

Postpartum Experience Survey

The Postnatal rEvolution Summit, a collaboration of the Postnatal Support Network, European Doula Network (EDN), and Geboortenis, advocates for necessary improvements in the postpartum experience in Europe. This collective effort is set to inspire change and drive the conversation forward.

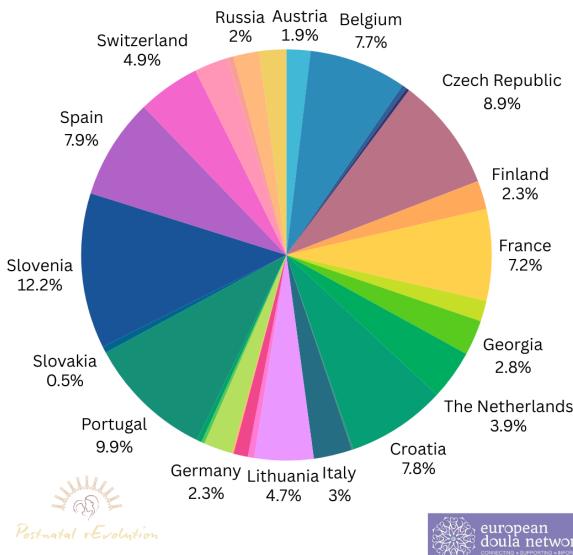
To initiate this conversation, it was important to understand the status of postpartum care for mothers and identify their needs. EDN undertook this responsibility and carried out a survey on postpartum practices and available options in various countries. A total of 815 women who had given birth within the last five years from 29 countries across Europe participated in the survey.

The survey revealed significant differences in expectations and support available to new mothers across Europe. While some cultures provide strong support systems for postpartum care, many mothers face societal pressure to appear resilient. The responses highlight the need for greater awareness and support for postpartum well-being, ensuring that new mothers have the time and resources to recover. As discussions about postpartum care continue to progress, the voices of these mothers act as a catalyst for change in how societies approach this crucial phase of motherhood.

We chose to explore five main themes: the physiological realities of the postpartum period, the emotional and psychological challenges during the first weeks following childbirth, the social and practical empowerment experienced, the availability of information for mothers and where they can access it, and the dynamics of returning to work and the ways of interacting with employers and work policies. Below is a summary of our findings.

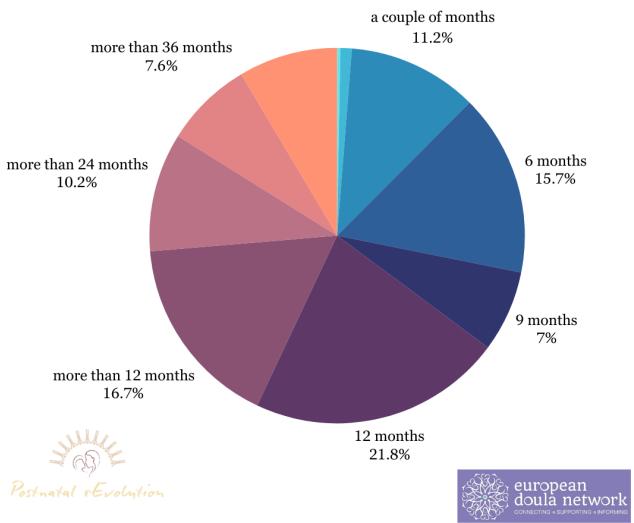
General Demographics

Our survey was open to all EDN member countries from May to September 2024. A total of 815 women from 29 European countries, including Turkey, who gave birth in the last five years, participated in the survey. More than 93% of the women/mothers were between the ages of 25 and 44. Additionally, nearly 5% of mothers/women were older than 45. According to our survey, most mothers are parenting one child (47%), followed by those with two children (35%) and three (13%). Just over 5% of women in the survey have four or more children.

