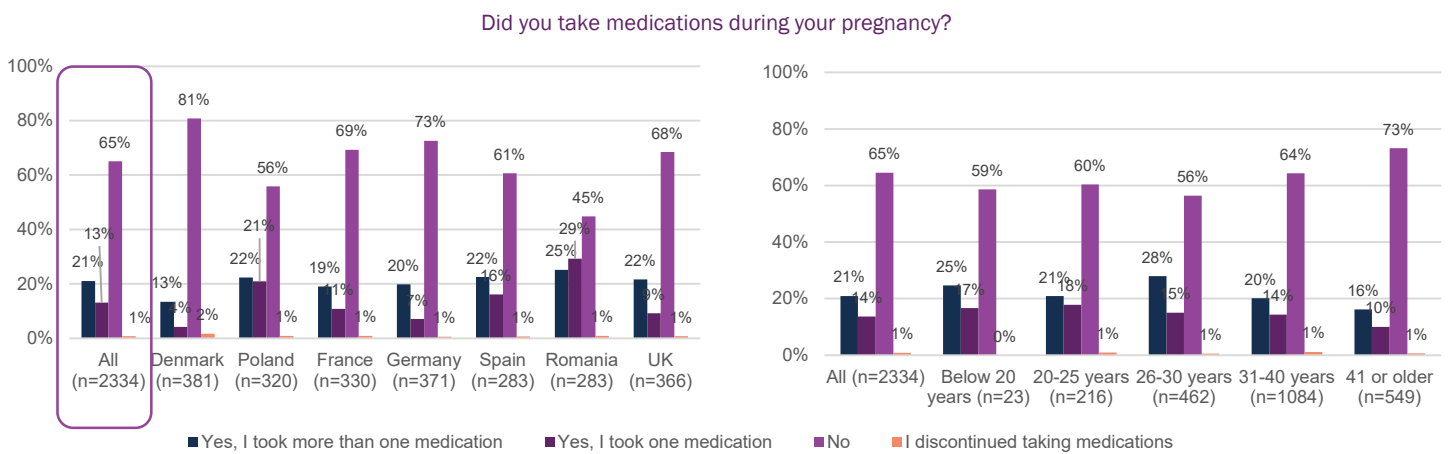


Frequently mentioned medications (for women from the UK, Germany and Denmark only): Asthma medication, pain medicine, sertraline, the pill, eltroxin/thyroxine, citalopram, antidepressants, blood pressure medicine.

Medications during pregnancy

The majority of women surveyed (65%) have not taken any medication during their pregnancy. Significantly, 33% of women have taken one or more medications during their pregnancy. The percentage is particularly high in Romania (54%) and Poland (43%). An analysis of this issue according to age indicates that a larger share of younger women take medi-

cation than older women. This could be as a result of changing mindsets, that it is more acceptable now to take medication during pregnancy than it was previously, and/or that more women are being diagnosed with medical conditions, but this is inconclusive.



"(...) Sometimes doctors are reluctant to prescribe medicines that are really needed. Also, taking medication in the first trimester is more dangerous than in the second and third. In the next survey, we would like to know both what type of medication and when exactly it is taken during pregnancy."

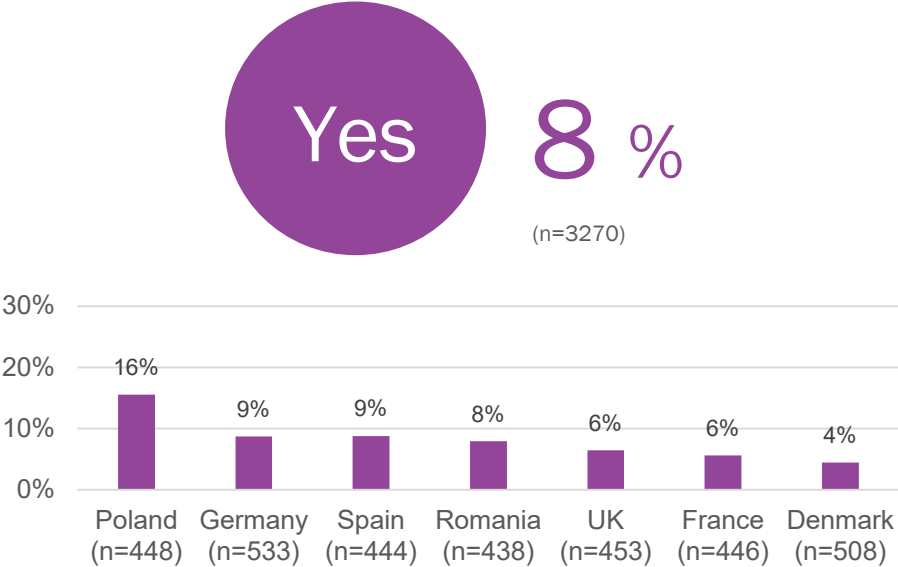
Dr. Jos Van Roosmalen, M.D., PhD., Professor of Safe Motherhood and Health Systems at Vrije Universiteit Amsterdam, Safe Motherhood Week Expert Adviser

Access and barriers to healthcare

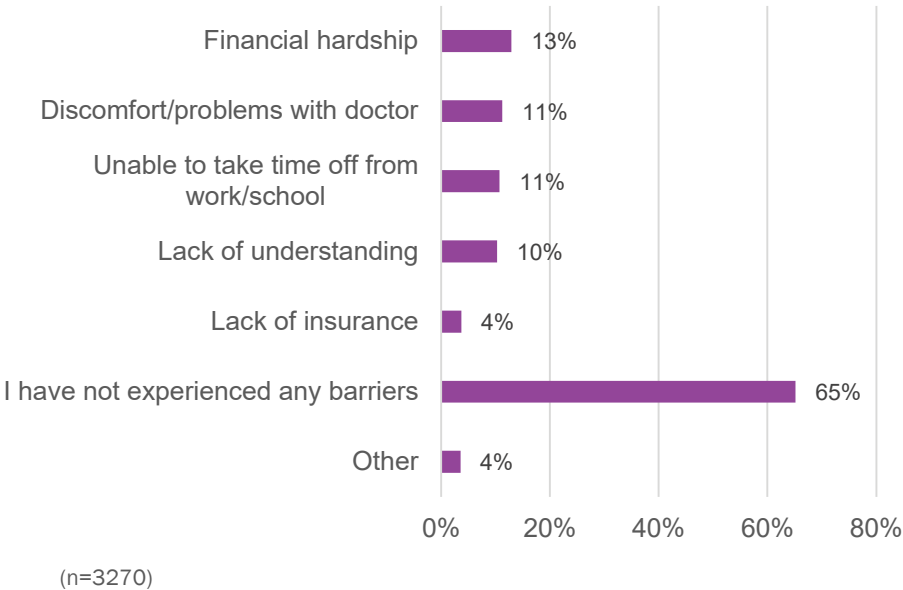
8% of women in the survey reported being denied access to healthcare or felt discriminated against; 92% indicated the opposite. A closer analysis of country-specific details shows that a significantly higher percentage of women in Poland (16%) had issues with access to healthcare and discrimination compared to 4-9% of women in the other countries

