



2026

Maven's State of Women's and Family Health Benefits

How access, quality, and trust are reshaping women's and family health benefits



Executive Summary

Employers are increasing investment in women's and family health benefits at a time when healthcare costs continue to rise and employee needs are becoming more complex. Yet despite this growing investment, employees report feeling less supported than they did just a year ago—revealing a growing gap between intent and experience. This moment demands a shift from expanding benefits portfolios to delivering benefits that work—consistently, measurably, and when it matters most.

This gap isn't the result of a lack of effort. Employees today are navigating work, parenting, family building, and health decisions amid tighter access to care, mounting financial pressure, and an overload of conflicting information. At the same time, HR and benefits leaders are being asked to do more with fewer resources—manage rising costs, improve outcomes, and deliver benefits that employees can actually find, trust, and use. In this environment, **the difference between offering benefits and delivering meaningful support has never mattered more.**

The challenge for employers has shifted. It's no longer just about adding more programs or coverage—it's about ensuring benefits translate into high-quality, accessible support across every stage of women's and family health, from preconception and pregnancy to parenting and midlife. When quality, access, and navigation fall short, employees delay care, outcomes suffer, and the return on benefits investments erodes.

To better understand where benefits are working—and where gaps remain—Maven surveyed employees alongside HR and benefits leaders across the U.S., U.K., Canada, and India. Viewing both perspectives together reveals where expectations are diverging, where access breaks down, and where employers have the greatest opportunity to improve outcomes while managing cost and complexity.

In this report, we examine **five key trends** reshaping women's and family health benefits—including widening perception gaps, rising high-risk pregnancy costs, the growing role of AI in health decision-making, and increasing demand for guidance around treatments like GLP-1s and hormone replacement therapy (HRT). Throughout, we share practical insights and real-world examples to help employers move beyond check-the-box offerings—and toward benefits that employees can truly access, trust, and use.

5 Key Trends in Women's and Family Health Benefits in 2026

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Survey Methodology

Maven's State of Women's and Family Health Benefits 2026 report was created based on findings from two surveys, conducted Nov. 6-19, 2025.

The first survey collected responses online from a total of 2,071 adults in the U.S., U.K., Canada, and India, in the HR and benefits space, who listed their primary area of responsibility at work as employee benefits, compensations, and total rewards; recruitment and talent acquisition; learning and development; workplace culture; employee wellness; people analytics; or diversity, equity, and inclusion. The respondents indicated that they have the primary decision-making authority, share decision-making authority with others, or have input into the decision-making process.

The second survey collected responses online from a total of 4,964 adults in the U.S., U.K., Canada, and India. Survey respondents reported they were employed at companies greater than 500 people. Surveys were completed anonymously online.

References to Maven's State of Women's and Family Health Benefits 2025 report refer to the findings from two surveys conducted from Oct. 24 - Nov. 1, 2024 in the U.S., U.K., and India. [Access the 2025 report.](#)



