

the invisible weight

The Hidden Emotional Experience of Pregnancy & a Case for Emotional Care

NONFICTION
+ *twill*[™]

This research was conducted by Nonfiction Research and commissioned by Twill a digital-first healthcare company focusing on mental health and chronic illness who's tools support over 18 million lives. Twill was contractually prohibited from influencing the results of this study.

For more about Twill jump to [page 94](#).

This is a story about the hidden emotional experience of pregnancy — what we are calling the Invisible Weight — and how the US healthcare system fares under the needs of that weight.

The emotional experiences of pregnancy are often dismissed as a cultural joke — the “crazy hormonal pregnant woman.” But the raw, real, uncensored reality of what millions of Americans experience is not so trivial. Our hope is that this work not only creates more empathy for what pregnant Americans are experiencing when they show up in doctors' offices and hospitals across the country, but inspires players inside and outside the healthcare industry to address the desperate need for emotional care.

At times we will descend into the darkest hours of pregnant Americans' lives. As anyone familiar with pregnancy knows, no two pregnancies are alike. There are experiences of pregnancy that do not involve any major unexpected challenges; these are nothing like what you will read. But, as this research will show, a majority of pregnant Americans connect with this experience to some degree.

This is *their* story.

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SPECIAL THANKS

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Admittedly, this story may be hard to read

Like all Nonfiction studies, these chapters are uncensored. Pregnant Americans confess feelings and experiences that may be hard to read. They discuss miscarriage, attempts to take their own lives, and other challenging emotional experiences. These stories may evoke incredibly difficult feelings in you, as they did in us. These were some of the hardest conversations of our careers.

As researchers we fiercely debated what to include. We asked ourselves: what is the brave truth and what is, as one interviewee called it, “pregnancy trauma porn”?

We know from this research that a big reason why many pregnant Americans feel unprepared and alone during these experiences is that we are afraid to talk about them, and many healthcare professionals are equally afraid to hear them.

If you can continue reading until the end, there is hope.

A final note

This research began in January of 2022 and concluded in September. The first nationwide survey was run in April of 2022. In response to the decision to overturn *Roe v. Wade*, the survey was run again in August of 2022. The results of the survey remained largely the same, not meaningfully impacting the narrative.

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Pregnant
Americans are
feeling

01

DARK EMOTIONS



Americans are feeling things in pregnancy that aren't making it into *The Bump* newsletters

57%

admitted they felt difficult or *dark feelings* in their most recent pregnancy

“

I felt like I was trapped inside a box. I felt like I was screaming inside for emotional and physical support in ways that I couldn't describe, yet on the outside my responses were as if I was totally fine when I absolutely was not. I wanted to be heard, but couldn't give the voice a sound.

I wanted to feel like a beautiful mom and I didn't.

INTERVIEWEE, TO US

28 YEARS OLD,
SOUTHERN REGION

“I was walking through a park while I was pregnant and I saw a family in a car. I broke down crying because I've been compressing these feelings of being a single mom to make it seem like I'm *strong enough* to be an example.

SURVEY RESPONDENT, TO US
21 YEARS OLD, NORTHEAST REGION

SURVEY RESPONDENT, TO US
19 YEARS OLD, WESTERN REGION

I've had many nightmares
about what life will be like
when my baby is here.
I do not like to talk about
negative things I worry
will happen, but these
nightmares can affect
your mindset heavily.



“

My feelings would switch from happy to sad to anxious to hopeless in minutes. I felt mentally unstable in ways I never had before. I felt alone and like everyone was out to get me. My mind would make me think everyone hated me and I wouldn't be a good mother.

SURVEY RESPONDENT, TO US

21 YEARS OLD,
MIDWEST REGION

“
I became overcome with anxiety
so badly that it was hard for me to
manage everyday activities.

I had huge mood swings over
small things like getting the
dishwasher emptied.

INTERVIEWEE, TO US
30 YEARS OLD, MIDWEST REGION



“

I was listening to Arabella by the Arctic Monkeys when I got T-boned by a car near my home. I was 8 months pregnant, spinning out and just kind of

wishing I was going to die.

Like okay good, I don't even want to do this anymore.

INTERVIEWEE, TO US

26 YEARS OLD,
SOUTHERN REGION

“

This entire pregnancy
had been anger and
feeling alone and crying
in bathrooms by myself.

Looking at myself in the
mirror asking *God, why?*

INTERVIEWEE, TO US
26 YEARS OLD, SOUTHERN REGION



35%

admitted they were so worried about having a miscarriage it made it difficult to be excited about being pregnant.

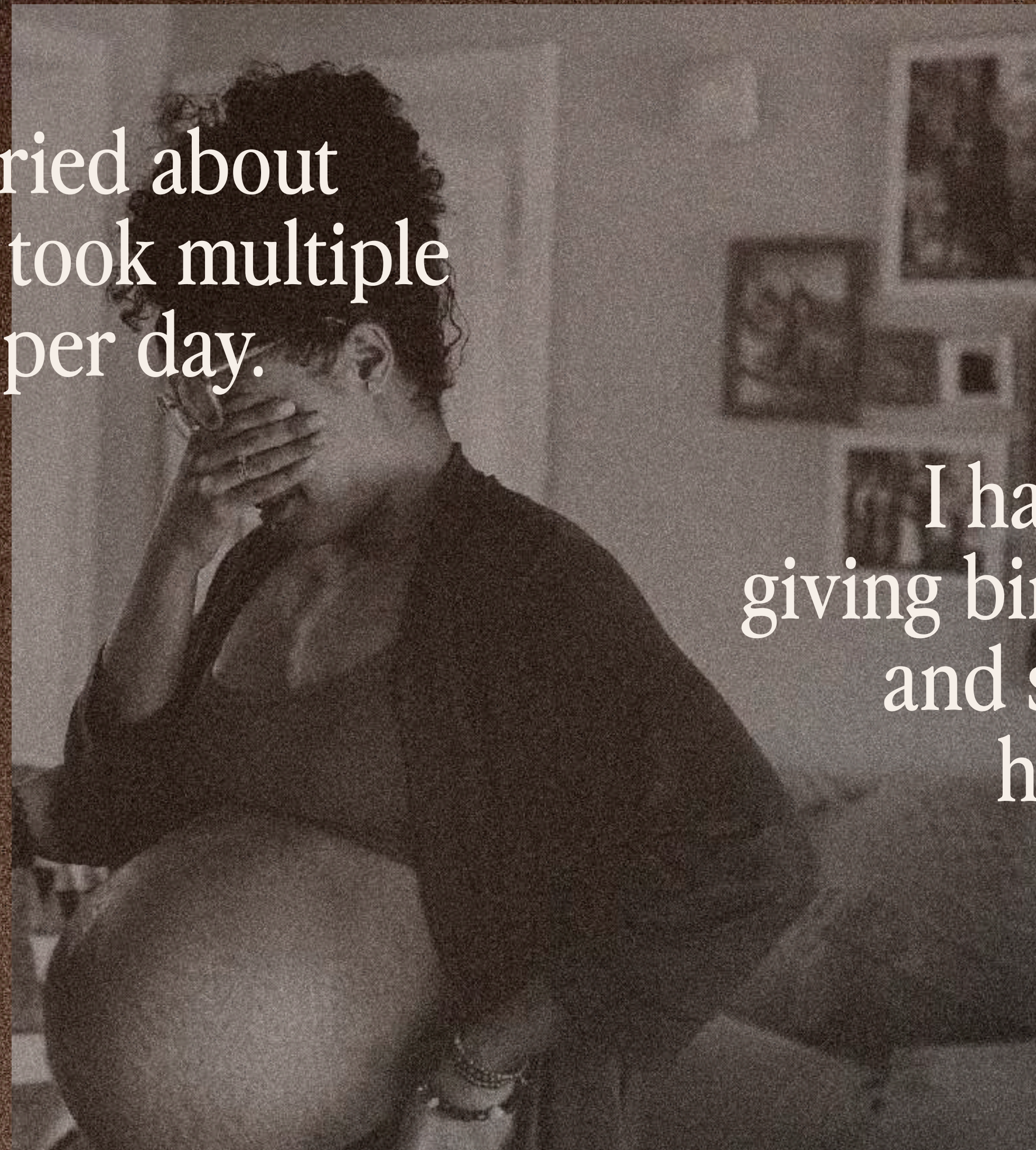
INTERVIEWEE, TO US
WESTERN REGION

I felt a funny disconnect between the pregnancy festivities, well wishes, cards, and baby clothes that were sent and my internal experience — *is this baby gonna come? Is this baby actually gonna happen?* The joy and excitement of having a child feels a little different when you're the one strapped to the rocket ship.



“ I constantly worried about miscarriage and took multiple pregnancy tests per day.

