COUNT ON MOTHERS

National Benchmark of U.S. Mothers · Wave 1

Mothers See It First

A nationally representative look at where U.S. families are under strain, by age of children, by income, and across the political spectrum.

The recurring national measure of conditions for mothers and families. Wave 1 sets the baseline.

Wave 1 Key Findings · Public Release

Fielded May 2026 · 2,818 U.S. mothers

Independent · Nonpartisan · A recurring national benchmark

countonmothers.org

Research led by Jennifer Brailsford, PhD, and Melissa Lawrence, MPH, MS

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ABOUT THIS REPORT

A recurring measure of the conditions shaping U.S. families

The National Benchmark of U.S. Mothers is a recurring, nationally representative measure of the conditions shaping American families. Wave 1 was fielded in May 2026 with 2,818 U.S. mothers, weighted to U.S. population targets for region, race and ethnicity, education, household income, and mothers' age. Respondents are the mother or primary female caregiver of at least one child under 21 living in the household. Throughout, "mothers" refers to this group, and figures describe conditions as the responding mother experiences them.

It tracks five recurring measures: the strain mothers are under and the resources they have to manage it; the financial pressure on families; whether mothers trust institutions to act in families' interests and feel able to navigate them; the conditions children face in their neighborhoods, online, and in the marketplace; and whether children can get the support they need. These five measures were not chosen in the abstract. They surfaced over more than three years of surveying mothers across the U.S., drawn from the experiences, views, concerns, and needs mothers raised themselves. Wave 1 sets the starting point. Because the same questions repeat every wave, every number here becomes a trend to watch over time.

Throughout, findings describe what mothers report and perceive. The Benchmark measures maternal experience; it does not observe children directly.

Independence by design. Count on Mothers is an independent, nonpartisan research organization. Our research partners at University College London, who sit on the Benchmark's Methodology Advisory Board, advised on the design of the survey instrument. The CoM research team sets the questions, runs the analysis, and decides what is reported; no outside party approves or can change a finding. The Benchmark is built to be cited across the political spectrum.

The through-line: mothers see it first

Mothers see family strain before any institution does. A child's life plays out across many places at once: home, the family budget, the neighborhood, the school, the doctor's office, and the online world they grow up in. The mother is the one person with firsthand experience across all of them. Most numbers about families count transactions: claims filed, services used, dollars spent. The Benchmark measures the conditions underneath: how much margin a family has, what it can absorb, whether a child can get help. Those conditions sit at the level of daily life, so they surface here before they reach the records institutions keep, which only register the families who already made contact.

WHAT WAVE 1 FOUND

Pressure reaching families from several directions, at the same time

A mother goes without her own care so her child can have theirs. A child who needs mental health support often has difficulty getting it. Families are most stretched when children are young and most financially fragile by the early teens, when a single surprise bill can mean debt. Mothers trust AI companies least of any institution, and worry AI may make it harder for their children to build thinking skills. And a commercial world markets products to children, including some that are illegal to sell to minors.

These are patterns across mothers in general, not a portrait of one household. Not every mother reports every pressure, but across the country they are widespread and happening at the same time. Each finding and the breakdowns behind it appear in the reading noted.

5 to 1

A mother defers her own care so her child can have theirs. When cost forces a choice, mothers defer their own care first. Nearly a third (32%) put off their own health or mental health care over the past year because of cost, against fewer than 6% who put off only their child's, a gap of about five to one.

Reading 2 · Maternal capacity and child access

41%

By the early-teen years, families are most financially fragile. Among mothers whose youngest is 13 to 15, 41% say a single surprise $500 expense would push them into debt, the highest point of childhood.

Reading 1 · Economic pressure and capacity

47%

Nearly half of mothers whose child needed mental health support had difficulty getting it. Nearly 4 in 10 mothers (39%) say their child needed mental, emotional, or behavioral help in the past year, and among them, 47% had difficulty getting it.

Reading 2 · Child mental health access

65%

Mothers trust AI companies least. Most mothers (65%) have little or no trust in AI companies to act in children's interests, the lowest of eleven institutions, and the distrust holds consistently across all political groups.

Reading 3 · Institutional trust

62%

Mothers say AI may make it harder for their child to build thinking skills. Among mothers whose children use AI for more than entertainment, 62% agree it may make it harder for their child to learn thinking skills, like writing, solving problems, and coming up with new ideas.

Reading 4 · Youth environment and AI

32%

Children are marketed products that are illegal to sell to them. About 32% of mothers say their child has been marketed a product that is illegal to sell to a minor, such as vapes, gambling, alcohol, cannabis, or pornography; 55% report at least one harmful or age-inappropriate product.

Reading 4 · Commercial conditions

Reading 1 **Maternal stress and capacity · Family economic pressure**

Two stages of childhood put families under the most strain, and the strain looks different at each one

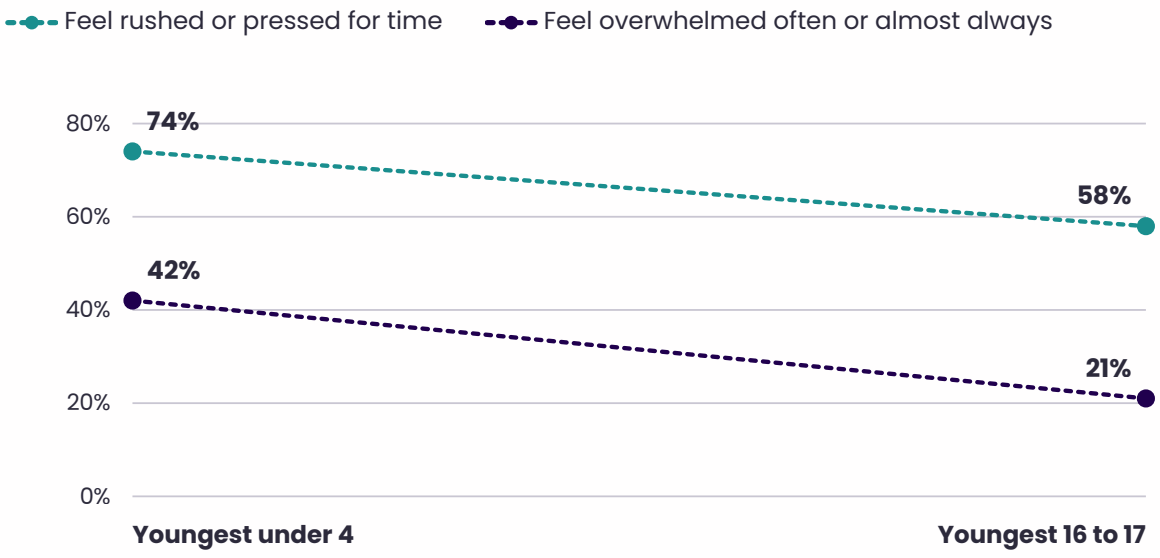
There are two points in raising children when U.S. families report being most under pressure, and the pressure is not the same at each stage. When children are very young, mothers report the heaviest day-to-day stress, and childcare is a sharp financial strain for families who pay for it. Years later, as children reach early adolescence, that day-to-day pressure eases, but families are at their most financially fragile.