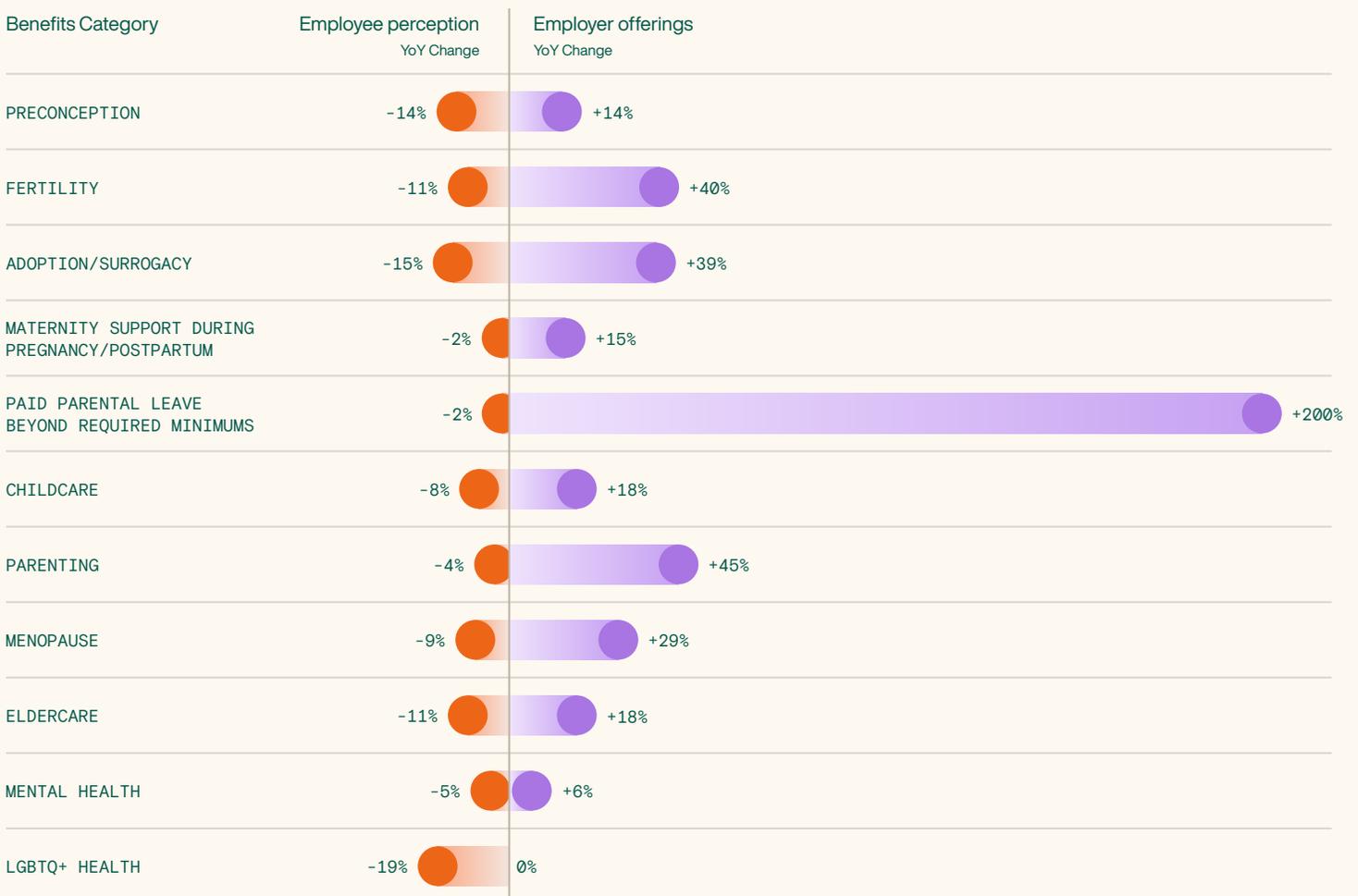
TREND 1

Despite expanding benefits, employees are feeling less support

New data shows that employees feel less supported by their women's and family health benefits than they did just a year ago—even as employers continue to expand their offerings. Over the past year, more organizations report adding or growing support across fertility, adoption and surrogacy, paid parental leave beyond statutory minimums, parenting resources, and mental health. On paper, benefits portfolios are broader than before.

But for employees navigating health decisions, those investments don't always translate into meaningful support. When benefits are hard to find, difficult to navigate, or disconnected across life stages, employees lose confidence in the care available to them. **The result isn't just frustration—it's delayed care, fragmented experiences, and outcomes that fall short of what employers intend.** The challenge for HR leaders isn't whether they're offering enough—it's whether the benefits they offer are designed to deliver quality, accessible support when it matters most.

● Increase in benefits offerings versus employee perception of support from benefits



*Employee perception of employer support" refers to whether employees rated their benefits as supporting them "very well" in 2026 vs. 2025.



What the data shows

While employers reported a 39% average increase in women's and family health benefits offered, employee sentiment of those benefits supporting them very well decreased by an average of 10% across all benefits categories surveyed. These declines suggest that **broader benefits portfolios are not translating into stronger employee experiences**—particularly when support requires clear navigation, continuity across life stages, or timely access to care.

The perception gap is not limited to one moment in the family health journey. It spans reproductive health, parenting, mental health, and inclusive care—signaling a systemic issue with how benefits are experienced, not simply what is offered. What's more, perception declines extend beyond reproductive care into areas closely tied to well-being, retention, and equity. Together, these drops reinforce a consistent theme: **availability alone isn't driving confidence in benefits.**

- Decrease in employees who say benefits support them very well

↓14%

Preconception support

FROM 65% TO 56% YOY

↓11%

Fertility support

FROM 55% TO 49% YOY

↓15%

Adoption support

FROM 46% TO 39% YOY

↓19%

LGBTQ+ support

FROM 42% TO 34% YOY

Why this gap is widening

As benefits portfolios grow, so does complexity. Employees are often expected to navigate multiple vendors, eligibility rules, and handoffs—frequently during high-stress moments like fertility treatment, pregnancy complications, or returning to work. When benefits are difficult to find, hard to navigate, or poorly communicated, employees may not connect available offerings to their own needs.



“

Like so many people today, our employees are carrying a lot—at work, at home, and in the moments in between. That’s why it’s so important to provide women’s and family healthcare that’s available when people need it. By offering 24/7 support through Maven, we’re able to meet employees with compassionate, inclusive care at every stage of their journey—helping them feel supported and better equipped to care for themselves and their families.”

Stephanie Franklin
SVP, CHRO, Vertex Pharmaceuticals



For HR leaders, this creates a difficult paradox: increased investment doesn’t always translate into increased impact. Without strong navigation, cohesive care models, and clear communication, benefits risk becoming an underutilized collection of offerings—undermining both employee trust and business outcomes.

How leading organizations are solving the problem

Closing the perception gap starts with shifting the focus from how many benefits are offered to how those benefits are experienced.

1

Focus on quality, not just coverage

Seek out benefits that deliver measurable outcomes and a positive member experience—not just broad availability. Look for key elements of care continuity, like IVF carve-outs that connect to high-risk maternity care.

2

Assess awareness and navigation

Identify where employees struggle to find, understand, or use benefits, especially at critical transition points.

3

Prioritize cohesion

Look for solutions that integrate clinical care, education, and navigation across life stages—so employees experience benefits as support, not a collection of disconnected programs.

By designing benefits designed to work in practice—not just on paper—employers can turn their benefits investments into support employees truly feel and outcomes they can bring to their C-suite.





