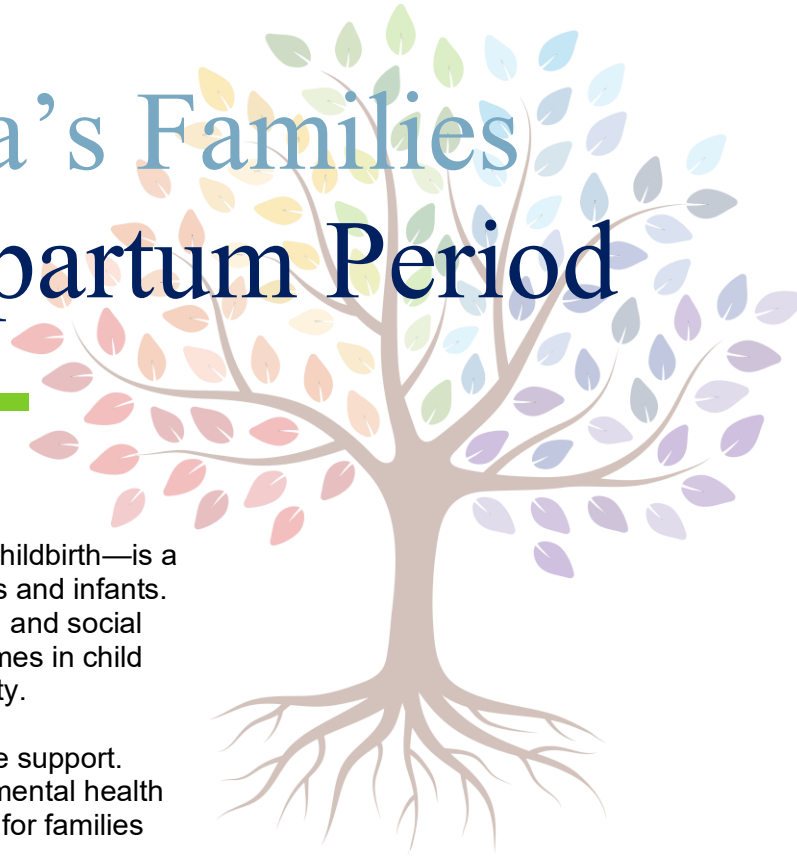


Supporting Iowa's Families During the Postpartum Period



WHY THE POSTPARTUM PERIOD MATTERS

The postpartum period—defined as the first year after childbirth—is a critical time for the health and well-being of both parents and infants. This phase is marked by significant physical, emotional, and social changes, and it lays the foundation for long-term outcomes in child development, maternal mental health, and family stability.

Yet, too often, families face this period without adequate support. Gaps in care, lack of paid leave, and limited access to mental health services can lead to preventable challenges, especially for families already facing systemic barriers.

WHAT WE'RE LEARNING

The postpartum period—the first year after childbirth—is a time of profound transformation. For Iowa families, it brings joy, exhaustion, identity shifts, and often, a lack of support. In partnership with community organizations, we conducted a series of focus groups across the state to hear directly from new mothers about their experiences navigating this critical time. These conversations explored access to postpartum care and services, mental health and emotional well-being, the role of paid leave and workplace policies, and support systems for new parents. Their stories reveal the emotional, financial, and logistical challenges families face—and the urgent need for stronger support systems and policy change.

“Good policy impacts everyone—a healthier, happier community benefits all.”

-Focus group participant

WHAT'S NEXT?

This initiative is part of a broader effort to center family voices in shaping policy and practice. Findings from these focus groups will inform policy recommendations and community strategies to better support families during this vulnerable time. We invite funders, decision-makers, and community partners to join us in advancing solutions that honor the postpartum period as a vital window for lifelong health and resilience.



WHAT WE HEARD: VOICES FROM IOWA'S FAMILIES

1. A Time of Overwhelm and Uncertainty

For many Iowa parents, the postpartum period was marked by intense emotional and logistical upheaval. Even those who felt prepared found the reality far more complex than anticipated. Mothers described the confusion of navigating conflicting medical advice on top of the emotional toll of trying to meet every need.