SURVEY RESPONDENT, TO US
30 YEARS OLD, MIDWEST REGION



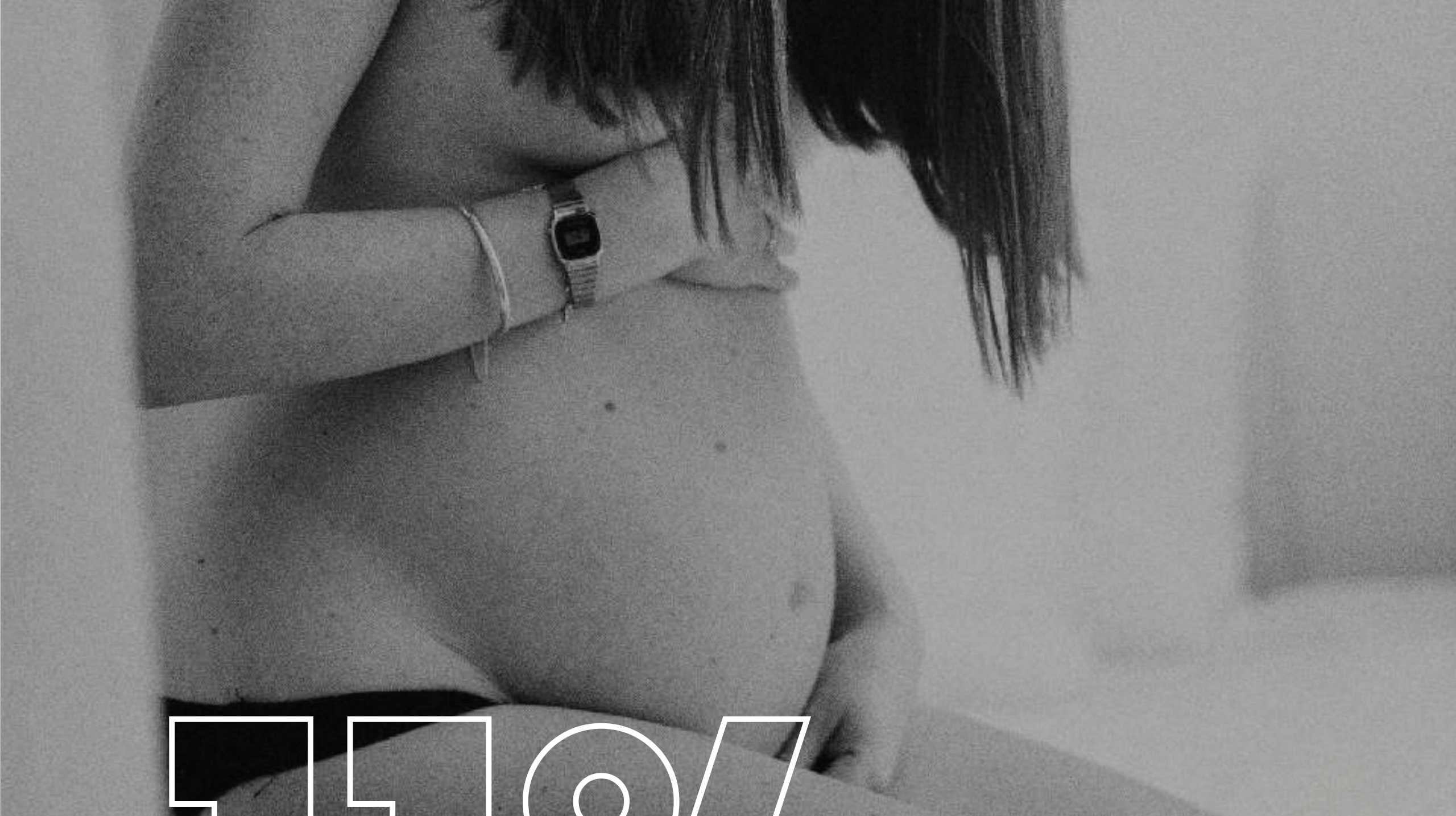
I had nightmares of giving birth to a stillborn and sometimes that I harmed the baby.”

SURVEY RESPONDENT, TO US
34 YEARS OLD, MIDWEST REGION



44%

admitted they had pregnancy-related nightmares



11%

admitted they had unwanted thoughts of harming their child during pregnancy

Pregnancy is one of the biggest psychological transformations a person can experience after adolescence.

It can open a cocktail of fears, insecurities, and even deep psychological wounds from childhood.

57% had worries about their financial situation

56% had insecurities about their body

51% had fears of being a bad parent

42% had worries about not being “motherly” enough

34% had worries they would lose their sense of self

29% had feelings of hate toward themselves

23% experienced unpleasant memories from childhood

23% experienced feelings of rejection from their family

“It’s a full fucking *transformation*
of everything.

Oh my God,

**IT'S FUCKING
INSANE.”**

INTERVIEWEE, TO US
34 YEARS OLD,
MIDWEST REGION

“My mother was diagnosed with breast cancer when I was just two years old and she passed away when I was three years old. Now after having three boys, I’m pregnant with my first daughter. *It’s opening a lot of worry and insecurities* about my health and not being able to see my daughter grow up.

SURVEY RESPONDENT, TO US
27 YEARS OLD,
MIDWEST REGION




“

I felt like I wasn't going to be a good enough parent. And that financially I couldn't handle it. I also felt like with my own mental issues that I would pass them down to my child and it made me feel bad because they didn't ask to be here and deal with mental things.

SURVEY RESPONDENT, TO US
20 YEARS OLD, SOUTHERN REGION





A recurring theme we saw in the nightmares of pregnant Americans was an intense fear of being betrayed by a partner.

“

I have had many, many nightmares this pregnancy about my husband leaving me in some way or dying. Many of them are graphic, like watching him cheat on me with someone else or die in front of me.

SURVEY RESPONDENT, TO US
32 YEARS OLD, MIDWEST REGION

Pregnant Americans self-reported experiencing an array of emotional challenges at rates that sometimes far exceeded clinical estimates.

69%
experienced
anxiety

15%
experienced
mania

53%
experienced
depression

45%
felt brutal
mood swings

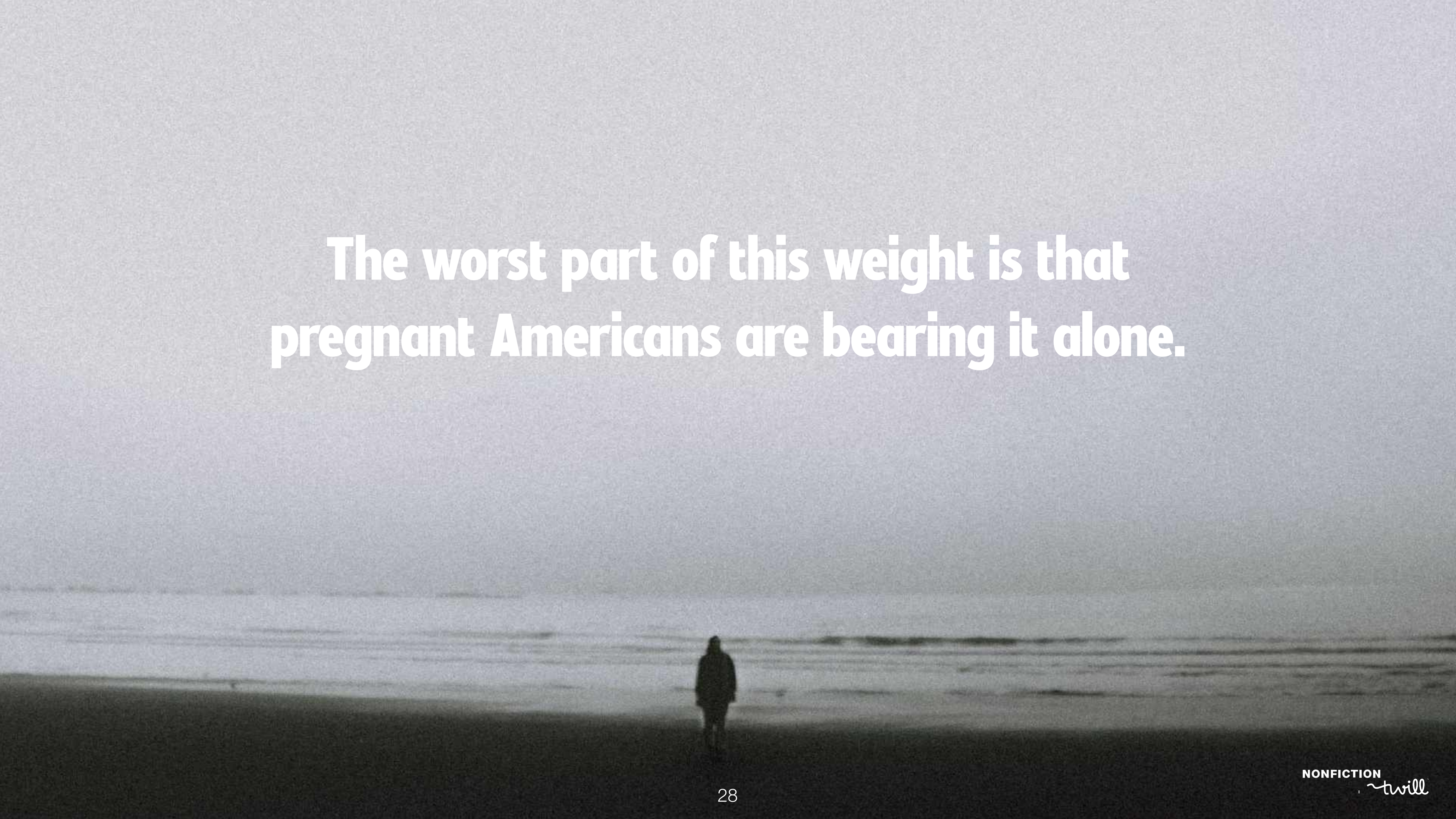
11%
had intrusive thoughts of
harming their child

49%
experienced
loneliness

13%
wanted to harm
themselves

We are calling dark and difficult emotions that open during pregnancy...