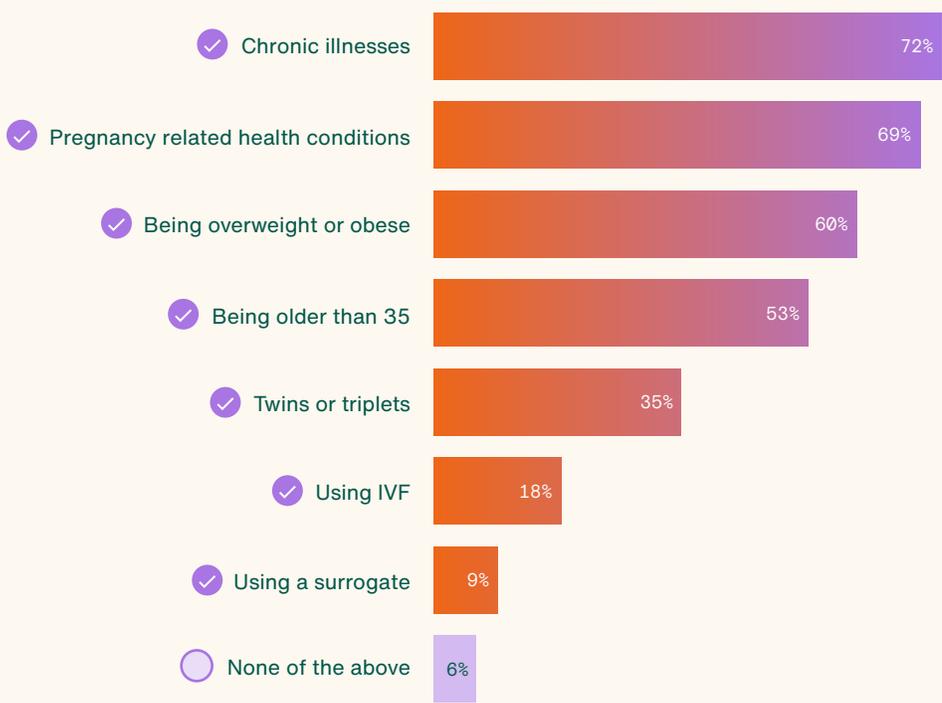
TREND 2

High-risk pregnancies are driving costs—revealing why earlier support matters

More than half of benefits leaders report that high-risk pregnancies have increased healthcare costs for their organization. Maternity costs have risen 50% in the past decade, and more organizations are feeling the financial impact of complications that could have been mitigated with earlier support. Employers are responding with expanded maternity benefits, care coordination, and virtual support, but rising investment alone isn't solving the problem—and delayed intervention continues to drive avoidable cost, risk, and workforce disruption. The data points to a deeper issue: **a lack of education around high-risk pregnancies means they may be identified too late, supported too inconsistently, or navigated without clear guidance.**

This gap reflects a familiar pattern: employers are investing in more maternity and pregnancy-related support, but many employees still lack clarity around pregnancy risk and struggle to access the right care when complications arise. For employers, this challenge has implications for both healthcare spend and workforce stability. When pregnancy complications aren't managed early and effectively, employees may be more likely to experience extended recovery times, disengagement, or difficulty returning to work—directly impacting retention and total cost of care.

● Which of the following do employees think could make a pregnancy high-risk?

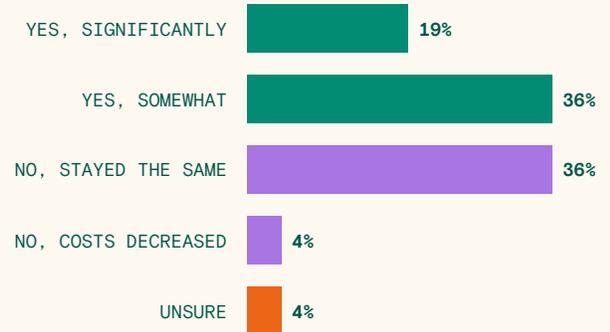


Only **3.5%** of respondents correctly identified all the conditions that could lead to a high-risk pregnancy.

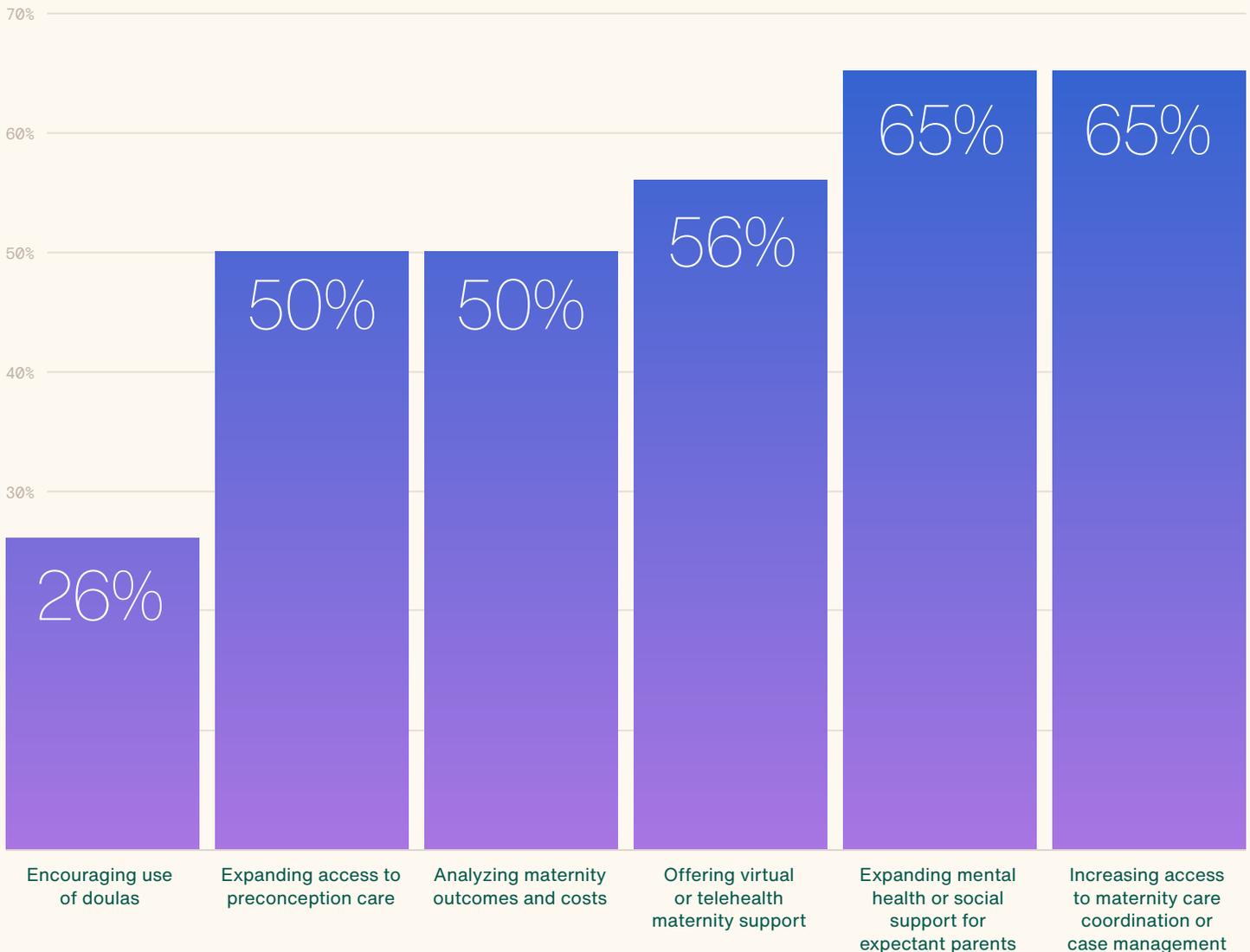
What the data shows

Employers clearly recognize the financial impact of high-risk pregnancies and are taking steps to address it. However, the data shows a mismatch between where employers are investing and how employees experience and navigate high-risk pregnancy care—particularly when it comes to awareness and access.