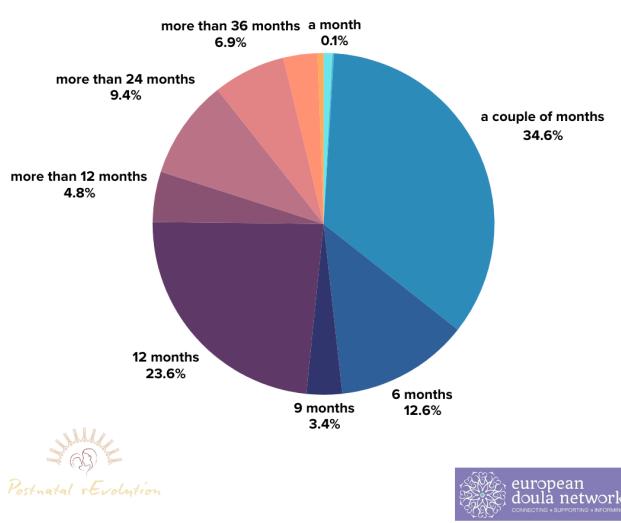


An alarming majority of mothers (35%) report that maternity leave in their country lasts only a couple of months. While 23% of mothers enjoy a full year, 13% have six months, and just 9% have over 24 months of maternity leave to spend at home with their baby.

How long were you/are you planning to stay on your maternity leave with your last child?



How long is maternity leave in your country?



Physiological Postpartum Reality

We gathered information regarding the physiological postpartum reality that mothers experience. This data sheds light on the emotional and physical challenges faced by women during the postpartum period, including issues related to childbirth, postpartum conditions, baby health concerns, and breastfeeding challenges. The findings emphasize the need for comprehensive support systems to ensure that each mother can thrive during this crucial time.

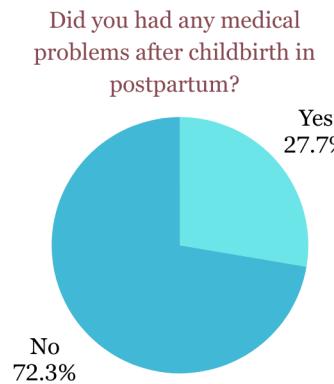
Almost half of the mothers (45%) experienced emotional extremes, feeling both bliss and insecurity, while an additional 43% were sensitive to the presence of others. 36% of mothers had feelings of loneliness, despair, and depression, and 28% felt insecure about their new role. Postpartum anxiety was present in 26% of cases, and delicate family situations were reported in 23% of cases. Additionally, 18% of women had traumatic birth experiences.

Furthermore, 28% of women reported medical issues related to birth. These issues included a variety of problems, with the majority being organ prolapse, urinary or fecal incontinence, retained placenta, heavy bleeding after birth (postpartum hemorrhage), diastasis recti, infection, and complications with stitches following episiotomy. Other issues included breastfeeding problems leading to mastitis, as well as various mental health-related problems, ranging from baby blues to postpartum depression and even PTSD.

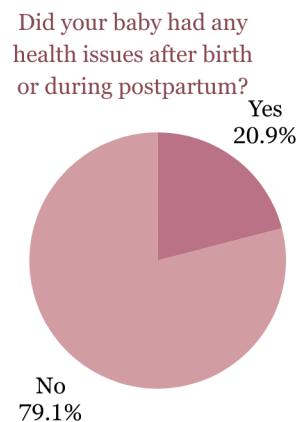
Women reported various postpartum conditions, with the most common being problems connected to breastmilk production (43%), afterpains due to contraction of the uterus (43%), various perineal injuries (41%), hemorrhoid discomfort (29%), body aches and joint pain (25%), (Heavy) bleeding and/or lochia (22%), urinary or fecal incontinence (20%), and various others.

21% of mothers reported baby health issues after birth. Newborn medical issues included neonatal jaundice, hemangioma, hematoma, heart murmur, aortic isthmus stenosis, congenital cataract, hypotonia, hernia, bronchiolitis, lung infection, congenital facial paralysis, vesicoureteral reflux (VUR), urinary infections (UTI), tongue tie, neonatal hypoglycemia, and infant acid reflux.

Not having enough or excessive breast milk production was an issue for a comparable number of mothers, each comprising more than 22%.



