MY POSTPARTUM PAL

RESEARCH & DESIGN BRIEF

# Supporting Mothers Between Appointments

## Mental health belongs in postpartum care.

The case for complementary digital support and a mother-centered approach

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EXECUTIVE SUMMARY

# Support for the mother. Continuity beyond the visit.

Postpartum care should connect clinical care, practical help, and everyday emotional support.

## ABOUT 1 IN 8

Women with a recent live birth reported postpartum depressive symptoms in CDC's 2018 survey across 31 PRAMS sites. [5]

## ALMOST 1 IN 5

Women experience a mental health condition during pregnancy or the year after birth, according to WHO (2022). [6]

### The care imperative

ACOG and WHO support integrating mental health into maternal care. The statistics above measure different populations, periods, and outcomes; they underscore a need for support, rather than demand for a particular app. [1,4,5,6]

### The evidence for digital support

A review of 31 randomized trials found lower average postpartum depression and anxiety symptom scores with digital interventions than with usual care. Results varied substantially. This supports a role for some studied interventions, without establishing effectiveness for every digital tool or AI companion. [3]

### The opportunity for MPP

My Postpartum Pal offers a nonclinical approach to everyday emotional support through AI-assisted conversation and brief resets. Its optional reminders and explanations of personal questions illustrate a design centered on the mother's choices. Its intended role is to complement care; MPP-specific health benefits remain to be evaluated.

**Recommended direction: integrate mental health into postpartum care and assess digital resources as optional, complementary support.**

[5] CDC, Vital Signs (2020), 2018 PRAMS data.
[6] WHO, launch of the perinatal mental health integration guide (2022).

THE CASE FOR INTEGRATED SUPPORT

# Mental health belongs in postpartum care

After the appointment ends, a mother returns to the work of recovering, caring, and finding her footing. Her emotional needs come home with her.

## Care for the whole mother

A mother can be healing physically while feeling overwhelmed, uncertain, or alone. Care that attends to her recovery must also make room for her emotional life. ACOG includes mood and emotional wellbeing in comprehensive postpartum assessment and recommends ongoing, individualized care. WHO calls for mental health to be integrated into maternal and child health services. [1,4]

## Support continues beyond the visit

Consider the moments between visits: an unsettled night, a difficult feeding, or a quiet moment when a mother finally notices how she feels. These illustrative moments point to a practical question: what support is available then? WHO describes a positive postnatal experience as including consistent information, reassurance, and support that respects cultural context. [2]

## Digital resources can add another option

Some studied digital interventions have improved postpartum mental-health symptom scores. [3] That evidence supports exploring digital resources within a broader care plan. My Postpartum Pal (MPP) illustrates one nonclinical approach: a resource designed to offer everyday emotional support alongside professional care and human connection.

**The case: postpartum care should include mental health, and mothers should have accessible options for emotional support between appointments.**

THE EVIDENCE FOR DIGITAL SUPPORT

# Extending support between appointments

## Care can reach beyond the office

ACOG identifies phone support, text messages, remote monitoring, and app-based support among ways to address postpartum health needs beyond in-person visits. [1] These approaches serve different purposes. Their relevance here is the possibility of offering support through channels a mother can access in daily life.

## Research provides a reason to explore

A systematic review and meta-analysis of 31 randomized trials, involving more than 11,000 participants, found lower average postpartum depression and anxiety symptom scores in digital-intervention groups compared with usual care. [3] This provides evidence that digital approaches can contribute to postpartum mental-health support.

## The type of resource matters

Results varied substantially across studies. In the few trials reporting whether participants screened positive for depression or anxiety, differences were not statistically significant. [3] The appropriate conclusion is that some studied digital interventions can help; their results do not establish that every app, or an AI companion specifically, will produce the same benefits.

## A complementary role worth evaluating

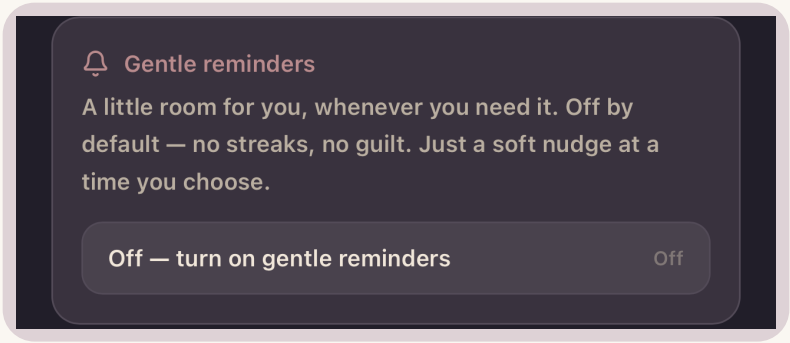
A digital resource might offer education, access to a professional, or a place for everyday emotional support. Its place in care should match its actual capabilities. For a nonclinical companion such as MPP, the proposed role is additional support between care conversations, with clear routes to human help when needed.