surveyed. This could be an indication of a less well-functioning healthcare system in Poland than in other countries. The most common barriers to visiting the doctor or midwife are lack of understanding, inability to take time off, discomfort/problems with doctor and financial hardship. 65% have not experienced any barriers.

Have you ever been denied access to healthcare or felt like you were discriminated against ?



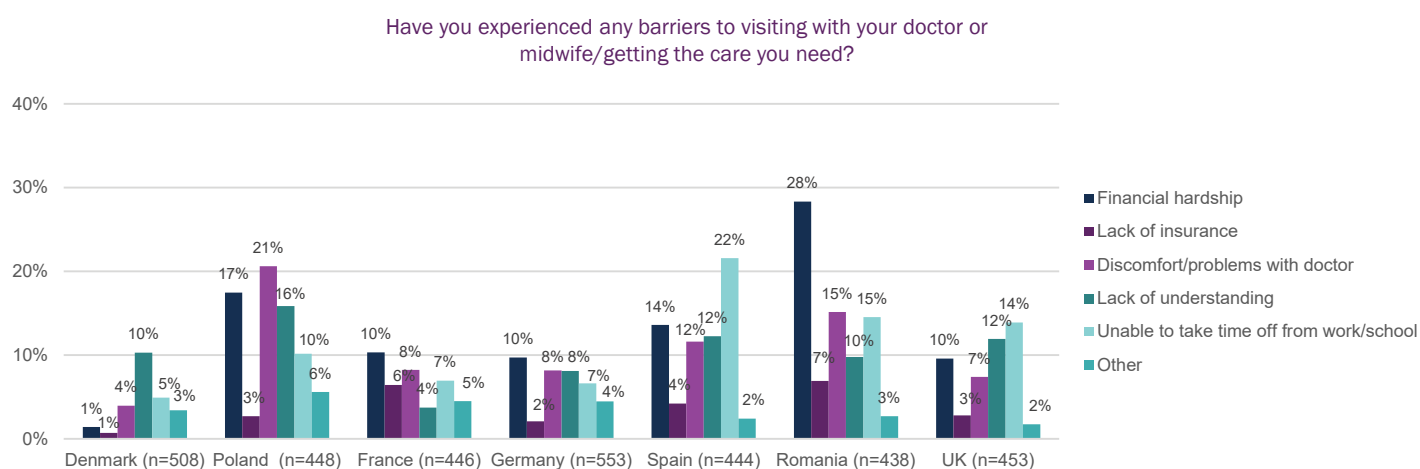
Have you experienced any barriers to visiting with your doctor or midwife /getting the care you need ?



Barriers across countries

A closer look at possible barriers to visiting a doctor or midwife/getting the care needed, shows that there are clearly differences between countries. The most common barrier for women surveyed from Romania is financial hardship (28%); for women surveyed in Spain it is being unable to

take time off (22%); for women in Poland it is discomfort /problems with doctors (21%). In Denmark, France, Germany and the UK, the share of women experiencing barriers is much smaller in general.



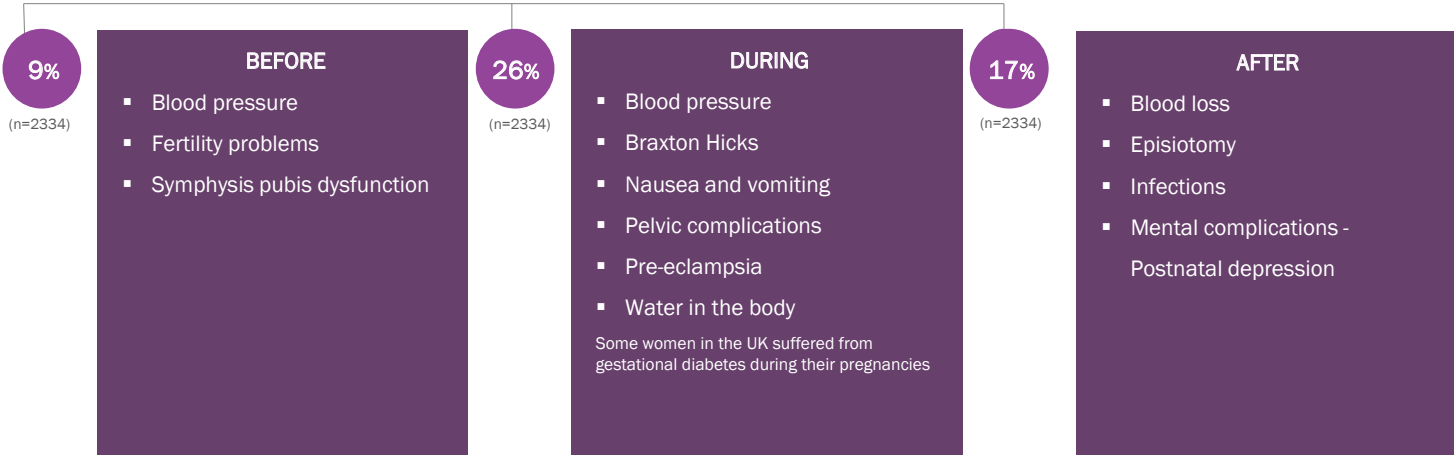
"There are three typical healthcare systems. There's one specific to the Nordic countries and the UK with nationalised healthcare, which works well in the Nordic countries. Then Belgium, Germany and France have a system where social security reimburses whether you use the public sector or the private sector. It's quite comfortable as a system because it gives more freedom to the caregivers. The drawback is that any caregiver wants to do as much activity as he can, because the more he does...the more money he gets. And the third system is what you find in the Mediterranean countries, where either you go public and don't pay, or you go private, but social security will not contribute. In my view, all 3 systems have drawbacks and challenges and are historically adapted to the culture of that country."