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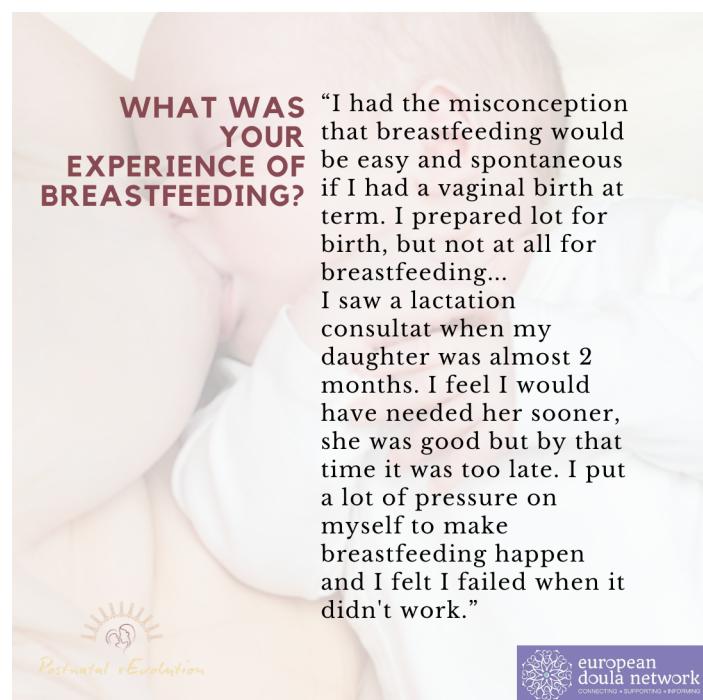
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Breastfeeding

The responses reflected a wide range of emotions and challenges faced during this crucial period. Many mothers highlighted the initial difficulties of breastfeeding, noting struggles such as painful latching, concerns over milk supply, and the pressure to supplement with formula. One mother described her first breastfeeding experience as “horrific” for the first two months but later transformed into a beautiful bonding experience, while another faced significant challenges due to medical interventions during birth that affected her ability to nurse.

Despite these challenges, several mothers reported a more positive experience with subsequent children, reiterating that improved knowledge and support played a critical role in their success. For instance, many emphasized the importance of having access to lactation consultants and support groups, which helped them navigate initial hurdles.

A recurring theme was the emotional toll of breastfeeding, with some mothers expressing feelings of guilt or inadequacy, especially when dealing with medical professionals who questioned their feeding choices. One respondent described her positive journey with breastfeeding for over three



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years, highlighting the intimate bond it fostered with her child. Overall, while the path to successful breastfeeding can be fraught with difficulties, many mothers ultimately found it to be a rewarding experience filled with unique moments of connection and satisfaction. The survey reveals the diverse experiences of mothers and underscores the need for comprehensive support systems to ensure that each mother can thrive in her breastfeeding journey.

Satisfaction and dissatisfaction with postpartum changes in their bodies and body image were evenly split, with each comprising 31% of responses. Regarding feeling supported by family on their feeding choices, 73% said yes. 63% felt supported in their local community concerning their feeding choices for the baby, while 26% felt mixed support.

Most mothers (45%) receive immediate support for breastfeeding from midwives, followed by nurses (28%) and lactation specialists (21%). In 18% of cases, doulas supported mothers. Family members also play a role in this journey, offering assistance in 15% of cases, while 7% of mothers found support from friends.

Interestingly, 17% of mothers felt they did not need any assistance with breastfeeding, and 11% reported not having any support. This serves as a powerful reminder of how vital community and professional support can be during such a significant time in motherhood!

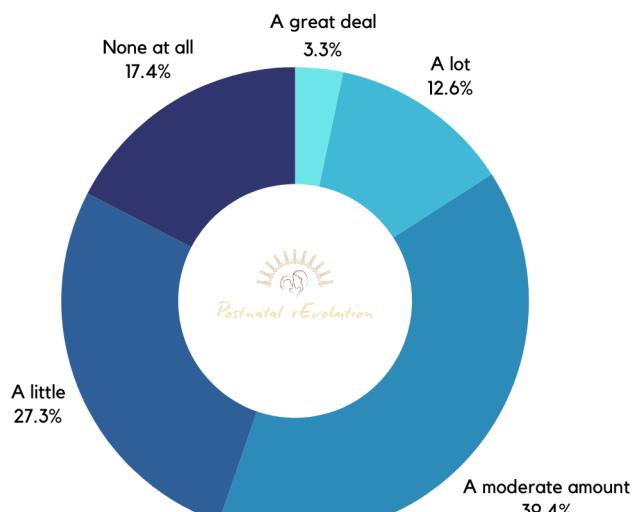
In the later stages of postpartum, a great number of mothers (38%) reported not needing any support with breastfeeding. However, many still needed professional assistance: 30% received help from lactation specialists, 23% from midwives, and 13% from doulas. Additionally, family members supported 15% of mothers during their breastfeeding journey. This shows while some mothers feel confident on their own, the role of professionals and family is still needed.