Put simply: the early years are when families are most stretched; the early-teen years are when they are most exposed. Both are stress points. One is about pressure, the other about fragility.

FIGURE 1

Two kinds of strain, measured across the age of the youngest child

Why it matters: *The early years carry the heaviest stress; that pressure eases as children grow.*



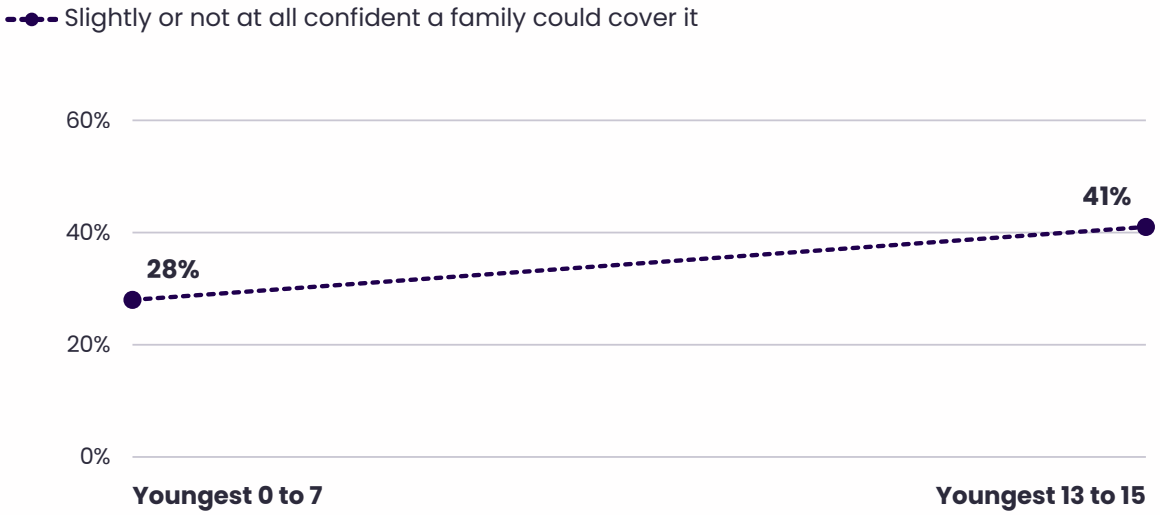
Verified points shown; connectors indicate direction across child age. Source: National Benchmark of U.S. Mothers, Wave 1, fielded May 2026. n = 2,803 weighted. MOE +/- 2.3.

The early years, stretched. Among mothers with a child under 4, 42% feel overwhelmed often or almost always and 74% feel rushed or pressed for time, the high point for both. Economic pressure peaks here too, and the sharpest single cost is childcare: among mothers for whom childcare applies, 47% report moderate-to-extreme financial strain from it. Overwhelm eases to 21% by ages 16 to 17. The feeling of being rushed also eases, but it stays high at every age, sitting at 58% even among mothers whose youngest is 16 to 17.

FIGURE 2

Could not absorb a surprise $500 expense without debt, by age of youngest child

Why it matters: *Financial fragility is highest in the early-teen years, not when children are youngest.*



Verified points shown; connector indicates direction. Peak fragility falls at ages 13 to 15. Source: National Benchmark of U.S. Mothers, Wave 1, fielded May 2026. n = 2,728 weighted. MOE +/- 2.3.

The early-teen years, exposed. As the heaviest early-childhood costs ease, the ability to absorb a one-time shock falls to its lowest point. Asked whether a family could cover a surprise $500 expense without debt, the share who are not confident rises with the age of the child and peaks in the early-teen years. It runs 28% among mothers whose youngest is 0 to 7, and reaches 41% among those whose youngest is 13 to 15.

WHAT A SINGLE WAVE CAN SHOW

These are different families measured once, not the same families followed over time. Wave 1 shows that the early years and the early-teen years carry different kinds of strain, and that fragility is highest in the 13 to 15 window. Whether one stage accumulates into the other is a question the trend line will answer from Wave 2.

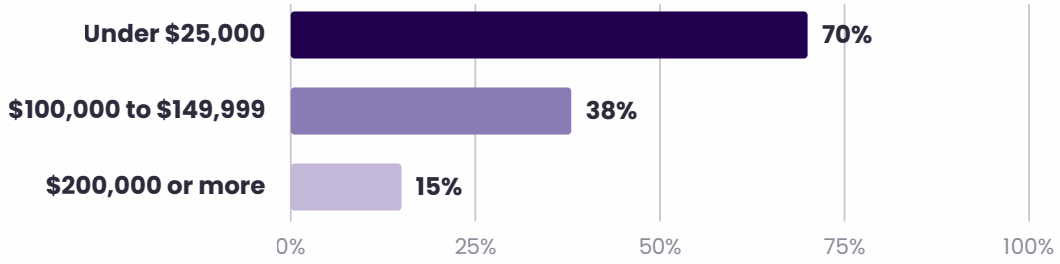
The fragility reaches well up the income range

More than 4 in 10 mothers (42%) report that at least once in the past year the food they bought ran out and they could not afford more. Food hardship touches families across most income levels, from 70% of mothers earning under $25,000 to 15% of mothers at $200,000 or more. Among households earning $100,000 to $149,999, nearly 1 in 4 mothers (24%) could not cover a surprise $500 expense without debt, and 38% have run out of money for food at least once.