- In the past year, have high-risk pregnancies increased your company/institution's overall healthcare costs?



- What is your company/institution doing to manage the cost of high-risk pregnancies?



These gaps are most pronounced among employees whose needs are not fully met, and they extend beyond pregnancy into postpartum recovery and return to work.



57% of benefits leaders report increased healthcare costs related to high-risk pregnancies, while **93% report taking steps to manage these costs**, such as expanding care coordination, mental health support, and virtual maternity care.



Employee understanding of high-risk pregnancy remains limited: **82% of employees don't think IVF increases pregnancy risk**, and 91% don't think surrogacy does.



28% of people with a high-risk pregnancy were surprised by their classification, and 15% had difficulty finding a doctor or scheduling appointments—a figure that rises to 24% among those whose care did not fully or mostly meet their needs.

These access barriers have implications beyond pregnancy itself: **only 32% of HR leaders say all or almost all employees return to work after parental leave.**



of HR leaders say all or almost all employees return to work after parental leave.

“

Life doesn't happen in neat, predictable milestones. There are quieter, more complicated stages—like midlife hormonal changes, caring for a newborn after a NICU stay, navigating male fertility challenges, or supporting a younger child with sleep struggles—that deserve real care and compassion. Panasonic's partnership with Maven ensures our employees have immediate access to experts who understand these transitions and can provide meaningful support exactly when it's needed.”

Sarah Murphy
Senior Benefits Manager, Panasonic

Panasonic



Why early intervention matters

High-risk pregnancies often require more frequent monitoring, coordinated care, and emotional support. When employees don't understand their risk, care may be delayed until problems escalate. That delay increases the likelihood of complications, drives up costs, and can disrupt an employee's ability to recover and return to work.

When employees have access to the education and care they need to understand risk sooner, employers are better positioned to improve outcomes while controlling costs.

What HR leaders can do

Addressing high-risk pregnancy doesn't require adding more benefits—it requires making sure the support you offer is easier to access and more effective.

1

Invest in early education and proactive intervention

Ensure your benefits provide employees with easily accessible, clinically-backed resources at their fingertips to understand what makes a pregnancy high-risk and where to turn for support as soon as pregnancy begins.

2

Simplify maternity navigation

Provide clear, proactive pathways to care coordination, mental health support, and virtual maternity services—ideally within a single platform.

3

Plan beyond birth

Extend support through postpartum recovery and return to work, with proactive check-ins and care coordination that continue support after delivery and through return to work.

By shifting focus from expanding maternity offerings to delivering coordinated, early support, employers can reduce complications, lower costs, and better support employees through one of the most critical moments of their lives.





TREND 3

Employees are turning to AI for health support long before their benefits—creating a new challenge for HR

AI is already influencing employee health decisions—often before employer-sponsored benefits ever come into play. **One-third of employees report taking action on their health based on information from AI, such as starting or stopping a medication to scheduling a doctor's appointment.**

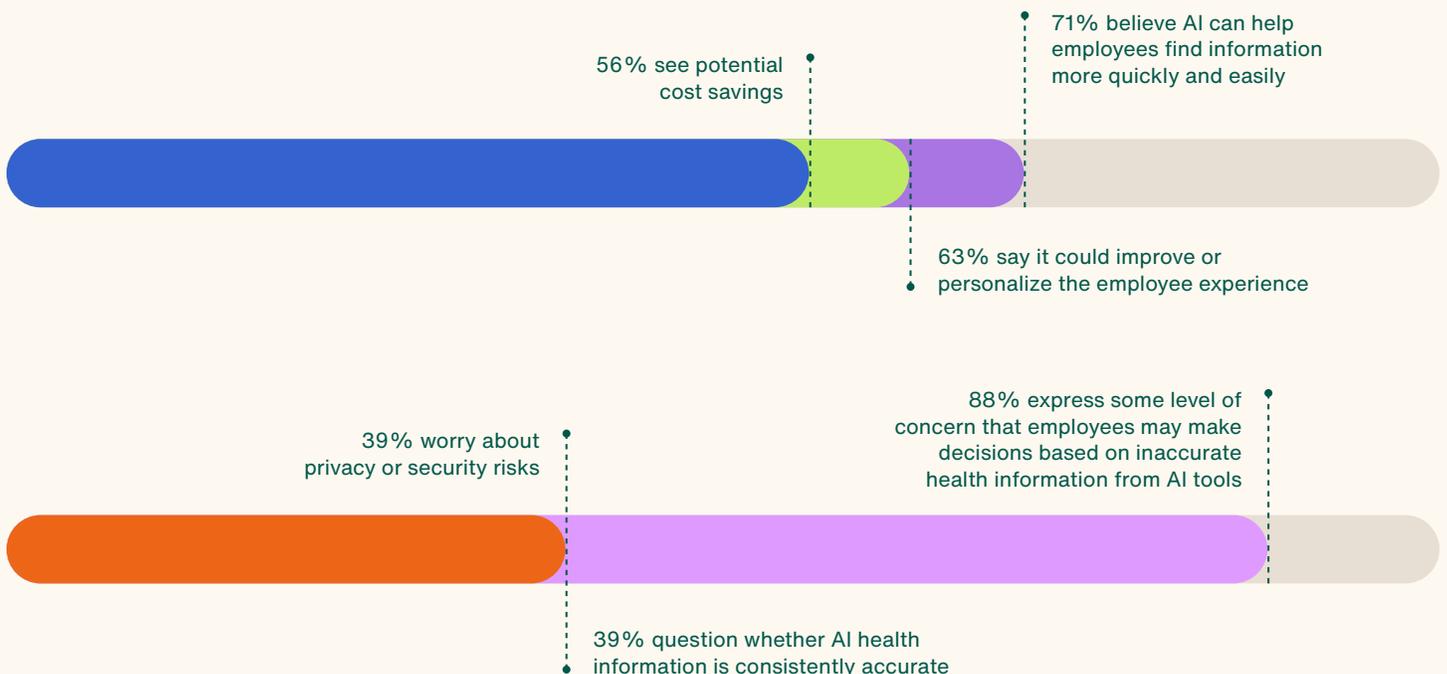
This shift signals more than a change in information-seeking behavior; it reflects a growing gap between how employees access health guidance and how employers intend benefits to be used.