One of the most common challenges faced by around 60% of breastfeeding mothers is sore or cracked nipples. The second most frequent issue, affecting 39% of mothers, is improper latching, followed by breast engorgement affecting 30%. Difficulties with milk production—whether insufficient or excessive breast milk production—affected over 22% of mothers. Additionally, 20% of mothers suffered from blocked milk ducts, and an additional 20% from mastitis. Yeast infection (thrush) was a problem for 7% of mothers.

Sleep

During the postpartum period, 40% of mothers reported getting a moderate amount of sleep, while 27% struggled with little sleep, and 17% reported getting no sleep at all. Interestingly, 13% of mothers reported having a lot of sleep, and an additional 3% managed to get a great deal of sleep.

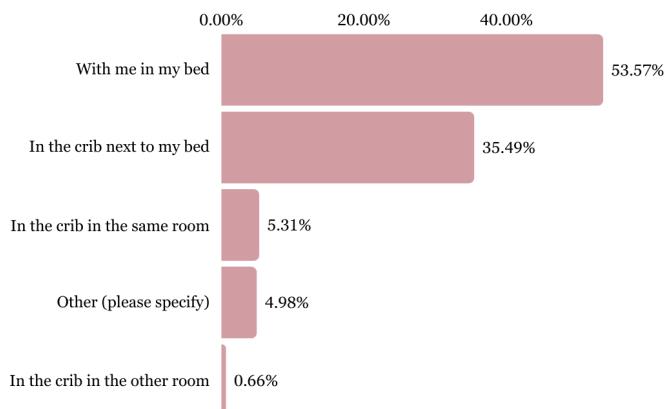
Did you get enough sleep during your postpartum?



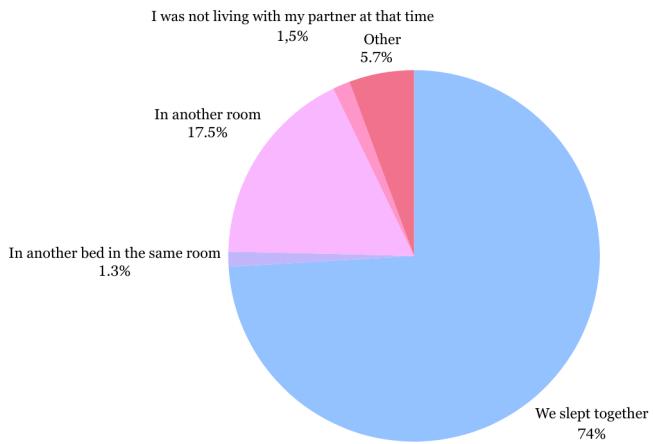
Baby Sleeping Arrangements

The predominant choice among mothers was co-sleeping, with 54% having the baby sleep in their bed. An additional 35% of mothers placed their baby in a crib adjoining their bed. Only 5% of mothers placed the baby in a crib in the same room, and less than 1% in a crib in another room. There were various other reported sleeping arrangements, such as the baby sleeping in a bed extension, sleeping pillow, or even a breastfeeding chair. Some mothers reported their babies mostly sleeping in their arms, especially during the first weeks. Others mentioned a combination of crib use and co-sleeping as their children moved through different stages.

Where did your baby sleep during your postpartum?



Where did your partner sleep during the postpartum?