The INVISIBLE Weight

A person is walking away from the camera on a beach. The sky is a uniform, pale grey, suggesting an overcast day or twilight. The ocean is visible in the distance with gentle waves. The person is a dark silhouette against the lighter background of the beach and sea.

**The worst part of this weight is that
pregnant Americans are bearing it alone.**

“The darkest part was being completely alone emotionally. Having nobody who listens or even pretends to understand. Everyone says *‘it’s just the hormones’* but it’s not, these are my real feelings and I wish people would stop brushing it off.

INTERVIEWEE, TO US
23 YEARS OLD,
MIDWEST REGION

INTERVIEWEE, TO US
21 YEARS OLD, WESTERN REGION

I felt like no one really understood me even though millions of women have done this exact thing. I felt completely alone in my relationship with my spouse because so much was changing. We planned for this baby, but I was still afraid of the changes.



51%

felt alone with their difficult and dark feelings during pregnancy

NONFICTION PREGNANCY STUDY 2022 N=1,029 RESPONDENTS

“

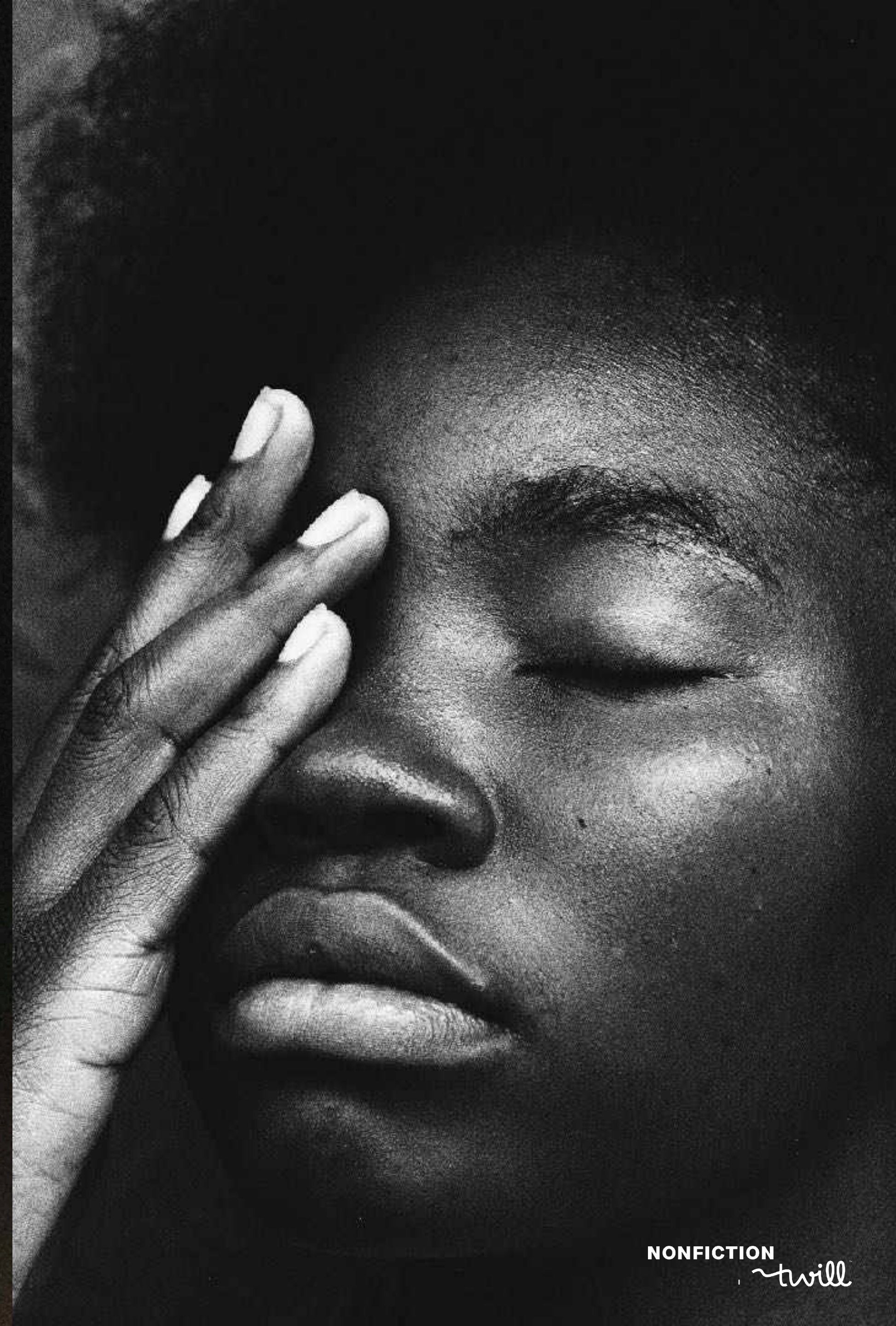
You're the first person I'm telling this to.

I'M SHAKING

INTERVIEWEE, TO US
26 YEARS OLD, SOUTHERN REGION

In this chapter we saw pregnant Americans are feeling things that aren't making it into *mainstream pregnancy conversations*. The fear, doubt, shame, anxiety and depression that open during pregnancy are the Invisible Weight that many feel like they are carrying alone.

In the next chapter, we will see how the current healthcare system isn't providing pregnant Americans the emotional care they need.



The healthcare system is not giving pregnant Americans the

EMOTIONAL



CARE

they need.

We interviewed a woman who told us the powerful story of her darkest hours during pregnancy and the lack of emotional care she received.

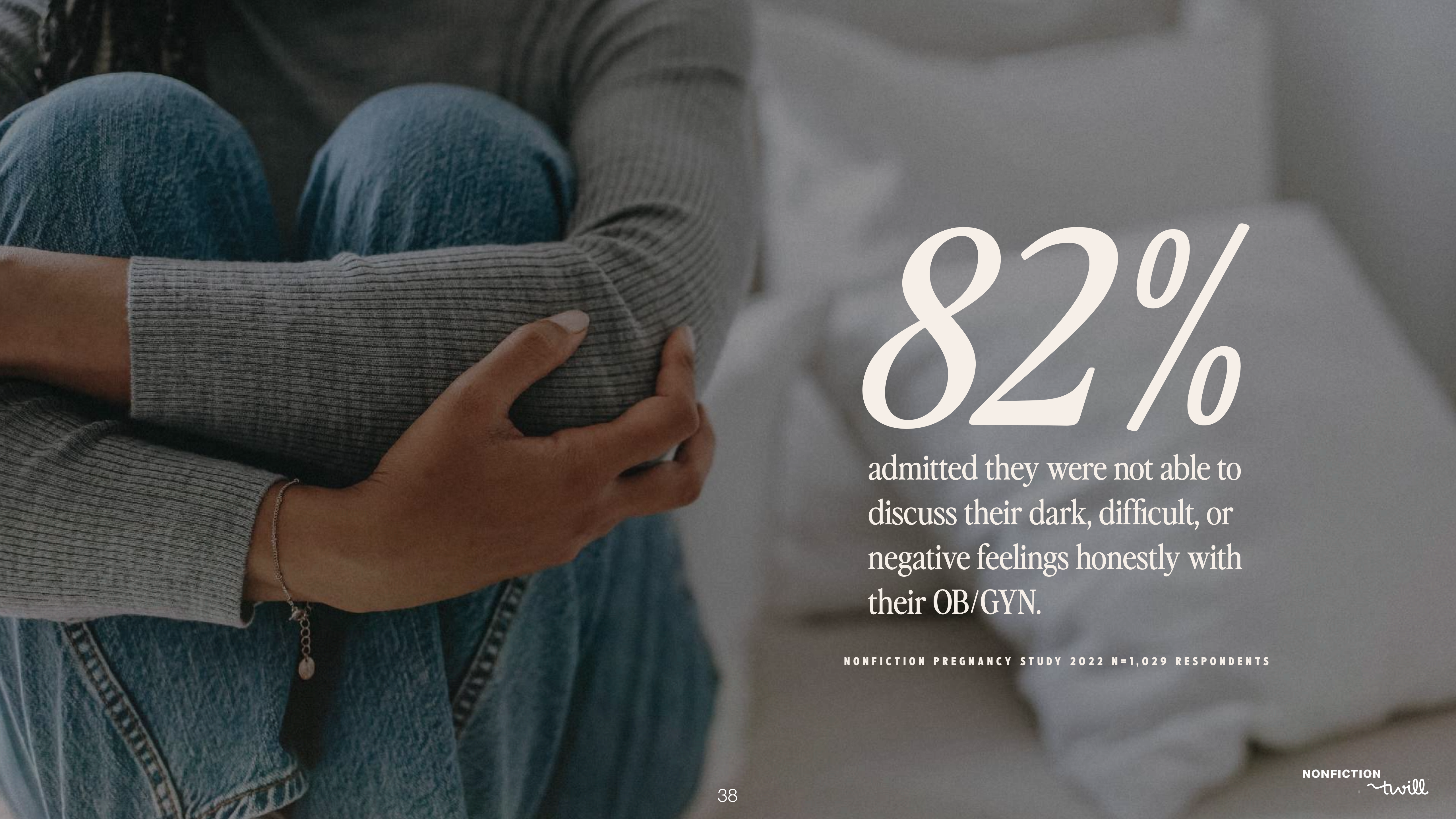
M is a college-educated woman of color who was insured by Medicaid during her pregnancy. This was her *first* pregnancy.