Dr. Sophie Alexander, M.D., PhD., Ecole de Santé Publique, Université Libre de Bruxelles,
Safe Motherhood Week Expert Adviser

Complications before, during and after pregnancy

The list below shows the most mentioned complications experienced before, during, and after pregnancy. Most women experience complications during the pregnancy (26%) and after the pregnancy (17%). Only 9% experience complications before the pregnancy.

There is no noteworthy difference in the complications which the women experience before, during, and after pregnancy across countries, apart from some women in the UK who suffered from gestational diabetes during their pregnancies.



Note: The listed complications are some of the most frequently mentioned by women from the UK, Germany and Denmark only.

A pregnant woman with long brown hair tied back with a small white bow, wearing a pink sleeveless top. She is smiling and holding her pregnant belly with both hands. The image is overlaid with a semi-transparent purple filter. The text '6. FAMILY PLANNING AND RELATIONS' is written in white, bold, sans-serif font across the upper middle of the image.

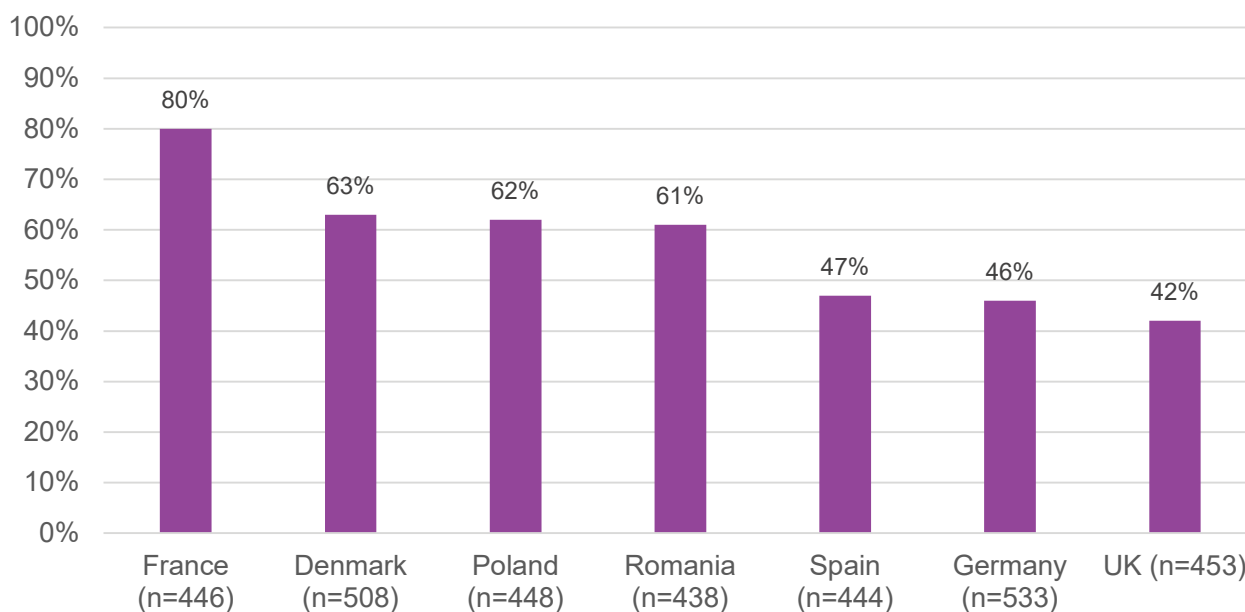
6. FAMILY PLANNING AND RELATIONS

Family planning

Overall, 57% of women surveyed have not discussed family planning with their doctor, whereas 43% have indeed discussed it with their doctor. Looking at differences between countries, women from France in particular (80%) do not discuss family planning with their doctor. In Spain, Germany and the UK, more than half of women discussed family planning with their doctor. Furthermore, the younger

segment (<20 years), have not discussed family planning with their doctor as much as older women. This can be the result of many factors – a feeling of autonomy and therefore no need for discussion with their doctor, a cultural dimension which means that this issue is not discussed with doctors, or the option of obtaining relevant information elsewhere.

Have you ever discussed family planning
with your doctor?



"One of the most surprising and disappointing results was the one about family planning: 57% of women say this was not discussed with their doctor, with 87% in France. We really need to understand what's happening, because family planning is the most important factor to increase maternity safety. This is a real case for concern."

Dr. Sophie Alexander, M.D., PhD., Ecole de Santé Publique, Université Libre de Bruxelles,
Safe Motherhood Week Expert Adviser

As I was planning a family, I wish I had known...

The majority of women surveyed felt that they knew everything they needed to know - or that they did not know what to answer to this question (about 1/2 of the women in Denmark and Germany are placed in this category, and 2/5 of the answers from the UK).

***This category** both includes don't know answers, answers stating that they knew all they needed, and answers which do not fit into the other categories.

****This category** includes all sorts of information in relation to having a child which are not related to the other categories.

Some of the answers fit into more categories and are placed in the category most representative for the answer.

Categories not in top 7: Work obstacles, life changing, lack of help, family/relationship challenges, age and motherhood, birth, trusting oneself.

Top 7 ranking of what women wish they had known as they were planning a family

Germany

1. Well informed/don't know*
2. Overall information**
3. Financial issues
4. Health information
5. Health complications
6. Fertility issues
7. Parenting= hard work

Denmark

1. Well informed/don't know*
2. Parenting = hard work
3. Fertility issues
4. Health information
5. Health complications
6. Overall information**
7. Financial issues

United Kingdom

1. Well informed/don't know*
2. Overall information**
3. Health information
4. Parenting = hard work
5. Financial issues
6. Fertility issues
7. Health complications

"What documents from the state,
I should fill out"
**Overall information

"I don't know, think I was well
informed"
*1. Well informed/don't know

"I feel like I was informed throughout
the process"
*1. Well informed/don't know

"How insanely hard it is not to get
ones sleep for a loooong time"
**Parenting = hard work

"That were so many complex factors
to take into account"
**Overall information

As a new mother, I wish I had known...