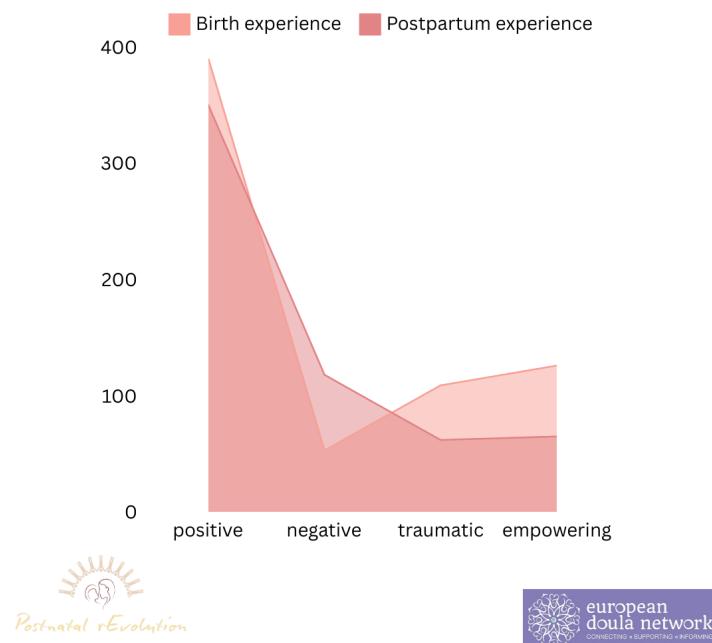


Partner Sleeping Arrangements during Postpartum

During the postpartum period, 74% of partners slept together, while in 17% of cases, the partner slept in another room. Only 1% of mothers reported their partner sleeping in the same room but in another bed, and 1.5% of mothers did not live with their partner during that time. Some mothers reported variations in sleeping arrangements, such as partners sleeping with older children in another room or alternating between the main bed and nearby rooms to accommodate shared parenting duties, especially with older siblings, or simply to rest for workday or work-related travel. There were instances where the partner sometimes slept in the nursing chair or on the sofa, allowing the mother and baby to have more space. Some mothers highlighted challenges stemming from sharing space not only with their newborns but also with older children.

Emotional and Psychological Challenges

Understanding the impact of birth experiences on the postpartum period is crucial for supporting new mothers. Our research delved into the emotional and psychological challenges faced by mothers during this transitional phase. We gathered insights from over 800 mothers across Europe to shed light on their postpartum experiences, including birth settings, maternal satisfaction, mental health, body image, and feelings of loneliness. Additionally, we explored various postpartum customs and practices, highlighting the influence of cultural norms and societal expectations on the well-being of new mothers. This research provides valuable insights into the diverse experiences of new mothers and the support systems needed to facilitate a smooth transition into motherhood.



In our survey, 82% of births took place in hospitals, while 17% were home births. Among the mothers surveyed, 35% experienced a hospital vaginal birth without interventions, 27% had a hospital birth with some interventions, and 19% had a Caesarean birth. Additionally, 3.5% of the women had a vaginal birth after a previous Caesarean section (VBAC), with 15 of those deliveries occurring in hospitals. Overall, 66% of the women were satisfied with their birth experience, with 57% describing it as positive and 19% as empowering. However, 16% of the women found the birth to be traumatic or negative (8%).

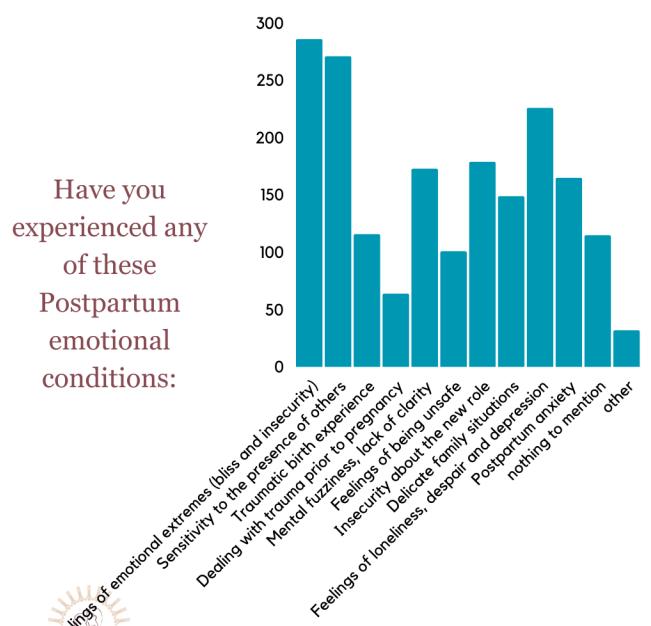
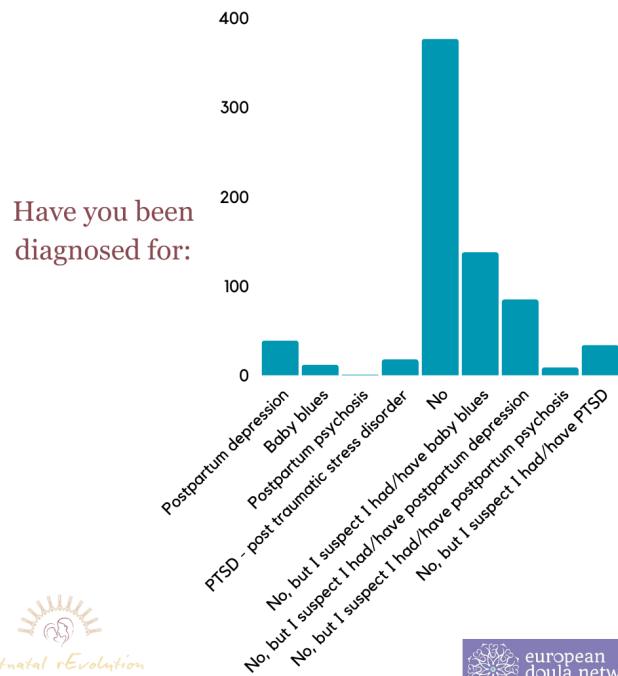
It's worth noting that 29% of the mothers in our survey had doula support during their birth. This number might be higher than average because the mothers were in contact with doula organizations across Europe and were likely already familiar with the concept of doula support. Worldwide, this number is likely closer to 6% (Kozhimannil et al., 2014).