FIGURE 3

Ran out of food and could not afford more in the past year, by household income

Why it matters: *Food hardship reaches well up the income range, not only the lowest-income families.*



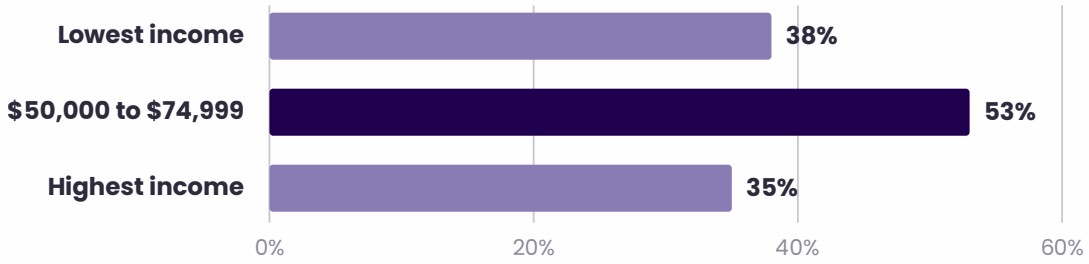
Source: National Benchmark of U.S. Mothers, Wave 1, fielded May 2026. n = 2,686 weighted. MOE +/- 2.3.

Delaying care for cost follows a different line, peaking in the middle. Unlike food hardship and the $500 shock, which both ease steadily as income rises, cost-driven delays in care are highest not at the bottom of the income range but in the middle. 53% of families earning $50,000 to $74,999 report cost-driven delays of health or mental health care, above both the lowest-income group (38%) and the highest (35%).

FIGURE 4

Delayed or went without care because of cost, by household income

Why it matters: *Cost-driven delays peak in the middle of the income range, a different shape from food hardship.*



Verified points shown across the income range; the peak falls in the middle, not at the bottom. Source: National Benchmark of U.S. Mothers, Wave 1, fielded May 2026. n = 2,718 weighted. MOE +/- 2.3.

WHAT THIS READING SHOWS

Family strain is not one thing that rises or falls with income. It comes in two forms at two stages: stress and ongoing cost are highest in the early years, while financial fragility is highest later, in the early-teen years. And vulnerability does not stop at the lowest incomes. Financial fragility reaches into six-figure households, and the cost of care forces families to go without most often not at the bottom of the income range but in the middle, where 53% of those earning $50,000 to $74,999 delayed or skipped care because of cost, above both the lowest-income (38%) and highest-income (35%) groups. Hardship at the bottom is real, but the squeeze on care is widest in the middle.

WHAT IS KNOWN

The Federal Reserve's annual SHED survey is the standard reference for financial fragility, reporting that roughly 37% of all U.S. adults could not cover a $400 emergency with cash. It measures all adults and carries no child-age dimension. (Federal Reserve SHED, 2024)

WHAT WAVE 1 ADDS

The same shock-absorption measure for mothers, broken out by the age of the child, revealing two separate pressure points: families most stretched when children are youngest and most financially fragile in the early-teen years, with fragility reaching into six-figure households and the middle of the income range.

Reading 2 **Maternal stress and capacity · Child wellbeing access and support**

When cost forces a choice, mothers defer their own care in favor of their children's, by about five to one

5 to 1
mothers defer their own care over their child's, roughly five times as often

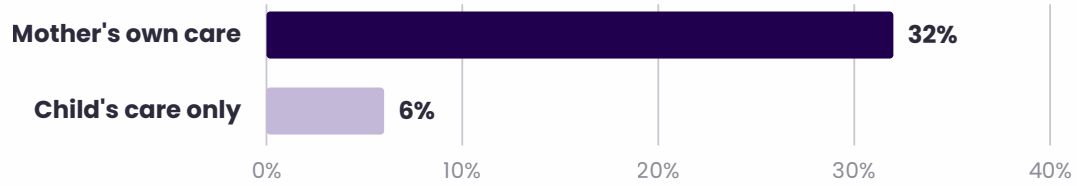
49%
name time, not cost, as the top obstacle to their own mental health care

47%
of mothers whose child needed mental health support had difficulty getting it

FIGURE 5

Deferred or went without care in the past year because of cost

Why it matters: *Comparing each mother's own care with her child's, her own is deferred about five times as often.*



Within-mother comparison. Source: National Benchmark of U.S. Mothers, Wave 1, fielded May 2026. n = 2,818 weighted. MOE +/- 2.3.

When a family cannot afford all the health or mental health care it needs, the shortfall does not disappear. It surfaces in the care a mother goes without for herself. About 1 in 3 mothers (32%) put off their own care and not their child's. Fewer than 6% put off only their child's. That is a gap of about five to one, comparing each mother's own care against her child's within her own answer. A further 7% went without for both themselves and their child; the five-to-one gap counts only the mothers who protected one at the expense of the other, so it is the conservative reading. When care has to be rationed, a mother protects her child's before her own.

WHAT A SINGLE WAVE CAN SHOW

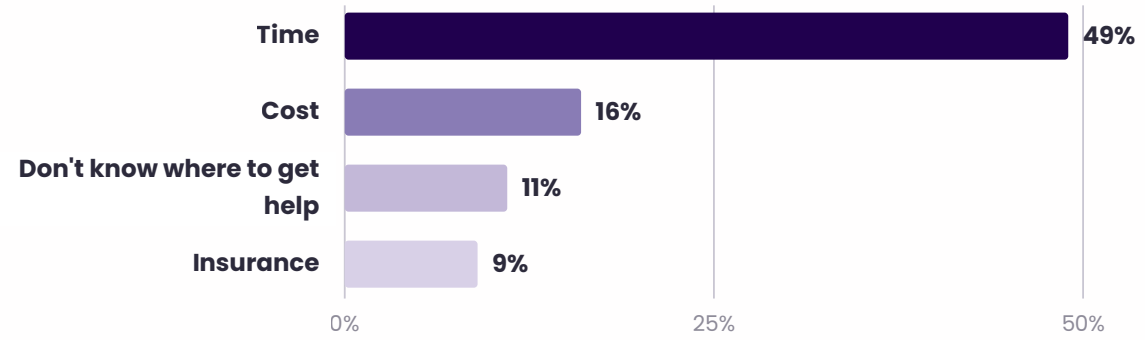
The five-to-one comparison is within each mother's own answer, her care against her child's, so it holds whoever else is in the home. What Wave 1 does not yet show is how care and cost are shared across the household. Household composition is a planned addition to Wave 2, so future waves can show not only how heavy the strain is but how it is shared.

That deferral is about cost, and it covers a mother's health or mental health care. Her mental health care faces a second, separate pressure, and there cost is not even the barrier she names most. Asked what makes caring for their own mental health hardest, far more mothers point to time (49%) than to cost (16%). Her own care is squeezed from both sides, by what the family can afford and by the time she can find.

FIGURE 6

Top obstacle to caring for their own mental health, among mothers who had difficulty

Why it matters: *Time, not cost, is the barrier mothers name most for their own care.*



Base: mothers reporting difficulty caring for their own mental health in the past 30 days (49.6% of all mothers). Source: National Benchmark of U.S. Mothers, Wave 1, fielded May 2026. n = 1,371 weighted. MOE +/- 2.3.