From women surveyed in Denmark, Germany and the UK, most fall into the category stating that they either don't know, know everything they needed or have not answered the question (between 1/2 and 7/10 of the women). The others have very different statements. Below some of the most common are shown:

- The survey responses suggest that women from the UK and Germany (1/20) think that all sorts of information would have been useful compared to women from Denmark (1/40).
- Just under 1/10 women from the UK and Germany mention a need for practical information compared to women from Denmark (1/40).

- The open questions resulted in a variety of responses relating to health and the broader challenges associated with having a baby.
- Some of the women (1/20) mention that they would have liked to know more about breastfeeding and its associated problems.
- Others focus on problems related to sleep (of both mother and child).
- Others express a wish to have known more about all the feelings that come with having a child, for instance the feeling of not doing a perfect job as a mother.



"What happens next?"

***All information= useful**

"That there was baby groups"

***Practical information**

"How hard it would be to breastfeed"

***Breastfeeding information**

"My sleep would be minimized"

***Sleep**

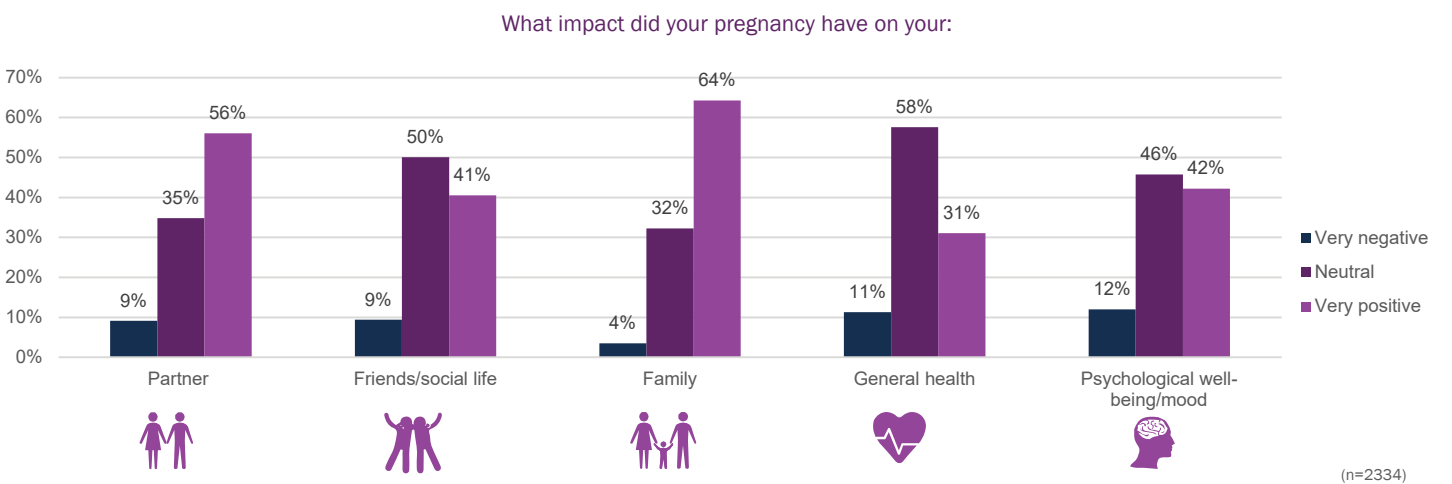
"What happens when you are pregnant or when you are a baby, it's going to determine your quality of life in such a huge way, that we need to put that in the centre, as a top priority."

Dr. Sophie Alexander, M.D., PhD., Ecole de Santé Publique, Université Libre de Bruxelles,
Safe Motherhood Week Expert Adviser

Pregnancy influence on relations

Overall a minor share of the women in the survey feel that their pregnancy has had a very negative impact on their social relations. The most common negative impact is experienced in terms of psychological well-being/mood (12%) and health (11%).

9% experience that the pregnancy has had a very negative influence on their relationship with their partner and friends/social life. Only 4% feel that it has had a very negative influence on their family relations.



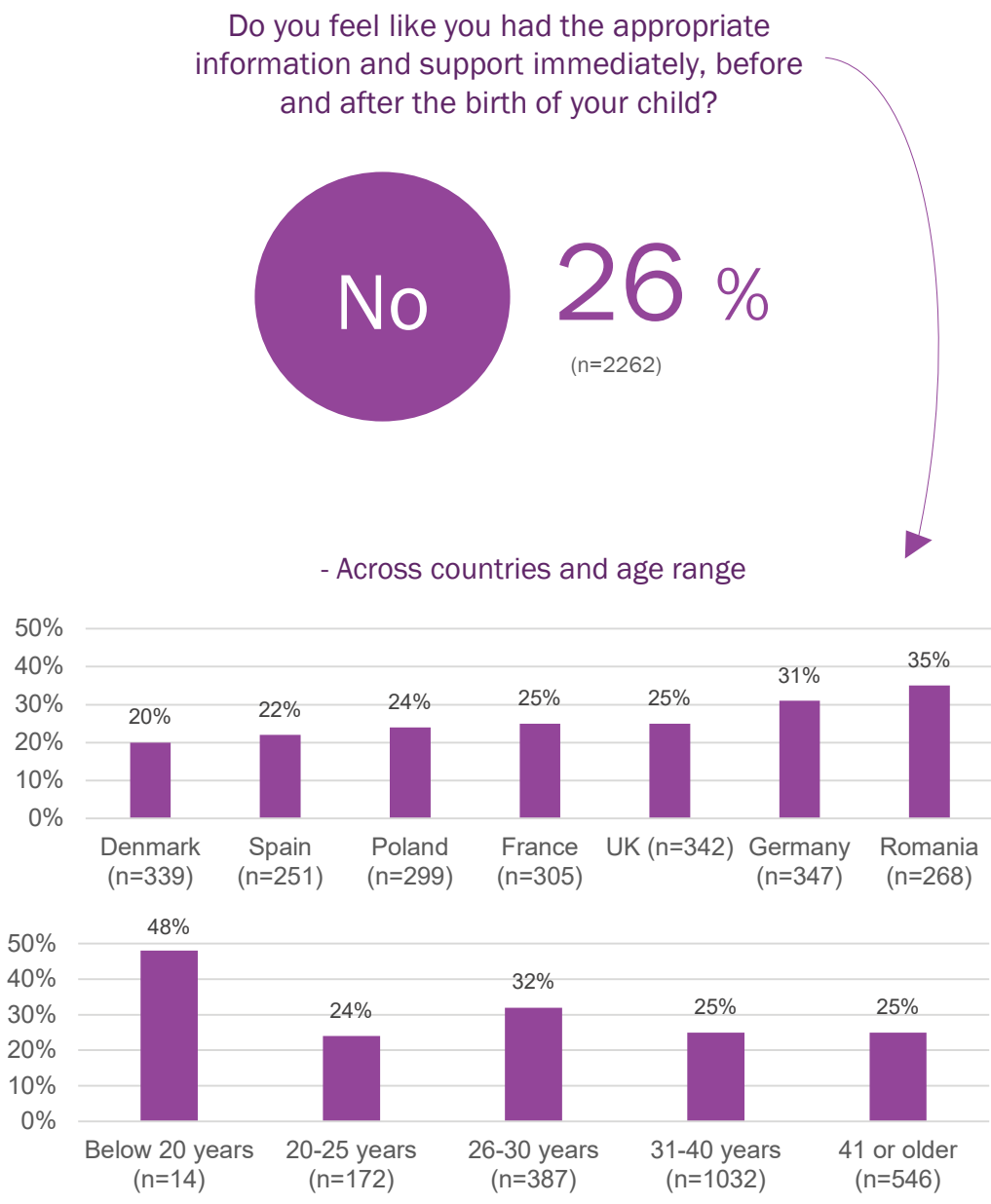
A pregnant woman is shown in profile, facing right, smiling and gently holding her belly with both hands. She has long, wavy brown hair tied back with a small white bow. She is wearing a pink sleeveless top. The background is a blurred indoor setting with a bookshelf. The entire image is covered with a semi-transparent purple overlay. Overlaid on the image is the text '7. INFORMATION AND NAVIGATION' in a bold, white, sans-serif font.