In the first weeks of the postpartum period, 64% of mothers reported feeling tired, nearly 20% felt depressed, and an additional 17% felt unhappy. On a positive note, 15% felt energized, 42% felt competent in their new role, and 22% felt inadequate. Moreover, 75% of mothers quickly bonded with their newborn, with an additional 16% feeling bonded after some time. However, 9% expressed less bonding than anticipated.

In terms of mental health, 13% of mothers suspected they had postpartum depression, but only 6% were diagnosed. Additionally, 22% felt they had baby blues, with 2% diagnosed, and 5% suspected PTSD, with 3% receiving the diagnosis.

When it came to body image and changes, 31% of mothers were satisfied with the postpartum changes, while another 31% were dissatisfied.

Regarding loneliness, about 30% of mothers reported feeling a little lonely during the postpartum period, while 20% experienced a moderate amount of loneliness. Additionally, 19% felt a lot of loneliness, and 15% experienced a great deal of loneliness during this transitional period. On a positive note, 16% of mothers reported never feeling lonely at all during their postpartum experience.



Postpartum Customs: A Glimpse into Mothers' Experiences Across Europe

Cultural norms, familial support, and societal expectations influence mothers' postpartum experiences in Europe. The survey sheds light on how new mothers navigate the challenging transition into motherhood.

One significant theme is the concept of a resting period post-birth, with customs like the 40-day rule mentioned frequently. In several cultures, it is traditional for new mothers to stay at home for a month or longer, focusing on recovery and bonding with their newborns. This "babine" period allows mothers the time to heal physically and mentally, although many also noted a lack of support to fully embrace this tradition.

In contrast, some respondents expressed how modern pressures push mothers to "bounce back" quickly, often leaving little room for rest. The cultural expectation to resume daily activities can be overwhelming. In countries like the UK, there's an emphasis on mothers returning to normalcy shortly after childbirth, reinforcing the idea that postpartum support is often lacking.

Support systems vary widely. In some areas, families and communities offer practical help; for instance, mothers report friends and family bringing cooked meals to ease the transition. The Dutch practice of kraamzorg, where home caretakers provide assistance with household tasks and infant care, was positively highlighted by several mothers as vital support during those early days.

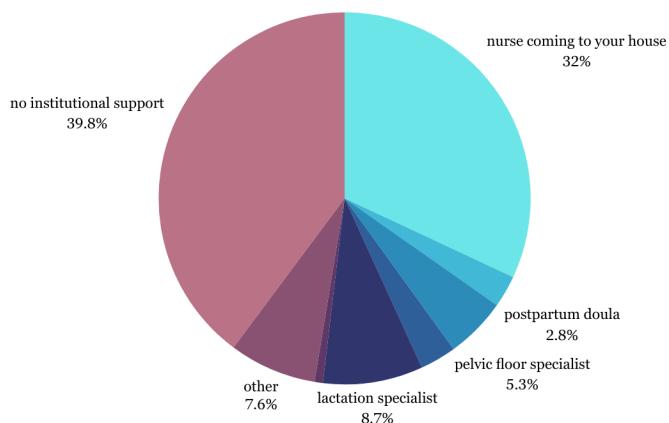
However, many mothers felt the burden of repeated visits from friends and family, often without any accompanying offers of help. This can lead to feelings of stress and invisibility, as the focus tends to be more on the baby than the new mother's needs.

Interestingly, some customs tied to postpartum care include specific dietary practices and rituals. For instance, certain cultures recommend consuming chicken soup and following guidelines about what to eat during recovery. Activities like postpartum massage and belly binding were mentioned as practices that some mothers either experienced or knew about.