Nearly half of mothers (49.6%) had difficulty caring for their own mental health in the past 30 days. Among them, the single most common obstacle is time (49%), about three times the share naming cost (16%), and ahead of not knowing where to get help (11%) or insurance (9%).

Part of that time is the work of dealing with institutions. Asked how much time they spend in a typical week on paperwork, calls, and coordination for their family's health, childcare, and school needs, 41.6% of mothers report three or more hours a week, and 20% report more than five hours. This measure captures one specific piece, the administrative work of dealing with

institutions, and it is heaviest among work-from-home mothers, 49.9% of whom report three or more hours.

The need mothers are rationing around is large, and likely understated. Nearly 4 in 10 mothers (38.8%) say their child needed mental, emotional, or behavioral support in the past year. Among those mothers, 47% had difficulty getting that support, and most of the rest ran into friction along the way. Among mothers whose child needed care, about 65% hit at least one barrier in the system, from a shortage of in-network providers to limits on visits and coverage denials. Because 53% of mothers are moderately to extremely worried about their child's mental health, these figures are a floor, not a ceiling.

WHY THIS IS HARD FOR THE SYSTEM TO SEE

A mother who defers her own care does not appear in any waitlist, claim, or service record, because the strain takes the form of an absence. It is visible here only because the survey asked her directly. That is what makes the ratio worth reporting: it puts a number on a tradeoff that standard data, which counts the people who show up, structurally cannot capture.

WHAT THIS READING SHOWS

When the cost of care forces a choice, mothers prioritize their children over themselves, deferring their own health or mental health care about five times as often. Yet for their own mental health care, cost is not the barrier they name most: asked what makes caring for it hardest, far more mothers point to time than to cost. Both describe a strain that standard data tends to miss, because a mother's foregone care leaves no record. It is defined by not appearing.

WHAT IS KNOWN

Prior work shows that mothers sacrifice for their children, that single mothers shift spending from themselves toward children under economic stress, and that most mothers give up some self-care. These cover spending, or self-care broadly, or specific subgroups, not a representative care-delay comparison. (Urban Institute, 2026; Her Index, 2025)

WHAT WAVE 1 ADDS

A nationally representative, within-mother comparison of deferred health or mental health care, the mother's own against her child's, of about five to one when cost forces the choice. Separately, time, not cost, is the obstacle mothers name most often for their own mental health care.

Reading 3 **Institutional trust and responsiveness**

Mothers express deep distrust of AI companies, social media platforms, and the federal government, and that distrust holds across the political spectrum

Wave 1 asked mothers to rate eleven institutions on one question, how much they trust each to act in the best interests of children and families. Schools and healthcare providers draw the most trust. AI companies, social media platforms, and the federal government draw the least, with a majority expressing little or no trust in each.

65%
little or no trust in AI companies, the lowest of any institution measured

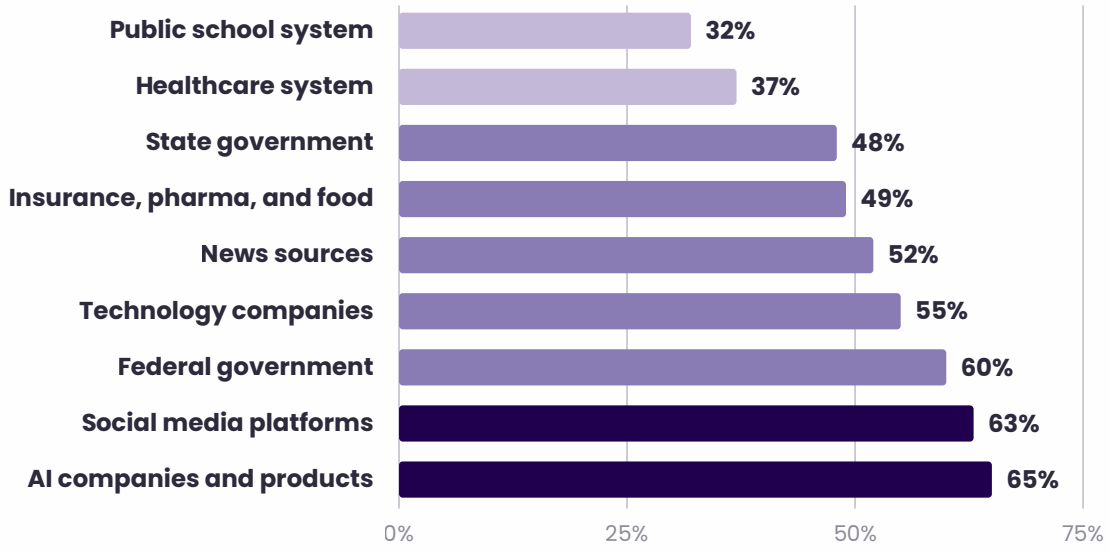
60%
little or no trust in the federal government, below health insurance companies

2x
as many mothers distrust AI companies as distrust public schools

FIGURE 7

Little or no trust to act in the best interests of children and families, all eleven institutions

Why it matters: *Mothers most trust the institutions they see as acting in children's interests; AI companies, social media, and the federal government draw the least.*



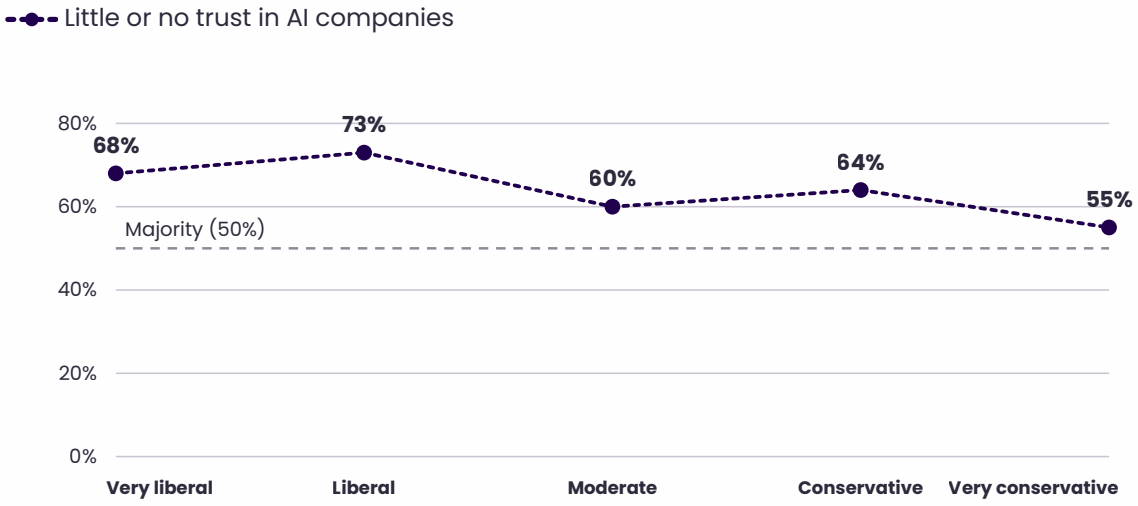
All eleven institutions rated on one 0 to 4 scale; share giving little or no trust shown. Source: National Benchmark of U.S. Mothers, Wave 1, fielded May 2026. n = 2,739 weighted. MOE +/- 2.3.