7. INFORMATION AND NAVIGATION

Information and support

About a quarter of women surveyed do not feel that they had the appropriate level of information and support immediately before and after giving birth; 74 % feel the opposite. In particular, women from Romania and Spain felt that they did

not receive appropriate information and support. The study furthermore shows that it is mostly younger women (<20 years) who feel that they have not had the required information and support.



"Whatever the health system, women should have easy access to maternity care, without any barriers."

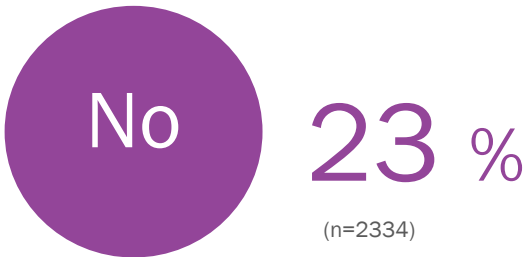
Dr. Jos Van Roosmalen, M.D., PhD., Professor of Safe Motherhood and Health Systems at Vrije Universiteit Amsterdam, Safe Motherhood Week Expert Adviser

Navigate the care associated with pregnancy

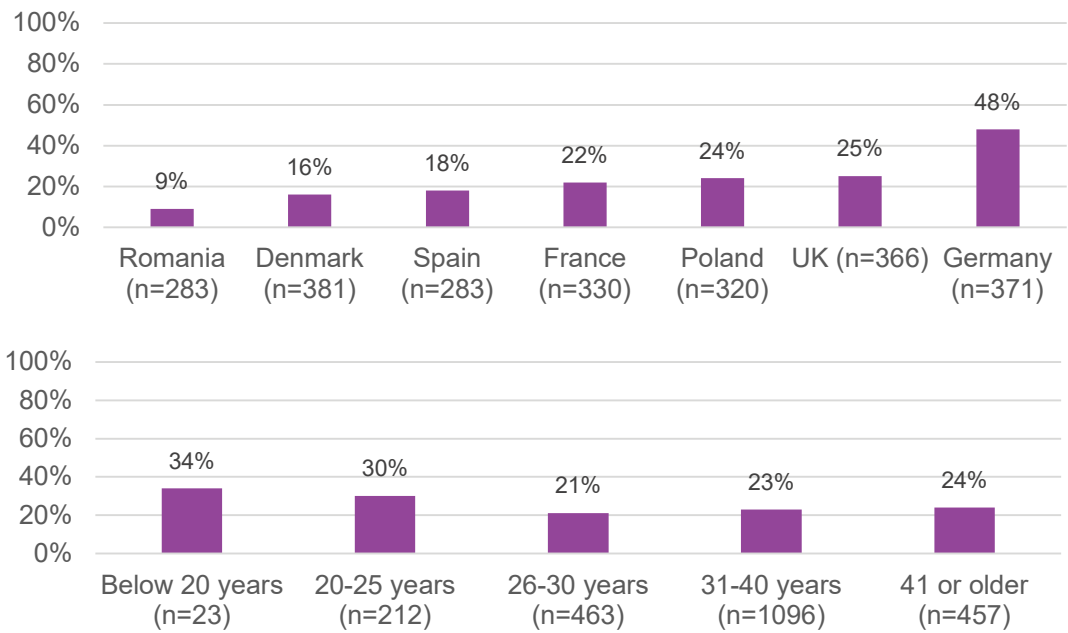
Close to a quarter of women surveyed feel that they did not understand how to navigate the care associated with their pregnancy and were therefore unable to identify or avoid complications, whereas 77 % were able to navigate the care

landscape. The percentage of women in Germany who do not feel that they understood how to navigate is almost half (48%). The proportion is slightly higher for younger women (<20 years).

Looking back on your pregnancy, do you feel like you understood how to navigate the care associated with your pregnancy and were able to identify or avoid complications?



- Across countries and age range



"It is the human right of every woman to access good medical care before, during and after pregnancy. It's a human rights obligation according to international law."