“Now I actually am pregnant and I get to live out this growing baby, getting to kind of know who this baby is feeling the kicks, but yet my body's changing. I worked out consistently prior to pregnancy. So I was very lean and fit. **And then my body changed.** And then I went through the process of, you know, what's going to happen to me afterwards. I, how do I, how do I handle my weight gain? How do I handle weight loss? Like just the very superficial things. But for me, it was deep enough to know that my body's never going to go back to its original state. And then I felt the process of, **I wanted to kill myself during that time,** because I didn't know how, how I was going to provide for my daughter. I felt like I'm not going to be a good mom because I don't have a job. **My husband did his best with \$40 a week.** I didn't go into residency. I didn't continue on with my degree. Those, those are I'm sure external factors, but they were my factors, my personal situation that I couldn't even use my own degree. So I felt like a loser. I felt like I couldn't provide for my future daughter. I wasn't eating right. So how could I...I remember we had money and we were only able to eat the four by four. **We consistently had Wendy's because that's all that we could afford.** It was \$4 for fast food. So I'm thinking, how, what kind of nutrition am I giving my daughter? I would have dreams of, um, killing myself. I would have, I would have dreams of stabbing my stomach to kill her.

I would wake up and tell my husband about it. And he would tell me: it's just a dream. You know, it's not true. It's not real, but they were very vivid. **I literally saw myself killing my fetus, but I had no one to talk to.** There was no medical professional by my side. I remember distinctly telling my doctor at the time that yes, I have risk, but it was **not taken seriously.** I had no medication. I did not want to take, um, high dosages of the medication, but they could have offered other things. **They could have offered a therapist.** They could have offered a psychotherapist that's dealt with this that has practiced with this because cognitive behavioral therapy is enough to get through this. Just to talk to a professional or group therapy where other people are going through this, other pregnant women, because you feel so alone. Medication isn't the end-all be-all, but that's all that they feel like is the treatment. So I remember going through locking myself in the closet. I tried to hang myself. I could not, I could not understand why I wanted to do that, but I felt like it was the best decision ever. And my husband caught me and that's when he could not leave me alone. So he never, never left me alone for nine months.”



While M's story may feel like an outlier, her experience confirms what the stories of thousands of pregnant Americans told us: the healthcare system is doing very little to acknowledge or support this Invisible Weight. And the OB/GYN relationship is frequently falling short in providing the kind of *emotional care* pregnant Americans desperately need.



82%

admitted they were not able to discuss their dark, difficult, or negative feelings honestly with their OB/GYN.

NONFICTION PREGNANCY STUDY 2022 N=1,029 RESPONDENTS

“

Who wants to tell their OB/GYN
I'm hating this, I'm anxious all
the time?

INTERVIEWEE, TO US
41 YEARS OLD, NORTHEAST REGION

ALMOST HALF

NONFICTION PREGNANCY STUDY 2022 N=1,029 RESPONDENTS

said their OB/GYN *never asked them* if they were experiencing difficult or dark feelings during their pregnancy.



“

They don't communicate. They ask you if you're okay. They ask you: Are you in any pain? And then that's it. They barely talk to you. It's very, very transactional. I probably say maybe like 10 words to my doctor, like the whole visit. And this was every visit. I looked her up and she has a five star rating and I'm like — but how?

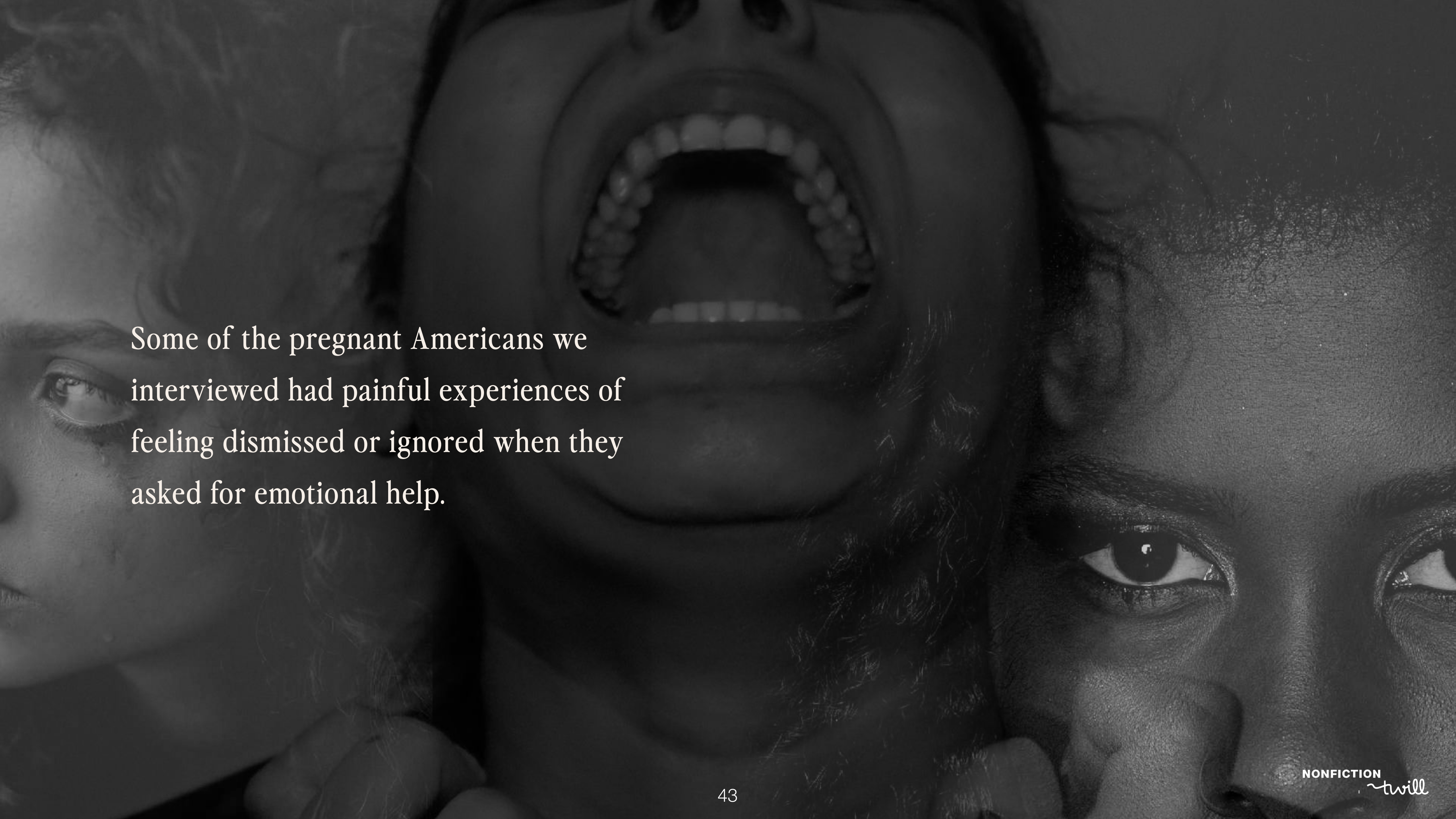
INTERVIEWEE, TO US
40 YEARS OLD,
MIDWEST REGION



“The doctors did not ask about my mental health. I had to bring it up a couple times, in terms of dealing with disordered eating.

In meeting with new doctors I would bring it up to try and set some guidelines that I do not feel were honored by any of them . . . at all.