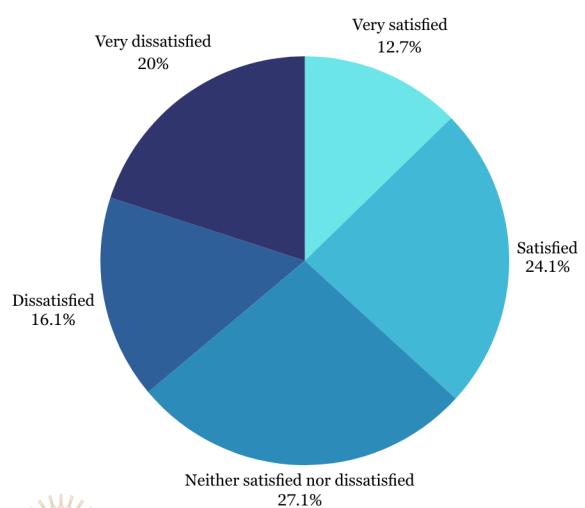
Social/ Practical Empowerment

The postpartum period is a crucial time for new mothers, and the support they receive during this phase can significantly impact their well-being. Understanding the level and type of support mothers receive from institutions and at home is essential for improving postpartum care. In this context, the survey provides valuable insights into the support systems available to mothers during the postpartum period. The survey sheds light on the types of support received from state or local institutions and the support provided by partners, family members, and other sources. Additionally, the survey explores mothers' satisfaction levels with the support received and their overall experience during the postpartum period. This information is crucial for identifying areas that require improvement and ensuring that mothers receive the assistance they need during this important stage of their lives.

The institutional support was in the form of:



Satisfaction with institutional support

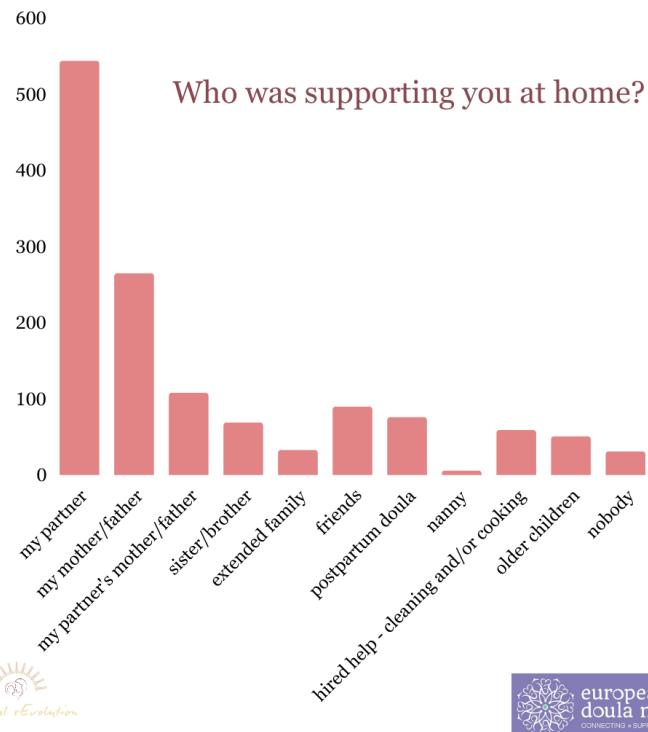


Less than half of mothers received any form of postpartum support from state or local institutions. The majority (39%) received a nurse postnatal home visit, followed by a lactation specialist (11%) and a pelvic floor specialist (6%). Only 3% of mothers received support from a postpartum doula visit. The survey revealed that 36% of mothers were satisfied or very satisfied with institutional support. However, 16% of mothers were dissatisfied, and 20% were very dissatisfied. An additional 27% of mothers felt neutral.

At home, 90% of mothers received support from their partner, 44% received help from their parents, and an additional 18% from their partner's parents. Friends, postpartum doulas, siblings, hired help, older children, and extended family members also contributed to support, with varying percentages. Some parents did not have any help at home, as 5% reported not receiving any support.

The survey results also showed that 84% of mothers reported having at least one cooked meal daily during their postpartum period. One-quarter of mothers consistently prepared their own meals, while one-third were free from this obligation. A significant proportion of mothers (41%) occasionally prepared meals.