For HR leaders, this creates a familiar challenge in a new form. **While employees value fast, convenient answers, access to information alone doesn't guarantee accuracy, safety, or appropriate care.** As with other areas of women's and family health benefits, the issue isn't whether information exists—it's whether employees are getting high-quality, trustworthy guidance that protects both their health and their data.



of employees have taken action on their health based on AI-generated information.

● Perceived benefits and risks of employee AI use among HR leaders

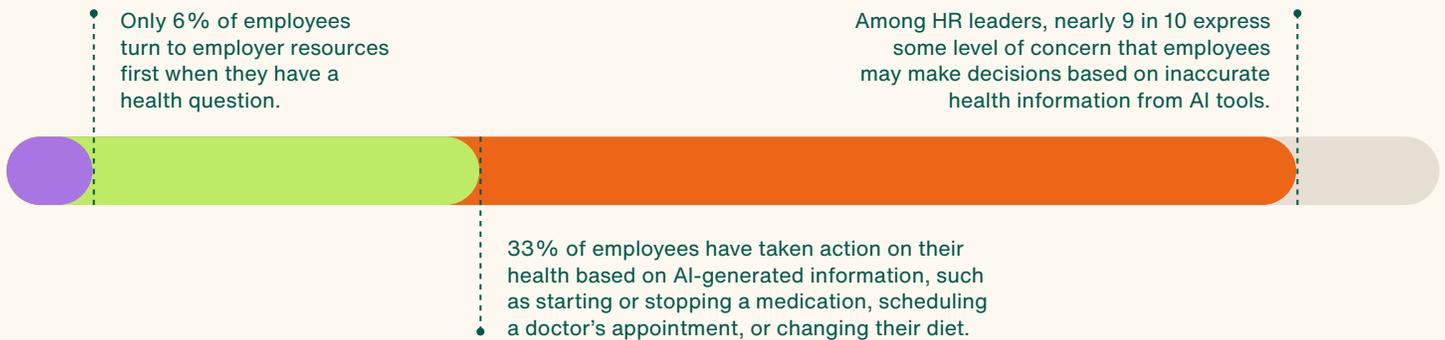




What the data shows

Eighty-one percent of employees have used AI to find health information, and 59% use it daily or weekly, signaling that AI has moved from occasional curiosity to a regular part of how employees get information about their health. This use isn't just educational: employees are acting on what they find.

● The use of AI and other resources to find health information



At the same time, employers see real potential in AI. Seventy-one percent of HR leaders believe AI can help employees find information more quickly and easily, and nearly two-thirds (63%) see opportunities to improve personalization and efficiency. This tension between widespread use, meaningful action, and concern about accuracy underscores a critical reality: **AI is already influencing employee health decisions, often without clinical oversight, care coordination, or accountability—and largely outside the guardrails of employer-sponsored care.**



How employee AI use impacts organizations

When employees act on AI-generated health information, those decisions often happen without care coordination or clinical oversight.

Even small actions—changing medications, delaying care, or self-managing symptoms—can lead to missed early intervention, avoidable complications, and higher downstream costs. And, when these health decisions happen outside the benefits ecosystem, opportunities to guide care, improve outcomes, and measure impact are lost.



“

Our approach to employee benefits is rooted in care, support, and diversity. We design benefits that meaningfully support our employees, strengthen our ability to attract and retain top talent, and consistently evaluate our benefit offerings against our culture’s changing landscape.”

Candice Lyseight
Benefits Specialist, United Talent Agency



There is also growing data and compliance risk. **Consumer AI tools are not designed to handle protected health information**, yet employees are increasingly entering sensitive health data into systems that don’t account for PII or regulatory requirements. For employers and payers alike, this introduces concerns around data security, compliance, and accountability—risks that are difficult to mitigate once information leaves the benefits ecosystem.

At the same time, this shift represents an opportunity. Employees are clearly looking for faster, more accessible guidance. Employers that provide safe, accurate, and easy-to-access health information—within compliant, clinically grounded systems—can meet employees where they already are while protecting outcomes, data, and trust.

What HR leaders can do

AI is already shaping employee health decisions, creating both opportunity and risk. The challenge for HR leaders isn't whether AI will be used—it's whether employees are using it to access accurate, trustworthy guidance.

- 1

Provide a trusted first stop

Make sure benefits are easy to access and clear in their offerings, so employees know where they can go for reliable, clinically grounded health information before they act.

- 2

Prioritize accuracy and compliance

Partner with solutions that combine AI-enabled access with clinical oversight, data privacy, and regulatory safeguards.