INTERVIEWEE, TO US
35 YEARS OLD,
NORTHEAST REGION



Some of the pregnant Americans we interviewed had painful experiences of feeling dismissed or ignored when they asked for emotional help.

“My emotional changes messed me up really bad to the point of having postpartum depression before I even had my child. My doctor *didn't want to do anything* about it.

SURVEY RESPONDENT, TO US
29 YEARS OLD, WESTERN REGION

“

I don't feel ready for this next chapter of my life and have struggled with doubts and worries for me and my baby's health for most of my pregnancy.

When I reached out for help from my healthcare provider they did little to provide connections or advice.

INTERVIEWEE, TO US
18 YEARS OLD, WESTERN REGION



1,080,000

Americans who became pregnant in the last two years had a provider ignore a request for emotional help.

The lack of emotional care becomes even more pronounced and complex in the experiences of *pregnant Americans of color and those insured by Medicaid* who, as it has been widely documented, can struggle even to access quality physical care.



“

I felt like being in the Medicaid system,
you're just a number and you're not
really treated with compassion.

I felt like I was treated like I was dumb.

INTERVIEWEE, TO US

37 YEARS OLD,
SOUTHERN REGION



“

When I did not have a Black doctor, my experience was some bullshit. Excuse me. Excuse my language. They don't value what you say. They treat you like you don't know what you're doing, like you're on freaking Medicaid.

It's just a lack of respect.

INTERVIEWEE, TO US
40 YEARS OLD,
MIDWEST REGION

“

Even if they did ask about my honest feelings, I would be too afraid they would take my child away to be real about how I was feeling during pregnancy.

INTERVIEWEE, TO US
40 YEARS OLD,
MIDWEST REGION

During pregnancy, one of the biggest, most emotional transitions of an American's life, people can be met with a frustrating lack of empathy for their emotional experience.



56%

say they sometimes or often felt a lack of care for their emotional well-being.

“

What felt like one of the most important moments to me in my life was coupled with so much negligence, laissez faire attitude, and coldness from the healthcare professionals that I was working with. It was horrible.

INTERVIEWEE, TO US
34 YEARS OLD, MIDWEST REGION



22%

say they experienced a lack of empathy
in a painful emotional moment.

“

They talked over my problems and
made me feel small. I needed help and
they couldn't care less.

INTERVIEWEE, TO US

20 YEARS OLD,
MIDWEST REGION

“

The nurse told me that because I've already done this 3 times prior then I have no reason to be making "*such a fuss*" and completely dismissed my words. She told me to "*save my energy.*"

INTERVIEWEE, TO US
19 YEARS OLD,
SOUTHERN REGION

I was having a miscarriage in the middle of the night. I went to the doctor. I had a male doctor at the time who was supposed to be one of the best OB/GYNs in New York, which is *just fucking bullshit*.

I was laying on the table bleeding out. I'm sorry this is all so graphic. I'm crying, and I'm shaking. It's a completely overwhelming experience. My legs are shaking and closing in on each other. *The doctor literally slapped my leg and was like: "Keep your legs open."*

It was horrifying, the lack of empathy was staggering, staggering. It's cold. Transactional. Everything was wrong in that moment, everything was wrong. And then he was like: *"Yeah, there's no baby here."*

I get ready and I go out to the Billing Department and they're like: *"Congratulations on your pregnancy!"* And they're like giving me all this paperwork. And I'm just frozen. I don't even say anything. I just let them give me what they give me and get the fuck out of there.





26%

**FELT MISUNDERSTOOD
BY THEIR PROVIDER**

21%

**FELT THEIR CONCERNS
WERE DISMISSED**

23%

**WERE MADE TO FEEL LIKE
THEY WERE OVERREACTING
TO SOMETHING**

16%

FELT TALKED DOWN TO



The hospital always says:
'Healthy mom is healthy baby.
We want everything to be
safe.' Yes, that is the great
goal, but aren't we missing
out on an important part in
that equation? What about
the mom's mental health? Did
you ask how she's feeling?

— Wendy Cruz-Chan,
certified Indigenous doula and
childbirth educator specializing
in supporting pregnant
Americans with few resources

“HOW SHE IS FEELING” is far from a trivial matter. Maternal mental health is currently one of the leading causes of the maternal mortality crisis in the US, a crisis that has particularly devastated Black, Native, and rural mothers.

In the past decade perinatal mood and anxiety disorders and serious mental illness have increased substantially.

McKee, K., Admon, L.K., Winkelman, T.N.A. et al. Perinatal mood and anxiety disorders...2006–2015.

13% of women admitted to having thoughts of harming themselves during their most recent pregnancy.

*Nonfiction Pregnancy Study 2022
n=1,029 respondents*

Suicide is one of the leading causes of maternal mortality in the US.

CDC 2019



Untreated maternal mental health conditions cost about \$32,000 per mother & infant for a national total of:

FOURTEEN BILLION DOLLARS

MATERNAL MENTAL HEALTH LEADERSHIP ALLIANCE, 2020

Millions of pregnant Americans aren't getting the emotional care they need today. Why is the OB/GYN relationship, which still remains the front line of pregnancy care, falling so short?

Most OB/GYNs we spoke to support the idea of more emotional care, but feel radically unequipped in the face of the healthcare system they work in. There are 3 main reasons why OB/GYNs say it's difficult to provide more emotional care.

01

Don't Have Time or Space

Throughout our research we heard stories of patients who told us visits to the OB/GYN feel like a cattle call. And providers told us about how they are under tremendous pressures. According to the American College of Obstetricians and Gynecologists, there is a shortage of 6,000–9,000 OB/GYNs nationwide. Nearly half of all counties in the *US don't have a single OB/GYN.*

But, the source of the pressure is complicated. It has to do with the economics of hospital systems, the reverberations of lawsuit culture, the minutiae of how insurance works (or doesn't), the increase in the number and complexity of assessments—and all of that is probably a gross oversimplification.

But one thing is clear: OB/GYNs are left with little time or space for emotional care.

“THEY ARE UNDER TREMENDOUS PRESSURE...”

...[T]hey have two patients at once—at least two, sometimes more. The number of assessments for both the fetus and mother are intense. Obstetricians are one of the most sued professions. When something goes wrong it’s often for unknown reasons, stillbirth being a really good example. That is on everyone’s mind.”

CATHERINE MONK, CLINICAL PSYCHOLOGIST AND THE DIRECTOR OF WOMEN’S MENTAL HEALTH @OB/GYN AT COLUMBIA





OB/GYNs are overworked. They have quotas to meet. It's the insurance companies, politics, the pressure from the attorneys. All of that trickles down to the doctor who has ten minutes in a followup visit. That is why patients feel like numbers. The providers don't have the time, they are not given the time.

They are given ten minutes and if they don't meet their quota they will lose their job.

DR. NAZANIN SILVER,
A FORMER OB/GYN AND CURRENT
GYNECOLOGIC PSYCHIATRIST

02

Don't Have the Skills or Training

Although there have been many studies that demonstrate a positive correlation between increased empathy and better health outcomes, there is still a large gap in the medical school curriculum when it comes to training for clinical empathy and emotional care.

Recently, more medical schools have been implementing programs to train empathy, but our research shows there is still a long way to go as many doctors do not feel they are equipped with the right skills.

A long, empty hospital hallway with a wheelchair in the distance. The hallway is dimly lit, with a blueish tint. The walls are light-colored, and there are doors on both sides. A wheelchair is parked in the middle of the hallway, facing away from the camera. The floor is a light-colored tile or linoleum. The ceiling has recessed lighting and a fire alarm pull station.

“

I used to be an abortion doula, so I had a lot of training around how to give compassionate care and communicate in a way that wasn't judgmental.

Coming into medicine, I'm now very aware of all the ways that *I've been trained to do the opposite.*