Three-quarters of mothers were allowed recovery time after giving birth, and half of the mothers felt supported during their postpartum period. However, 11% of mothers lacked support, and 37% felt supported only occasionally.



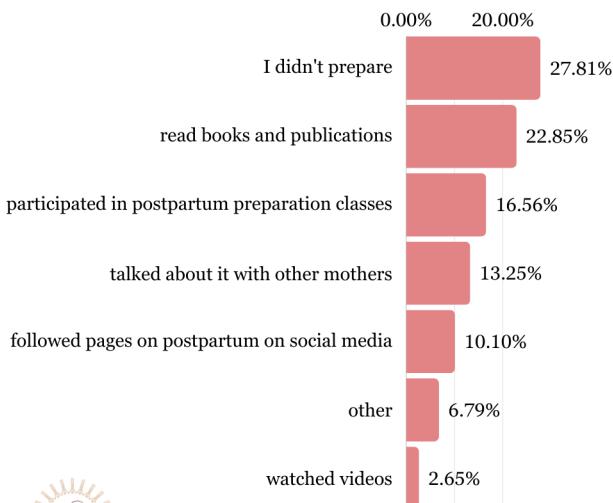
The survey findings highlight the need for improved postpartum support for new mothers from institutional and community-based sources. The data suggests that while some mothers receive satisfactory support, significant numbers feel dissatisfied or lack support altogether. This information can be used to identify areas for improvement in postpartum care and ensure that mothers receive the necessary assistance during this crucial stage of their lives.

Information, where to find what?

Preparation for the postpartum period

Our survey shows more than 27% of mothers did not prepare for the postpartum period. Nearly 23% of them read books and other publications, while 16% attended postpartum preparation classes. Additionally, 13% discussed postpartum with other mothers, and 10% sought information from postpartum-related pages on social media.

How did you prepare yourself for the postpartum period?



Breastfeeding Preparation Insights

Our survey found interesting trends among mothers preparing for breastfeeding. Approximately one-third of mothers successfully breastfed in the past. Nearly 18% of them prepared by reading books and publications, and 16% attended breastfeeding preparation classes. Furthermore, 9% followed breastfeeding-related pages on social media for tips and support, while 4% watched videos about breastfeeding. Interestingly, 14% did not prepare at all, and only 6% discussed their breastfeeding plans with other mothers.

It is clear that while many seek out resources, there's still a significant number who go into breastfeeding without preparation. It is crucial that we continue to support and share knowledge about breastfeeding.

Back to work: relating to employers and work policies

Mothers who had short maternity leave faced a range of challenges when they returned to work after giving birth. These challenges included difficulties with breastfeeding, feeling unsupported, experiencing depression, and feeling guilty about leaving their infant at an early age. Additionally, they had limited information about work policies and options. Many mothers felt pressured to sacrifice their own needs out of fear of losing their jobs or being judged by their colleagues and employers. This situation highlights the need for better support and understanding of the challenges faced by working mothers.



SENSE OF SELF-WORTH AS A MOTHER DURING THE POSTPARTUM PERIOD.

“Destroyed, tired body, no mental time for self, just for tending to the baby and feeling useless/underappreciated by society for performing this hell of a task. Feeling I have to leave my child behind irresponsibly early because of the asocial 3 months maternity leave, knowing I will be forever punished financially (career chances and forever lower wage and pension) by only working half time now for a while. Horrible nights definitely contributing to postpartum depression and I wish for all mums that there was a night-help service provided for desperate and exhausted parents, but there's not.”

Conclusion

The survey illuminated the stark differences in expectations and support available to new mothers across Europe. While some cultures offer robust structures for postpartum care, many mothers struggle against a backdrop of societal pressure to appear resilient. Ultimately, the responses highlight the need for greater awareness and support for postpartum well-being, ensuring new mothers have the time and resources to heal. As conversations around postpartum care continue to evolve, the voices of these mothers serve as a catalyst for change in how societies approach this pivotal phase of motherhood.

To address these challenges, the Summit Committee invites you, dear reader, to participate in the Postnatal Revolution Summit and help change the lives of mothers during the postnatal period. For more information on how you can participate, please visit www.revolution.postnatsupportnetwork.com.

References

- Kozhimannil, K. B., Attanasio, L. B., Jou, J., Joarnt, L. K., Johnson, P. J., & Gjerdingen, D. K. (2014). Potential benefits of increased access to doula support during childbirth. *The American journal of managed care*, 20(8), e340–e352.