- 3

Integrate guidance into existing benefits

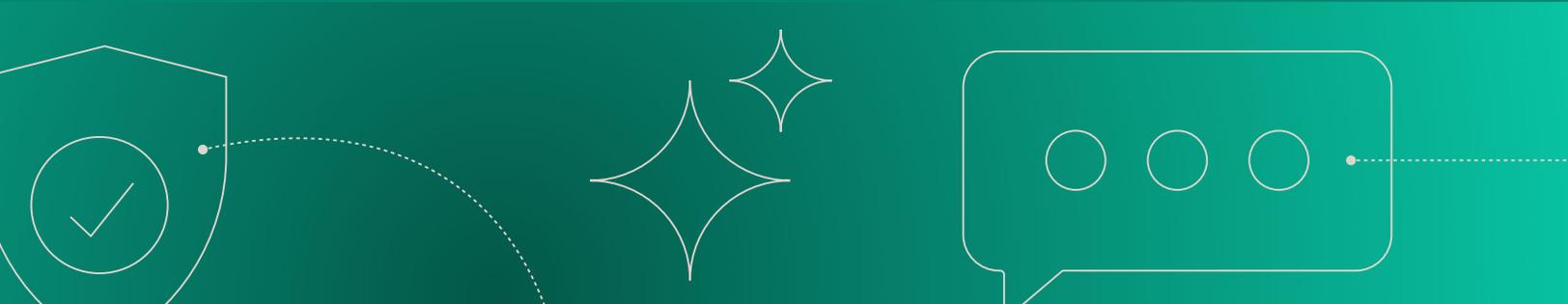
Ensure health education and navigation are connected to care pathways, not siloed from them.

- 4

Communicate proactively

Sharing regular, life-stage-specific education helps employees know where to turn before a need arises.

By meeting employees where they already are—and pairing innovation with accuracy—employers can reduce unmanaged care, protect outcomes, and build trust in an increasingly AI-driven health landscape.





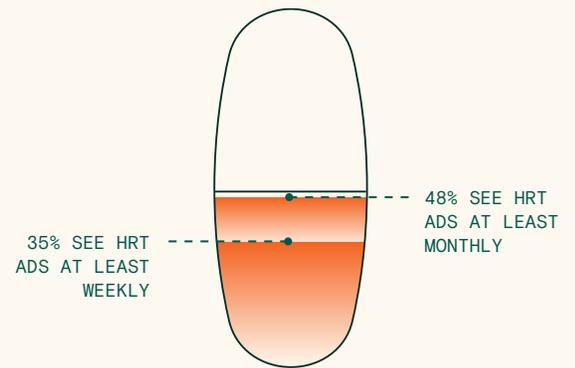
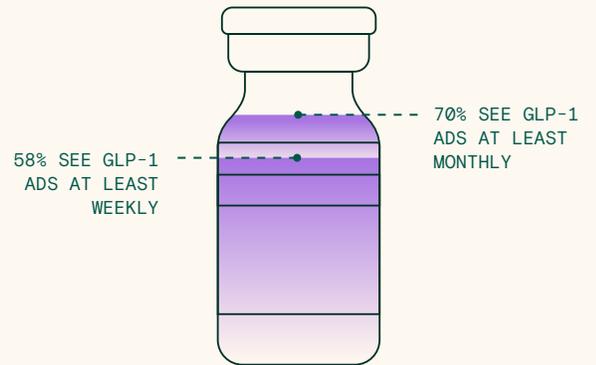
TREND 4

GLP-1s and HRT demand
guidance—not just coverage

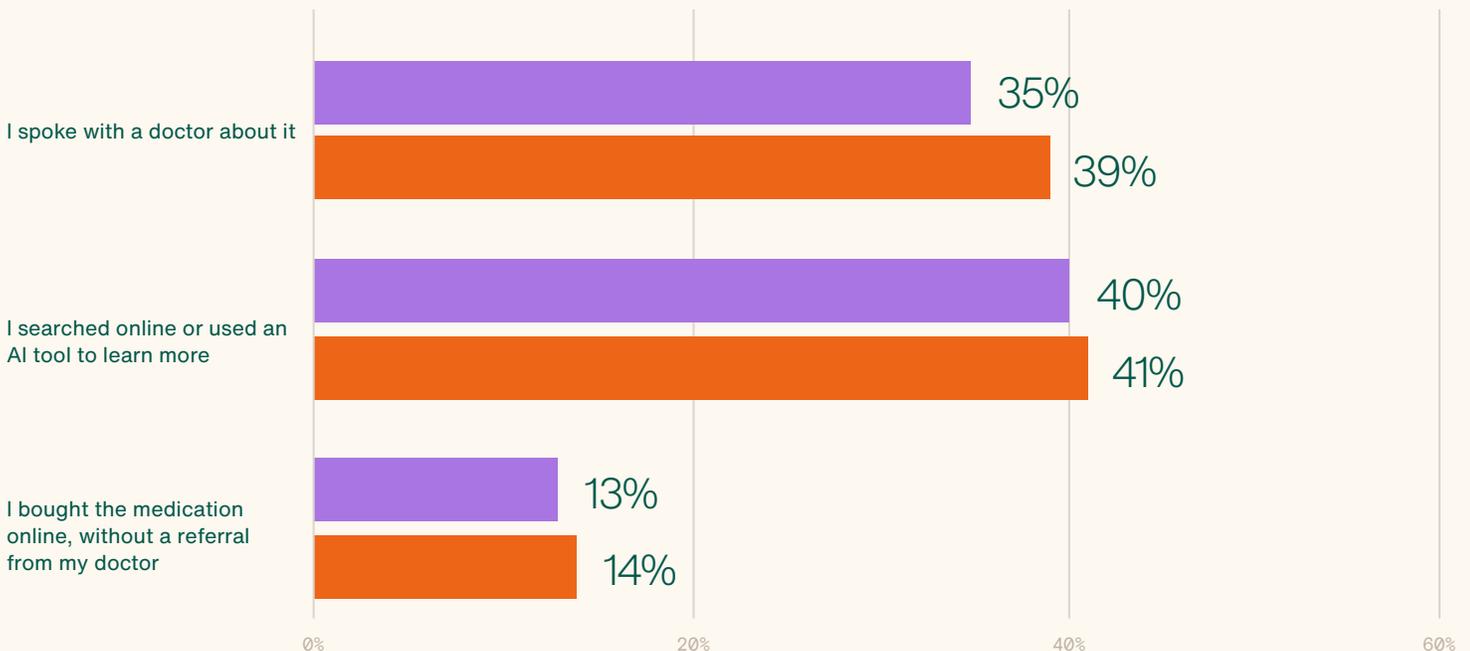
Consumer health trends are no longer peripheral—they're actively shaping how employees make care decisions. **The majority of employees report taking action after seeing advertising for GLP-1s or HRT, which may take place before engaging with an employer-sponsored benefit or clinician.** This shift is raising new expectations of employer benefits, even as organizations work to balance clinical appropriateness, cost, and long-term outcomes.