Despite their best efforts, many felt overwhelmed by the demands of work, parenting, and personal care—often without adequate support:

“I’m doing everything by myself. It’s hard to figure out time for me, family, work, kids…”
“It feels like it’s never enough.”

2. Mental Health Support: Critical but Often Out of Reach

Mental health challenges were a recurring theme. For some, pregnancy meant discontinuing necessary mood stabilizers, leading to relapse. For others, the emotional strain of caregiving left little room to process their own needs. The urgency of daily life often pushed mental health to the background:

“ [My] Mental health wasn’t my priority—it was my baby.”

One parent described the onset of postpartum depression as coinciding with the return to work and school:

“Postpartum depression started when I went back to work and school. I felt like I was neglecting my child, even while I was holding her, while I worked from home.”

While therapy and peer support helped some, stigma and isolation made accessing care difficult.

3. Financial Strain and Child Care Barriers

Financial instability was a constant stressor. Childcare costs were described as “really expensive,” even with assistance. One parent noted that a small raise disqualified her sister-in-law from childcare support—making work financially unsustainable:

“You try to get ahead but then you lose your services, then you fall behind again.”

Even with assistance, hidden fees and eligibility limits created barriers:

“Daycare is charging ‘overage’ fees—even with assistance, it’s still expensive.”

4. Paid Leave and Workplace Support: Inconsistent and Inadequate

Access to paid leave was rare and often insufficient. Only a quarter of the mothers in our focus groups had any paid leave at all—and for those who did, two weeks was the maximum. One mother was able to extend her time at home using unpaid leave, but even that came with physical and emotional strain:

“I can’t imagine going back at 6 weeks. I couldn’t even walk one block when I was six weeks postpartum. The walk from my parking lot to my office is longer than that.”

Returning to work while still recovering physically and emotionally was a common theme. Sleep deprivation and cognitive fog made it difficult to function. Even basic workplace accommodations, such as private spaces for pumping, were lacking.

5. Family and Social Support: Crucial but Uneven

Support systems made a difference—but were uneven.

“My husband did night feeds and let me sleep. If I hadn’t slept, I would’ve had a different experience.”

Some mothers relied on doulas, meal trains, and peer groups. Still, many felt isolated, especially at night. For others, support was limited or lacking altogether.

“Hard to navigate postpartum life without family support. You want your mom.”
“My mom is my only support system right now.”

WHAT FAMILIES NEED: POLICY AND COMMUNITY SOLUTIONS

When asked what would make the postpartum experience better, parents offered clear, actionable ideas:

- ➔ Paid maternity leave—at least 12 weeks, with additional time for C-section recovery.
- ➔ Paid paternity leave—at least 6 weeks to support bonding and caregiving.
- ➔ Expanded childcare assistance with fair income thresholds and reliable processes.
- ➔ Workplace accommodations for pumping and postpartum needs.
- ➔ Accessible, stigma-free mental health support.
- ➔ Better communication from childcare providers

A Message to Policymakers and Community Leaders

Parents were clear: the postpartum experience is deeply personal, unpredictable, and often harder than expected. They weren't sharing complaints—they were asking to be heard.

"You can't control it—we're not complaining to complain. It's truly hard."

Many emphasized that the challenges they faced weren't just individual—they were systemic. One mother pointed to Iowa's "brain drain," noting that people are choosing not to have children because it's simply not practical or affordable. Others spoke to the broader impact of good policy:

"Good policy impacts everyone—a healthier, happier community benefits all."

They called for a shift in how we think about postpartum care—not just as a personal journey, but as a public responsibility. When families are supported, communities thrive.

The message is clear: when we support new families, we all do better. And when we all do better, Iowa does better.

POLICY LEVERS FOR CHANGE

To improve outcomes during the postpartum period, Iowa can:

- ✓ **Expand access to paid family leave**, allowing parents time to recover and bond with their newborns without financial strain.
- ✓ **Strengthen postpartum mental health supports**, including screening, referrals, and culturally responsive care.
- ✓ **Ensure continuity of care**, especially for Medicaid-covered families, by extending postpartum coverage and integrating services.
- ✓ **Support community-based programs** that provide peer support, home visiting, and wraparound services.