The State of Women's and Family Health Benefits: 5 Trends in 2026

HR Morning | Carol Warner | March 3, 2026

Ask executives about the value of family benefits, and they nod in agreement. Ask employees whether they're getting what they need, and alignment starts to break down.

To understand why that happens, Maven Clinic surveyed more than 2,000 HR leaders and almost 5,000 full-time employees across the U.S., the U.K., Canada and India.

A Closer Look at Women's and Family Health Benefits

HR leaders face a disconnect: Employers continue to expand benefits, but employees feel less supported than ever. These five trends from Maven Clinic's 2026 report highlight where that gap is forming and where HR teams can intervene.

Trend 1: More Benefits, Less Support

Employers reported expanding women's and family health benefits by 39% on average. Yet 10% fewer employees say their benefits support them "very well." The biggest perceived drops:

- LGBTQ+ support (19%)
- Adoption support (15%)
- Preconception support (14%)
- Fertility support (11%)

It's critical for employers to shift the focus from how many benefits are available to how those benefits are actually experienced, according to Stephanie Glenn, Chief Commercial Officer at Maven. That starts by looking at where employees get stuck – often during major life moments, such as fertility treatment, pregnancy or returning to work. If support isn't connected, employees are left to figure it out on their own.

"Benefits work best when they feel cohesive," Glenn points out. "Someone going through IVF should not have to re-explain their journey when they move into maternity care. Education, clinical support, and guidance should build on each other so employees feel steady support instead of a collection of separate programs. When care is connected and easy to navigate, employees are more likely to use it and feel supported throughout the process."

This signals a broader structural problem: Many employers design benefits as add-ons rather than as integrated care journeys. The issue isn't benefit availability; it's that benefits are rarely designed to function as a continuous system when employees move between life stages.

Trend 2: High-Risk Pregnancies Spike Costs

A typical delivery costs $5,000 to $15,000, excluding high-risk complications. So it's not surprising that more than half (57%) of benefits leaders say high-risk pregnancies have increased healthcare costs for their company.

"The stakes are real," Glenn adds, noting that 15% of pregnancies are high-risk, one in three result in C-sections, and 10–15% of babies need NICU care, where the average cost for admission is $77,000.

Despite the significant costs associated with high-risk pregnancies, many employees aren't aware of factors that indicate risk. In fact, only 3.5% of employees correctly identified all the factors that can increase risk during pregnancy. Notably, 82% were unaware that IVF is associated with higher pregnancy risk.

"When only a small percentage of people can identify the factors that contribute to a high-risk pregnancy, it suggests education is happening too late," Glenn says.

Glenn recommends shifting support earlier through:

- Clinically grounded education and risk screening during family planning
- Proactive care over reactive intervention, and
- Ongoing coordination: regular check-ins, specialist access, mental health support, postpartum follow-up.

The implication for HR is clear: Delaying education until pregnancy begins is both a clinical risk and a cost risk.

Trend 3: Employees Turn to AI for Healthcare Guidance

More than three-quarters (81%) of employees have used artificial intelligence (AI) to find health information, and 33% say they've taken action based on that AI guidance, including starting or stopping a medication and scheduling an appointment with their doctor.

HR and benefits leaders see both upsides and downsides. On a positive note, 71% think AI can help employees quickly and easily find health information – and 56% say it could be a potential cost-saving opportunity.

But the concerns are valid: 88% say employees could be making healthcare decisions based on inaccurate info from AI platforms. And 39% worry about privacy or security risks.

That risk increases when AI is used as a substitute for care rather than an entry point into it.

"Many consumer AI tools are not designed to handle protected health information, yet employees may enter sensitive data without understanding the implications," Glenn says.

When considering AI tools, HR should prioritize accuracy, clinical oversight, and data privacy, Glenn advises. Most critically, AI-driven education must connect directly to care pathways – without that link, employees risk making isolated decisions that drive delayed care and higher costs.

Trend 4: Ads Shape Employee Decisions and Expectations

Over the past year or so, ads for GLP-1s and HRT have become mainstream, with employees reporting they see:

- GLP-1 ads at least monthly (70%), and
- HRT ads at least monthly (48%).

After seeing GLP-1 advertising, 61% of employees report taking action, including searching online or using AI for information, talking to a doctor, or purchasing the medication online without a referral. Likewise, after viewing an ad for HRT, 70% say they used technology to learn more, spoke with a doctor, or purchased the medication online without a referral.

Purchasing prescription medication without a clinical referral shows how far health decisions have shifted outside traditional care channels.

What's more, these healthcare advertisements aren't just affecting employee decisions – they're affecting employee expectations about their benefits: 47% think employers should cover GLP-1s and 53% think employers should cover HRT.

In response, employers have added or expanded coverage for GLP-1s (44%) and HRT (51%).

Employers can't ignore that many health decisions now begin outside traditional channels, Glenn says. HR's role is to make sure employees have access to clear, evidence-based information and clinicians who can help them weigh the options.

Trend 5: Access Barriers Delay Essential Care

More than a quarter (27%) of women report delaying preventative health care due to logistical issues like scheduling issues, long wait times and transportation issues.

In response, 50% of employers are expanding or changing benefits to improve access – and another 41% are considering similar changes.

Access challenges are often less about availability and more about visibility and ease of use, Glenn says. If employees don't understand what is available or how to access it, benefits go underutilized.

In practice, this means many access problems are created by benefit design decisions – and not necessarily just provider shortages.

She recommends focusing on execution, such as:

- Communicating consistently throughout the year, especially at key life stages. Short, clear reminders tied to real moments, such as planning a family, returning from leave, or managing a new diagnosis, are often more effective than lengthy benefit guides.
- Offering flexible care options to make a meaningful difference. Virtual care outside standard business hours helps employees receive timely support regardless of schedule

or location. Small reductions in friction can have a measurable impact on engagement and outcomes.

Looking Ahead

In 2026, women's and family health benefits are less constrained by investment than by execution. The organizations that see impact will be those that treat benefits as connected care systems, not as isolated offerings added year over year.

The opportunity is to design benefits that are cohesive, easy to navigate, and proactively educational, particularly around high-risk pregnancies, AI-driven health decisions, and emerging treatments like GLP-1s.