Employees are encountering more information than ever, but not always the context or support needed to make informed decisions. When benefits focus on coverage without education or navigation, employees are left to make complex health choices on their own.

- For employees, GLP-1 and HRT ads are a constant



- What actions have you taken after seeing advertising for **GLP-1s** and **HRT**?



What the data shows

Exposure to consumer health messaging around GLP-1s and HRT is widespread—and it's directly influencing employee behavior, particularly among younger employees.

That visibility is already shaping care decisions. The majority of employees report taking steps after seeing ads for these treatments—whether that means searching for more information, talking to a doctor, or pursuing a prescription online. As a result, expectations for employer coverage are rising, and organizations are responding in varied ways.

- From awareness to action—and expectation: GLP-1s and HRT



Employees aren't waiting for benefits cycles to catch up—they're making health decisions based on what they see online. That shift has created real urgency for employers. The opportunity now is to move beyond coverage alone and offer trusted, evidence-based guidance that helps employees navigate new treatments safely, thoughtfully, and with long-term outcomes in mind."

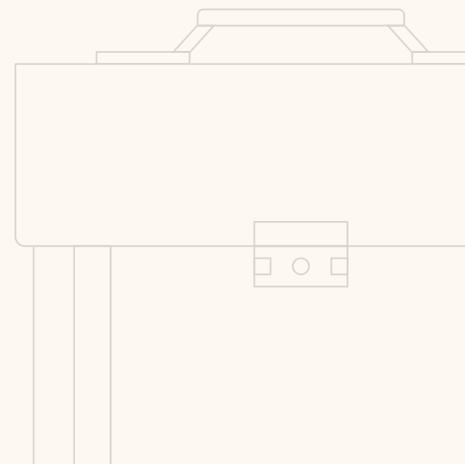
Neel Shah
Chief Medical Officer, Maven



What consumer health demand means for employers

Consumer health trends are accelerating faster than traditional benefits cycles. Employees are forming opinions—and making decisions—based on what they see online, not always on clinical guidance. When those decisions happen independently, employees may pursue treatments that aren't appropriate for their health, miss alternative options, or lack ongoing support to manage side effects, expectations, and long-term outcomes.

For employers, the question isn't just whether to cover emerging treatments—it's how to design benefits that guide appropriate use, manage long-term cost, and protect outcomes over time.



What HR leaders can do

GLP-1s and HRT are reshaping employee expectations, but coverage alone isn't the answer. Employees need education, clinical context, and navigation to make safe, informed choices—especially as consumer health trends continue to evolve.

1

Lead with education

Ensure employees have access to evidence-based information about emerging treatments, including benefits, risks, and alternatives.

2

Provide clinical guidance, not just coverage

Offer expert guidance and navigation to help employees determine what's appropriate for their individual needs.

3

Design benefits for flexibility

Partner with solutions that can adapt as consumer health trends change, without sacrificing quality or driving unnecessary costs.

4

Meet expectations responsibly

Offer consumer-grade experiences that match the speed and accessibility employees expect—while maintaining clinical rigor.

By pairing visibility with guidance, employers can help employees navigate consumer health trends confidently, protect outcomes, and ensure benefits remain a source of trusted support, rather than confusion.





TREND 5

Access barriers continue to delay essential women's healthcare. Virtual care is becoming a lifeline.

One in four women delayed or skipped routine women's healthcare in the past year—not because care wasn't needed, but because it wasn't accessible. This captures a growing challenge for employers: benefits may be in place, but access barriers are still preventing employees from getting the care they need when it matters most.

As provider shortages, long wait times, and scheduling constraints persist, employees—especially working parents and caregivers—are forced to make tradeoffs. Even well-designed benefits lose impact when care is difficult to reach. The result is a familiar pattern: coverage exists, but timely, usable access does not.



What the data shows

Twenty-seven percent of women report delaying or skipping routine women's healthcare in the past year, a trend driven primarily by logistical challenges. Among those who delayed care, 53% couldn't find an **appointment time** that worked, 39% said wait times were too long, and 24% cited **transportation challenges**—highlighting how structural barriers continue to stand in the way of timely care.

These barriers compound existing unmet needs across the workforce. Nearly half of male employees (47%) say they're more likely to prioritize their partner's or child's health over their own, and **only 32% of men say their reproductive health needs are currently being met**. Employers are aware of the growing strain—75% of HR leaders in the U.S. are at least somewhat concerned about reduced access to maternity care due to hospital or provider closures.



31% of on-site employees delayed or skipped women's healthcare, compared to about 20% of remote and hybrid workers



50% of U.S. **employers are actively expanding or changing benefits** to improve access, and another 41% are considering it

- Top reasons female employees delayed or skipped women's healthcare

53%

Appointment times didn't work for me

39%

It took a long time to get an appointment

24%

I had transportation challenges

Why access is the tipping point

When employees can't access high-quality care easily, health issues escalate instead of being addressed early.

Delayed care leads to more acute needs, higher costs, and longer recovery times—particularly during pregnancy, postpartum, and other critical life stages. While many benefits tout easy access, long wait times often still get in the way of necessary care.

Access gaps also affect equity and retention. On-site employees face higher rates of delayed care than remote or hybrid workers, and employees who don't see their needs reflected in benefits—such as men seeking reproductive health support—are more likely to disengage. Over time, these barriers erode trust in benefits programs and make it harder for employers to deliver consistent outcomes across a diverse workforce.

- Access concerns among HR leaders and employee-reported delays in care

75%

of U.S. employers are concerned about reduced access to maternity care due to hospital or provider closures

27%

of female employees report delaying or skipping maternity care or other women's healthcare



At Blue Shield of California, we understand that employees have diverse health needs throughout their lives. Our Total Rewards programs offer comprehensive and accessible care in reproductive health, men's health, and menopause. Our benefits are crafted to promote the overall well-being of our employees, providing guidance, flexibility, and high-quality care necessary to thrive both at home and work.”