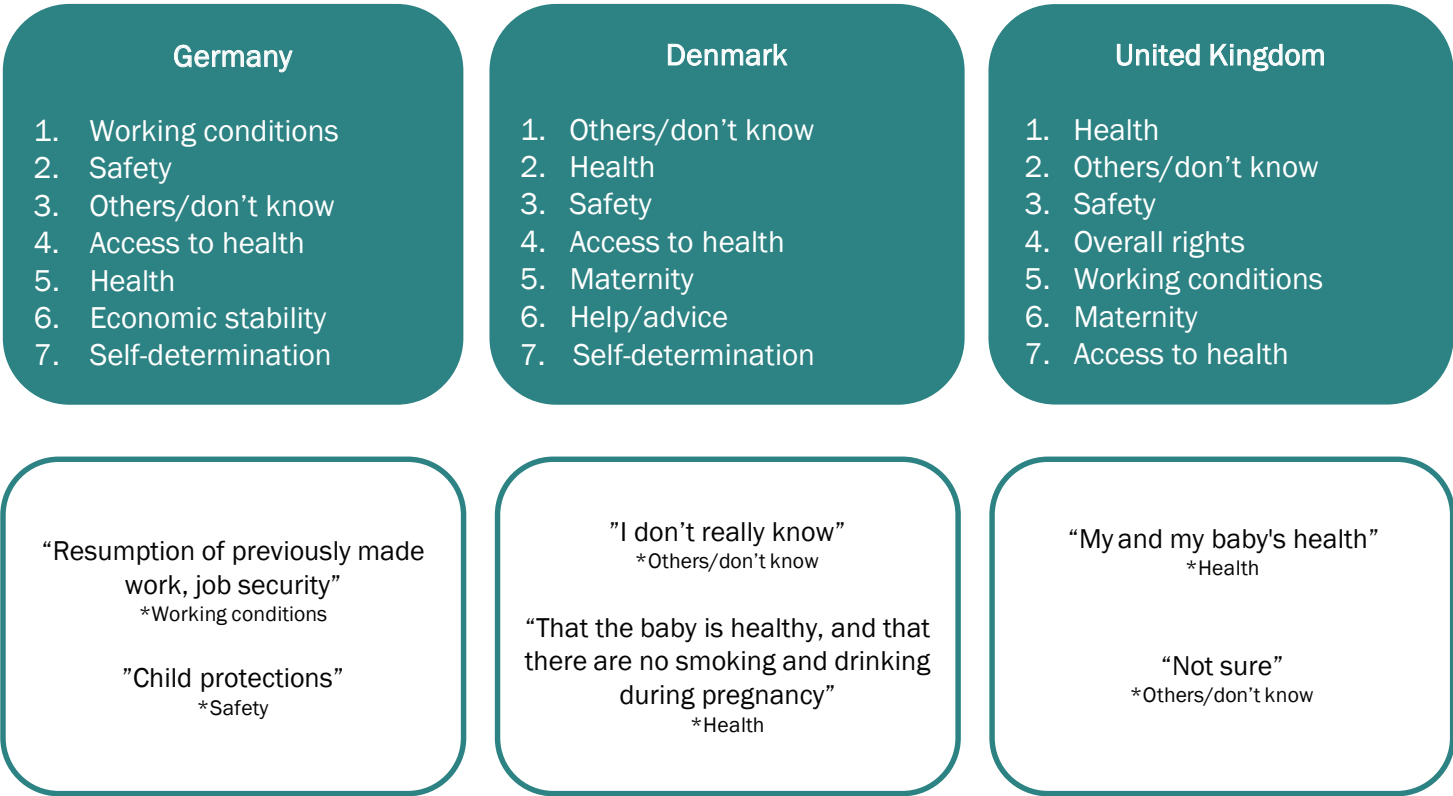
Neil Datta, Secretary of the European Parliamentary Forum on Population and Development (EPF),
Safe Motherhood Week Expert Adviser

What is the most important aspect for you when you think of pregnancy or maternal rights?

- Across all countries surveyed, safety seems to be an important aspect of pregnancy and maternal rights., along with health aspects. Health refers both to that of the woman and the child; reference is also made to access to health institutions.
- Women in Germany focus a lot more on general rights in relation to work (1/5 of the women), whereas women in Denmark more often mention maternity and maternity regulations.

Note: Other categories, not in top 7: Time for motherhood, prioritization of child, in control, responsibility, equality.

Top 7 ranking of the most important aspects of pregnancy and maternal rights.



A pregnant woman with brown hair tied back with a white bow, wearing a pink tank top, is shown in profile, smiling and holding her belly. The background is a blurred bookshelf. The entire image has a light purple overlay.

9. APPENDIX

Acknowledgements

The Safe Motherhood Week team would like to thank the individuals and partners listed here, without whom the creation and completion of this survey would not have been possible.

Expert advisers

Sophie Alexander-Karlin, M.D., PhD., Ecole de Santé Publique, Université Libre de Bruxelles

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Neil Datta, Secretary, European Parliamentary Forum on Population & Development (EPF)

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Safe Motherhood Week partners

The Synergist, The Alliance for Maternal Health Equality, European Parliamentary Forum on Population and Development (EPF), International Organization for Migration (IOM), Mummy's Star, The Pregnancy and Medicine Initiative, Pregnancy Sickness Support, and United Nations Population Fund (UNFPA).

Data partner

Epinion Global

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Sinead O'Laoire, Editor





Methodology for the Perceptions on Motherhood Survey

The survey was distributed to a representative sample of women in the selected countries.

Through sampling and country selection, the objective was to obtain a good spread in terms of geographic location, income and population. Due to the need to obtain information from women who are at a specific time in their lives, the sample is only representative in terms of age distribution of women in the seven countries.

The findings from the open answers are only based on answers from women in Denmark, Germany and the UK. The use of online panels - professionally managed databases of consumers who are willing to answer surveys online - facilitated faster and efficient data collection.

Following data collection, the respondents were weighed according to the age distribution in the respective countries that the study covers.

The reported number of responses (n) are the unweighted n. It should be pointed out that the share of women below 20 years is very small (74), most likely because not many women under 20 fit in the target group of this survey. Still the results of this category alone should be interpreted with reservations.

n represents the total of respondents that have answered a question and not only the shown answer category.

Throughout the survey, all questions are always shown in total for all respondents. But all questions have been crossed with age, country and stage of life. When results differ from the total, when crossed with one of these variables, they are stated in the survey.

In general most differences are seen in terms of age and country.