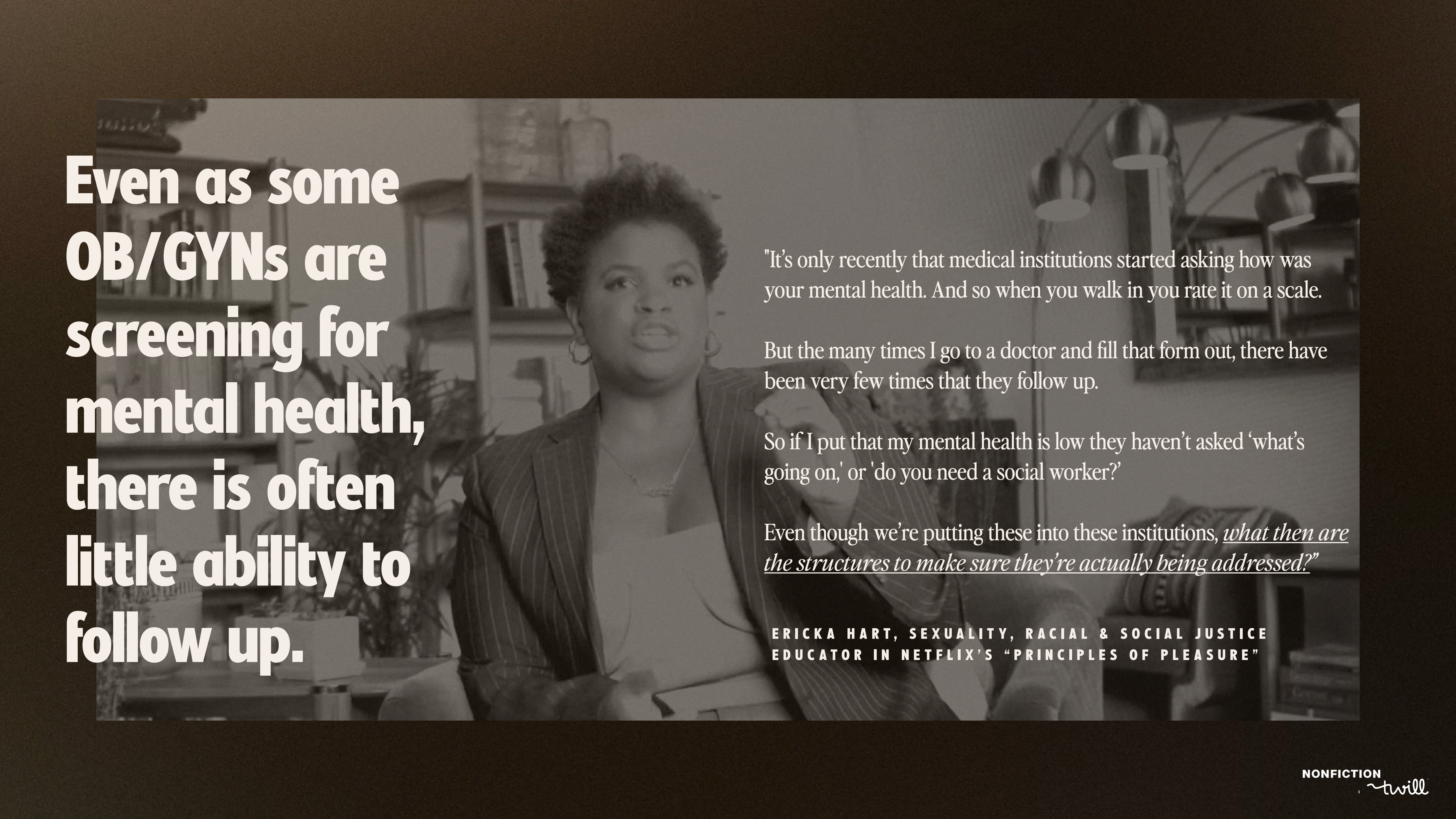
OB / GYN RESIDENT, TO US

03

Nowhere to Send Them

Through our research, we also found that many OB/GYNs do not have sufficient resources to which they can refer or send their patients. As the demand in mental health services has risen drastically over the past few years, there is a shortage of mental health care professionals — especially those that take insurance, due to the lower reimbursement rates of mental health services.

This is even more evident when it comes to patients insured by Medicaid. According to *Healthline*, ‘rural and frontier counties’ in the US have an average of 1.8 and 1.5 licensed behavioral health providers, respectively, per every 1,000 Medicaid enrollees.

A woman with short, curly hair, wearing a pinstriped blazer over a light-colored top, is seated in a room. Behind her are bookshelves filled with books and several potted plants. The lighting is soft, and the overall atmosphere is professional and thoughtful.

**Even as some
OB/GYNs are
screening for
mental health,
there is often
little ability to
follow up.**

"It's only recently that medical institutions started asking how was your mental health. And so when you walk in you rate it on a scale.

But the many times I go to a doctor and fill that form out, there have been very few times that they follow up.

So if I put that my mental health is low they haven't asked 'what's going on,' or 'do you need a social worker?'

Even though we're putting these into these institutions, *what then are the structures to make sure they're actually being addressed?*"

ERICKA HART, SEXUALITY, RACIAL & SOCIAL JUSTICE
EDUCATOR IN NETFLIX'S "PRINCIPLES OF PLEASURE"

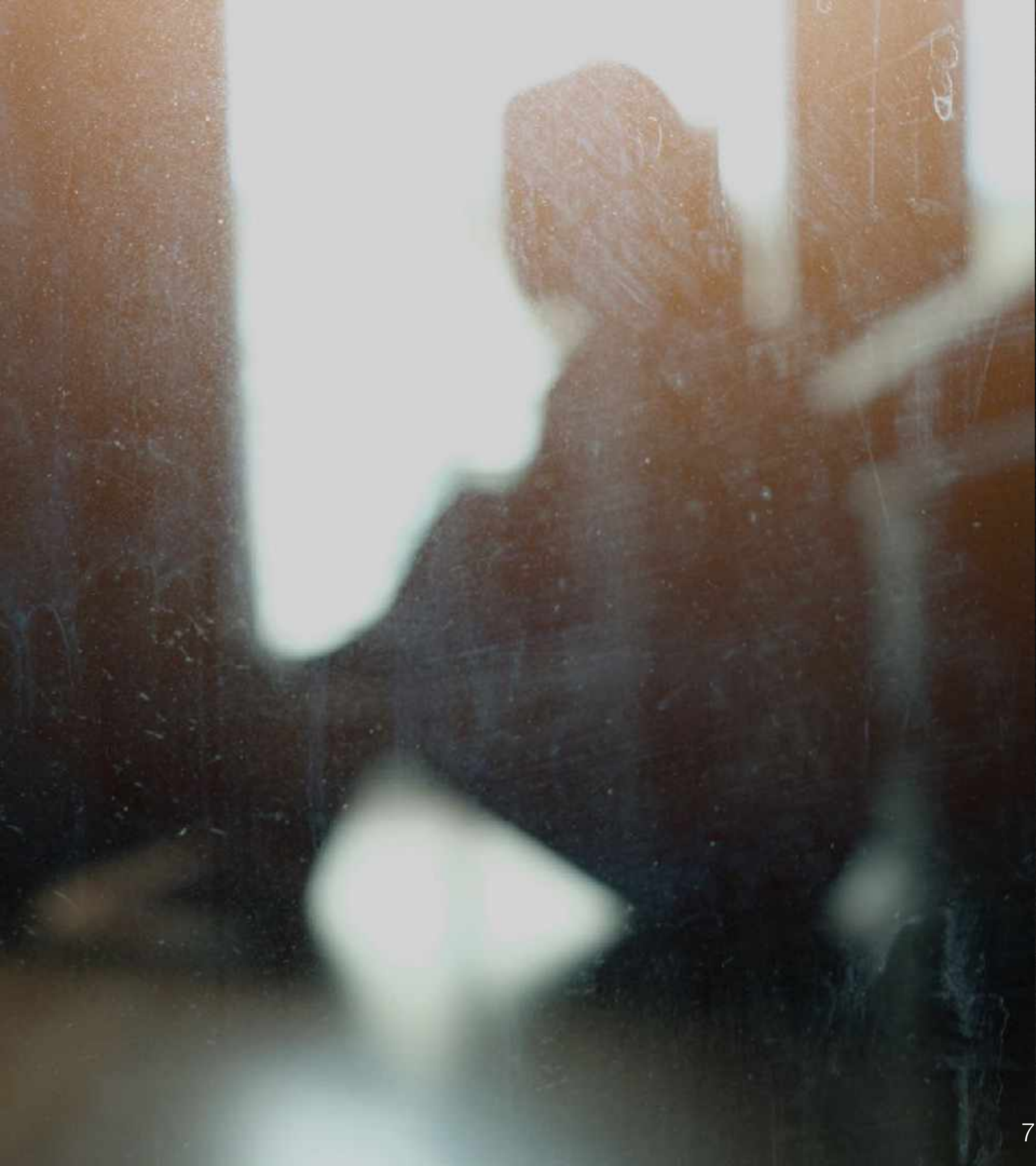


“

“For the majority of prenatal care providers they don’t screen for depression because they don’t want to open up that Pandora’s box if they don’t have places to refer people. They don’t have places to refer people because there are not enough providers offering insurance-based mental health care.

Why? It’s a ‘don’t ask and you’re not obligated to do something.’ I feel for them, there’s just not referrals to send their patients to.”

CATHERINE MONK, CLINICAL
PSYCHOLOGIST AND THE DIRECTOR OF
WOMEN’S MENTAL HEALTH @OB/GYN
AT COLUMBIA



“

Sometimes it's just better not to ask because I really don't have anywhere I can send them. I'm not saying that's right, but it's what happens.

BOARD CERTIFIED OB/GYN, TO US

Where emotional care is being offered outside of the OB/GYN relationship

During this research we spoke to doulas, mid-wives, perinatal therapists, social workers, and activists —many of whom are fighting hard to center the emotional experience more prominently in care.

But, most agreed their services are still not considered part of standard pregnancy care, very few pregnant Americans have access to them, and none are able to come close to meeting the desperate need you've seen in this research.