What is established: mental health belongs in postpartum care, and studied digital interventions show potential. What remains to be evaluated: whether MPP’s particular approach is useful, safe, and beneficial for its intended users.

WHERE MY POSTPARTUM PAL FITS

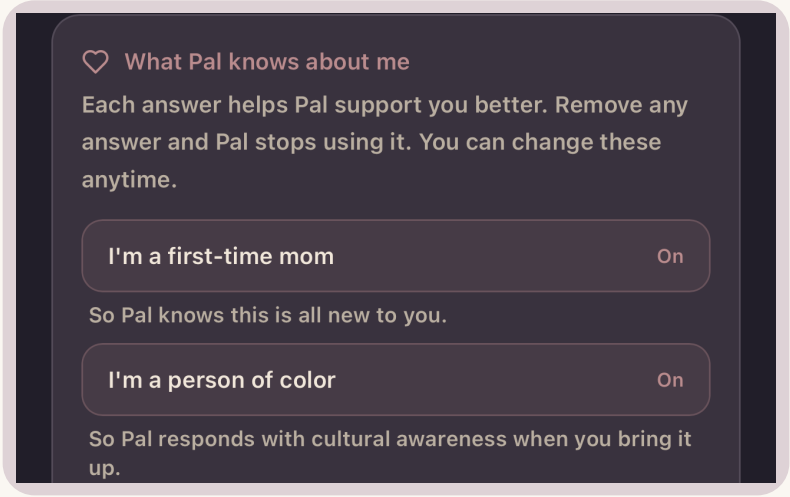
# Support on a mother’s terms

MPP offers free, AI-assisted conversation, audio, and brief resets. These screens illustrate optional reminders and explanations of why Pal asks for personal context: two ways the design puts the mother’s choices first.




## 01 Participation stays optional

Reminders are presented as off by default, with a time chosen by the user and no streaks. The design makes room for a mother to seek support at her own pace.




## 02 Context has a stated purpose

Pal explains what an answer is intended to change, rather than simply collecting it. The screen also says answers can be changed or removed. This makes the request more understandable and foregrounds the mother’s choice.

Source: founder-supplied MPP screen, October 2026. Cropped excerpts retain the original interface and are framed for readability. Displayed selections are illustrative, not a description of app users.

MPP is intended to complement professional care, not diagnose or treat conditions or provide emergency services. These interface examples show design intent; the brief does not independently verify system behavior or establish clinical effectiveness.

A FULLER PICTURE OF POSTPARTUM CARE

# Care that reaches into everyday life

The opportunity is to give mothers more ways to feel supported while keeping professional care within reach.

## Start with the mother

Make emotional wellbeing an expected part of postpartum conversations. Ask how she is coping, make room for a candid answer, and connect identified needs with appropriate support. WHO’s integration guide places mental health within maternal and child health services and emphasizes respectful, culturally responsive care. [4]

## Build a circle of support

Different needs call for different kinds of help. A mother may need clinical assessment or treatment, help with feeding or physical recovery, practical assistance at home, or space to express what she is carrying. A digital resource can sit within that wider circle, with a clear explanation of its role and its limits.

## Give digital support a defined place

For MPP, the proposed contribution is a low-pressure place for AI-assisted conversation and brief emotional resets. A care team or community organization could review it as an optional resource for interested mothers. Its value would need to be assessed through their experience: whether it feels useful, understandable, respectful, and easy to fit into daily life.

## Pair possibility with accountability

Before recommending any digital resource, review its accessibility, data practices, AI disclosure, and routes to human help. Evaluate concerns alongside benefits. Evidence from other interventions supports exploring this approach; MPP-specific research would be needed to establish health outcomes.

**A fuller postpartum care plan makes room for the whole mother: her recovery, her mental health, and the support she can reach for in daily life.**

SOURCES AND TRANSPARENCY

# References and scope

[1] American College of Obstetricians and Gynecologists. Optimizing Postpartum Care. Committee Opinion No. 736 (2018).

Read source

[2] World Health Organization. WHO recommendations on maternal and newborn care for a positive postnatal experience (2022).

Read source

[3] The effect of digital health interventions on postpartum depression or anxiety: a systematic review and meta-analysis of randomized controlled trials (2024; online 2023). American Journal of Obstetrics and Gynecology. PMID 37330123.

Read source

[4] World Health Organization. WHO guide for integration of perinatal mental health in maternal and child health services (2022).

Read source

## Scope and method

A selective narrative brief drawing on clinical and public-health guidance, CDC surveillance, and one systematic review and meta-analysis, checked in October 2026. It is not a systematic review, a peer-reviewed paper, or a clinical guideline. Practice proposals are the author’s synthesis. The cited research evaluates digital interventions other than MPP; no original participant data or MPP analytics are included.

## Authorship and interests

Kenya Jackson-Saulters is the founder of My Postpartum Pal and has a direct interest in the product discussed. AI assisted with research organization, drafting, and layout. Product examples come from founder-provided materials; this brief reports no independent product audit or external clinical review.

Learn more about My Postpartum Pal
www.mypostpartumpal.app