Survey and question design

The questions have been selected by the Safe Motherhood team, with the input of an Advisory Board, to cover the key stages of the pregnancy experience - family planning before pregnancy, pregnancy, the stage immediately after pregnancy, and motherhood - and to address what are considered to be the key factors broadly influencing the pregnancy experience, including medical care, access to information, family planning, and the impact of pregnancy in the workplace and on social relations.

The questions were tested online through the Safe Motherhood Week website (<http://safemotherhoodweek.org/>) from December 2015 - January 2016. Epinion, an international survey company with extensive experience in carrying out perception surveys, were responsible for data collection and reporting in February 2016. The final recommendations were completed by the Safe Motherhood Week team with the support of the Advisory Board in March 2016.

Conclusions from SafeMotherhoodWeek.eu Readers

About the survey

This chapter presents data from a smaller survey (489 women) conducted via the Safe Motherhood Week website (27 men and 8 'not answered' are discarded).

Overall, women from this smaller survey experienced more barriers and complications in relation to pregnancy/motherhood than women in the Perceptions on Motherhood Survey.

The data is not representative. The respondents are all women who went to the webpage independently and therefore already have an interest in this subject. These factors need to be taken into consideration when interpreting the following conclusions.

Work and pregnancy/motherhood

- 73% of respondents worked either part- or full-time during their pregnancy. Only 19% replied that they had not worked during pregnancy. About half of the respondents felt that pregnancy or motherhood had prevented them from advancing in the workplace. This is quite a large proportion compared to the Perceptions on Motherhood Survey, where only 34% had the same experience.

Medicine and health

- About half of the women reported that they had taken medications during their pregnancy (this share is only 33% in the Perceptions on Motherhood Survey). Around 25% had taken one medication, whilst 20% had taken more than one medication.

- A significant proportion of respondents experienced complications during and after their pregnancy. 44% experienced complications such as high blood pressure or nausea during their pregnancy. 34% experienced complications such as back pain, infections or depression after their pregnancy. These percentages are smaller in the Perceptions on Motherhood Survey with 26% experiencing complications during pregnancy, and 17% experiencing complications after pregnancy.

Family planning and relations

- 45% of respondents answered that they had not discussed family planning with their doctor; this share is 57% in the Perceptions on Motherhood Survey. The female respondents have generally experienced different barriers to visiting with their doctor/midwife or getting the care they need. 19% report that they have experienced a lack of understanding, whilst another 17% have felt unable to take time off from work/school. Around 10% have experienced discomfort with their doctor when it comes to family planning.

Information and support

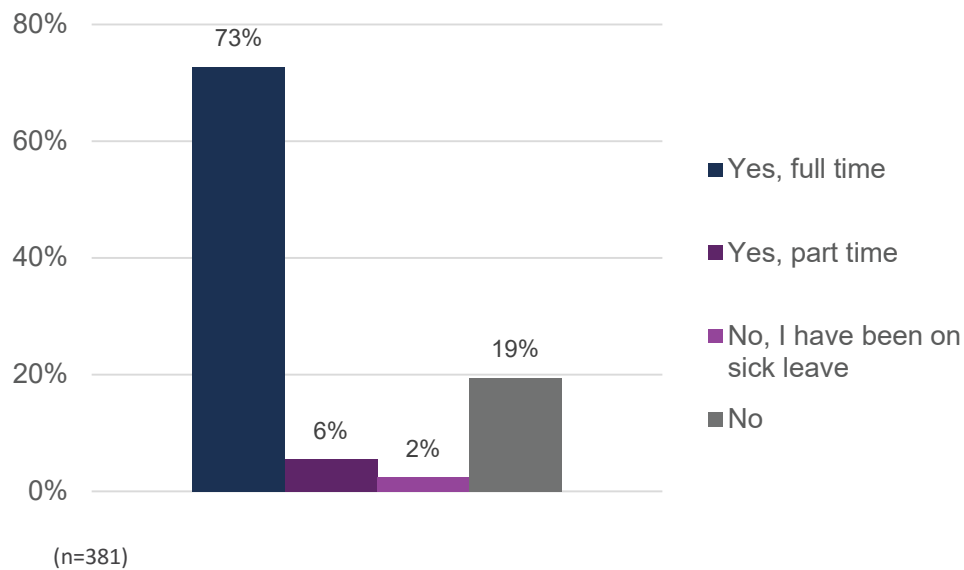
- 46% of the women replied that they did not feel that they had the appropriate information and support immediately before and after giving birth – this share is only 26% in the Perceptions on Motherhood Survey.

Work and pregnancy/motherhood

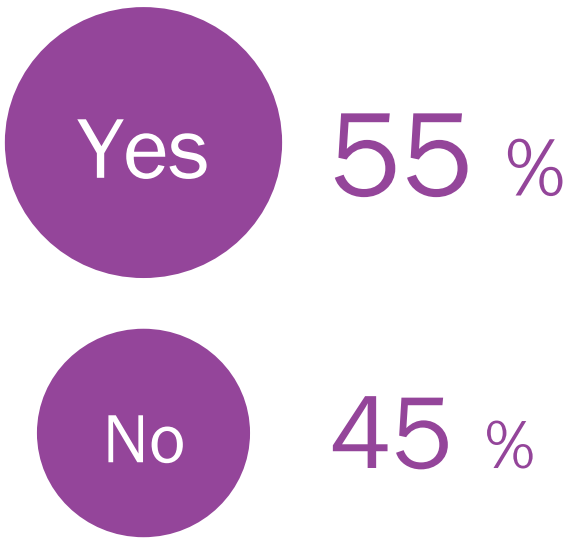
73% of respondents worked either part- or full-time during their pregnancy. Only 19% replied that they had not worked during pregnancy.. Furthermore, a total of 55% felt that pregnancy or motherhood had prevented them from advancing

in the workplace. This is quite a large proportion compared to the cross-national survey where only 34% had the same experience.

Did you work during your pregnancy or during the first 3 months after giving birth?



Do you feel that pregnancy/motherhood has prevented you from advancing in the workplace?