Little or no trust combines the two lowest responses on the question. AI is the only institution where the single largest response is no trust at all (42%). Schools are the most trusted institution tested; nearly twice as many mothers express little or no trust in AI companies (65%) as in schools (32%).

FIGURE 8

Little or no trust in AI companies, by political ideology

Why it matters: *Distrust of AI companies clears a majority in every ideological group, from very liberal to very conservative.*



Ideology is self-placement, a descriptive cut of sample composition. Little or no trust combines the two lowest responses. Source: National Benchmark of U.S. Mothers, Wave 1, fielded May 2026. n = 2,731 weighted. MOE +/- 2.3.

The distrust holds across the political spectrum. Little or no trust in AI companies is a majority view in every political group, from 55% of very conservative mothers to 73% of liberal mothers, consistent across all political groups. The survey records ideological self-placement, not party affiliation. Every finding in the Benchmark can be broken out the same way, by income, region, child age, and more.

Trust is one thing; being able to navigate a system is another

Whether a mother trusts an institution to act in her family's interest is one half of the relationship. Whether she can navigate it is the other, and just as decisive for whether her family gets what it needs. After the trust ranking, Wave 1 asked how confident mothers feel managing four systems they have to deal with directly. They report the least confidence with health insurance and government benefits, where 31% and 33% feel slightly or not at all confident, and the most with schools (18%) and healthcare (16%). The two measures cover different institutions on different scales, so Wave 1 reports them separately; it does not test whether one explains the other.

33%
slightly or not at all confident managing government benefits, the lowest

31%
not confident with health insurance

16%
not confident with healthcare, the system they feel most equipped to manage

WHAT THIS READING SHOWS

Mothers rank AI companies, social media platforms, and the federal government at the bottom of eleven institutions, with a majority expressing little or no trust in each to act in children's interests. This distrust is consistent across all political groups.

WHAT IS KNOWN

Broad trust trackers show low and falling U.S. trust in AI and government, and youth-focused polls show parents distrust technology companies, but these measure institutions in isolation or in broad categories. (Pew Research Center, 2025)

WHAT WAVE 1 ADDS

A maternal ranking of eleven named institutions on one scale, rated on whether each acts in the best interests of children and families. It places AI companies, social media, and the federal government at the bottom, consistent across all political groups.

Reading 4 Youth environment and commercial conditions

Mothers report wide exposure of their children to AI and commercial marketing, and low confidence they can fully see or limit it

Two forces reach children directly, often without a parent's choice: AI and commercial marketing. Among mothers who see their child use AI beyond entertainment, a majority agree it may make it harder for their child to build thinking, social, and emotional skills on their own; separately, about a third say their child has been marketed a product that is illegal to sell to a minor. Exposure to both deepens as children get older, and because so much of it happens on devices and in feeds parents do not see, what mothers report is a floor, with few confident they can verify how these systems work or opt out. The reading takes each force in turn, then turns to one more environment children grow up in: the content they encounter online.

62%
agree AI may make it harder for children to build thinking skills

55%
say their child was marketed a harmful or age-inappropriate product

32%
say their child was marketed a product illegal to sell to a minor

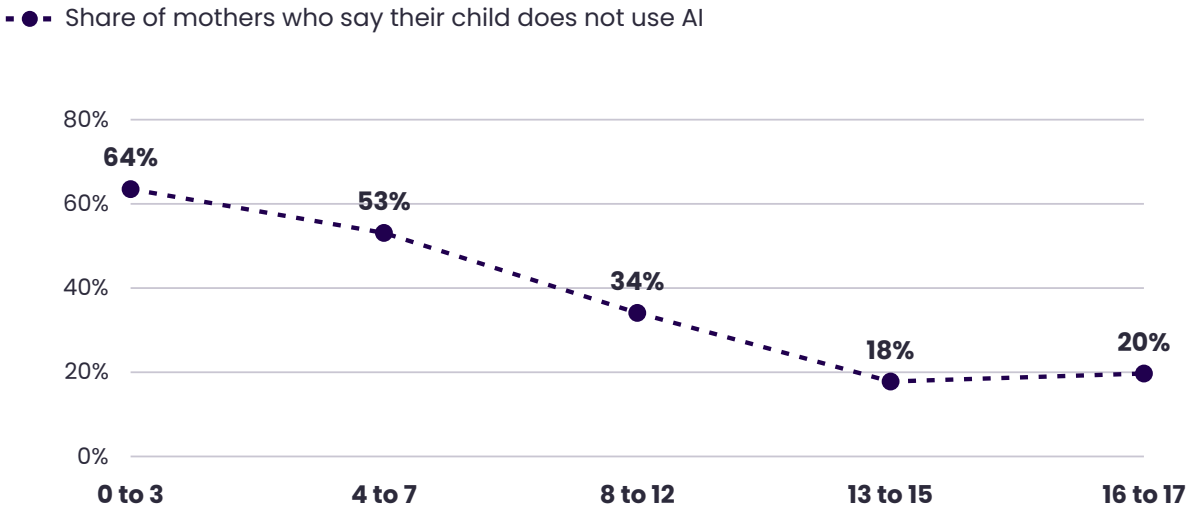
AI in children's lives

AI is moving into childhood quickly, and mothers are watching it happen. Much of children's AI use is not a parent's choice. The share who say their child does not use AI falls steeply as children grow, from roughly two in three among mothers of children 0 to 3 to under one in five by the early-teen years. The most common use mothers report is schoolwork. These figures reflect what mothers are aware of, so reported use is a floor.

