

THE NATIONAL BENCHMARK OF U.S. MOTHERS · WAVE 1

Mothers See It First

Mothers feel family strain before most systems can detect it: across the family budget, the doctor's office, and the online and commercial world their children grow up in. Wave 1 of the National Benchmark of U.S. Mothers is a recurring, nationally representative survey that puts that experience on the record, showing where strain falls, how it changes with income and the age of the child, and where it holds steady across the political spectrum. Together, these findings provide an early, measurable view of the conditions shaping children, families, and the systems they rely on.

SIX FINDINGS, AND WHY EACH ONE IS NEW

5 to 1**When a family cannot afford all the care it needs, the mother's care is what goes.**

Nearly a third of mothers (32%) put off their own health or mental health care this past year because of cost. Among mothers who deferred any care to save money, their own care was set aside far more often than their child's, by about five to one.

Why it is new: the first national, representative measure of where a family's care shortfall lands. When a mother skips care, she leaves no record, so the system almost never sees this.

41%**The savings cushion runs especially thin in the early-teen years, not the baby years.**

Among mothers whose youngest child is 13 to 15, 41% say a single surprise \$500 bill would put them into debt.

Why it is new: financial fragility shown by the age of the child. Families are most exposed in the early-teen years, when day-to-day stress runs highest and childcare weighs most heavily on the families who pay for it. A national average hides this.

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 this past year. Among them, 47% had difficulty getting it.

Why it is new: a view of children's unmet mental health need from the home, before it ever reaches a clinic, with the size of the access problem attached.

65%**AI companies draw the least trust of eleven institutions to act in the best interests of children and families.**

Most mothers (65%) have little or no trust in AI companies to act in the best interests of children and families, the lowest of eleven institutions tested, below social media and the federal government.

Why it is new: one trust scale applied to eleven named institutions, from public schools to AI companies, on whether each acts in the best interests of children and families, with AI companies at the bottom and the pattern holding across every political group.

62%**Mothers say AI may make it harder for their children 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 problem-solving and independent thinking.

Why it is new: it puts national, representative numbers on a concern that has had little data behind it, measured while AI reaches children quickly, through schools and personal devices, faster than safety review and regulation can keep up.

32%**About a third of mothers say their child has been marketed a product illegal to sell to a minor.**

Vapes, gambling, alcohol, cannabis, or pornography. More than half (55%) report at least one harmful or age-inappropriate product, and that share rises with the child's age.

Why it is new: a representative read on the commercial world reaching children, named product by product and reported from what mothers can actually see, including products that cannot legally be sold to minors.

WHY THIS BENCHMARK EXISTS

Most measures of family life capture outcomes after the fact. The National Benchmark tracks conditions as they are lived across five interconnected dimensions: maternal strain, family economic security, children’s environments, access to support, and institutional trust. Measuring these together, in a nationally representative and recurring survey, produces something the field has not had before: a consistent, comparable record of family life as the experience shifts over time. These five were not chosen in the abstract; they are the concerns mothers themselves raised across more than three years of earlier Count on Mothers surveys.

Wave 1 establishes the baseline. Because the core instrument is fixed, every later wave is measured against this first reading, so each condition can be followed from its starting point rather than picked up mid-trend. Each future wave adds depth, giving foundations, policymakers, health systems, advocates, and industry leaders the ability to track change, identify divergence, and make decisions grounded in what families are actually experiencing.

THE NUMBERS BEHIND IT

2,818 mothers surveyed	1,884 effective sample size	±2.3 pts 95% credibility interval	Census-raked weighted to U.S. targets	UCL methodology advisory partner
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ABOUT THE DATA

The National Benchmark of U.S. Mothers (Wave 1, fielded May 2026; 2,818 mothers of children under 21; effective sample 1,884; raked to U.S. Census targets across region, race and ethnicity, education, income, political ideology, and child age; 95% credibility interval ±2.3 points on the full sample) tracks the conditions shaping mothers and families, and repeats every wave. This report leads with the underlying item-level numbers; combined index scores become most useful as a trend from Wave 2.

INDEPENDENCE

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 Benchmark is designed and analyzed by the Count on Mothers research team, led by a PhD survey methodologist and an MPH data scientist, with methodological advice from University College London. Subgroup and conditional figures are reported only where the unweighted base meets standing cell-size rules; bases available on request. Full findings and charts available on request. Complete methodology at countonmothers.org/methodology. Press: Jessica Efstathiou, jefstathiou@countonmothers.org · Partnerships: Lauren Prentiss, lprentiss@countonmothers.org