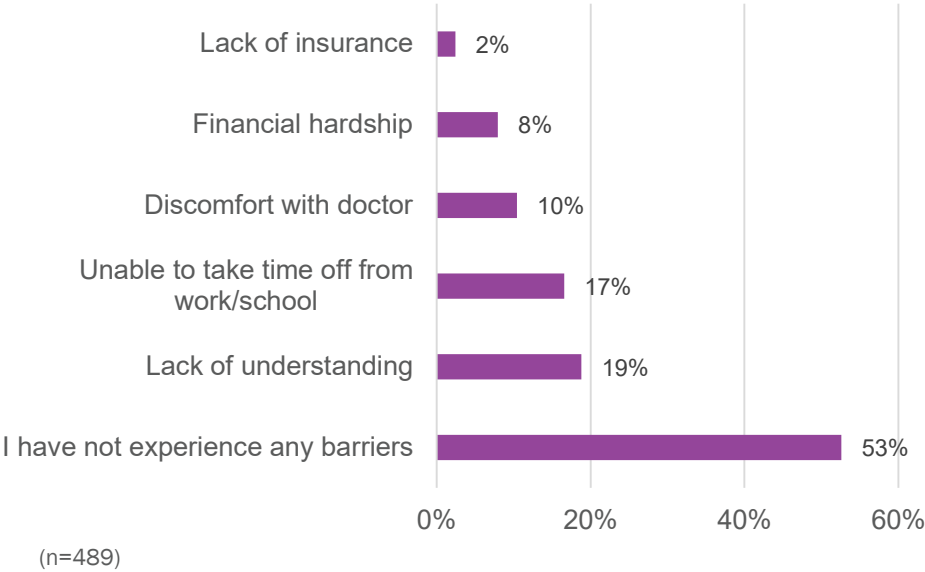
(n=306)

Barriers and family planning

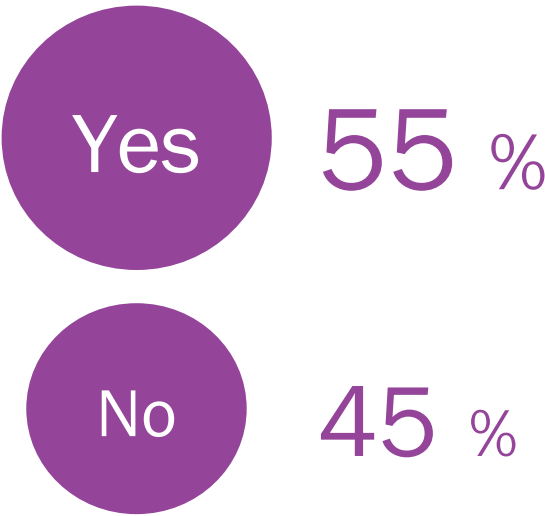
The women surveyed experienced different barriers to visiting their doctor/midwife or getting the required care. 19% report that they experienced a lack of understanding, whilst another 17% felt unable to take time off from work/school. Around 10% experienced discomfort with their

doctor. When it comes to family planning, 45% of respondents replied that they had not discussed family planning with their doctor; this share is 57% in the Perceptions on Motherhood Survey.

Have you experienced any barriers to visiting with your doctor or midwife/getting the care you need?



Have you ever discussed family planning with your doctor?



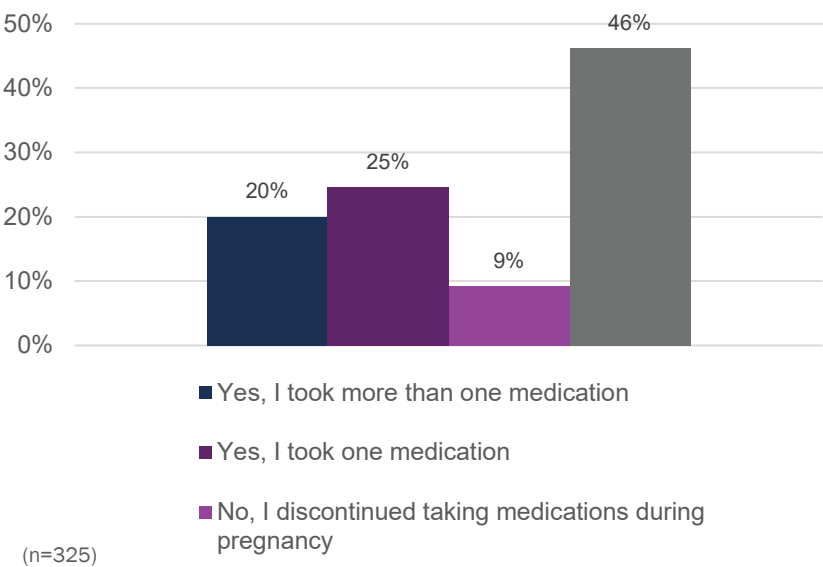
(n=85)

Medications during pregnancy and information and support

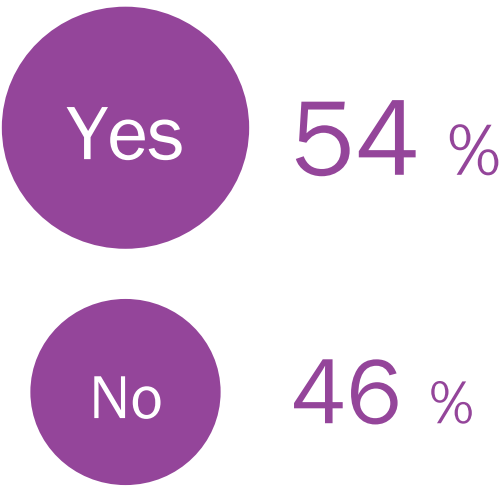
54% of the females report that they have been taking medications during their pregnancy (this share is only 33% in the Perceptions on Motherhood Survey). Around 25% have taken one medication, whilst 20% have taken more than one medication.

Furthermore, 46% replied that they did not feel that they had the appropriate information and support immediately before and after giving birth – this share is only 26% in the Perceptions on Motherhood Survey.

Did you take medications during your pregnancy?



Did you feel you had the appropriate information and support immediately before and after the birth of your child?



(n=316)

Complications before, during and after pregnancy

A significant proportion of respondents experienced complications during and after their pregnancy. 44% experienced complications such as high blood pressure or nausea during their pregnancy. 34% experienced complications such as back pain, infections or depression after their pregnancy.

These percentages are smaller in the Perceptions on Motherhood Survey with 26% experiencing complications during pregnancy, and 17% experiencing complications after pregnancy.