FIGURE 9

Share of mothers who say their child does not use AI, by child age band

Why it matters: *Reported non-use falls steeply through the early-teen years, then holds.*



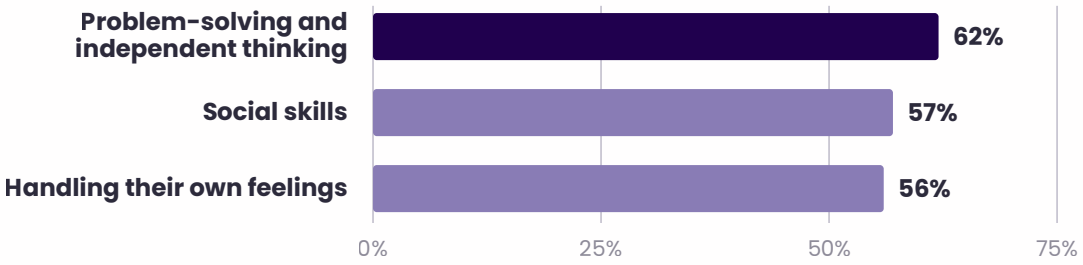
Weighted share within each age band, among mothers with a child in that band. Bands are not mutually exclusive, so a mother with children in more than one band appears in each. This differs from the youngest-child framing in Figures 1 and 2. Reported use is a floor, as mothers cannot fully observe their children's AI use. Source: National Benchmark of U.S. Mothers, Wave 1, fielded May 2026. n = 924 (0–3), 1,031 (4–7), 1,141 (8–12), 888 (13–15), 641 (16–17). MOE +/- 2.3.

The share of mothers who say their child does not use AI falls steeply as children grow, from 64% among mothers of children 0 to 3 to 18% by ages 13 to 15, before holding roughly flat at 20% among 16 to 17s. Reported use is a floor, since mothers cannot fully observe their children's AI use. Among mothers whose children use AI for more than entertainment, 62% agree it may make it harder for their child to learn to solve problems and think independently, 57% agree it may make it harder for them to develop social skills, and 56% agree it may make it harder for them to learn to manage their own feelings.

FIGURE 10

Where mothers agree AI may make it harder for their child to build thinking skills, among those whose children use AI beyond entertainment

Why it matters: *Maternal concern has moved from how much screen time to what AI may be doing to how children learn to think.*



Base: mothers whose children use AI for schoolwork, thinking and planning, or advice and companionship.
Source: National Benchmark of U.S. Mothers, Wave 1, fielded May 2026. n = 1,158 weighted. MOE +/- 2.3.

Prior CoM research points the same way. In a January 2026 Count on Mothers study, more than 4 in 10 children (42% at ages 13 to 15) reached AI through a school-issued device, not a parent's choice, and 80% of mothers did not feel sure they understood how their child's data are collected or used. A growing share of children are using a powerful, fast-changing technology that their parents did not choose, cannot fully observe, and are not confident they can turn off.

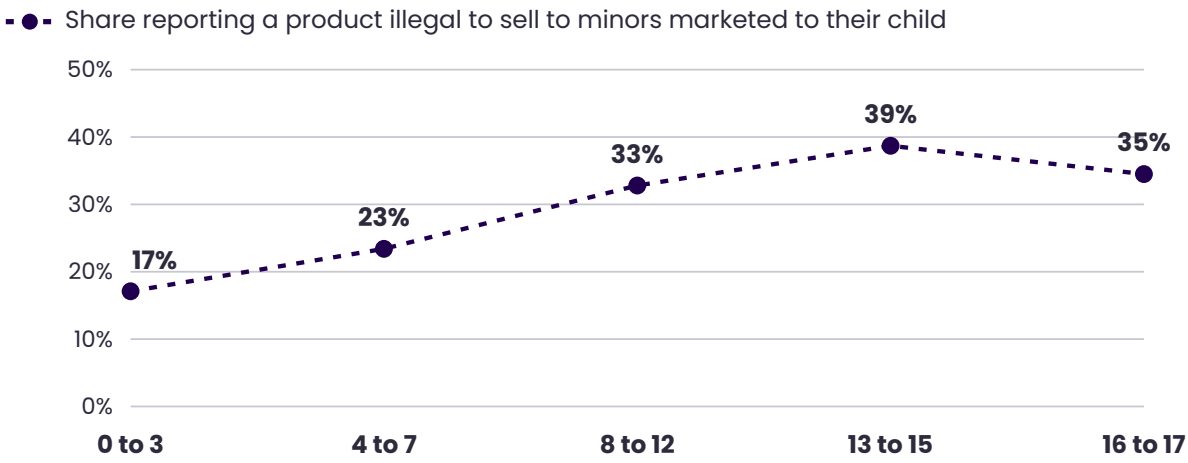
Commercial exposure

More than half of mothers (55%) say their child has been marketed at least one harmful or age-inappropriate product. About 32% report at least one product that is illegal to sell to a minor, such as vapes, gambling, alcohol, cannabis, or pornography. That share rises sharply with the age of the oldest child in the home, roughly doubling from homes with only young children to those with a teenager, as Figure 11 shows.

FIGURE 11

Products illegal to sell to minors, reported marketed to their child, by age of oldest child

Why it matters: *Nearly one in three mothers (32%) report a product illegal to sell to minors marketed to their child. The share is more than twice as high in homes with a teenager.*



Weighted share of mothers reporting at least one product illegal to sell to minors (vapes, gambling or sports betting, cannabis, pornography, alcohol) marketed to their child, among mothers whose oldest child is in each age band. Overall, 32% report at least one. Reported marketing is a floor, as much arrives on devices and in feeds parents do not share. Source: National Benchmark of U.S. Mothers, Wave 1, fielded May 2026. n = 310 (0–3), 455 (4–7), 602 (8–12), 571 (13–15), 442 (16–17). MOE +/- 5.2 or less by band.

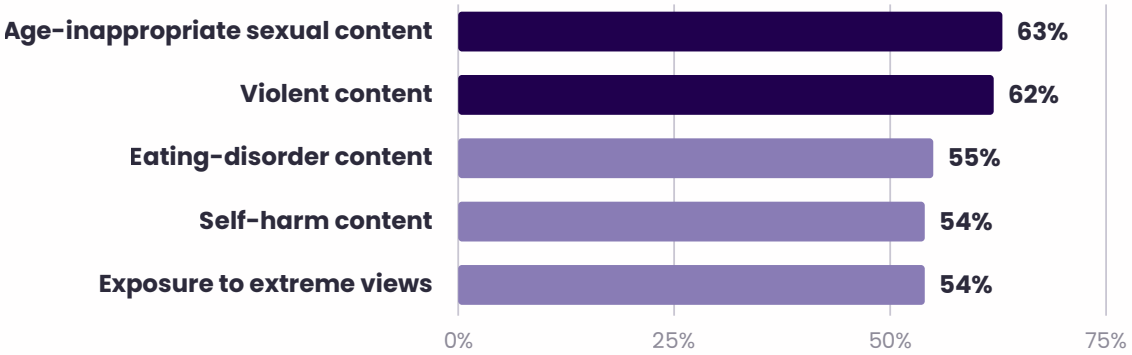
Households here are grouped by the age of their oldest child, not their youngest. Because mothers report on any of their children, a home with both a teenager and a toddler would count as a young-child home under a youngest-child grouping, hiding its exposure. Grouping by the oldest child keeps that home in view, and the figure shows reported exposure climbing with the age of the oldest child. That is why it is framed differently from the youngest-child view used earlier in the report. Much of this marketing also reaches children on personal devices and in feeds parents do not see, so what mothers report is a floor. What stands out is that products the law keeps out of stores are reaching children at all, and doing so more often in homes with older children.