“

As a doula it's so frustrating because we could only do so much as a birth worker. *We're not superheroes*. We don't fly around in a cape and a mask and just magically make things better.

WENDY CRUZ-CHAN,
CERTIFIED INDIGENOUS
DOULA AND CHILDBIRTH
EDUCATOR, TO US

In this chapter, we saw how little the healthcare system is doing to make patients feel seen in these issues, or to support the Invisible Weight pregnant Americans are carrying. And the OB/GYN relationship is frequently falling short in providing the kind of *emotional care* that pregnant Americans desperately need. In the next chapter we'll look at what it will take to give pregnant Americans the emotional care they deserve.



A blueprint for

BETTER

emotional care

It has become painfully clear that pregnant Americans are suffering under the Invisible Weight of difficult and dark emotions. There is a huge need for better emotional care during pregnancy.

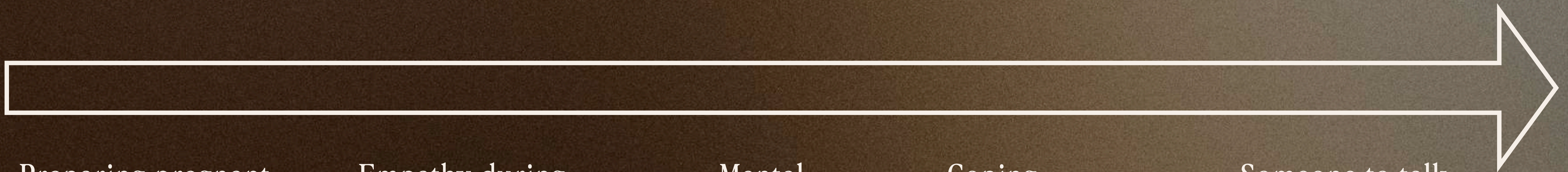
But what *is* emotional care, exactly? We've chosen to coin this phrase over "mental health care" because mental health tends to be thought of and approached in a narrow way. There is often little support available until a person reaches diagnosable criteria for a mental health disorder. The problem is, emotional pain doesn't start or stop at any clear point; it exists on a continuum from a fleeting flash of fear that you're going to be a terrible parent to dark spells that carry you so far into the depths of despair you don't know who you are anymore or how to find your way home.

To address the needs you've read about in this research, we need a phrase to encapsulate the more expansive idea we're talking about here: *better emotional care along a continuum of experience.*



THE SPECTRUM OF EMOTIONAL CARE

When we think about delivering on “emotional care” we are talking about a spectrum of services and soft-skills that include the following recommendations:



Preparing pregnant Americans for what to expect emotionally

Empathy during interactions with the healthcare system

Mental health screening

Coping mechanisms for emotional pain

Someone to talk to about emotional pain

We have **4 ways** for players both within and outside of the healthcare system to begin meeting the desperate need for more emotional care.

01

Normalize Difficult & Dark Feelings During Pregnancy

A lot of the pain people feel in pregnancy doesn't just come from the difficult experiences themselves, but from shame, embarrassment, and a belief that this isn't how it should feel.

Evelyn Gama, licensed clinical social worker for the Motherhood Center of New York, calls this idea the “myth of motherhood.” It is the belief people have (and are taught) that they “should be fine and they should be focused on the baby” and those experiences shouldn't create a lot of suffering. But, the reality is most people's difficult and dark feelings are completely normal, and even when they fall out of the spectrum of normal, they are very treatable.

63% admitted they were not adequately prepared to experience negative feelings during their pregnancy.

NONFICTION PREGNANCY STUDY 2022 N=1,029 RESPONDENTS

01

Normalize Difficult & Dark Feelings During Pregnancy

WHAT HEALTHCARE PROFESSIONALS CAN DO:

Create new scripts for normalizing difficult feelings

When healthcare professionals did ask women about their emotional well-being they tended to use flippant phrases like “you’re good right?”, “and how’s mama?”, or more general wording like “how are you feeling?” We learned these are not effective approaches; they are too vague, too presumptuous, or both at the same time. Healthcare professionals need to be armed with better scripts that help normalize these experiences and prepare pregnant Americans for these feelings before they even happen.

WHAT OTHER PREGNANT PEOPLE CAN DO:

Share your “baby in a bush” experiences

During one of our interviews a woman told us, “When I was pregnant my colleague pulled me aside and said: ‘Listen girl you’re going to want to leave this baby in a bush one day. You won’t, but you’re gonna want to and it is okay to feel that way’...it was the best thing anyone told me.” It’s this kind of conversation that needs to be happening more openly and frequently.

02

Integrate Therapists into OB/GYN Practices

Despite this research revealing a clear need for more emotional care for pregnant Americans, the difficult reality is that it's impractical to expect an OB/GYN to add many of these responsibilities to their current workloads—but outsourcing them isn't working either. We need another way.

The *best* model we have found to address this issue so far is conceptually simple:

Directly hire emotional care specialists like a therapist, clinical social worker, or psychiatrist into the OB/GYN practice.

Their job would be to provide insurance-based mental health services directly to patients within the practice. The good news? There have been practices and institutions that have begun to experiment with this model like Women @OB/GYN at Columbia, Compass at Northwestern, and Women's Behavioral Health Service at the University of Rochester.

02

Integrate Therapists into OB/GYN Practices

Case Study: Women @OB/GYN at Columbia

We spoke to Catherine Monk, the director of Women@OB/GYN at Columbia, who was hired by the chair of Obstetrics and Gynecology at Columbia, Mary Dalton, to build and lead a new integrated care mode.

Catherine oversees seven mental health professionals including clinical psychologists, social workers, and psychiatric NPs. They provide the psychotherapy and psychopharmacology that people need during this period, addressing everything from common stress to more significant depressions, trauma, and past trauma.

Patients are referred to this service through a depression screener, saying “I’m not doing well,” or the OB/GYN noticing something. One of the benefits of this model is the team can be nimble: rather than being put on a strung out waitlist, patients are contacted almost immediately— sometimes while they are still in the office, but almost always within two days. During this initial conversation they are seen, evaluated and, if needed, given immediate tools or coping mechanisms.

One of the unexpected outcomes of this model has been solving some of the financial challenges that come along with providing insurance-based mental health care. Because the service is integrated into the practice, insurance codes can be distributed across the department helping to compensate for the notoriously low-reimbursement rates and administrative burden of mental health services that often making accepting insurance financially untenable.

“We only see people who are getting their obstetrics and gynecological care from our providers... often people will switch to get in the department to access to mental healthcare covered by insurance.”

CATHERINE MONK, THE DIRECTOR OF WOMEN’S MENTAL HEALTH @OB/
GYN AT COLUMBIA

03

Creative Partnerships with Outside Emotional Care Specialists

It is already common in some OB/GYN practices to partner with outside groups to provide services like parenting classes, child safety classes, and childbirth classes to patients. But, rather than just focusing on the logistics of pregnancy, parenting, and childbirth, there seems to be a huge opportunity to bring in outside partners to run emotional preparedness classes or support groups. Imagine classes like “Navigating the Emotional Hellscape of Pregnancy.”

In this research, we spoke to organizations like the Motherhood Center of New York that specialize in putting on support groups that better prepare pregnant Americans for the kinds of experiences you have read about. Organizations like the Motherhood Center would be perfect partners for these emotional Lamaze classes.

04

Use Digital Tools to Fill Gaps in Emotional Care

During our research we saw pregnancy-related apps were the most commonly used tools to improve emotional well-being. Their accessibility (47% used them) put their usage rates far above therapists, doulas, and midwives combined and should be considered as a vitally important tool in closing gaps in access to these emotional care specialists.

Our research revealed specific needs that digital tools could help address

- Expectation setting for the emotional experience
- Language to identify the emotional experience
- Creative coping mechanisms
- Connection to those facing similar challenges
- Reflection on parenting role
- Someone to talk to
- Mental health screening
- Scripts for having hard conversations

SOURCE: NONFICTION INTERVIEWS & MONK C, DIMIDJIAN S, GALINSKY E, GREGORY KD, HOFFMAN MC, HOWELL EA, MILLER ES, OSBORNE C, ROGERS CE, SAXBE DE, D'ALTON ME. THE TRANSITION TO PARENTHOOD IN OBSTETRICS: ENHANCING PRENATAL CARE FOR 2-GENERATION IMPACT. AM J OBSTET GYNECOL MFM. 2022 SEP;4(5)

CONCLUSION:

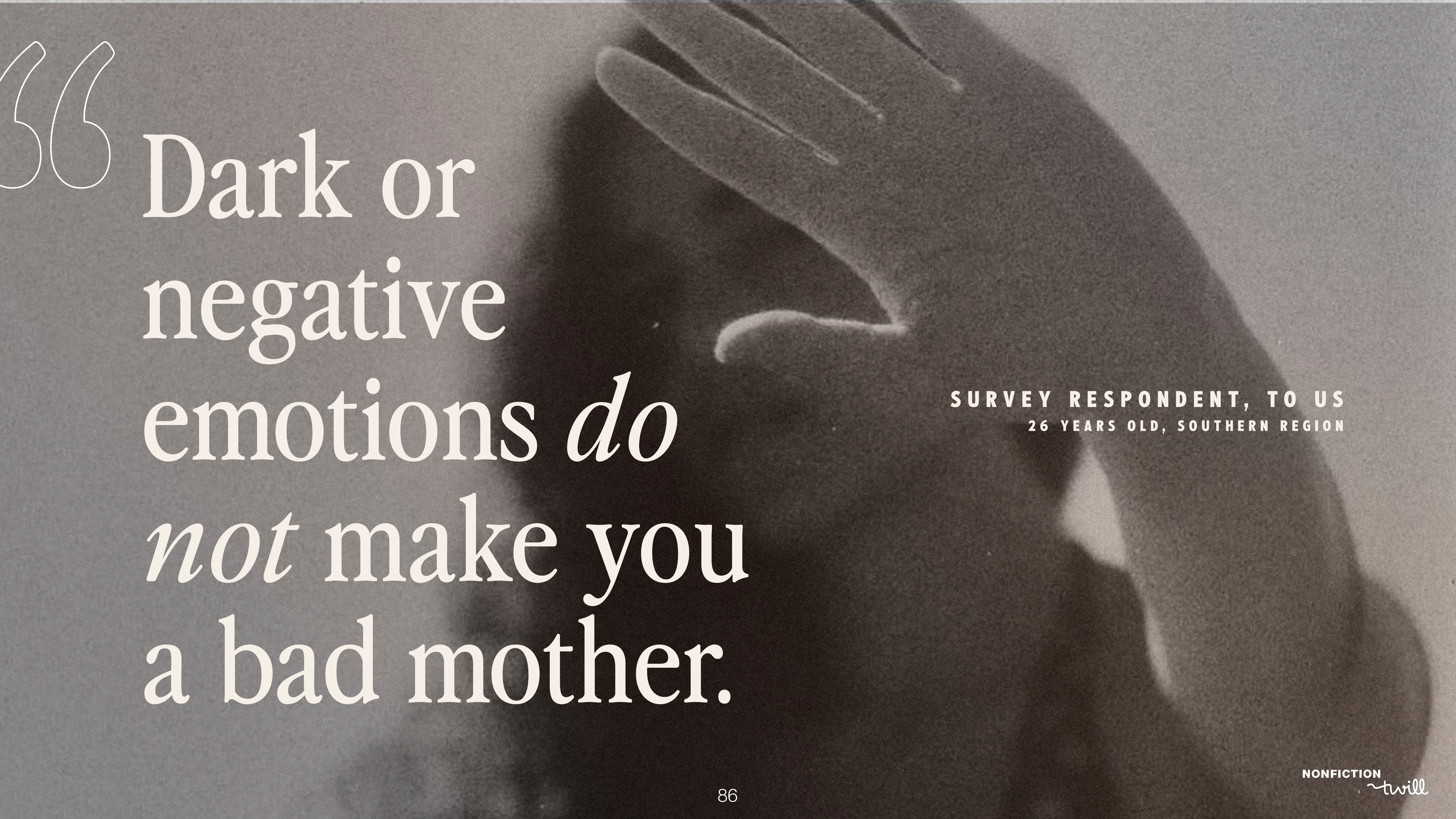
A Word of Emotional Care
from Pregnant Americans

For all the pain and struggle you have seen, the pregnant Americans we spoke to showed tremendous strength, resilience, humor, and wisdom. We would like to leave you with a few words of support from them, to help guide the ones who come next.

We asked pregnant Americans: What would you say to someone who was experiencing difficult, dark, or negative emotions during pregnancy?

What would you want them to hear?





“ Dark or
negative
emotions *do*
not make you
a bad mother.

SURVEY RESPONDENT, TO US
26 YEARS OLD, SOUTHERN REGION

“

You are doing great, I promise. The voice that's telling you you aren't enough is lying. I know you're tired and scared and just want it to stop, but I promise you are everything you need to be for your baby and *you are doing great.*

INTERVIEWEE, TO US
26 YEARS OLD, WESTERN REGION



“

Listen girl, you're going to want to leave this baby in a bush one day. You won't, but you're gonna want to and it is okay to feel that way...

INTERVIEWEE, TO US
34 YEARS OLD, SOUTHERN REGION

“

Take it one day at a time, sweetheart. Everything will be all right, and your feelings still matter no matter if you are pregnant or not. You have the right to feel these emotions and you have a right to take some time out but all in the end realize you have a beautiful blessing coming to your arms in no time. You matter sweetheart, your mental health matters, everything about you matters so please don't go too hard on yourself, please. *I love you.*

SURVEY RESPONDENT, TO US
21 YEARS OLD, MIDWEST REGION



Your strength will carry you through this. You're stronger than you could ever imagine.

And if you need anything, *text me.*

INTERVIEWEE, TO US
34 YEARS OLD, MIDWEST REGION



Thanks for reading.

NONFICTION 2022

APPENDIX

NONFICTION
twill

METHODOLOGY

In this study, we refer often to “pregnant Americans.” Our base audience was specifically Americans who were pregnant at the time of the survey, and/or have been pregnant within the last two years. 1,029 qualified respondents completed the survey in April of 2022. We reran the survey in August of 2022 after Roe v. Wade was overturned, and the story did not change.

Our survey audience broke down along the following lines:

- 47% were either on Medicaid when they learned they were pregnant, or switched to Medicaid by the end of their pregnancy.
- With respect to ethnicity and race:
 - 6% identified as Asian
 - 23% as Black/African
 - 60% as Caucasian
 - 18% as Hispanic/Latino
 - 3% as Native American
 - 4% as Middle Eastern/North African, Pacific Islander, or Other
 - 26% had annual incomes less than \$25,000

The quotes in this document are from 1:1 interviews we conducted with pregnant Americans from February to April of 2022. We intentionally oversampled for pregnant Americans of color and those on Medicaid with the goal of ensuring the voices most impacted by the maternal mortality crisis were heard. Their names will remain anonymous.

Finally, we interviewed a slew of experts for this piece who are serving on the front lines of care including OB/GYNs, clinical therapists, community activists, social workers, doulas, midwives and nurse practitioners. We owe a great deal to their passion, sacrifice, and dedication.

Twill is The Intelligent Healing Company, shortening the gap between need and care with digital-first tools that are as connected as the body and mind. They intelligently guide each person to the care they need, when they need it, in the way they want. They do this by developing Sequences™ which are configured to meet the needs of customers and the populations they serve. Sequences combine evidence-based digital therapeutics, well-being products, communities, coaching, and third-party services on a clinical-grade platform designed to work seamlessly with the customer's existing solutions and resources. This enables a more precise and personalized care experience, at scale.

The Twill logo is a white, cursive script font. It features a wavy underline that extends to the left of the first letter 't'. The letters are connected and fluid. A small trademark symbol (TM) is located at the top right of the word.

Through our research we found that many of the deep and dark emotional experiences transcend class and race, touching people from all different socioeconomic backgrounds. But there are some key experiences that are especially significant for those on Medicaid when compared to those on employee-covered insurances.

They were *more* likely to feel their pregnancy was more difficult than expected

52% (+6 above employee-covered) felt their pregnancy was more difficult than expected

They were *more* likely to feel misunderstood and ignored by the healthcare system

28% (+6 above employee-covered) felt misunderstood by the healthcare system

11% (+5 above employee-covered) had a request for emotional help ignored

They were *more* likely to feel alone with their dark, difficult, or negative emotions during their pregnancy

56% (+11 above employee-covered) felt alone with their dark, difficult, or negative emotions

They were *more* likely to experience a miscarriage

45% (+12 above employee-covered) experienced a miscarriage

They were *more* likely to experience a birth that felt emotionally traumatic

34% (+5 above employee-covered) said they have experienced a birth that was emotionally traumatic

They were *more* likely to *not* have anyone to discuss their emotional pain with

35% (+11 above employee-covered) were not able to discuss their dark, difficult or negative emotions with anyone

Through our research we found that many of the deep and dark emotional experiences transcend class and race, touching people from all different socioeconomic backgrounds. But there are some key experiences that are especially significant for those on Medicaid when compared to those on employee-covered insurances.

They were *more* likely to experience these negative feelings during their pregnancy:

63% (+8 above employee-covered) worried about their financial situation

36% (+15 above employee-covered) felt hate towards themselves

43% (+6 above employee-covered) worried about not being motherly

27% (+9 above employee-covered) experienced unpleasant memories from childhood

They were *more* likely to experience emotional changes during their pregnancy:

62% (+16 above employee-covered) self-reported depression

56% (+12 above employee-covered) self-reported loneliness

53% (+19 above employee-covered) self-reported brutal mood swings

36% (+7 above employee-covered) self-reported unexpected dark feelings

16% (+8 above employee-covered) self-reported thoughts about harming themselves