Cathy Krampert

Senior Manager, Benefits and Healthy Employees, Blue Shield of California

What HR leaders can do

Improving access doesn't mean adding more benefits—it requires removing friction.

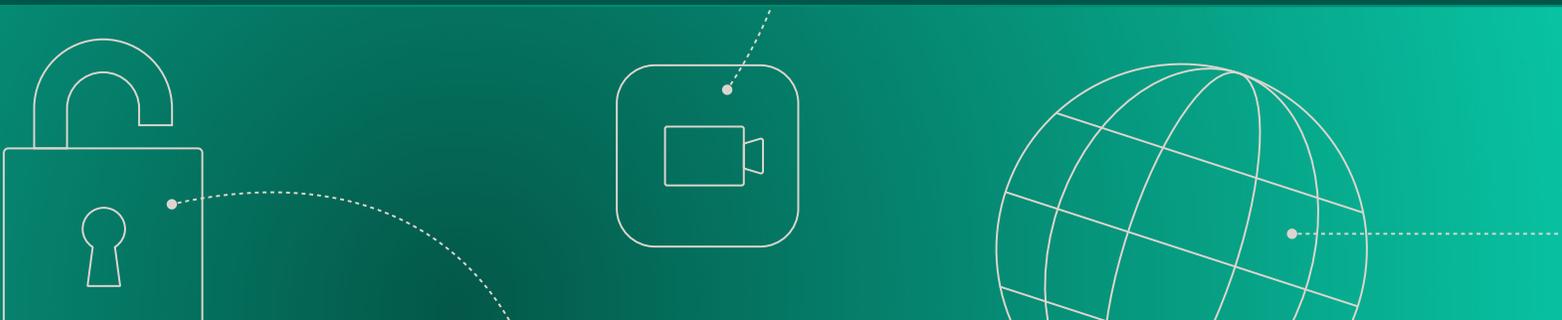
1 **Expand virtual access** Offer women's and family health benefits that provide timely care regardless of location, schedule, or transportation constraints. Ensure the care you offer is proven to improve outcomes and drive engagement.

2 **Address gaps across populations** Ensure benefits also prioritize supporting men's reproductive health and other historically underserved needs.

3 **Design for caregivers** Recognize that many employees prioritize family health over their own and need flexible options that fit real life. Care available on-demand and outside of standard work hours can make a big difference.

4 **Communicate clearly** Regularly promote the benefits your employees have available to them, what they do, and how to access them, so when a health issue arises, employees know what to do.

By prioritizing access alongside quality, employers can reduce delays, improve outcomes, and ensure benefits truly support the people they're designed to serve.



Conclusion: Addressing the employee benefits perception gap

Across these findings, one challenge stands out for employers: proving that benefits investments are actually delivering results. Women's and family health benefits are expected to improve outcomes, support retention, and control rising healthcare costs—yet employees aren't consistently experiencing those investments as meaningful support. When benefits are difficult to access, hard to navigate, or disconnected across life stages, the result isn't just frustration; it's delayed care, poorer outcomes, and a weaker return on investment. Closing the perception gap means driving employee satisfaction and demonstrating measurable value from every benefit dollar spent.

For HR and benefits leaders, the path forward isn't about adding more programs—it's about designing benefits that employees can actually access, understand, and use during the moments that matter most. That means prioritizing quality care, early intervention, clear navigation, and equitable access across the full employee population.





Closing the perception gap and delivering impact

In a benefits vendor, look for:

- Proven clinical outcomes and measurable ROI
- Easy access to care, including virtual options that reduce delays
- Clear navigation and guidance employees know how to use
- Early intervention across all stages of the health journey
- Inclusive support that meets the needs of all employees
- A seamless experience that integrates digital and in-person care



Finding the right partner

When evaluating vendors, make sure to consider:

- Do these solutions demonstrate measurable health and business outcomes?
- Can employees easily find and use this support when they need it most?
- Does this partner offer end-to-end care, not just point solutions?
- How does this solution help manage risk and control long-term costs?
- Does it support diverse employee needs across life stages and geographies?
- Will this partner help us adapt as healthcare behaviors and expectations continue to change?



How Maven can help

Today's women's and family health benefits aren't failing because employers aren't trying—they're struggling because the traditional system is fragmented, hard to navigate, and misaligned with how employees actually access care. Closing the gap between intention and experience will define the next generation of employee benefits. Employers need solutions that deliver real outcomes and trusted, timely care—without creating more complexity for HR teams.

Maven was built and scaled to solve exactly these challenges. As the world's largest virtual clinic for women and families, Maven provides end-to-end clinical care, education, and navigation across every stage of the family journey—from preconception and family building to pregnancy, postpartum, return to work, parenting, menopause, and beyond. Through a single, intuitive platform, employees get 24/7 access to evidence-based care and expert guidance, improving outcomes and ensuring support is easy to use.

For employers, Maven turns benefits investments into real impact. By combining clinical rigor with seamless access and proactive support, Maven helps organizations reduce high-risk complications, improve return-to-work rates, manage long-term healthcare costs, and deliver a better experience for employees.

2x

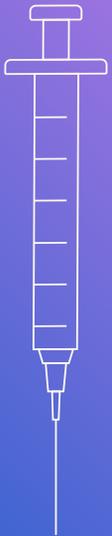
Clinical savings

4x

Combined clinical and business savings

Up to \$5k

saved per member



30%

of Fertility & Family Building members achieve pregnancy without IVF/UI

Up to 27%

reduction in NICU stays

94%

of members report that Maven helped them return or plan their return to work

47%

of Maven members with severe menopause symptoms are more likely to stay with their current employer due to Maven

In a benefits landscape defined by rising costs, access barriers, and growing complexity, Maven helps employers deliver care that employees truly trust, value, and use.

To learn more about how Maven can support your employees, [contact us today.](#)