Content exposure

FIGURE 12

Very or extremely concerned about content their child may see online, all mothers

Why it matters: *Concern is highest for sexual and violent content, and peaks among mothers of boys ages 8 to 12.*



Gender comparisons in the text include only households whose children in a band are all one gender.
Source: National Benchmark of U.S. Mothers, Wave 1, fielded May 2026. n = 2,695 weighted. MOE +/- 2.3.

Across all mothers, concern is highest for age-inappropriate sexual content (63%) and violent content (62%). It runs higher for boys and at younger school ages, reaching 68% for sexual content and 69% for violent content among mothers of boys ages 8 to 12, among the highest in the survey. The gender gap is clearest for violent content, where concern among mothers of boys 8 to 12 (69%) runs well above that among mothers of girls the same age (58%). Nearly 1 in 5 mothers (19%) say their child saw something online in the past year that scared or upset them.

WHAT A SINGLE WAVE CAN SHOW

Wave 1 cannot measure long-term effects on a child's development. What it can say is that a large share of mothers, watching their own children closely, are reporting the same concern at the same time about both AI, the newest and least understood force in their children's lives, and the commercial marketing reaching them in the wider world.

WHAT THIS READING SHOWS

Mothers report their children widely exposed to two environments that may put them at risk: commercial marketing and AI. A majority (62%) agree AI may make it harder for their child to learn thinking skills, more than half say their child was marketed a harmful or age-inappropriate product, and exposure to products illegal for minors rises with a child's age. Across both, few mothers are confident the companies behind these products and platforms are acting in their children's interest.

WHAT IS KNOWN

Other 2025 to 2026 research finds parents broadly distrust AI companies and underestimate how much their teens use AI, and that children are exposed to age-inappropriate marketing and content. (Common Sense Media, 2025)

WHAT WAVE 1 ADDS

Two measures reported together: how much exposure mothers say they witness, including products illegal to sell to minors and AI arriving through school devices, and how much they report being able to verify or limit it.

IN THEIR OWN WORDS

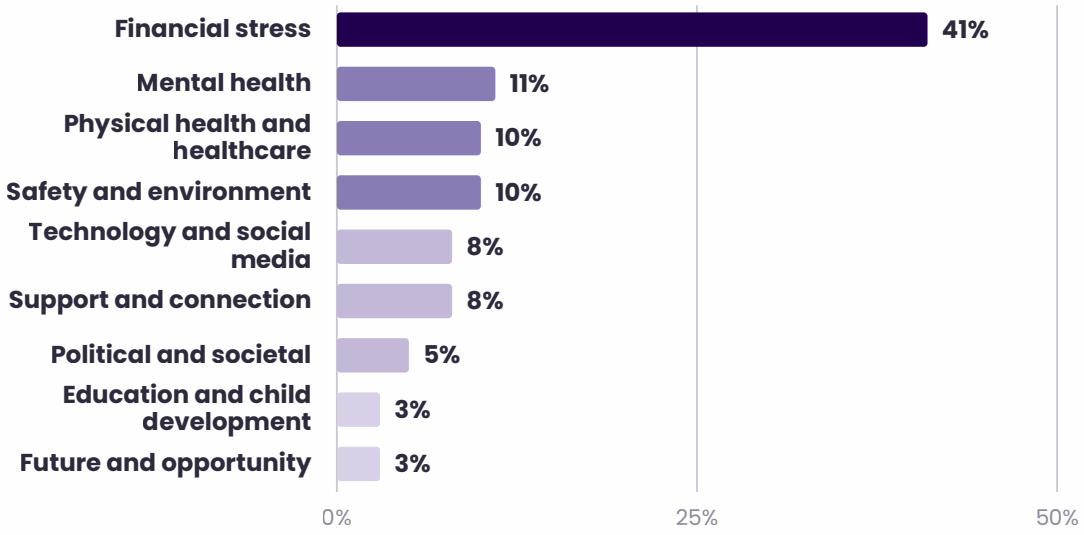
What mothers say is their biggest concern

Every wave includes one open-ended question, asked of every mother: in your own words, what is your biggest concern about your family's wellbeing right now? It is the one place in the survey where mothers set the terms, rather than choosing among options. Their answers were coded into themes.

FIGURE 13

What mothers name as their biggest concern, in their own words

Why it matters: *Financial stress leads by a wide margin, more than three times the next theme.*



Open-ended question, coded into themes. Shares are among mothers who named a specific concern (n = 2,178 weighted); about 1 in 7 named no specific concern and are not shown. Source: National Benchmark of U.S. Mothers, Wave 1, fielded May 2026. n = 2,178 weighted. MOE +/- 2.3.

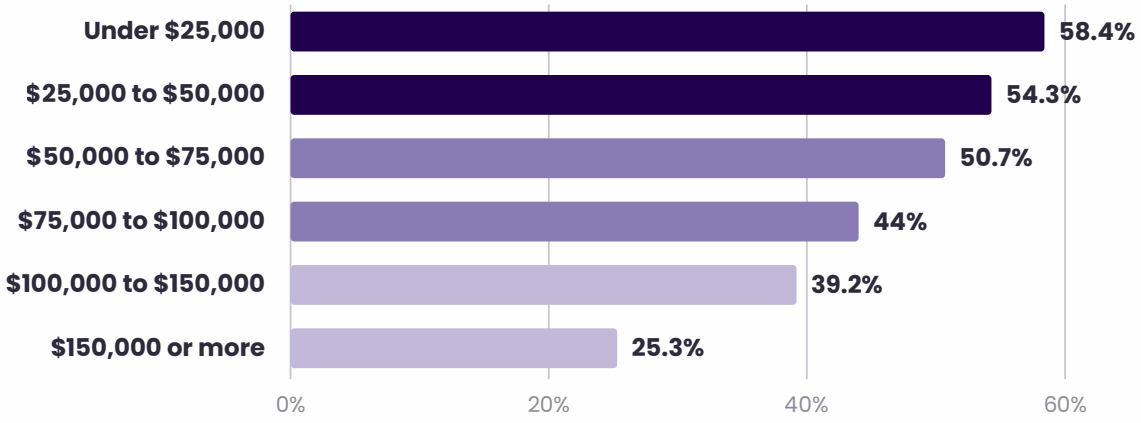
Financial stress is the most-named concern by a wide margin. Among mothers who named a specific concern, 41% named money first, more than three times the next theme. Mental health, physical health and safety, and the technology in children's lives follow, each named by roughly 1 in 10.

Financial stress leads at every income level, even the highest

FIGURE 14

Named financial stress as their first concern, by household income

Why it matters: *Financial stress leads in every income group; its weight falls steadily as income rises.*



Among mothers who named a specific concern. Source: National Benchmark of U.S. Mothers, Wave 1, fielded May 2026. n = 893 weighted. MOE +/- 2.3.

Financial stress leads at every income level, but its weight falls steadily as income rises. Among mothers earning under $25,000, 58.4% named financial stress first. That share declines at every step, reaching 25.3% among mothers earning $150,000 or more. The concern does not disappear at higher incomes; it gives way to a wider spread of other concerns, with mental health, physical health, and technology each drawing a larger share.

Consistent across political lines. Financial stress is the most-named concern in every political group, from very liberal to very conservative, consistent across all political groups. Where mothers differ is in what comes next: very liberal mothers were more likely to name political and societal concerns, while the leading concern itself held across the spectrum.

What sits on top of the financial floor. The same financial floor shows through in the words mothers chose, but so do the concerns layered on top of it: the cost of a child's care, a mother's own mental health, the technology in their children's schools, and the logistics of raising children with extra needs.

The financial floor, in mothers' own words

> Honestly I will say the cost of everything. Groceries, insurance, cost of summer camp. One very big emergency and the budget goes out the window. I just want to keep everyone healthy without going broke.
>
> — MOTHER, NEW JERSEY

> My biggest concern about my family's well-being is that we may have health care costs that we can't cover.
>
> — MOTHER, FLORIDA

> I have two neurodivergent kiddos and there are a lot of hoops to jump through, especially this time of year: IEPs, 504s, summer camps. It is a lot of mental worry, logistics, and financial strain.
>
> — MOTHER, NEW YORK

> My biggest concern is not letting my mental health issues, struggles, and actions affect my 14-year-old daughter.
>
> — MOTHER, SOUTH CAROLINA

> Deeply concerned about the use of screens and Chromebooks in school, starting in kindergarten. I can control what goes on in my house, but not in the school.
>
> — MOTHER, COLORADO

Asked to name their own concern with no options in front of them, mothers across income, region, and political line return first to the same place, whether the household can absorb what comes next.

THE DATA BENEATH THE FINDINGS

These toplines are a selection from a wider, deeper Benchmark

Every finding sits inside one of five standing indices, each built from a fixed set of survey items and measured the same way every wave. The five indices and what each covers:

Maternal Capacity & Stress

stress and bandwidth; sleep and time; support; maternal mental health

Family Economic Pressure

monthly costs; debt shock; food security; cost-delayed care

Institutional Trust & Accountability

trust in institutions; navigating key systems; school safety

Youth Environment & Commercial Conditions

AI and screens; online platform and content risks; marketing and harmful products; neighborhood safety

Child Wellbeing Access & Support

mental health need and access; insurance barriers; school response; peer friendship

Rotating Module

timely items added each wave; Wave 1 asked about a child-safety duty of care and community tech norms

Each finding can also be examined by subgroup: child age, child gender, number of children, mother's age, region, household income, education, work status, insurance type, race and ethnicity, and political ideology.

WHAT COMES NEXT

Wave 1 establishes the baseline

Because the Benchmark uses the same measures each wave, everything tracked here becomes a trend line at Wave 2 and builds into longitudinal infrastructure from there. One wave is a report. Two waves are a trend. Three waves are infrastructure.

Wave 2 will add household composition to the instrument, so future waves can show not only how heavy the strain is but how it is shared within the household.

Methodology in brief

Wave 1 surveyed 2,818 U.S. mothers and primary female caregivers, each with at least one child under 21 living in the household, weighted to U.S. population targets for region, race and ethnicity, education, household income, and mothers' age (MOE +/- 2.3). Throughout, "mothers" refers to this group. This report leads with the underlying item-level measures rather than composite index scores, which become most informative as a trend line from Wave 2, when each index can track movement against this baseline. The core instrument is fixed wave to wave so every measure stays comparable over time; a small rotating module covers timely topics and is reported separately, never folded into the core measures.

Subgroup figures follow standing cell-size rules and are not reported below an unweighted n of 50. Political ideology is not a weighting target; the sample's political composition is broadly consistent with national patterns for women of similar age, and cuts by ideology describe sample composition, not population estimates. The complete methodology, covering sample sourcing, weighting, index construction, and panel integrity, is published at countonmothers.org/methodology.

RESEARCH TEAM AND PARTNERS

Jennifer Brailsford, PhD (Director of Research); Melissa Lawrence, MPH, MS (Director of Data Science). Academic research partners: Kaitlyn Regehr, PhD, Katharine Smales, PhD, and Photini Vrikki, PhD, of University College London (Methodology Advisory Board). During design, the survey instrument was reviewed by our UCL research partners and by subject-matter experts, including our founding institutional member, Inseparable Inc. Research partners and members receive advance access to preliminary findings and may comment; the CoM research team holds final authority over the questions, the analysis, and the findings.

COUNT ON MOTHERS

WORKING WITH THE DATA

One wave is a report. Two are a trend. Three are infrastructure.

These findings are public so they can reach everyone who needs them. The Benchmark is built for any organization whose decisions, products, or services touch the lives of mothers and families: foundations, health systems, employers, and policy teams; the companies that design and market products and services to children and families; and the corporate responsibility teams working to serve them well.

The public report gives the national picture. Members work with the Benchmark itself: the subgroup breakdowns behind every finding, analysis focused on the population they serve, and the dataset as it grows wave over wave. Each new wave turns the measures here into trend lines and deepens what the data can show about the families a given organization reaches.

Partner with us

To discuss access, contact Lauren Prentiss at lprentiss@countonmothers.org, or learn more at countonmothers.org/partners.